

YEAR 2017 OPRA REQUEST LOG

ITEM #	RECEIVED	REQUESTOR	BLOCK	LOT	LOCATION INQUIRY	REHS RESPONDING	INFO FOUND	PAYMENT REQUIRED	DATE COMPLETED	CALL - EMAIL - SITE VIS HOW RESPONDED
8-07	8/28/17	Kelany Kachelmeier	68	11	1112 Third Ave Spring Lake	MK	NO	-	8/29/17	MK called I emailed
8-08	8/25/17	Cindy Hupp	43	25	290 Remson Rd Little Silver	RG	NO	NO	8/28/17	RG email called
8-09	8/28/17	Mike Dandrea	53.01	3	17 Edison Ave Tinton Falls	DA	NO	NO	8/28/17	email
8-10	8/30/17	DJ Ten Hoeve	54	3.03	117 Prospect Ave R.B.	ODS	NO	NO	9/6/17	emailed
8-11	8/30/17	Dory Tracy	76	6	523.533 Washington Blvd	MK	NO	NO	9/20/17	MK: 9-20-17 2nd response MK called I emailed
9-01	9/01/17	Chris Sassaman	129	6	5120 Astbury Ave Ocean Tronics Auto Body	LM	NO	NO	9/5/17	email 9/6/17
9-02	9/01/17	Dory Tracy	152	2.01	1 Freetold Rd Ocean	LM	NO	-	9-5-17 9/1/17	email
9-03	9/11/17	Capavero@mac.com	772	6	2801 Hurley Field Rd Wall	DB	NO	-	9/13/17	voice mail email

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.11540 West Park Ave, Suite 1
Ocean, NJ 07712

Telephone (732)493-9520

Fax (732)493-9521

GOVERNMENT RECORD REQUEST FORM

All persons requesting access to government records must fill out this form and fax or mail the form to the Records Custodian at the address listed above. The custodian of government records must review the request and the requested documents before access is permitted to the document(s). If copies are requested, fees for documents to be copied must be prepaid. Checks must be made payable to the Monmouth County Regional Health Commission #1, or "MCRHC". Provided that the document requested is not in storage, access must be granted or denied within 7 business days of the request. Anyone denied access, may institute a proceeding to challenge the decision by filing an action in Superior Court; or in lieu of filing an action, may file a complaint with the Government Records Council established pursuant to Section 8 of P.L. 2001, c.404(C:471A-7).

BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 08/25/2017E-Mail address (if applicable): kelsey@envirotactics.comName of Person Making Request: Kelsey KachelriessAddress of Person making Request: 1330 Laurel Ave, Bldg 3, Sea Girt, NJ 08750Telephone Number: 732-443-0077Fax Number: 732-443-0077

Description of document(s) requested:

See attached letterSignature of requestor: Kelsey Kachelriess**HEALTH COMMISSION USE**

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

OPRA**8-07**

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: ✓Signature of Custodian: [Signature]Date Completed: 8/29/17

- no files
- Requester contacted
by phone
- [Signature]

Monmouth County Regional Health Commission

AUG 28 2017

RECEIVED



August 25, 2017

Monmouth County Regional Health Commission No. 1
1540 West Park Ave, Suite 1
Ocean, NJ 07712

Fax: (732)493-9521

**RE: OPRA Request
1112 Third Avenue
Block 68, Lot 11
Spring Lake, Monmouth County, New Jersey
Envirotactics Project #4683**

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced property and we are in need of accessing any records regarding the site maintained by the Health Department. Specifically, we are in search of records addressing or pertinent to environmental investigations such as; storage tank records, corrective actions, contaminant releases, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property. **We realize that some of the files may be quite extensive, if this is the case we ask that you provide us access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at ~~(732) 449-0077~~ **(732) 449-0077**. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Kelsey Kachelriess
Environmental Scientist

Enclosure (OPRA Form)

Monmouth County Regional Health Commission

AUG 28

RECEIVED

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

1540 West Park Ave, Suite 1

Ocean, NJ 07712

Telephone (732)493-9520

Fax (732)493-9521

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 8.25.17

E-Mail address (if applicable): cnapp@dianeturton.com

Name of Person Making Request: Cindy Napp

Address of Person making Request: 1216 Third Ave Spring Lake NJ

Telephone Number: 732 959 7909

Fax Number: 732 449 1567

Description of document(s) requested: 290 Rumson Rd. Little Silver, NJ Block 43, lot 25

any information on the removal or abandonment of a septic tank on the property

any information on easements on the property

Signature of requestor: Cindy Napp

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

Estimated Document Cost: _____

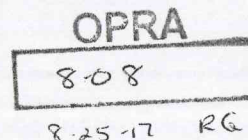
Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian [Signature]

Date Completed: 8/28/17



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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
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Date of Request: August 28, 2017

E-Mail address (if applicable): mdandrea1to1@yahoo.com

Name of Person Making Request: Michael Dandrea

Address of Person making Request: 35 Amelia Circle, Little Silver, NJ 07739

Telephone Number: 732 470 8004

Fax Number: _____

Description of document(s) requested: I am purchasing the home at 17 Edison Ave in Tinton Falls and want to know if you have a record of any septic tank being on the property and being filled. If so, was it permitted and do you have a record of the location of the tank on the property.

Signature of requestor: [Signature]

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

OPRA

8-09

8-28-17 DA

Signature of Custodian [Signature]

Date Completed: 8/28/17

OPRA-Apr 08

8/28/17
4:00pm

Records check reveals no results

(DA)

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
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Date of Request: 08/30/2017

E-Mail address (if applicable): ntenhoeve@kw.com

Name of Person Making Request: DJ Ten Hoeve

Address of Person making Request: 750 Broad St, Shrewsbury, NJ 07702

Telephone Number: 732-533-5333

Fax Number: _____

Description of document(s) requested: any evidence of tank sweep or removal whether above or below ground for the referenced property

117 Prospect Ave, Red Bank
Lot: 3.03, Block: 54

Signature of requestor: DJ Ten Hoeve

dotloop verified
08/30/17 12:35PM EDT
9Q41-SUDX-80XZ-5ZCO

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

OPRA

8-10

ODS 8/30/17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: /

Signature of Custodian [Signature]

Date Completed: 9/06/17

No info pertaining to
UST tanks found ~~for~~ the
property. Only a ~~for~~
well permit ~~found~~ on
records
ED

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
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Date of Request: 8/30/17E-Mail address (if applicable): jay@envirotactics.comName of Person Making Request: Jay TracyAddress of Person making Request: 1330 Laurel Ave. BJS Sea Girt, NJ 08750Telephone Number: [REDACTED]Fax Number: [REDACTED]Description of document(s) requested: see cover letterSignature of requestor: [Signature]**HEALTH COMMISSION USE**

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian: [Signature]Date Completed: 8/31/17**RECEIVED**
AUG 30 2017**OPRA**

8-11

MK 8-30-17

- No Files
- E-mail requested by
Newstar - [Signature]



August 30, 2017

Monmouth County Regional Health Commission No. 1
1540 West Park Avenue, Suite 1
Ocean, NJ 07712

Fax - 732-493-9521

RE: OPRA Request
523-533 Washington Boulevard
Block 76, Lot 6
Sea Girt, Monmouth County, NJ 08750
Envirotactics Project #4686

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced property and we are in need of accessing any records regarding the site maintained by the Health Department. Specifically, we are in search of records addressing or pertinent to environmental investigations such as; storage tank records, corrective actions, contaminant releases, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property. **We realize that some of the files may be quite extensive, if this is the case we ask that you provide us access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at (732) 449-0077. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Jay Tracy

Enclosure (OPRA Form)

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810

www.envirotactics.com

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 9/1/17

E-Mail address (if applicable): _____

Name of Person Making Request: _____

Address of Person making Request: _____

Telephone Number: _____

Fax Number: _____

Description of document(s) requested: _____

see attached
attached

Signature of requestor: _____

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

OPRA

9-01

LM 9-1-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: ✓

Signature of Custodian 1/2-8

Date Completed: 9/5/17



MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728

Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen FreeholdersTelephone 732-431-7387
Fax 732-431-6519

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

First Name Christopher MI _____ Last Name SassamanE-mail Address csassamanema@gmail.comMailing Address 209 Winding WayCity Morrisville State PA Zip 19067Telephone (702) 939-6743 FAX _____Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature [Signature]Date 09/01/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

☐ Cash☐ Check☐ Money OrderFees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
CD & DVD - \$1.00 per disc
Other materials - actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Phase I / Preliminary Assessment for 5120 Asbury Avenue, Tinton Falls, NJ. Thomas Brothers Auto Body Repair aka Reeveytown Service Center/Garage Block 129, Lot 6

Health Department records for violations, complaints, septic systems, potable wells, USTs, ASTs, lead, asbestos, hazardous materials/wastes, permits, environmental response

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature _____

Date _____

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 9/1/17E-Mail address (if applicable): Jay@enviro-tactics.comName of Person Making Request: Jay TracyAddress of Person making Request: 1330 Laurel Ave, B3, Sea 611+ NJ 08750Telephone Number: 732-443-5810Fax Number: 732-443-5810Description of document(s) requested: See Attached LetterSignature of requestor: [Signature]**HEALTH COMMISSION USE**

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

OPRA

9-02

Lm 9-1-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: ✓Signature of Custodian: [Signature]Date Completed: 9/5/17



September 1, 2017

Monmouth County Regional Health Commission No. 1
1540 West Park Avenue, Suite 1
Ocean, NJ 07712

Fax - 732-493-9521

**RE: OPRA Request
1 Freehold Road
Block 152, Lot 2.01
Ocean Township, Monmouth County, NJ 07712
Envirotactics Project #4690**

MONMOUTH COUNTY REGIONAL
HEALTH COMMISSION #1

SEP 01 2017

RECEIVED

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced property and we are in need of accessing any records regarding the site maintained by the Health Department. Specifically, we are in search of records addressing or pertinent to environmental investigations such as; storage tank records, corrective actions, contaminant releases, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property. **We realize that some of the files may be quite extensive, if this is the case we ask that you provide us access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at ~~(732) 449-5810~~. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Jay Tracy

Enclosure (OPRA Form)

9/1/17

NOTHING FOUND
(LM)

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

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BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 9/11/17
E-Mail address (if applicable): CPavero@mac.com
Name of Person Making Request: Affordable Waste Water Solutions (Amanda Pavero)
Address of Person making Request: 821 Huntington Ave Pine Beach NJ 08741
Telephone Number: 732-256-0200
Fax Number: 848-227-7557
Description of document(s) requested: Please Fax ALL septic records for a septic inspection at 2801 Hurley Pond Road Wall, NJ Block 732 Lot 6
Signature of requestor: Amanda Pavero

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

MONMOUTH COUNTY REGIONAL
HEALTH COMMISSION #1

Approved date: _____

SEP 11 2017

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

RECEIVED

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

OPRA

9-03

DB 9-11-17

Signature of Custodian: [Signature]

Date Completed: 9/13/17

No file found:
left message for requestor
DLB 9/12/17