Rcvd 8/1/17

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ocbd.org
John Rogers -jrogers@ocbd.org
Adrienne Williamson -awilliamson@ocbd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 732 849-1669 Work Phone Number: ( ) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect___ ___ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records Jackson Twnshp

NEW Block 21702 Lot 32

OLD Block 58.03 Lot 32

4 Jessica Ct, Jackson

Karen Proto
Signature

8/01/17
Date

RECEIVED
By jrogers at 9:51 am, Aug 01, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Sonali (First) _____ (MI) Kumari (Last)

Address: PO Box 380 (Street/P.O. Box) Ledgewood (Town/City) NJ (State) 07852 (Zip)

Home Phone Number(__)_____ Work Phone Number: 973-539-4111 X100

E-Mail Address: reception@theenvironmentalgroup.net

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

We are requesting documents for health files pertaining to Spills, UST, asbestos, demolition and all construction/building permit files for the property located at Old Block #9.01, Lot #170 and 171. New Block #172.01, Lot #s 170.01, 170.02, 170.03, 170.04, 170.05, 170.06, 170.07, 170.08, 170.09, 170.10, 170.11, 170.12, 170.13, 170.14, 170.15, 170.16 and 170.17.

Signature _____ Date 8/1/17

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

OCHD-Administration/Personnel
AUG 1 '17 AM8:48

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Cynthia (First) M. (MI) Walsh (Last)

Address: 286 Western Blvd (Street/P.O. Box) Bayville (Town/City) NJ (State) 08721 (Zip)

Home Phone Number([redacted] Work Phone Number: (__) [redacted]

E-Mail Address: [redacted]

Would you like a Copy __copy__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I recently had septic repairs and the certificate of compliance is not readable to my mortgage company. Please provide me with a better copy of the certificate of compliance dated 8/22/2017 for block 378 lot 14. The permit number is 050612. I am the sole owner of the property and I need this as soon as possible please.

Municipality is Berkeley Township

Cynthia M Walsh
Signature
Cynthia Walsh

7/25/2017
Date

RECEIVED
By jrogers at 9:09 am, Aug 03, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Peter (First) B (MI) Bemko (Last)

Address: 29 Michael Dr (Street/P.O. Box) Middletown (Town/City) NJ (State) 07748 (Zip)

Home Phone Number( ) [redacted] Work Phone Number: ( )

E-Mail Address: [redacted]

Would you like a Copy X or to Inspect ____. Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Please provide details on the septic system for Little Egg Harbor, Block 67, Lot 7.01. I would like to add up to two additional bathrooms to the house and want to confirm that the system will support them. Please also provide any details you have regarding the well on the property.

Signature

8-2-17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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2. File a complaint with the Government Records Council in the Department of Community Affairs.

8/2/17

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
x John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: NiKKi (First) (MI) Caine (Last)

Address: 222 Millstone Rd (Street/P.O. Box) Millstone Twp (Town/City) NJ (State) 08535 (Zip)

Home Phone Number( ) _____ Work Phone Number: ([redacted]

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Please let me know the size of the septic for

21 Locust Lane New Egypt 08533
LOT 3 Block 28

Nikki Caine
Signature

8/2/17
Date

400

Ocean County Board Of Health

Request For Governmental Records

RECEIVED
2017 AUG -2 P 12:15
O.C. HEALTH DEPT

This form should be completed and returned to:

Ocean County Health Departthent
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Crystal (First) Victoria (MI) Blanco (Last)

Address: 1500 Longboat Ave (Street/P.O. Box) Beachwood (Town/City) NJ (State) 08722 (Zip)

Home Phone Nur[redacted] Work Phone Number: ( )

E-Mail Address[redacted]07277

Would you like a Copy ✓ or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

need asap
for Court.
complaint# C1704716
1102 Hooper Ave
Toms River

Signature

Aug 8, 2017
Date

RECEIVED
By jrogers at 12:47 pm, Aug 02, 2017

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders, Ocean County Administration Building, 1 01 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

Please complete the information below. See reverse side for important information.

NAME: george (First Name) (MI) caporale (Last Name)

ADDRESS: 200 shenandoah blvd (Street, PO) toms river (Town/City) nj (State) 08753 (zip)

PHONE NUMBER: (609) 731-1557 (Work) ( ) (Home)

EMAIL ADDRESS: gcaporale@comcast.net

Brief description of government record(s) you are requesting to copy ____ or inspect ____ (check one):

septic file for 2 HOPKINS LANE, CREAM RIDGE, PLUMSTED TOWNSHIP, NJ 08533 BLOCK 58 ,LOT 8

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The Applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

GEORGE CAPORALE
Signature

8/ 2/2017
Date

July 1, 2002

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

The Custodian of Records is required to grant or deny access to a government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond until you reappear in the Custodian of Records' Office seeking a response to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records receives your request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered to be denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record, you may:

1) **Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or**

2) **File a Complaint with the Government Records Council in the Department of Community Affairs.**

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

PUBLIC NOTICE

In accordance with Public Law 2001, Chapter 404, concerning public access to government records, please be advised that the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders is located at the Ocean County Administration Building, 1 01 Hooper Avenue, Toms River, New Jersey 08753, business days between the hours of 9:00 a.m. and 4:30 p.m.

A request to inspect or copy government records should be submitted on the Request for Government Records form which is available in the Office of the Custodian of Records.

A person who is denied access to a government record by the Custodian of Records may institute a proceeding to challenge the Custodian's decision by filing an action in Superior Court.

In lieu of filing an action in Superior Court, a person who is denied access to a government record may file a complaint with the Government Records Council.

7-1-2002
Date

Betty Vard
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

RECEIVED

2017 AUG -2 P 2:06

O. C. HEALTH DEPT

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records
P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7459
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
Alizar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: LESLIE (First) _____ (MI) LYON (Last)

Address: 772 BRIAR ROAD (Street/P.O. Box) LAVOKA HARBOR (Town/City) N.J. (State) 08734 (Zip)

Home Phone Number: [redacted] Work Phone Number: (__) _____

E-Mail Address: _____

Would you like a Copy X or to Inspect_____ Please check as appropriate

Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

REQUESTING ANY + ALL COMPLAINTS ABOUT: BROTHER'S MOVING, C+D MATERIALS, OR AT ADDRESS: 729 ROUTE 9, LAVOKA HARBOR, N.J. 08734. FROM DATE — 12.21.2016 TO PRESENT. ALSO LIST OF OPEN FILES: C15-0259, C15-0292, C15-0295, C15-0302, C15-0317, C15-0336, C15-0345, C15-0368, C15-0440, C15-0901, C15-0920, C15-0942, C15-1061, C16-1264, PLUS ANY OTHER 2015 OPEN OR 2016 OPEN TO PRESENT DATE: 8.2.2017, MADE FROM ANYONE.

Leslie Lyon
Signature

8.2.2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $ _____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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2. File a complaint with the Government Records Council in the Department of Community Affairs.

105 Evesboro-Medford Rd, Suite C,
Marlton, NJ 08053
Phone: 856. 229. 7018
Fax: 856 .229 .7152
http:www.gsienviro.com

Geographic Services Inc.

OCHS-OPRA
AUG 3 '17 AM 8:07

Fax

To: County Clerk **From:** Lisa Pietrangelo

Fax: (732) 341-4467 **Pages:** 3

Phone: **Date:** 8/2/17

Re: OPRA request **cc:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☑ **Please Reply** ☑ **Please Recycle**

• **Comments:** We are performing an Environmental Site Assessment for the Property located at

Address: 432 Lakehurst Rd, Toms River, NJ 08754

Block: 535.03

Lot: 1

and are looking for the following documentation (if available):

- Any document related to underground or above ground storage tanks (permits for installation, removal, etc.)
- Certificates of occupancy dated back to first development or earliest available.
- Asbestos or lead based paint abatement documentation.
- Documentation related to releases or spills of hazardous materials.
- Documentation related to septic systems or supply wells.
- Documentation related to hydraulic lifts (installation, removal, etc.)

Please let me know if there are any questions. Thank you very much and have a wonderful day.

Respectfully,

Lisa P

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jmgers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Lisa Pietrangelo
(First) (MI) (Last)

Address: 105 Evesboro-Medford Rd, Suite C, Marlton, NJ 08053
Street/P.O. Box) (Town/City) (State) (Zip)

~~Home Phone~~ Fax Number 856-229-7152 Work Phone Number: 856-229-4018

E-Mail Address: lisap@gsienvironmental.com

Would you like a Copy X or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose Information you are attempting to locate, and your ***relationship to that person.***

Please see cover letter, thank you!

Please e-mail copies to lisap@gsienvironmental.com or fax to (856) 229-7152

Lisa Pietrangelo
Signature

8/2/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $ _____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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OCHD-Administration/Personnel
AUG 4'17 AM8:16

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Vinnie (First) Champion (MI) Contracting Mettee (Last)

Address: 127 Squankum Yellowbrook Rd Farmingdale 07727
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: (732) 730-1317 Work Phone Number: (__)_____

E-Mail Address: Vmettee@yahoo.com

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Any and all Septic plans / repair information for 3 Hunnybee DRive New Egypt NJ 08533
Lot-Lot Block 95

Thank you.

Signature

8-3-17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: ANNA (First) (MI) ALTMAN (Last)

Address: 31 ODI LANE (Street/P.O. Box) MONSEY (Town/City) NY (State) 10952 (Zip)

Home Phone Number(__)_____ Work Phone Number: (__) 845-354-7071

E-Mail Address: foils@onefco.com

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

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570 Rte 70, Lakewood, NJ 08701

Block: 1248

Lot: 2

Please provide documentation concerning above ground/underground heating oil storage tanks (ASTs/USTs) spills, leaks and site remediation at the property listed above.

Please email documents.

Thank You

Signature 8/03/17 Date

OCHD-Administration/Personnel
AUG 3 '17 AM 11:16

YOUR GOALS. OUR MISSION.

2017 AUG 9 AM 10 31

August 3, 2017

County of Ocean Health Department
Custodian of Records
PO Box 2191
Toms River, NJ 08754

Re: Request For Access To County Government Records for Environmental Site Assessment
Toms River Township Acquisition of Property
Toms River Township
Ocean County, New Jersey
T&M Project No. TRVR-00143

Dear Custodian of Records:

T&M Associates (T&M) has been retained by the Township of Toms River to conduct an Environmental Site Assessment (ESA) for the parcel listed below which is located in Toms River, Ocean County, NJ. T&M is conducting this due diligence ESA for the Township to identify any potentially contaminated areas of concern at the parcel prior to acquisition.

As part of this Assessment, we are required to review County Health records for the Site pertaining to current or former environmental/hazardous material incidents or violations, on-site septic tanks and water supply wells. We respectfully request an opportunity to review ALL files for the parcel that may be held by the Ocean County Health Department. The property parcel sheets are attached as well as the OCHD OPRA form.

Address	Block/Lot	Owner
1270 Cox Cro Road	Block 169, Lot 2	Kenneth Fordney c/o Matos

If you have any questions or require any additional information, please do not hesitate to contact me at 732.676.1729.

Very truly yours,

T&M ASSOCIATES

Joseph S. Martin, CHMM
Senior Staff Environmental Scientist

JM:han
Enclosures: Request For Public Records Form; parcel info form
G:\Projects\TRVR\00143\Correspondence\Ocean County OPRA.doc

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Joseph S Martin
(First) (MI) (Last)

Address: 40 Monmouth Park Highway West Long Branch NJ 07764
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number [redacted] Work Phone Number: [redacted]

E-Mail Address: [redacted]

Would you like a Copy __x__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

See attached letter

Fleischer Property 1270 Cox Cro Road, Toms River, NJ 08755
Block 169, Lot 2

Signature

August 3, 2017
Date

Property Location
1270 COX CRO ROAD, Toms River 08755-1522
1508 (Toms River Township), Block: 169, Lot: 2

Property Information
Class: Class: 2 - Residential
Additional Lots:
Bld Description: 1FSG 1371
Land Description: 7.74 AC
Acreage: 7.74
Square Footage: 1371
Zoning: RR, Usage:
Year Constructed: 1970
Use Code: 0
Dwellings: 1
Census Tract: 7221

Assessment Data
Total Value: $480,000.00
Land Value: $187,400.00
Improvement Value: $292,600.00
% Improvement: 60.96
Special Tax Codes: F02
Deductions: Senior() Veteran() Widow() Surv Spouse() Disabled()
Exemption: 0
Exemption Value:
2014 Rate: 2.093; 2014 Ratio: 100.0%; 2014 Taxes: $10,046.40
2015 Rate: 2.202; 2015 Ratio: 88.12%; 2015 Taxes: $10,559.59
2016 Rate: 2.212; 2016 Ratio: 88.76%; 2016 Taxes: $10,617.60

Current Owner
FORDNEY, KENNETH C/O MATOS
188-202 PULASKI STREET
Newark, NJ 07105-1930
Previous Owner:

Sale Data
Date: 02/15/2004
Price: $1.00
Ratio: 480000.0%
Deed Book: 11947
Deed Page: 01320

Latest Sales Detail
Recorded: 03/08/2004
Sales Date: 02/15/2004
Deed Book: 11947
Deed Page: 01320
Sales Price: $1.00
Sales Ratio: 30530000.0%
Use Code:
Not Usable: 26

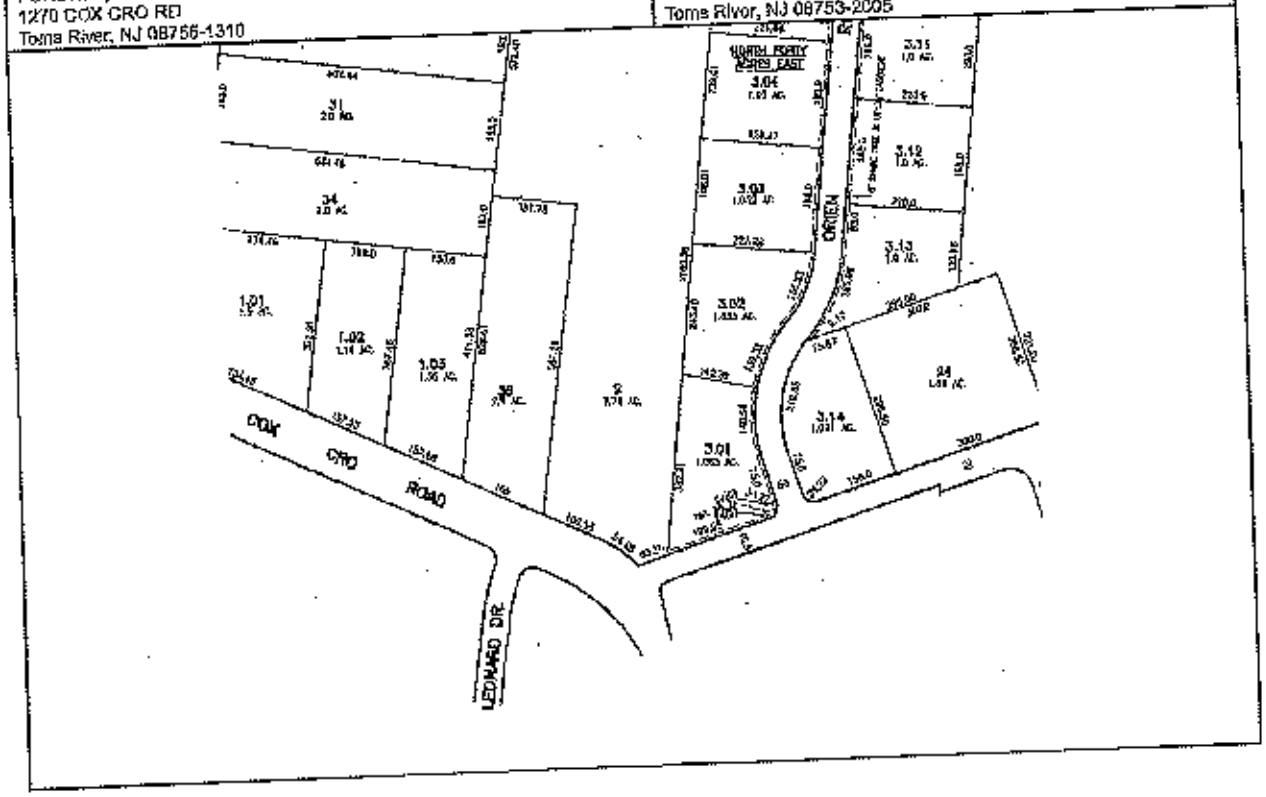
Recorded: 06/08/2000
Sales Date: 05/25/2000
Deed Book: 10314
Deed Page: 00064
Sales Price: $560,000.00
Sales Ratio: 41.26%
Use Code:
Not Usable: 26

Buyer
FORDNEY, KENNETH C/O MATOS
188-202 PULASKI STREET
Newark, NJ 07105-1930

Buyer
FORDNEY, KENNETH & KIMBERLY
3364 WINDSOR AVENUE
Toms River, NJ 08753-4856

Seller
FORDNEY, KENNETH & KIMBERLY
1270 COX CRO RD
Toms River, NJ 08755-1310

Seller
BRITO, EMANUEL & DOLORES
689 BAYVIEW DR
Toms River, NJ 08753-2005



For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recieves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

OCHD-Administration/Personnel
AUG 3'17 AM11:34

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records
P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7459
Fax: (732) 341-4467
Victoria Miragliotta - vmiraglio@ochd.org
Alizar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Sitton Septic Co. Inc
(First) (MI) (Last)

Address: P.O Box 1060 Jackson NJ 08527
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: ( ) 732-928-3553 Work Phone Number: ( ) 732-610-8290

E-Mail Address: bill@sittonseptic.com

Would you like a Copy ___ or to Inspect ✓ Please check as appropriate
Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Plans for 430 Frenhold Rd Jackson

OLD Lot 17.04 BLK 9401

New Lot 48 BLK 10001

Signature

8/3/17
Date

RECEIVED
By jrogers at 1:06 pm, Aug 03, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Mike (First) (MI) Suter (Last)

Address: 1245 Airport Road Suite 1 Lakewood NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)732-363-0060 Work Phone Number: (__)732-363-0060

E-Mail Address: mike@pds-nj.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

septic and well records for old block 59.01 lot 83.06,
& new block 20501 lot 28.06 in Jackson Township.

Signature

8/3/17
Date

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders, Ocean County Administration Building, 1 01 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

Please complete the information below. See reverse side for important information.

NAME: Joe (First Name) (MI) Kress (Last Name)

ADDRESS: 37 Belvidere Ave. (Street, PO) Washington (Town/City) NJ (State) 07882 (zip)

PHONE NUMBER: (908) 689-4300 (Work) (908) 689-4300 (Home)

EMAIL ADDRESS: joe@brockerhoffllc.com

Brief description of government record(s) you are requesting to copy X or Inspect ___ (check one):

I am looking for the following records: Underground storage tank (UST)/Aboveground Storage Tank (AST) records/permits
Hazardous material storage/releases/spills
Violations
Right to Know Survey
Septic system and potable well records/permits
For Property: 137 Ocean Avenue, Lakewood, NJ Block 248.01, Lot 78.01

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The Applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

Signature

8/3/17
Date

RECEIVED
By jrogers at 12:49 pm, Aug 04, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Carrie Stowell
(First) (MI) (Last)

Address: SCI Shared Resources, LLC 1929 Allen Parkway Houston TX 77019
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)_____ Work Phone Number: [redacted]

E-Mail Address: carrie.stowell@sci-us.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

We are requesting a copy of the most recent health inspection report for Calloways Restaurant & Bar, 597 Rt 9, Eagleswood Twshp, 08092

We are requesting this records as part of our vendor management process for all food service providers ~~that provide catering to our local operations~~

Please email the report to carrie.stowell@sci-us.com or send via fax to 855-901-6505

Signature

08/04/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 10:08 am, Aug 04, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Mike (First) (MI) Suter (Last)

Address: 1245 Airport Road Suite 1 (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

Home Phone Number(___) 732-363-0060 Work Phone Number: (___) 732-363-0060

E-Mail Address: mike@pds-nj.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

septic and well records for old block 143.01, lots 20.01 & 20.02, old block 143.23, lots 20.01 & 20.02, & new block 701, lots 38 & 39 in Jackson Township.

Signature

8/4/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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2. File a complaint with the Government Records Council in the Department of Community Affairs.

RCVD 8/4/17 JR

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)732 849-1669 Work Phone Number: (__)732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records Berkley Twnshp

NEW Block 279 Lot 28

354 Columbus Circle SE, Bayville

Karen Proto

Signature

7/31/17

Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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2. File a complaint with the Government Records Council in the Department of Community Affairs.

RcvD 8-7-17
JK

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Erica (First) | D (MI) | Burkert (Last)

Address: 1601 West Diehl Road (Street/P.O. Box) | Naperville (Town/City) | IL (State) | 60563 (Zip)

Home Phone Number (800) 724-9178 (FAX) Work Phone Number: [redacted]

E-Mail Address: inspections@activeviewhdi.com

Would you like a Copy __X__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

We are searching for food safety inspections for the following locations:

1. Applebee's: 52 Brick Plaza, Brick - We are searching for any inspections conducted after 01/01/2016.
2. Buffalo Wild Wings: 2770 Hooper Ave, Brick - We are searching for any inspections conducted after 01/01/2016.
3. Famous Dave's: 950 Cedar Bridge Ave, Brick - We are searching for any inspections conducted after 01/01/2016.
4. IHOP: 1759 Route 88, Brick - We are searching for any inspections conducted after 01/01/2016.
5. Red Lobster: 1298 Hooper Ave - We are searching for any inspections conducted after 01/01/2016.

Signature

08/07/2017
Date

RCVD 8-7-17
JRC

John Rogers

From: Victoria Miragliotta
Sent: Monday, August 07, 2017 2:22 PM
To: Adrienne Williamson; John Rogers
Subject: Fwd: Permit Inquiry
Attachments: image001.png

Sent from my iPhone

Begin forwarded message:

Resent-From: <info@ochd.org>
From: "TITOVICH, ALEXANDER" <ALEXANDER.TITOVICH@poolcorp.com>
Date: August 7, 2017 at 2:17:05 PM EDT
To: Info <info@ochd.org>
Cc: "TITOVICH, ALEXANDER" <ALEXANDER.TITOVICH@poolcorp.com>
Subject: Permit Inquiry

Good afternoon!

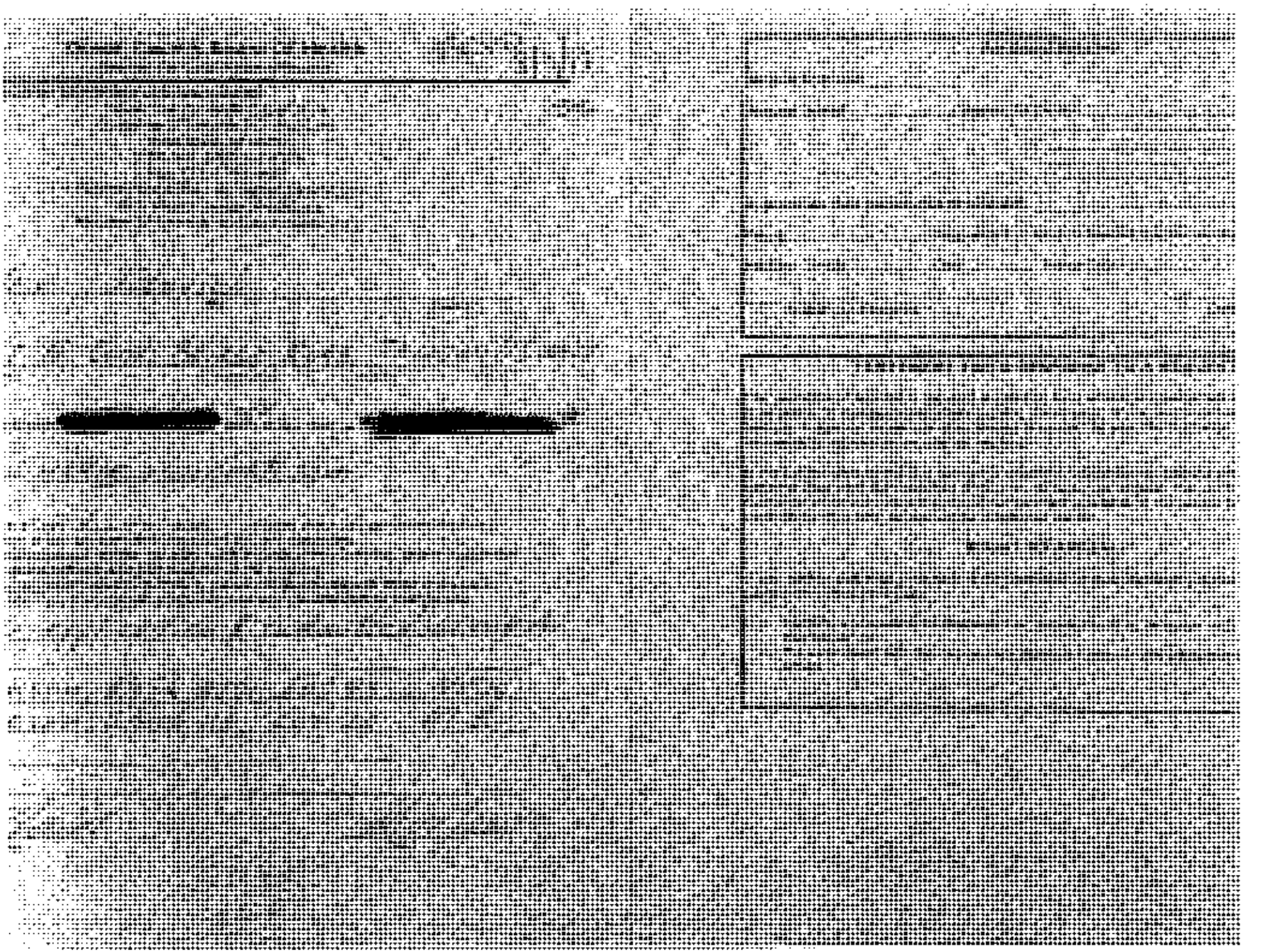
Are you able to look up a septic permit for 67 N. Cooks Bridge Road; New Block 8201 New Lot 45; Old Block 116 Old Lot 20? I really need to see the drawing that were filed with the application. I'm going through a property line dispute with my neighbor and he claims that his septic field may be on my property. Please help.

Alexander Titovich
57 N. Cooks Bridge Road
New Block 8201 New Lot 44
Old Block 116 Old Lot 19

Christopher Smith
67 N. Cooks Bridge Road
New Block 8201 New Lot 45
Old Block 116 Old Lot 20

Alex Titovich
Regional Sales Manager
[redacted]

Follow us on Instagram @scp_superior_northeast
Follow us on Facebook @poolcorp NJ-NY-CT region



RCVD 8-7-17 JR

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Nicole Lopez
(First) (MI) (Last)

Address: 105 Evesboro-Medford Rd Marlton NJ 08053
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 856-229-7018 Work Phone Number: (__)_____

E-Mail Address: NicoleL@gsienvironmental.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

For an environmental assessment of 1001 Madison Avenue, Lakewood, Block 99, Lot 3: -

-Building, planning, and zoning permits, violations, inspections, and complaints , fire department records, zoning change or variance approvals from 1940 to present

- Date of connection to city water/sewer - Local environmental health department incidents or complaints (if not under county jurisdiction) filed from 1940 to present

- Environmental permitting (storage tanks, stormwater, haz mats permitting, waste disposal) that is not specifically under state or county jurisdiction filed from 1940 to present.

Email is preferred. Fax is acceptable. If the file is too large, please let me know and GSI will review the file on-site.

Nicole Lopez
Signature

8/7/17
Date

OCHD-Administration/Personnel
AUG 8 '17 PM 1:48

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: GREG & ALISON HOLLAND
(First) (MI) (Last)

Address: 7 FOX HOLLOW RD. JACKSON, NJ 08527
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: [redacted] Work Phone Number: (Same

E-Mail Address: [redacted].com

Would you like a Copy ✓ or to Inspect____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

SEPTIC & WELL RECORDS

BK - 5101 LOT 3 OLD
BK - 10304 LOT 15 NEW

jackson twp

Signature

8-8-17
Date

OCHD-Administration/Personnel
AUG 8 '17 PM2:38

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Mike (First) (MI) Newman (Last)

Address: 354 Columbus Cir SE, Bayville NJ 08721
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: ([redacted]) Work Phone Number: (___)

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic System Plan for Block 279, Lot 28-33

Berkeley Twp

Mike Newman
Signature

8/8/17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

OCHD-Administration/Personnel
AUG 10 2017 08:08

Name: (First) Nicholas (MI) A (Last) Schwartz

Address: (Street/P.O. Box) 62 Archer Rd (Town/City) New egypt (State) NJ (Zip) 08533

Home Phone Number: (__) [redacted] Work Phone Number: (__)

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the *municipality, block and lot number* of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I am trying to locate a Lot Survey (Septic) that has the lot dimensions and ~~deep~~ house on the property. The address is: 62 Archer Road New egypt NJ 08533 Plumsted municipality, Lot 1, block 83

Signature

8/9/2017
Date

OCHD-Administration/Personnel
AUG 9 17 AM 11:51

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and **returned to:**

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: A-Norton Septic Contracting -Valerie
(First) (MI) (Last)

Address: 3171 Route 9 North # 319 Old Bridge NJ 08857
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( )732-360-0808 Work Phone Number: ( ) 732-360-0809

E-mail Address: cs@anortonseptic&waste.com

Would you like a Copy X or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting.

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic System Information: Tank size, as built diagram, repair history for 829 Wright Debow Rd
SAE/Stafford Twp

New Block 103 Lot 18 Old Block 154.01 Lot 30,

Please contact us by phone for questions or e-mail any information to

cs@anortonseptic&waste.com

New Block 103 lot 18 Old Block 154.01
lot 30 All Septic & well records

Signature

8-9-2017
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Atlas Septic Inc.

Name: Susanne (First) (MI) Puff (Last)

Address: 243 Throckmorton St. (Street/P.O. Box) Freehold (Town/City) NJ (State) 07728 (Zip)

Home Phone Number: (732) 462-2436 Work Phone Number: (__)_____

E-Mail Address: atlas010@msn.com

Please check as appropriate Would you like a Copy ___✓___ or to Inspect_____ Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Info

B- 103 829 Wright Dr Brick NJ
L- 18 Jackson
B- 154.01
L- 30

Block 103 Lot 18
Old Block 154.01 Lot 30
Septic

Signature Puff

8-9-17
Date

OCHD-Administration/Personnel
AUG 9 '17 PM2:05

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Steffi (First) A. (MI) Pharo (Last)

Company Name: Active Environmental Technologies, Inc.

Address: 203 Pine Street (Street/P.O. Box) Mt. Holly (Town/City) NJ (State) 08060 (Zip)

Home Phone Number(___)_____ Work Phone Number: (609) 702-1500

E-Mail Address: spharo@active-env.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

For Environmental related inquiries, such as Septic/Well Systems, please include the ***municipality, block and lot number*** of the property.

For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I am interested in reviewing any Ocean County public records that concern environmental issues for properties located at 539 and 545 Mantoloking Road, Brick, NJ (Block 190/Lots 43 and 15, respectively).

539 - 545

Specifically, I am interested in copies of well permits/well records on file for these properties,

inspections for on-site septic systems or dry-wells, permits issued by the County, inspections conducted

by the County, violations reported by the County or any private citizen, and environmental reports filed with

the County for these 2 properties.

Located at 539 & 545 Mantoloking Rd, Brick, NJ
Block 190 Lots 43 & 15 respectively. Phase 1
All septic, well & environmental records

Signature

Date

RECEIVED
AUG 10 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Rich (First) (MI) Rapot (Last)

Address: 3900 North 10th Street, suite 102, Phila, PA 19140 Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) [redacted] Work Phone Number: (__) same

E-Mail Address: [redacted]

Would you like a Copy xx or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

. Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST) Permits for flammable materials storage · Permits of asbestos removal · Permits for the installation or decommissioning of drinking water wells & septic systems · records of Any known spills, releases cleanups, enforcement actions regarding petroleum/hazardous materials

For the property:

office building, 842 Arnold Avenue, Point Pleasant; Block 113 Lot 41.

Signature

Aug 10, 2017
Date

RECEIVED
AUG 18 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Diane _____ Galuppo
(First) (MI) (Last)

Address: 17 West Potomac Drive Little Egg Harbor Township NJ 08087
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) [redacted] Work Phone Number: (__)_____

E-Mail Address: [redacted]

Would you like a Copy __X__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Would you kindly provide a copy of the Septic Design for 69 Saint Andrews Drive.

Little Egg Harbor Township, NJ 08087 a/k/a Block 285.02, Lot 32.

Signature

8-10-17
Date

OCHD Administration/Personnel
AUG 11 '17 AM8:48

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 343-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: STANLEY S BOYLAN
(First) (MI) (Last)

Address: 1360 SCRANTON AVE WHITING, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) [redacted] Work Phone Number: ( ) N/A

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the *Date Of Birth* of the person whose information you are attempting to locate, and your *relationship to that person.*

1360 SCRANTON AVE WHITING, NJ 08759. / LOT# 9 / BLOCK# 99.29

I respectfully request any copies of surveys, drawings or otherwise that show the locations of Septic System components and Well System on this property.

Thank you very much for your anticipated assistance regarding this matter. I look forward to any documents that are available and request they be sent electronically via email, if possible. Otherwise, I am available to meet at your earliest convenience. Please feel free to contact me with any questions.

[signature]
Signature

8-11-2017
Date

OCHD-Administration/Personnel
AUG 11 '17 AM8:48

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Sandra S Manns
(First) (MI) (Last)

Address: 1380 Scranton Ave , Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: [redacted] **Work Phone Number:** [redacted]

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the *Date of Birth* of the person whose information you are attempting to locate, and your *relationship to that person.*

1380 SCRANTON AVE WHITING, NJ 08759, / LOT#18 / BLOCK# 99.289

I respectfully request any copies of surveys, drawings or otherwise that show the locations of Septic System components and Well System on this property.

Thank you very much for your anticipated assistance regarding this matter. I look forward to any documents that are available and request they be sent electronically via email, if possible. Otherwise, I am available to meet at your earliest convenience. Please feel free to contact me with any questions.

Sandra S Manns
Signature

8-11-17
Date

RECEIVED
AUG 11 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: GEORGE (First) (MI) CAPORALE (Last)

Address: 200 SHENANDOAH BLVD. (Street/P.O. Box) TOMS RIVER (Town/City) NJ (State) 08753 (Zip)

Home Phone Number: 609-731-1557 Work Phone Number: 609-731-1557

E-Mail Address: GCAPORALE@COMCAST.NET

Would you like a Copy _____ or to Inspect ✓ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

SEPTIC FILE

4 BRYNMORE ROAD
NEW EGYPT, NJ 08533
PLUMSTED TWP
BLOCK 1, LOT 57

George Caporale
Signature

AUG 6, 2017
Date

RECEIVED
AUG 11 2017
BY

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: (First) RONALD (MI) GAUTHIER (Last)

Address: (Street/P.O. Box) 79 JONATHAN DR. (Town/City) MANAHAWKIN (State) N.S. (Zip) 08050

Home Phone Number(__) [redacted] Work Phone Number: (__) [redacted]

E-Mail Address: [redacted]

Would you like a Copy X or to Inspect___ __ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

PLEASE PROVIDE ANY DOCUMENTS AND PERMITS ON FILE RELATED TO INSTALLATION, REPAIRS, MODIFICATIONS, OR REMOVAL OF SEPTIC AND WELL SYSTEMS AT 180 1 DELAWARE AVE, WHITING NJ 08759 BLOCK: 99.112 LOT: 6

Signature

8-11-17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@pchd.org

Name: Vandana (First) (MI) Sinha (Last)

Address: 15 Cassville Rd ; Jackson, NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___)_____ Work Phone Number: [redacted]

E-Mail Address: [redacted]

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I would like to determine when the well was drilled and how deep. Also, when was the septic tank and leach field installed? How large is the septic tank. This is for Block# 11601, Lot# 18 in Jackson, NJ. Address = 15 Thompson Bridge, Jackson, NJ. Thank you.

Signature Vandana Sinha

Date 8/11/17

RECEIVED
By jrogers at 2:04 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)732 849-1669 Work Phone Number: (__)732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Berkeley Twnshp

Block 335 Lot 6

351 East End Ave, Bayville.

Karen Proto
Signature

8/14/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check_____ Cash_____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recieves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 2:06 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___) 732 849-1669 Work Phone Number: (___) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Manchester Twnshp

Block 1.183 Lot 22

913 Middlesex St

Karen Proto

Signature

8/14/17

Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 3:09 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: JONATHON (First) (MI) REGGIO (Last)

Address: 789 DOROTHYS LN (Street/P.O. Box) JACKSON (Town/City) NJ (State) 08527 (Zip)

Home Phone Number( ) [redacted] Work Phone Number: ( )

E-Mail Address: [redacted]

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Design Plans for

Block 32.01 OR | New Block Lot is

Lot 81.06 | Block 18602

| Lot 20.06

Jackson, NJ

Signature

8-14-17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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Ocean County Board Of Health

Request For Governmental Records

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Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@pchd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name:	DONALD	R	KERNS
	(First)	(MI)	(Last)

Address:	22 DANIELLE CT	JACKSON	NJ	08527
	Street/P.O. Box)	(Town/City)	(State)	(Zip)

Home Phone Number: [redacted] Work Phone Number: (__) NONE

E-Mail Address: drkerns@optonline.net

Would you like a Copy __X__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Permit for old Jackson Twp parcel Block 98 Lot 6. It should be noted that the permit would have been issued prior to 1975. After 1975 the Block and Lot number changed to Block 98-1 Lot 6. The newer indentifiers are Block 98.02 Lot 6.02 and Block 3801 Lot 43. While searching for an old Cesspool, a septic system was found on the property. Prior to 1960 Jackson did not use Block and Lot numbers Properties were identified by section (i.e. Maryland) and the owners name. The owners were Ethel Colgan and Jeanne Long. This existing septic system is being abandoned because the dwelling is being demolished.

Donald R Kerns
Signature

8/14/2017
Date

OCHD-Administration/Personnel
AUG 14'17 PM4:03

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Kyle (First) A (MI) Carlson (Last)

Address: 232 Kings Highway East (Street/P.O. Box) Haddonfield (Town/City) NJ (State) 08033 (Zip)

Home Phone Number(__)_____ Work Phone Number: (__) 856 795-9595 x 1049

E-Mail Address: KYLE.CARLSON@RVE.COM

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

My office is performing a Phase I Environmental Assessment on the properties located at the intersection of Country Lane and Route 9, Block 48, Lots 1 & 2 in Ocean Township, Ocean County NJ. As part of this assessment, I'd like to respectfully request your office perform a search of all identifable environmental remedial documents, permits and enforcement actions/Violations for the above referenced properties.

Additionelly requesting Property septic system permit/documentation and potable/non-potable well permits/documentation.

Signature

8/14/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check_____ Cash _____ Money Order_____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The Custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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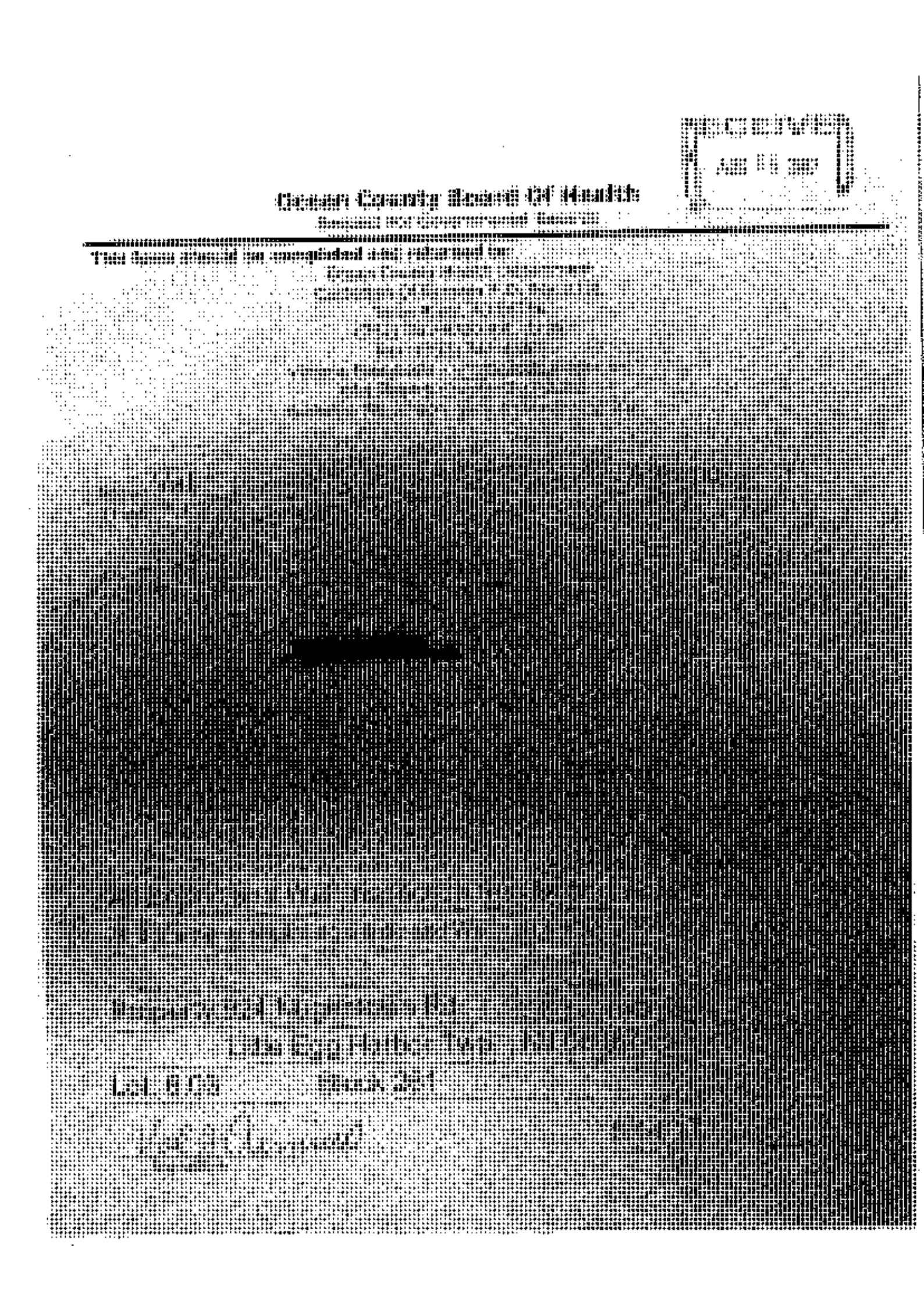
1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.



RECEIVED
By jrogers at 2:04 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Berkeley Twnshp

Block 335 Lot 6

351 East End Ave, Bayville

Karen Proto
Signature

8/14/17
Date

RECEIVED
By jrogers at 2:06 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 732 849-1669 Work Phone Number: ( ) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records Manchester Twnshp

Block 1.183 Lot 22

913 Middlesex St

Karen Proto
Signature

8/14/17
Date

Ocean County Board Of Health

Request For Governmental Records

2017 AUG 16 AM 10 20

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Eileen (First) M (MI) Harcar (Last)

Address: 800 Denow Rd. Suite N, Pennington, NJ 08534
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number([redacted] Work Phone Number: [redacted]

E-Mail Address: eharcar@glorianilson.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic and Well reports for 4 Birch St, New Egypt, NJ 08533

Block/Lot: 00007 / 00010 in Plumstead Twp.

Septic reports for 6 Birch St, New Egypt, NJ 08533

Block/Lot: 00007/00009 in Plumstead Twp.

Eileen M. Harcar
Signature

8/16/2017
Date

RECEIVED
By jrogers at 11:36 am, Aug 16, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Justina (First) | (MI) | Anise (Last)

Address: 26 Kennedy Boulevard, Suite A (Street/P.O. Box) | East Brunswick (Town/City) | NJ (State) | 08816 (Zip)

Home Phone Number(___)_____ Work Phone Number: (732)326-1010 Ex. 4243

E-Mail Address: janise@peak-environmental.com

Would you like a Copy _x___ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Please see attached OPRA request for 800 Lacey Road, Forked River NJ,

Block: 1837 and Lot: 1

Justina Anise
Signature

8/16/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recieves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

PEAK ENVIRONMENTAL LLC

26 Kennedy Boulevard, Suite A, East Brunswick, NJ 08816
Phone 732-326-1010 • www.peak-environmental.com

August 16, 2017

John Rogers
Ocean County Health Department
P.O. Box 2191
Toms River, NJ 08754

Via Email jrogers@ochd.org

Re: Government Records Request
800 Lacey Road
Forked River, NJ 08731
Block: 1837, Lot: 1
Project No. 1620

Dear Record Access Officer:

Peak Environmental LLC is conducting a Preliminary Assessment Report of the above referenced property in the city of Forked River, NJ. This letter constitutes a request for a file search regarding environmental records from 1930 to the present for the property including:

- Environmental permits held for facilities currently or formerly located at the site;
- Records of violations regarding the use, handling, release, or discharge of solid or liquid wastes, hazardous materials;
- Records of environmental investigations conducted at the site;
- Records regarding the presence of septic tanks and/or groundwater wells at the site;
- Community Right to Know Surveys; and
- Asbestos, lead-based paint, radon, mold investigation/abatement records.

Please contact us at 732-326-1010 if any records exist for this property. We would appreciate it if you could fax the records if possible to 732-326-1012.

Thank you for your assistance.

Sincerely,
PEAK ENVIRONMENTAL LLC

Justina Anise

Staff Scientist

RECEIVED
By jrogers at 12:35 pm, Aug 16, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Jackson Twnshp

New Block 13702 Lot 5

OLD Block 63 LOT 4

321 New Central Ave

Karen Proto
Signature

8/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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2. File a complaint with the Government Records Council in the Department of Community Affairs.

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

OCHD-OPRA
AUG 16'17 PM4:00

Name: Kristina (First) (MI) Antico (Last)

Address: 433 Montefiori Ave (Street/P.O. Box) Jackson (Town/City) NJ (State) 08527 (Zip)

Home Phone Number: [redacted] Work Phone Number: (__)_____

E-Mail Address: iggyantico@gmail.com

Would you like a Copy ✓ or to Inspect____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Copy of Septic and Well permits That Were Approved already while Looking thru my packet I realized They were missing There is a change of well and Septic Contractors To Pickwick well drilling and Atlas Septic Thank You

Kristina Antico
Signature

8/16/17
Date

* Copy of All Septic dwell Records →

New Block 1303 Lot 2
Old Block 138.03 old Lot 4.02
JACKSON, NJ

RECEIVED
By jrogers at 11:47 am, Aug 17, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Janet (First) | A (MI) | Kovach (Last)

Address: 15 Red Cedar Court (Street/P.O. Box) | Jackson (Town/City) | NJ (State) | 08527-1351 (Zip)

Home Phone Number([redacted]) Work Phone Number: (__)_____

E-Mail Address: TENAJ57@OPTONLINE.NET

Would you like a Copy XX or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Please provide any/all information related to the SEPTIC and WELL AT 750 W. COMMODORE BLVD, Jackson, NJ 08527. BLOCK 2701 LOT 3

I am very interested in purchasing the above property, and would appreciate your assistance in providing all details for the well and septic. Old Block 154.35 Old Lot 13.01

Thank you in advance; I do appreciate your time and attention.

Janet A Kovach

Janet A Kovach
Signature

August 16, 2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 1:09 pm, Aug 17, 2017

JRogers@OCHD.ORG

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records
P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7459
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
Alizar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: John (First) MAFFIA (MI) (ABC Septic Service) (Last)

Address: 118 E. Susquehanna Dr. L.E.H. NJ. (Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: ( ) [redacted] Work Phone Number: (609) 384-9900

E-Mail Address: ABCSepticService@Comcast.Net

Would you like a Copy _____ or to Inspect X Please check as appropriate

Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records for: 13 Brentwood Dr.
Jackson Twp.:

New BL: 11801 LOT: 103
Old BL: 85 LOT: 22.20

Signature

8-17-17
Date

RECEIVED
By jrogers at 1:11 pm, Aug 17, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records Lacey Twnshp

Block 1635 Lot 30

693 LAKE BARNEGAT DR N LANOKA HARBOR, NJ 08734

Karen Proto
Signature

8/17/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
AUG 17 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

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- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Jackson Twnshp

NEW Block 3801 Lot 61

OLD Block 98.02 LOT 22.01

569 BURKE Rd, JCK

Karen Profo
Signature

8/17/17
Date

RECEIVED
AUG 17 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Plumstead

Block 14 Lot 6

74 N Main St, New Egypt

Karen Proto
Signature

8/17/17
Date

RECEIVED
AUG 17 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Courtney (First) M (MI) Hartnett (Last)

Address: 900 Rte 168 (Street/P.O. Box) Blackwood, NJ 08012 (Town/City) (State) (Zip)

Home Phone Number(___) [redacted] Work Phone Number: (___) [redacted]

E-Mail Address: chartnett@leaenvironmental.com

Would you like a Copy ___X___ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Requesting records for water sampling results and any related information in reference to the concerns of Botulism and dying ducks in Stafford Township Canals.

C. Hartnett
Signature

8/17/2017
Date

RECEIVED
AUG 18 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Denise (First) Remeta (Last)

Riley & Gutman, Esqs.

Address: 31 West main Street, Freehold, NJ 07728
(Street/P.O. Box) (Town/City) (State) (Zip)

732-431-0300

Home Phone Number(__)_____ Work Phone Number: (__)_____

E-Mail Address: dremeta@rileyandgutman.com

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

☒ **We are requesting digital format.** We are requesting ALL opened and closed documents pertaining to: **18 Pelican Drive, Berkeley, NJ (Lot 5, Block 1841)** such as:

1. Septic system installation and/or decommissioning permits from Jan. 1979 – present;
2. Well installation and/or decommissioning permits from Jan. 1979 – present;

Please email documents to: Denise Remeta - dremeta@rileyandgutman.com
Riley and Gutman, Esqs, 31 West Main Street, Freehold, NJ 07726 732-431-0300 fax: 732-431-2574

D Remeta
Signature

8/18/17
Date

RECEIVED
AUG 18 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Atlantic Septic & Sewer, Inc.
(First) (MI) (Last)

Address: 634 Herman Rd, Ste 1B, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___)_____ Work Phone Number: 732-928-6688

E-Mail Address: Atlanticseptic@aol.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records
170 Southern blvd
Bayville, NJ 08721

Block - 989
Lot - 1

Signature

8/18/17
Date

RECEIVED
AUG 18 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Atlantic Septic & Sewer, Inc.
(First) (MI) (Last)

Address: 634 Herman Rd. Ste 1B, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)_____ Work Phone Number: 732-928-6688

E-Mail Address: Atlanticseptic@aol.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

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- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records
970 W veterans HWY
Jackson, NJ 08527

NBLOCK - 17801 LOT - 7
OBLOCK - 8.01 LOT - 14

Signature

8/18/17
Date

RECEIVED
AUG 18 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Atlantic Septic & Sewer, Inc.
(First) (MI) (Last)

Address: 634 Herman Rd, Ste 1B, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___) _____ Work Phone Number: 732-928-6688

E-Mail Address: Atlanticseptic@aol.com

Would you like a Copy ___X___ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records
13 Jessica Ct
Jackson, NJ 08527

N Block - 21702 Lot - 20
O Block - 58.03 Lot - 18

Signature

8/18/17
Date

RECEIVED
AUG 18 2017
BY:

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders, Ocean County Administration Building, 101 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

Please complete the information below. See reverse side for important information.

NAME: Compliance Management International, (First Name) attn Karl Pfizenmayer (MI) (Last Name)

ADDRESS: 1350 Welsh Road (Street, PO) North Wales (Town/City) PA (State) 19454 (zip)

PHONE NUMBER: (215) 699-4800 x 137 (Work) ( ) (Home)

EMAIL ADDRESS: kpfizenmayer@complianceplace.com

Brief description of government record(s) you are requesting to copy x or inspect ___ (check one):

CMI is completing a Phase I environmental site assessment for a residential property located at 402 Route 9, Little Egg Harbor Township, NJ (Parcel 276, Lot 12). We are inquiring if the county maintains records regarding Under Ground Storage Tanks NJDEP program, Above Ground Storage Tank NJDEP program, septic fields or files regarding hazardous waste releases to the parcel.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The Applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:

Signature

8/18/2017
Date

July 1, 2002

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders, Ocean County Administration Building, 1 01 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

Please complete the information below. See reverse side for important information.

NAME: George (First Name) (M) Guzdek (Last Name)

ADDRESS: 89 Jennifer Lane (Street, PO) Burlington (Town/City) NJ (State) 08016 (zip)

PHONE NUMBER: ([redacted] (Work) ( ) (Home)

EMAIL ADDRESS: bisonenv@aol.com

Brief description of government record(s) you are requesting to copy x or inspect ___ (check one):

Bison Environmental, LLC is performing a Phase I Environmental Site Assessment of the property located at 800 Massachusetts Avenue (Block 453, Lot 1) in Lakewood. We are requesting records of any underground storage tank installation or removal permits, any hazardous materials storage permits, or any hazardous materials releases at that site, if any such records exist.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The Applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

George Guzdek Digitally signed by: George Guzdek DN: CN = George Guzdek email = bisonenv@aol.com C = US O = Bison Environmental, LLC Date: 2017.08.19 11:59:29 -05'00'

Signature

8/19/2017

Date

July 1, 2002

RECEIVED
2017 AUG 18 P 2:47
O.C. HEALTH DEPT

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglfotta - vmiraglfotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Roberto (First) Medina (MI) Castro (Last)

Address: 34 Bennett st (Street/P.O. Box) freehold (Town/City) N.J. (State) 07728 (Zip)

Home Phone Number([redacted] Work Phone Number: ([redacted]

E-Mail Address: _____

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Record of tattoo hours
New york tattoo. (Jonathan King) owner
Forked River. (tattoo shop # 6094881650)

Roberto Medina c. (Signature)

10/8/17 (Date)

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: LESLIE (First) (MI) RAMDEEN (Last)

Address: 795 LINDEN ROAD (Street/P.O. Box) NJ (Town/City) 08753 (State) (Zip)

Home Phone Number: 732-606-0067 Work Phone Number: (732)-606-0067

E-Mail Address: Accueng1@comcast.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

REQUEST FOR SEPTIC APPROVAL FILE

Signature

08.16.17
Date

RECEIVED
By jrogers at 11:50 am, Aug 21, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Mike (First) (MI) Suter (Last)

Address: 1245 Airport Road Suite 1 Lakewood NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732-363-0060 Work Phone Number: (__) 732-363-0060

E-Mail Address: mike@pds-nj.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

septic and well records for block 1.322 lot 13 in Manchester Township(Pine Lake Park).

Signature

8/21/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recieves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 1:04 pm, Aug 21, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: ERA Central Realty Group (First) (MI) C/O Cheri Patterson (Last)

Address: 3379 RT 206 Street/P.O. Box) Bordentown (Town/City) NJ (State) 08505 (Zip)

Home Phone Number(__)609-298-4800 Work Phone Number: (__)ext. 205

E-Mail Address: rec@eracentral.com or cpatterson@eracentral.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Please provide year of when septic system was replaced et
231 Brynmore Rd, New Egypt, NJ 08533
Lot: 12 Block: 84
This is a Fannie Mae owned property and it is now on the market, the septic is raised so we believe it is fairly new, we would just like to disclose the age of the septic system to potential buyers.

Cheri Patterson (dotloop verified 08/21/17 12:45PM EDT)
Signature

8/21/2017
Date

For Board Use Only

Request Approved ____________

Request Denied ____________ Reason for Denial: ______________________________

Approximate Date Records Will Be Available: ______________________________

Fee: $ ________________ Prepayment of fee or a Deposit may be required

Paid by: Check __________ Cash _________ Money Order _________

______________________ ______________________

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 1:15 pm, Aug 21, 2017

RECEIVED
By jrogers at 2:04 pm, Aug 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose Information you are attempting to locate, and your ***relationship to that person.***

Septic Records Berkeley Twnshp

Block 335 Lot 6

RESUBMITTED Please search **block 335 lot (s) 7, 8 and 9 . All Septic Records**

351 East End Ave, Bayville

Karen Prolo
Signature

8/14/17
Date

OCHD-Administration/Personnel
AUG 21 '17 PM1:40

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miraglliotta - [illegible]
John Rogers - [illegible]
Adrienne Williamson - [illegible]

Name: RICHARD (First) J (MI) KIRK (Last)

Address: 20 OLIVIA WAY (Street/P.O. Box) JACKSON (Town/City) NJ (State) 08527 (Zip)

Home Phone Number(__) [redacted] Work Phone Number: (__) [redacted]

E-Mail Address: RJLKIRK@AOL.COM

Would you like a Copy _____ or to Inspect X Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Please e-mail any septic information
20 Olivia Way Jackson, NJ
OLD Block 111 OLD LOT 8733
NEW BLOCK 93.01 New lot 18
THANK YOU

Signature

8/21/17
Date

RECEIVED
By jrogers at 3:55 pm, Aug 21, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Annmarie Comforte
(First) (MI) (Last)

Address: 1004 Bennetts Mills Rd Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)[redacted] Work Phone Number: (__)________

E-Mail Address: acomforte@eracentral.com

Would you like a Copy ☑ or to Inspect____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

I would like to know any information you might have on the septic regarding Block 5601 lot 55
1004 Bennetts Mills Rd Jackson NJ 08527

Ann Marie Comforte
dotloop verified [illegible]

8/21/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED

2017 AUG 22 P 3:03

O. C. HEALTH DEPT

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Patricia (First) A (MI) Gordon (Last)

Address: 91 Seagoin Rd (Street/P.O. Box) Brick (Town/City) NJ (State) 08723 (Zip)

Home Phone Number: [redacted] Work Phone Number: ( ) N/A

E-Mail Address: pattygo2222@gmail.com

Would you like a Copy ____ or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose Information you are attempting to locate, and your ***relationship to that person.***

Brick B-331-L#824
How deep is the well at
91 Seagoin Rd dug
Brick NJ 08723
drillers well record

Patricia A Gordon
Signature

8/22/17
Date

RECEIVED
AUG 22 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Bonnie (First) L. (MI) Handlin (Last)

Address: 122 Walters Ave. (Street/P.O. Box) Ewing (Town/City) NJ (State) 08638 (Zip)

Home Phone Number(__)_____ Work Phone Number: (__)[redacted]

E-Mail Address: bhandlin@ssgbarco.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

6 Birch St. Plumstead Twp., NJ 08533
Block # 7 Lot # 9
Septic & well records

Signature

8-22-17
Date

Ocean County Board Of Health

Request For Governmental Records

RECEIVED
AUG 22 2017
BY:

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Kelsey (First) | L (MI) | Kachelriess (Last)

Address: 1330 Laurel Ave, Bldg 3 (Street/P.O. Box) | Sea Girt (Town/City) | NJ (State) | 08750 (Zip)

Home Phone Number(___)_____ Work Phone Number: (732) 449-0077

E-Mail Address: kelsey@envirotactics.com

Would you like a Copy [ ] or to Inspect [✓]. Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Please see the attached letter for details.

Kelsey Kachelriess
Signature

08/22/2017
Date

envirotactics
Your Environmental Resource

August 22, 2017

County of Ocean
Custodian of Records
P.O. Box 2191
Toms River, NJ 08754

Email – jrogers@ochd.org

RE: OPRA Request
Queen's Garden Apartments
207 First Street
Block 121, Lot 17
Lakewood, Ocean County, NJ 08701
Envirotactics Project #4678

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.

Kelsey Kachelriess

Enclosure (OPRA Form)

(8/22/17 RCVD SRD)

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: ISRAEL (First) (MI) KAY (Last)

Address: 2 ANITA DR (Street/P.O. Box) JACKSON (Town/City) NJ (State) 08527 (Zip)

Home Phone Number: [redacted] Work Phone Number: ([redacted])

E-Mail Address: IZZY2DAY@OPTONLINE.NET

Would you like a Copy ✓ or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Information on 2 Anita Drive in Jackson, Block 96 Lot 28-2 AKA Block 3601 Lot 149

Signature

8/22/17
Date

PROPERTY NOTES

PROPERTY IS KNOWN AS LOT 28-2 BLOCK 96 ON A MAP ENTITLED, " MINOR SUBDIVISION AND LOT CONSOLIDATION FOR LOT 28 & 29 BLOCK 96 JACKSON TOWNSHIP, OCEAN COUNTY, NEW JERSEY", FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON FEB. 8, 1982 AS MAP No. H-1178.

THIS SURVEY DOES NOT ATTEMPT TO DELINEATE ANY WETLANDS OR ENVIRONMENTALLY SENSITIVE AREAS ON OR NEAR THIS PROPERTY.

DEED REFERENCE: BOOK 16444 PAGE 1926

A.K.A. AS LOT 149 BLOCK 3601 ON THE OFFICIAL TAX MAP OF JACKSON TOWNSHIP, OCEAN COUNTY, NEW JERSEY.

COMMONLY KNOWN AS 2 ANITA DRIVE, JACKSON, N.J. 08527

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victor a Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Frederick (First) (MI) Lehman MD (Last)

Address: 307 Route 70, Ste 1A (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08733 (Zip)

Home Phone Number(__)_____ Work Phone Number: 732 657-8138

E-Mail Address: flehman55@yahoo.com
flehman55@yahoo.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

I am requesting a copy of the report for my property - the accident was around the beginning of July - My insurance is requesting this information We have had contact with Mark Hawk 204

Frederick Lehman MD Provided ✓ 8/22/2017

Signature Date

OCHD-Administration/Personnel
AUG 22 '17 PM2:24

* Environmental Complaints & Reports.
for.
307 Rt 70, Lakehurst NJ
08733. July 8, 2017.

RECEIVED
AUG 22 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Tiffany (First) | N (MI) | Arrowood (Last)

Address: 1881 South Delsea Drive (Street/P.O. Box) | Vineland (Town/City) | NJ (State) | 08332 (Zip)

Home Phone Number [redacted] Work Phone Number: (__)_____

E-Mail Address: tarrowod@careseptics.com

Would you like a Copy X or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

All septic and well records including inspections for the following address.

7 Veronica Court, Jackson Block 18101 Lot 9.13

missing 2nd CO B JR 8-22-17

Tiffany Arrowood
Signature

8/21/17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

RECEIVED
AUG 22 2017
BY:

Name: Dylan (First) J (MI) Chesley (Last)

Address: 1895 Ada Ct (Street/P.O. Box) Toms River (Town/City) NJ (State) 08753 (Zip)

Home Phone Number: [redacted] Work Phone Number: [redacted]

E-Mail Address: dlc9538@gmail.com

Would you like a Copy ✓ or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Environmental - Septic and Well inspection records
For Jackson municipality for Block: 2602 Lot: 21

Missing 2nd L & B Jr (8-22-17)

Signature

8/22/17
Date

RECEIVED
AUG 22 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Tama A Troutman
(First) (MI) (Last)

Address: 41 Beard Road, Mechanicsburg, PA 17050
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number([redacted] Work Phone Number: (___)_____

E-Mail Address: ttroutman@ebiconsulting.com

*Email Preferred

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I am interested in Underground Storage Tank / Aboveground Storage Tank (UST/AST) information, chemical storage and usage information, notices of violations, and past property history/release information on the property located at 501 Boardwalk (Block 83.01, Lot 4).

*Please contact me prior to sending documents if a fee is required.

Signature

August 22, 2017
Date

Adrienne Williamson

From: Tama Troutman [ttroutman@ebiconsulting.com]
Sent: Tuesday, August 22, 2017 5:55 PM
To: Victoria Miraglotta; rogers@ochd.org; Adrienne Williamson
Subject: Information Request
Attachments: 6117004025 Ocean Co. Health Dept. RTK Request.pdf

Good afternoon,

Please see the attached Right to Know request.

Thank you,

Tama Troutman
Project Scientist
P: 717.991-9541 | F: 717.428.0403
6876 Susquehanna Trail South | York, PA 17403
ttroutman@ebiconsulting.com
www.ebiconsulting.com
Blog | Twitter | LinkedIn | Facebook | YouTube

Please consider the environment before printing this email

OCHD-Administration/Personnel
AUG 23 '17 AM8:20

8/22/17
RCVD - SK

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Sarah (First) A (MI) Litterio (Last)

Address: 1417 4th Ave (Street/P.O. Box) Toms River (Town/City) NJ (State) 08757 (Zip)

Home Phone Number( ) [redacted] Work Phone Number: ( )

E-Mail Address: salitterio@gmail.com

Would you like a Copy _____ or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related Information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

We are looking to add addition - bedroom and want to know if current septic tank is sufficient.

Block # is 1.77 lot 3/p Toms River TWP

Check Manchester & Toms River Twp (Pine Lake Property)

Sarah Litterio
Signature

8/21/17
Date

RECEIVED
By jrogers at 11:46 am, Aug 23, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___) 732 849-1669 Work Phone Number: (___) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Lakewood

Block 490 Lot 1.01 and Lot 1.04

693 Cross St, Lakewood Commercial Bldg

Karen Proto
Signature

8/23/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Dylan (First) L (MI) Chesley (Last)

Address: 1895 Ada Ct. (Street/P.O. Box) Toms River (Town/City) NJ (State) 08753 (Zip)

Home Phone Number: [redacted] Work Phone Number: [redacted]

E-Mail Address: dlc9538@gmail.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Environmental - Septic and Well inspection records for Jackson municipality for Block: 2602 Lot: 21 old Block: 151.02 Lot: 31.19

Signature

8/22/17
Date

NEAL S. DOBSHINSKY
ATTORNEY AT LAW
Member NY and NJ Bars

Neal S. Dobshinsky, Esq.
444 Madison Avenue, 4th Floor NY, NY 10022
T. 212-344-0900 F. 212-344-0905

August 21, 2017

RECEIVED
AUG 23 2017
BY:

Ocean County Health Department
Environmental, Consumer Health
Attn: Records Access Officer
175 Sunset Avenue
Toms River, New Jersey 08754

Re: Open Public Records Act Request
Reports of septic system repairs
Locations: 14 Primrose Lane, Jackson New Jersey
4 Primrose Lane, Jackson New Jersey
Dates: 5/01/2014 through 7/31/2014 inclusive
Our file no. 15-8052

Dear Records Access Officer:

Under the provisions of the New Jersey Open Public Records Act., NJSA 47:1A-1 et seq., I request that you provide me with copies of the following records: all permits, applications and supporting papers, liability insurance certificate(s), engineer notes, supervisor notes, etc. or other materials submitted by, on behalf of, or regarding septic system repair work by the contractors working at or near 14 Primrose Lane, Jackson, New Jersey and 4 Primrose Lane, Jackson New Jersey from May 1, 2014 through July 31, 2014.

As you know, the Open Public Records Act requires that the custodian respond to a request as soon as possible, but no later than seven business days after the request is received. I would appreciate your response within the statutory time.

Very truly yours,

Amanda L. Dziomba

8-23-17 (S/w Amanda. Need Lots & block for all properties requested.)

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Devora (First) _____ (MI) Bresler (Last)

Address: 411 Ashley Ave (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

Home Phone Number [redacted] Work Phone Number: (__)_____

E-Mail Address: devora@ashleymanage.com

Would you like a Copy __x__ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

6 Bear Trail, Jackson NJ 08527

Block 20201 Lot 32

I am requesting a copy of all information regarding the septic design at this address.

Devora Bresler
Signature

8/23/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recleves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 8:44 am, Aug 24, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect _____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Records Jackson

NEW Block 2701 Lot 3

OLD Blk 153.35 Lot 13.01

750 W Commodore Blvd, JCK

Karen Proto
Signature

8/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED
By jrogers at 11:54 am, Aug 24, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7205
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Atlas Septic Inc.

Name: Susanne. Puff
(First) (MI) (Last)

Address: 243 Throckmorton St. Freehold NJ 07728
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number (732) 462-3636 Work Phone Number: (__)_____

E-Mail Address: atlas0100@msn.com

Would you like a Copy ✓ or to Inspect ____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

Septic Info
17 E Pleasant Grove Rd
Jackson
B- 9701 0008
L- 13 000211

Susanne Puff
Signature

8-24-17
Date

OCHD-Administration/Personnel
AUG 24 '17 AM 11:05

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders, Ocean County Administration Building, 1 01 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

Please complete the information below. See reverse side for important information.

NAME: Kerri-Ann (First Name) (MI) Matthews (Last Name)

ADDRESS: 249 South Main Street, Suite 6 (Street, PO) Barnegat (Town/City) NJ (State) 08005 (zip)

PHONE NUMBER: (609) 488-2857 (Work) ( ) same (Home)

EMAIL ADDRESS: kmatthews@denviro.com

Brief description of government record(s) you are requesting to copy ___ or Inspect X (check one):

Block 12.02, Lots 17, 21.01 & 21.02 - 177 & 185 Miller Road, Lakewood, NJ

Dates of Interest: 1930-Present

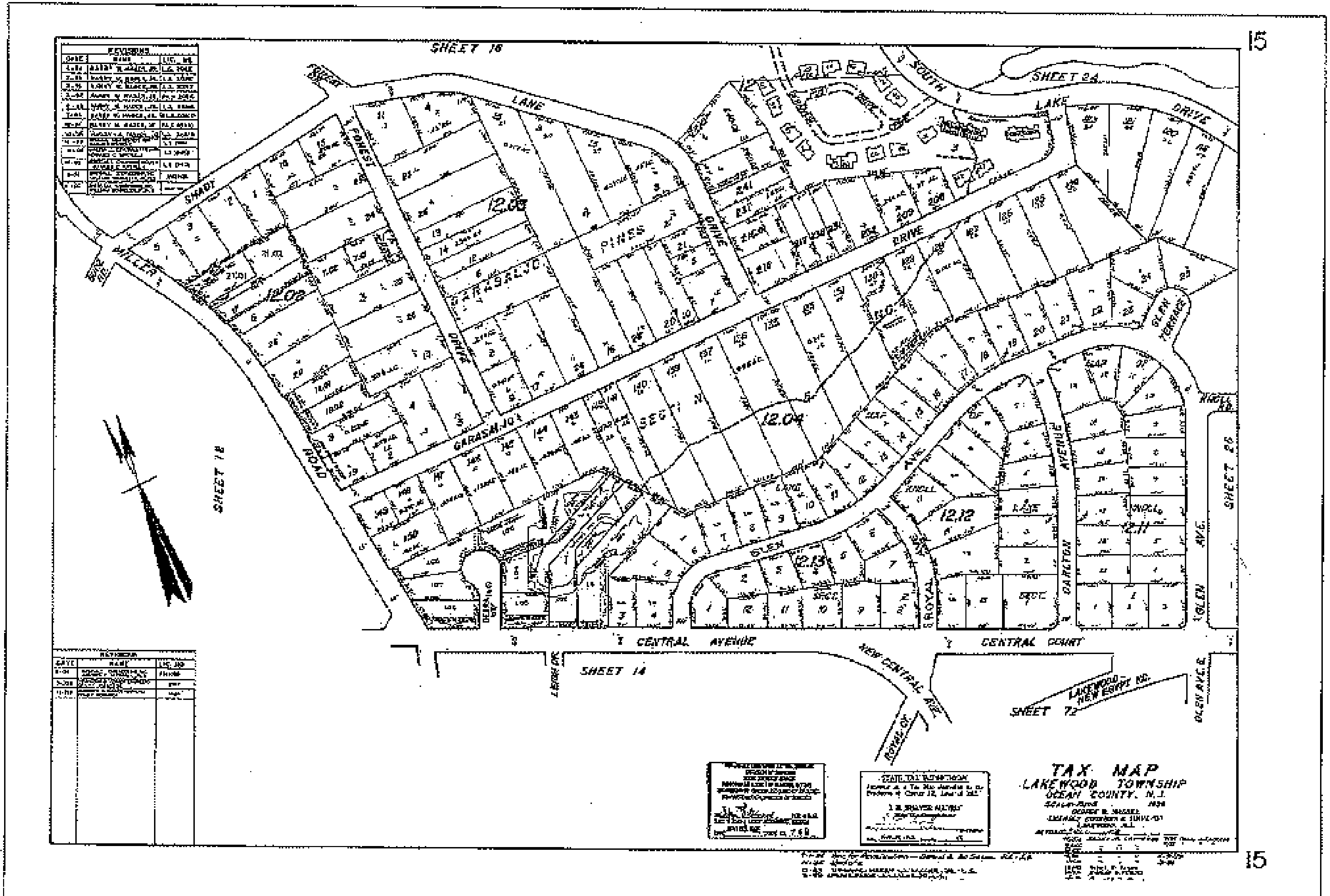
Health Dept: reports/complaints of environmental contamination of soil, ground water, surface water or air, well permits, and septic system inspections

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The Applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

Signature

8/24/2017
Date

Aerial Map



Lakewood Township Tax Map

Block 12.02 * Lots 17, 21.01 & 21.02
Lakewood Township, Ocean County, NJ

DuBois Environmental Consultants

NORTH

Job No.: D1444.001

Date: 8/24/2017

Drawn By: KK

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

RECEIVED
By jrogers at 8:24 am, Aug 25, 2017

Name: GEORGE (First) (MI) CAPORALE (Last)

Address: 200 SHENANDOAH BLVD. (Street/P.O. Box) TOMS RIVER (Town/City) NJ (State) 08753 (Zip)

Home Phone Number: 609-731-1557 Work Phone Number: 609-731-1557

E-Mail Address: GCAPORALE@COMCAST.NET

Would you like a Copy _____ or to Inspect ✓ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

SEPTIC FILE
523 EASTERN BLVD
BAYVILLE, NJ 08721
BERKELEY TWP
BLOCK 729, LOT 7

George Caporale
Signature

8/24/17
Date

RECEIVED
By jrogers at 8:29 am, Aug 25, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Amanda (First) L (MI) Dziomba (Last)

Address: 444 Madison Ave, 4th fl (Street/P.O. Box) New York (Town/City) NY (State) 10022 (Zip)

Home Phone Number( ) — Work Phone Number: 212) 344-0900

E-Mail Address: amanda@zimmerlaw.com

Would you like a Copy ✓ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to obtain.

Under the provisions of the New Jersey Open Public Records Act., NJSA 47:1A-1 et seq., I request that you provide me with copies of the following records: all permits, applications and supporting papers, liability insurance certificate(s), engineer notes, supervisor notes, etc. or other materials submitted regarding septic system repair work by contractors from May 1, 2014 through July 31, 2014 inclusive working at or near:

14A Primrose Lane, Jackson, New Jersey 08527 Block 21801, Lot 1.36 Block 58.02 Lot 24.141
14B Primrose Lane, Jackson, New Jersey08527 Block 21801, Lot 1.35 Block 58.02 Lot 24.142
14C Primrose Lane, Jackson, New Jersey 08527 Block 21801, Lot 1.34 Block 58.02 Lot 24.143
14D Primrose Lane, Jackson, New Jersey08527 Block 21801, Lot 1.33 Block 58.02 Lot 24.141
4A Primrose Lane, Jackson New Jersey 08527 Block 21801, Lot 1.09 Block 58.02 Lot 24.41
4B Primrose Lane, Jackson New Jersey08527 Block 21801, Lot 1.10 Block 58.02 Lot 24.42

Amanda Dziomba
Signature

8/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

If the government record is in storage or archived, you will be so advised within seven (7) business days after the Custodian of Records recieves you request. You will be advised by the Custodian of Records when the record can be made available. If the record is not made available by that time, access will be considered denied.

RIGHT TO APPEAL

If you wish to challenge a decision of the Custodian of Records denying access to a government record you may:

1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

RCVD
8-24-17
JRV

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Sagan	M.	Simko
(First)	(MI)	(Last)

Address: 4242 Carlisle Pike, Suite 260	Camp Hill	PA	17011
Street/P.O. Box)	(Town/City)	(State)	(Zip)

Home Phone Number: [redacted] Work Phone Number: [redacted]

E-Mail Address: ssimko@blcompanies.com

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person.***

I am inquiring as to the availability of any records of storage tanks, spills, releases, hazardous materials storage/disposal, or environmental conditions/incidents associated with the property located at 2461 Hooper Avenue, Brick, NJ. Thank you very much.

Sagan Simko
Signature

8-10-17
Date

RECEIVED
By jrogers at 10:24 am, Aug 25, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Brewer Septic
(First) (MI) (Last)

Address: 360 Monroe ave Whiting, NJ 08759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 732 849-1669 Work Phone Number: (__) 732 849-1669

E-Mail Address: brewerseptic@verizon.net

Would you like a Copy _____ or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality,Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship to that person***.

Septic Records Jackson

NEW Block 21002 Lot 9

OLD Blk 65.02 Lot 9

18 Pitney Ln

Karen Proto
Signature

8/25/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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1. Institute a proceeding to challenge that decision by filing an action in Superior Court in New Jersey; or
2. File a complaint with the Government Records Council in the Department of Community Affairs.

TRIDENT
Site Remediation, Land Use & Ecology

T/ 732.818.8699 F/ 732.818.3744
E/ info@tridentenviro.com

VIA E-MAIL
8/25/17

RECEIVED
By jrogers at 11:50 am, Aug 25, 2017

Ocean County Health Department
Custodian of Records
P.O. Box 2191
Toms River, New Jersey 08754
Attn: John Roger, Assistant Custodian of Records

Re: Open Public Records (OPRA) Request
500 River Avenue
(Block 420.01 ~ Lots 23, 23.100, 23.110, 23.120, 23.130, 23.200, 23.210, 23.220, 23.230, 23.240, 23.250 & 23.260)
450 River Avenue
(Block 420.01 ~ Lot 8 & 9)
Lakewood Township, Ocean County, New Jersey

Dear Mr. Roger:

Enclosed you will find an OPRA request for records of environmental contamination on the above-referenced contiguous properties. As required, please find the property information above, the tax map highlighting the subject property and the required OPRA records request form. I hereby request that you search your files for any records of environmental contamination related to any variety (i.e. soil, ground water, surface water, air, etc.). My contact information is provided at the bottom of this letter. Once you have completed your search, please contact our office and notify me that records are available (should there be records), so we can make arrangement for me to either review and/or obtain those files/records. Should your department not have any records on this property, please simply indicate that in a letter and send to my office.

Thank you in advance for your assistance in this matter. Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Corey Matthews

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Corey (First) D (MI) Matthews (Last)

Address: 1856 Route 9 (Street/P.O. Box) Toms River (Town/City) NJ (State) 08755 (Zip)

Home Phone Number(__) 732-818-8699 Work Phone Number: (__)_____

E-Mail Address: cmatthews@tridentenviro.com

Would you like a Copy X or to Inspect_____ Please check as appropriate Provide a brief description of the governmental record(s) you are requesting

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose Information you are attempting to locate, and your ***relationship to that person.***

Health Department/ Environmental Division:Please search records for the years 1950 to present

-Deed Notice or restrictions associated with the property

-Report/ complaints of environmental contamination of soil, groundwater, surface water, or well permits and septic system inspection/permits.

-Fire Official (if applicable): Records of tank removal, storage of hazardous substances and petroleum products, and hazardous material responses.

Signature

08/25/17
Date

roperty Information: 500 River Ave. (Block 420.01 – Lots 23, 23.100, 23.110, 23.120, 23.130, 23.200, 23.210, 23.220, 23.230, 23.240, 23.250, & 23.260), Lakewood,

roperty Information: 450 River Ave. (Block 420.01 – Lots 8 & 9), Lakewood, NJ

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

Fee: $_____ Prepayment of fee or a Deposit may be required

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

The custodian of Records is required to grant or deny access to government record no later than seven (7) business days after receiving the request. If you do not provide a name, address, telephone number or other means of contacting you, the Custodian of Records will be unable to respond to the original request.

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2. File a complaint with the Government Records Council in the Department of Community Affairs.