

RECEIVED

By jrogers at 11:52 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: Mike Suter
(First) (MI) (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 72 lots 39 & 40
in Plumsted Township.


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

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 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 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 2:25 pm, 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 11404 Lot 91

OLD Blk 5.01 Lot 40

617 Oakleaf St, JCK

Karen Proto

Signature

Digitally signed by Karen Proto
DN: cn=Karen Proto, o=Ocean County Health
Department, email=kproto@ochd.org, c=US

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

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RECEIVED

By jrogers at 10:44 am, Aug 28, 2017

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@ochd.org

John Rogers - jrogers@ochd.org

Adrienne Williamson - awilliamson@ochd.org

Name: Jonathan J Dean
(First) (MI) (Last)

Address: 24 Germania Station Rd Suite 3 Toms River, NJ 08753
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number() Work Phone Number: () 732-281-1900

E-Mail Address: JDean@meridianenvironmental.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**.

Site Address: 169-~~178~~ Route 37 East, Toms River, NJ 08753
Block: 1092, Lot: 8

Requesting any files pertaining to a release of hazardous
material on site by records of current or former septic well/
septic systems, site maps, or surveys, previous land use, community

Jonathan Dean
Signature

8/28/17
Date

right to know forms, and/or occupancy records would be
helpful!

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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RECEIVED

By jrogers at 10:46 am, Aug 28, 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: Brittany Barthol

(First)

(MI)

(Last)

Address: 105 Evesboro-Medford Rd., Suite C, Marlton, NJ 08053

Street/P.O. Box)

(Town/City)

(State)

(Zip)

Home Phone Number: [REDACTED] Work Phone Number: [REDACTED]

E-Mail Address: brittanyb@gsienviromental.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 performing an environmental site assessment for the property located at 681 River Ave., Block 782, Lot 1, Lakewood, NJ and are looking for the following documentation (if available):

- Documentation related to underground storage tanks at the property (permits for installation, removal, etc.) _____
- Certificates of occupancy dating back to first development of the property (or earliest available). _____
- Asbestos or lead based paint abatement documentation. _____
- Documentation related to releases/spills of hazardous materials at the property. _____
- Documentation related to septic systems or supply wells at the property. _____

Signature

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

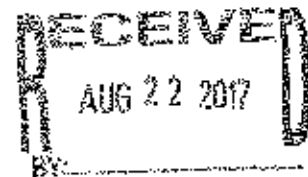
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Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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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

REVISED

10:59 am, Aug 28, 2017

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() 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 Miragliotta; 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

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Total Control Panel

[Login](#)

To: awilliams@ochd.org
From: ttroutman@ebiconsulting.com

Message Score: 1
My Spam Blocking Level: Low

High (60): Pass
Medium (75): Pass
Low (90): Pass

[Block this sender](#)
[Block ebiconsulting.com](#)

This message was delivered because the content filter score did not exceed your filter level.

OCID-Administration/Personnel
AUG 23 '17 AM 8:20

RECEIVED

By jrogers at 11:03 am, Aug 28, 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 - awillamson@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)

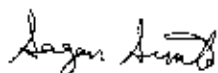
Home Phone Number: [REDACTED] Work Phone Number: [REDACTED]

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. This encompasses Lot 75 of Block 340 and Lot 76 of Block 340. Thank you very much.



Signature

8-28-17

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

RECEIVED

2017 AUG 28 F 2:55

O. C. HEALTH DEPT

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: Lisa V. Judge
(First) (MI) (Last)

Address: 48 Center Ave Cedar Grove NJ 07009
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: [REDACTED] Work Phone Number: [REDACTED]

E-Mail Address: LisaVJudge@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 would like a map/schematic of
my property showing location of well system.

Address: 3292 Windsor Ave
Toms River, NJ 08753

lot: 248

block: 1108.56

Lisa V Judge
Signature

8/28/17
Date

Thank you,

RECEIVED

Ocean County Board Of Health
Request For Governmental Records

2017 AUG 29 A 11:08

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191

O. C. HEALTH DEPT

Forked 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: Todo (First) Plessis (Last)

Address: 2323 Maple Rd (Street/P.O. Box) Forked River, NJ (Town/City) 08731 (State) 08731 (Zip)

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

E-Mail Address: TPlessis@msu.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.
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original septic permit and ~~septic~~ information

2323 Maple Rd
Forked River, NJ 08731
Block 4029 Lot 3

Sarah Plessis
Signature

8/29/17
Date



1005
894
2331

State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
New Lisbon, NJ 08064
(609) 894-7000
www.nj.gov/pinelands



Chris Christie
Governor
Kim Guadagno
Lt. Governor

General Information: Info@njpinelands.state.nj.us
Application Specific Information: ApplInfo@njpinelands.state.nj.us

Sean W. Earlen
Chairman
Nancy Wittenberg
Executive Director

August 11, 2017

Todd Plessis
2323 Maple Road
Forked River, NJ 08731-5732

Re: Application # 1986-1299.001
Block 4029, Lot 3
Lacey Township

CC HD 0003
public records
John Rogers

Dear Mr. Plessis:

We are writing regarding land clearing and the development of a garage/shed in the cleared area on the above referenced lot.

On July 7, 1989, the Pinelands Commission approved a Waiver of Strict Compliance to develop a single family dwelling on Block 4029, Lot 3. The Waiver approval was conditioned upon all development being located within 125 feet of Maple Avenue. This condition provided for a 100 foot forested buffer to an offsite wetland located to the rear of the lot.

Our records indicate that when the dwelling was built in 1998, the required 100 foot wetlands buffer was maintained in the rear of the lot. Available information indicates that in 2010, the entire rear of the lot was cleared and a shed/garage was constructed in the required 100 foot buffer to wetlands. This clearing and development constitutes a violation of the condition of the Waiver and also constitutes a violation of the wetlands protection standards of the Township land use ordinance and the Pinelands Comprehensive Management Plan (CMP).

To resolve this wetlands violation, please submit a reforestation plan for the rear 100 feet of the lot. The restoration plan could be a written proposal accompanied by a hand drawn sketch depicting the approximate location and dimensions of the concerned clearing and the type, quantity, size and location of native Pinelands vegetation to be replanted. Please note that suitably sized seedlings (at least 3 to 4 inches) spaced no greater than 10 feet apart are acceptable to the Commission. The plan should include provisions for the replanting of vegetation that does not survive and for the elimination of non-native invasive species which may become established in the disturbed area. The restoration plan must also specify a time frame for replanting, including a date by which planting will be completed. No restoration should begin until you have received a written response indicating that the Commission staff is in agreement with the plan.



RECEIVED*By jrogers at 3:03 pm, Aug 29, 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: Matthew M Lev
(First Name) (MI) (Last Name)

ADDRESS: 117 Canal Road, South Bound Brook, New Jersey 08880
(Street, PO) (Town/City) (State) (zip)

PHONE NUMBER: (732) 356 3400 (Work) () same (Home)

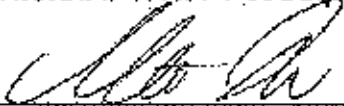
EMAIL ADDRESS: mlev@melick-tully.com

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

Health department files and information for the property located at 1320 Ocean Avenue, Lakewood, New Jersey. The site is identified on the municipal tax map as Block 669, Lot 6.01. Please pass this request on to the health department. I would like to review all records for the property, including but not limited to the following:

- Any environmental information including but not limited to any:
 - o Underground storage tanks
 - o Above ground storage tank
 - o Spills
 - o Cleanups
 - o Liens
- Any information including:
 - o Septic systems
 - o Wells
- Any health violations associated with the property.

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

8/29/17
Date

FOR COUNTY USE ONLY	
Request Approved _____	
Request Denied _____	<i>Reason for denial:</i>
Approximate date records will be available: _____	
Fee: \$ _____	
Paid by: Check _____ Cash _____ Money Order _____	
Custodian of Records	Date

TIMEFRAME FOR RESPONSE TO A REQUEST
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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, 101 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

Dottie Vane
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

RECEIVED

By jrogers at 3:07 pm, Aug 29, 2017

Ocean County Board Of Health

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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 18

OLD Blk 65.02 Lot 18

19 Danielle Ct, JCK

Karen Proto

Signature

8/29/17

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

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Custodian of Records

Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 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 11:08 am, Aug 30, 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: EDNY AMINIAN
(First) (MI) (Last)

Address: 301 MAIN STREET, ALLENHURST, NJ 07711
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number() Work Phone Number: ()

E-Mail Address: EDMINIAN@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**.

RECORDS OF
REQUEST FOR EXISTING WELL & SEPTIC FOR
THE FOLLOWING PROPERTIES IN LAKEWOOD TWP:
BLOCK 12.11
LOTS 1, 2, 3, 4, 19


Signature

08/30/17
Date

RECEIVED

By jrogers at 11:15 am, Aug 30, 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 21702 Lot 11

OLD Blk 58.03 Lot 5

25 Linda Dr, JCK

Karen Proto

Signature

8/30/17

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 9:01 am, Aug 31, 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 21701 Lot 11

OLD Blk 58.01 Lot 18.19

19 Jenny Ln, JCK

Karen Proto

Signature

8/30/17

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

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 9:02 am, Aug 31, 2017

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

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

29 APPELEGATE LANE

NEW EGYPT, NJ

PLUMSTER TWP

BLOCK 10 LOT 53

Signature

Date

8/30/17

RECEIVED

By jrogers at 9:03 am, Aug 31, 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: Robert Harrington, East Coast Engineering, Inc.

(First)

(MI)

(Last)

Address: 508 Main Street

Toms River

NJ

08753

Street/P.O. Box)

(Town/City)

(State)

(Zip)

Home Phone Number() Work Phone Number: () 732-244-3030

E-Mail Address: rob@eceinc.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**.

I am seeking septic and well records for:

Block 1.202 lots 15

Block 1.202 lot 19

Block 1.202 lot 22

Manchester Township

Signature

Date

8-30-17

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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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 9:04 am, Aug 31, 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: Atlantic Septic & Sewer, Inc.
(First) (MI) (Last)

Address: 634 Herman Rd, Ste 18, 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

→ 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

141 Pasadena Rd

Manchester NJ 08759

B-121 Lot-3.01

Smone
Signature

8/31/17
Date

RCVD 8-30-17
JRC ✓

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: Nicole A Budzek
(First) (MI) (Last)

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

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

E-Mail Address: nbudzek@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.

Nicole Budzek
Signature

8/30/2017
Date

Project Information: 3095 Route 571 (Block 30, Lots 1-02) Manchester Township, Ocean Co.



732.818.8699 F/ 732.818.3744
E/ info@tridentenviro.com

VIA EMAIL
August 30, 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**
3095 Route 571
Block 30 Lot 1.02
Manchester Township, Ocean County, New Jersey

Dear Mr. Roger:

Enclosed you will find an OPRA request for records of environmental contamination on the above-referenced 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. In addition, a hard copy is in the mail which contains a check for the research fee. 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,

Nicole Budzek

Nicole Budzek

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 - awilliams@ochd.org

Name: Stephen G Costello
(First) (MI) (Last)

Address: 4 Marlow Court Hamilton N.J. 08810
Street/P.O. Box (Town/City) (State) (Zip)

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

E-Mail Address: S. Costello@hotmail.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 would like to have a copy of all records of the
septic /well systems since the property was
established in 1956. The property in question
is 844 Wright Debow Road, Jackson, NJ
08527 Old Block 155 Old Lot 34 New Block 104 New Lot 14

[Signature]
Signature

8-27-17
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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RIGHT TO APPEAL

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

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

RECEIVED

By jrogers at 11:51 am, Aug 30, 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: Tara J Conti
(First) (MI) (Last)

Address: 17 Veronica Ct New Egypt NJ 08533
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: tarag2379@gmail.com

Would you like a Copy X 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**.

I would like the septic information on 17 Veronica Ct New Egypt NJ 08533

Jackson Township Block 18101 LOT 9.09

Old Block 8.01 Old Lot 46.13

This property has a new egypt zipcode but is located within Jackson township

[Signature]
Signature

8/30/2017
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

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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.



732.818.8699 // 732.818.3744
E/ info@tridentenviro.com

VIA EMAIL
August 31, 2017

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

RECEIVED

By jrogers at 11:25 am, Aug 31, 2017

Re: Open Public Records (OPRA) Request
South Hope Chapel Road
Block 66 * Lot 1
Manchester Township, Ocean County, New Jersey
Block 23001 * Lots 25, 27, 28 & 29
Jackson Township, Ocean County, New Jersey

Jackson Properties Listed

- Block 23001, Lot 28 was previously known as Block 12, Lot 3 &
- Block 23001, Lot 29 was previously known as Block 12, Lot 4

Dear Mr. Roger:

Enclosed you will find an OPRA request for records of environmental contamination on the above-referenced 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. In addition, a hard copy is in the mail which contains a check for the research fee. 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,

Nicole Budzek

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: Nicole A Budzek
(First) (MI) (Last)

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

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

E-Mail Address: nbudzek@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.

Nicole Budzek
Signature

8/31/2017
Date

Project Information: South Hope Chapel Rd (Block 23001, Lots 25, 27, 28 & 29) Jackson Twp. Ocean Co., NJ

South Hope Chapel Rd (Block 66, Lot 1) Manchester Twp., Ocean Co., 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

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

442 000
E 104 000

6-22-46

201 200

$$Z_{\text{max}} = Z_{\text{min}} + \frac{Z_{\text{max}} - Z_{\text{min}}}{2}$$

INSERT "H"

$$L^4 10.84 \pm$$

69-
FD-

ESMT, FOR ROAD PURPOSES

19.40 AC

2

TRIDENT

TridentEnviro.com

732.818.8699 ∴ 732.818.3744

Manchester Township Tax Map

South Hope Chapel Road
Block 23001 ~ Lots 25, 27, 28 & 29
Block 66 ~ Lot 1

JACKSON & MANCHESTER TWP., QUEEN CO., N.J.

Copyright© 2013 National Geographic Society, i-cubed

DRAIN BY:	DATE:
NR	08/31/2017

FIGURE:	JOB NO.:
3	TERRA 0013

SCALE-1 inch = 1 foot

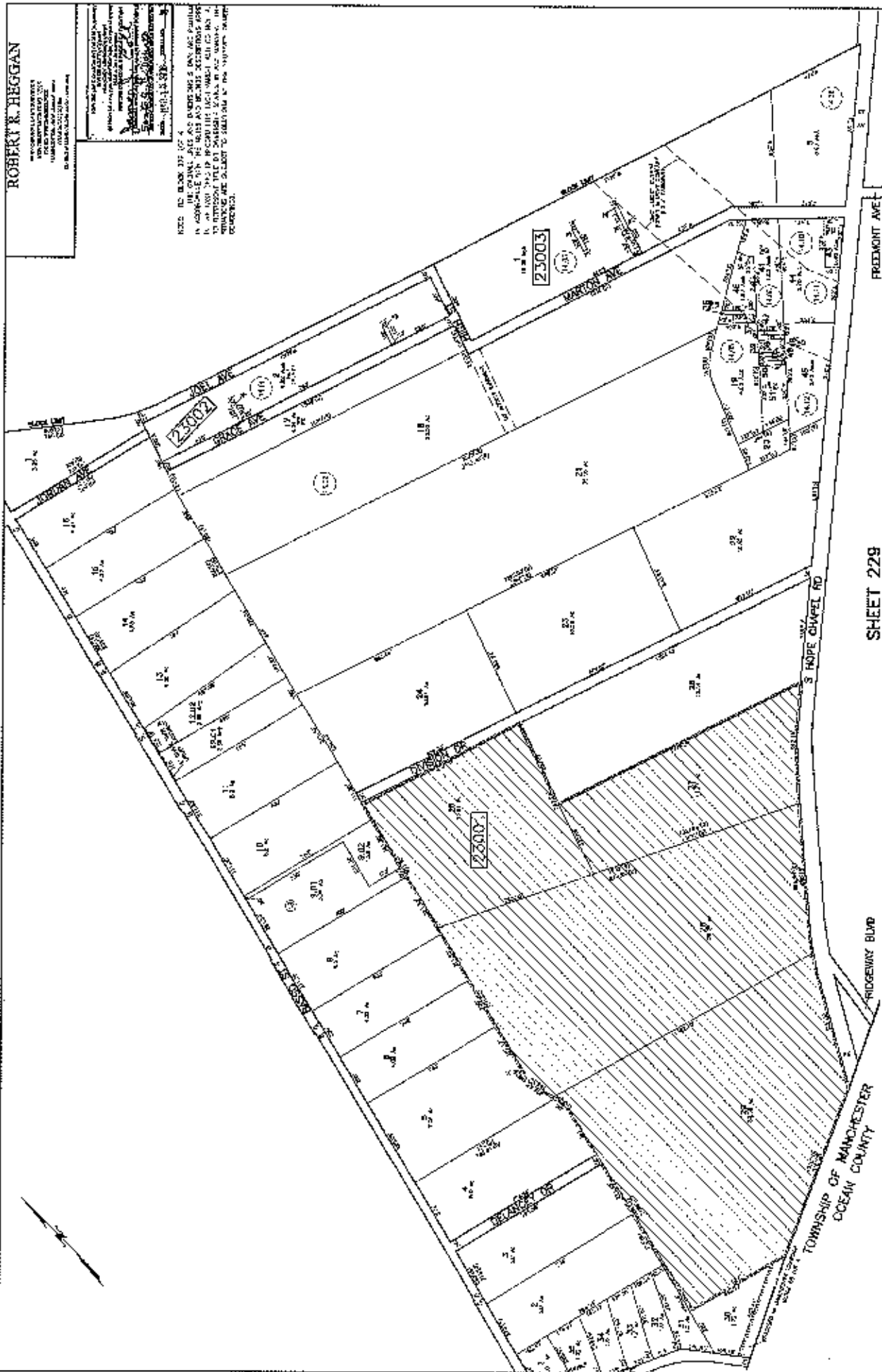
MTS

Produced as requested by the Family of J. Edgar Hoover, Jr.: J.E.H. & W.A.H.B.

1-800-976-7272

1. **NAME:** _____
 2. **DATE:** _____
 3. **TIME:** _____
 4. **LOCATION:** _____
 5. **REASON:** _____
 6. **WITNESSES:** _____
 7. **SIGNATURE:** _____
 8. **INITIALS:** _____
 9. **REMARKS:** _____
 10. **DATE:** _____
 11. **TIME:** _____
 12. **LOCATION:** _____
 13. **REASON:** _____
 14. **WITNESSES:** _____
 15. **SIGNATURE:** _____
 16. **INITIALS:** _____
 17. **REMARKS:** _____
 18. **DATE:** _____
 19. **TIME:** _____
 20. **LOCATION:** _____
 21. **REASON:** _____
 22. **WITNESSES:** _____
 23. **SIGNATURE:** _____
 24. **INITIALS:** _____
 25. **REMARKS:** _____
 26. **DATE:** _____
 27. **TIME:** _____
 28. **LOCATION:** _____
 29. **REASON:** _____
 30. **WITNESSES:** _____
 31. **SIGNATURE:** _____
 32. **INITIALS:** _____
 33. **REMARKS:** _____
 34. **DATE:** _____
 35. **TIME:** _____
 36. **LOCATION:** _____
 37. **REASON:** _____
 38. **WITNESSES:** _____
 39. **SIGNATURE:** _____
 40. **INITIALS:** _____
 41. **REMARKS:** _____
 42. **DATE:** _____
 43. **TIME:** _____
 44. **LOCATION:** _____
 45. **REASON:** _____
 46. **WITNESSES:** _____
 47. **SIGNATURE:** _____
 48. **INITIALS:** _____
 49. **REMARKS:** _____
 50. **DATE:** _____
 51. **TIME:** _____
 52. **LOCATION:** _____
 53. **REASON:** _____
 54. **WITNESSES:** _____
 55. **SIGNATURE:** _____
 56. **INITIALS:** _____
 57. **REMARKS:** _____
 58. **DATE:** _____
 59. **TIME:** _____
 60. **LOCATION:** _____
 61. **REASON:** _____
 62. **WITNESSES:** _____
 63. **SIGNATURE:** _____
 64. **INITIALS:** _____
 65. **REMARKS:** _____
 66. **DATE:** _____
 67. **TIME:** _____
 68. **LOCATION:** _____
 69. **REASON:** _____
 70. **WITNESSES:** _____
 71. **SIGNATURE:** _____
 72. **INITIALS:** _____
 73. **REMARKS:** _____
 74. **DATE:** _____
 75. **TIME:** _____
 76. **LOCATION:** _____
 77. **REASON:** _____
 78. **WITNESSES:** _____
 79. **SIGNATURE:** _____
 80. **INITIALS:** _____
 81. **REMARKS:** _____
 82. **DATE:** _____
 83. **TIME:** _____
 84. **LOCATION:** _____
 85. **REASON:** _____
 86. **WITNESSES:** _____
 87. **SIGNATURE:** _____
 88. **INITIALS:** _____
 89. **REMARKS:** _____
 90. **DATE:** _____
 91. **TIME:** _____
 92. **LOCATION:** _____
 93. **REASON:** _____
 94. **WITNESSES:** _____
 95. **SIGNATURE:** _____
 96. **INITIALS:** _____
 97. **REMARKS:** _____
 98. **DATE:** _____
 99. **TIME:** _____
 100. **LOCATION:** _____
 101. **REASON:** _____
 102. **WITNESSES:** _____
 103. **SIGNATURE:** _____
 104. **INITIALS:** _____
 105. **REMARKS:** _____
 106. **DATE:** _____
 107. **TIME:** _____
 108. **LOCATION:** _____
 109. **REASON:** _____
 110. **WITNESSES:** _____
 111. **SIGNATURE:** _____
 112. **INITIALS:** _____
 113. **REMARKS:** _____
 114. **DATE:** _____
 115. **TIME:** _____
 116. **LOCATION:** _____
 117. **REASON:** _____
 118. **WITNESSES:** _____
 119. **SIGNATURE:** _____
 120. **INITIALS:** _____
 121. **REMARKS:** _____
 122. **DATE:** _____
 123. **TIME:** _____
 124. **LOCATION:** _____
 125. **REASON:** _____
 126. **WITNESSES:** _____
 127. **SIGNATURE:** _____
 128. **INITIALS:** _____
 129. **REMARKS:** _____
 130. **DATE:** _____
 131. **TIME:** _____
 132. **LOCATION:** _____
 133. **REASON:** _____
 134. **WITNESSES:** _____
 135. **SIGNATURE:** _____
 136. **INITIALS:** _____
 137. **REMARKS:** _____
 138. **DATE:** _____
 139. **TIME:** _____
 140. **LOCATION:** _____
 141. **REASON:** _____
 142. **WITNESSES:** _____
 143. **SIGNATURE:** _____
 144. **INITIALS:** _____
 145. **REMARKS:** _____
 146. **DATE:** _____
 147. **TIME:** _____
 148. **LOCATION:** _____
 149. **REASON:** _____
 150. **WITNESSES:** _____
 151. **SIGNATURE:** _____
 152. **INITIALS:** _____
 153. **REMARKS:** _____
 154. **DATE:** _____
 155. **TIME:** _____
 156. **LOCATION:** _____
 157. **REASON:** _____
 158. **WITNESSES:** _____
 159. **SIGNATURE:** _____
 160. **INITIALS:** _____
 161. **REMARKS:** _____
 162. **DATE:** _____
 163. **TIME:** _____
 164. **LOCATION:** _____
 165. **REASON:** _____
 166. **WITNESSES:** _____
 167. **SIGNATURE:** _____
 168. **INITIALS:** _____
 169. **REMARKS:** _____
 170. **DATE:** _____
 171. **TIME:** _____
 172. **LOCATION:** _____
 173. **REASON:** _____
 174. **WITNESSES:** _____
 175. **SIGNATURE:** _____
 176. **INITIALS:** _____
 177. **REMARKS:** _____
 178. **DATE:** _____
 179. **TIME:** _____
 180. **LOCATION:** _____
 181. **REASON:** _____
 182. **WITNESSES:** _____
 183. **SIGNATURE:** _____
 184. **INITIALS:** _____
 185. **REMARKS:** _____
 186. **DATE:** _____
 187. **TIME:** _____
 188. **LOCATION:** _____
 189. **REASON:** _____
 190. **WITNESSES:** _____
 191. **SIGNATURE:** _____
 192. **INITIALS:** _____
 193. **REMARKS:** _____
 194. **DATE:** _____
 195. **TIME:** _____
 196. **LOCATION:** _____
 197. **REASON:** _____
 198. **WITNESSES:** _____
 199. **SIGNATURE:** _____
 200. **INITIALS:** _____
 201. **REMARKS:** _____
 202. **DATE:** _____
 203. **TIME:** _____
 204. **LOCATION:** _____
 205. **REASON:** _____
 206. **WITNESSES:** _____
 207. **SIGNATURE:** _____
 208. **INITIALS:** _____
 209. **REMARKS:** _____
 210. **DATE:** _____
 211. **TIME:** _____
 212. **LOCATION:** _____
 213. **REASON:** _____
 214. **WITNESSES:** _____
 215. **SIGNATURE:** _____
 216. **INITIALS:** _____
 217. **REMARKS:** _____
 218. **DATE:** _____
 219. **TIME:** _____
 220. **LOCATION:** _____

4



Copyright © 2013 National Geographic Society, Inc. 27

Jackson Township Tax Map

South Hopo Chapel Road
Block 23001 ~ Lots 25, 27, 28 & 29
Block 86 ~ Lot 1

Jackson & Manchester Twp., Ocean Co., N.J.

DATE: 08/31/2017	
JOB NO.: T1884.0013 SHEET: 3	

SCALE: 1 inch = 3 feet

NTS

THE UNIVERSITY OF CHICAGO PRESS

34-4467

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the
Office of the Ocean County Health Department at 175 Summit Avenue
Toms River, New Jersey 08783.

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

NAME: MANNY EMERGENCY SEPTIC (LAST NAME)
(FIRST NAME) (MR) 31 11 ME771

NAME: (FIRST NAME) (LAST NAME)
ADDRESS: PO 98 Bayville NJ 08721
(OFFICE, PO) (TOWN/CITY) (STATE) (ZIP)

ADDRESS: (STREET, PO) PHONE (CITY) COUNTRY
PHONE NUMBER: (32) 2694929

E-MAIL ADDRESS:

Brief description of Governmental Record(s) you are requesting.
Please include Township, Block & Lot in your description.
(check one)

or Impact ✓ (check one)
 System Design Manchester Trust
 BL 99-60 Set 4
 601 Bloomfield Whiting
Manuel Pineda 8/31/17

References

My tip:

FOR BOARD USE ONLY

Argument Approved

१. संसाधन: धन/समय संसाधन: धन/समय

Approximate Data Structure will be available:

1962 (Prepayment of Fee or Deposit may be required)

Paid by: ☐ Check ☐ Cash ☐ Money Order ☐

Construction of Results

Date _____

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the
Office of the Ocean County Health Department at 175 Sunset Avenue
Toms River, New Jersey 08723

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

NAME: MANNY EMERGENCY SEPTIC
(FIRST NAME) (LAST NAME)
ADDRESS: PO 98 BAYVILLE NJ 08721
(STREET, PO) (CITY) (STATE) (ZIP)
PHONE NUMBER: WORK (732) 269-4929 (HOME) (FAX)

E-MAIL ADDRESS: _____

Brief description of Governmental Record(s) you are requesting.
Please include Township, Block & Lot in your description.
Copy _____ or Inspect ✓ (check one)

Septic Design Manchester Twp
BL 1.77 Lot 13-16
1416 Broadway Pine Lake Park
Manny Penna 8/31/17
Signature Date

FOR BOARD USE ONLY

Request Approved _____

Request Denied _____ Reason for Denial _____

Approximate Date Records will be available: _____

Fees \$ _____ (Prepayment of Fee or Deposit may be required)

Paid by: Check _____ Cash _____ Money Order _____

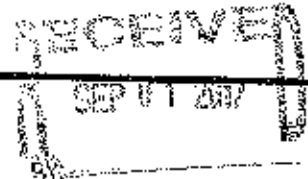
Custodian of Records _____

Date _____

Ocean County Health Department
 Office of the Ocean County Health Department
 175 Sunset Avenue
 Toms River, NJ 08723

John Rogers

From: diane clarity [dianeclearly@gmail.com]
Sent: Friday, September 01, 2017 8:33 AM
To: Victoria Miragliotta; John Rogers; Adrienne Williamson
Subject: Inspection of bird feeder at 13 Eldorado Dr., Lakewood, NJ - residence of Diane Clarity
Attachments: A7T00001.htm



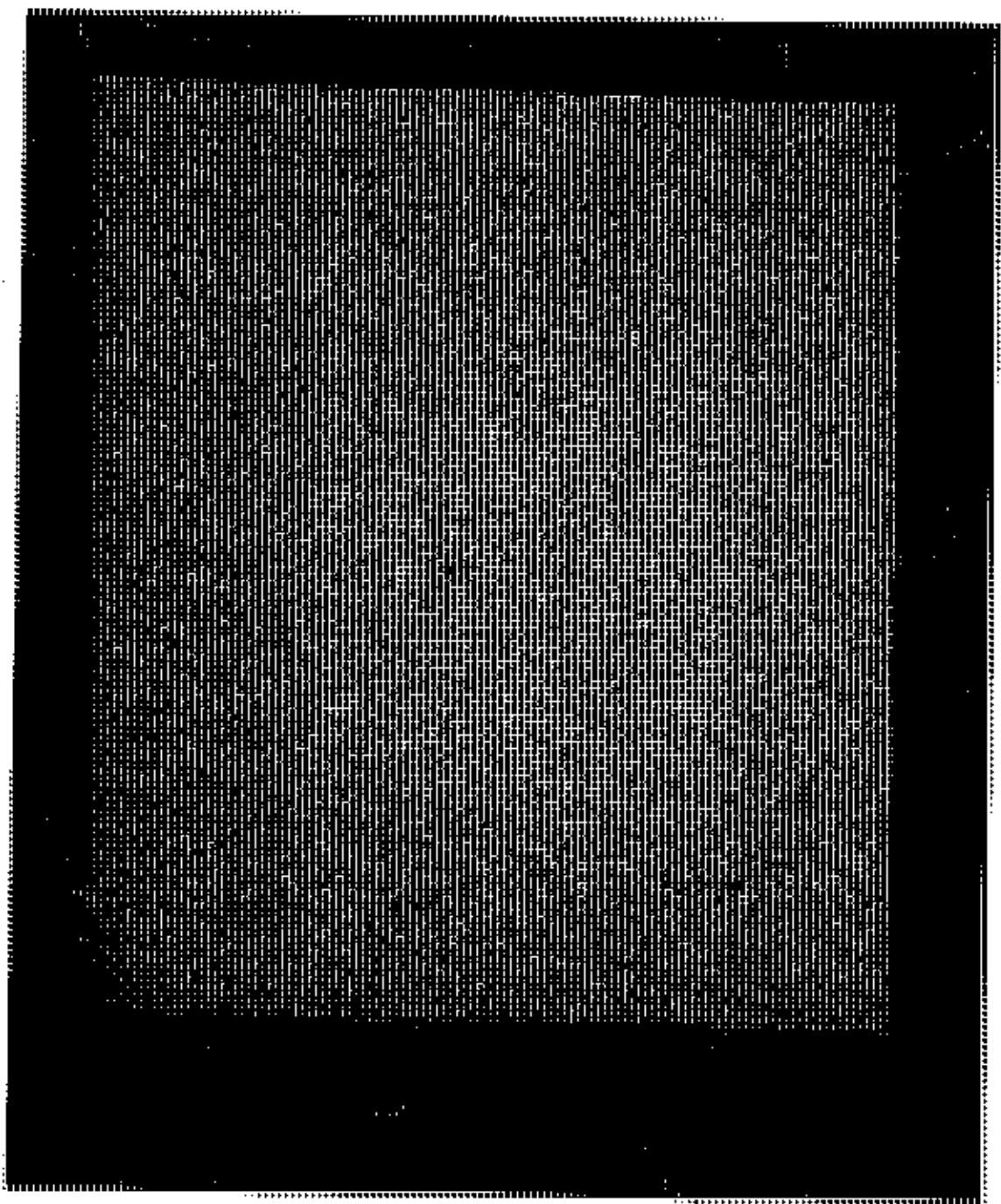
To Whom It May Concern:

Attached please find the completed form requesting the report created with regard to my bird feeder at 13 Eldorado Dr., Lakewood, NJ. Sal from your office was here to inspect my property on August 2, 8 & 9 of 2017 and found there were no violations. I also confirmed with Sal that this matter has been closed.

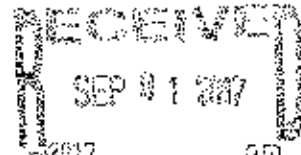
If you would forward the report to me, I would appreciate it.

Thank you

Diane Clarity
13 Eldorado Dr.
Lakewood, NJ 08701



All Complaints on
13 Eldorado Dr. Lakewood, NJ



SEP 01 2007 8 25

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: James (First) Amato (Last) (MI)

Address: 20 Olivia Way (Street/P.O. Box) Horseshoe (Town/City) NJ (State) 08527 (Zip)

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

E-Mail Address: Toracorn124@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

♦ 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 purchasing 20 Olivia Way. At the moment The Donovan
Family owns the house. We had a septic inspector go to the residence
& we were told that the septic leach field needs to be replaced.

We would like to know if the permit to have this work completed
has been submitted

Thank you very much for your time

New block: 9301 New Lot: 18

former block: 111 former lot: 87.33

James Amato
Signature

8/31/17
Date

RECEIVED

By jrogers at 9:17 am, Sep 01, 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 Miragliotta - vmiragliotta@ochd.org

Alizar Zorogew - azorogew@ochd.org

Adrienne Williamson - awilliamson@ochd.org

Name:

John MAFIA (ABC Septic Service)
(First) (MI) (Last)

Address:

118 E. SUSQUEHANNA DR. L.E.H. N.J.
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number:

609 812-1390

Work Phone Number:

609 384-9400

E-Mail Address:

ABCSepticService@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 Records for 5 Country Woods Dr.
New Egypt

BL: 55 Lot: 174

Signature

8-31-17

Date

RECEIVED

By Rogers at 9:20 am, Sep 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: **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

NEW Block 99.202 Lot 9

1461 New York Ave, Manchester Twsp

Karen Probst

Signature

8/30/17

Date

RECEIVED

By jrogers at 4:09 pm, Sep 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: Charles J. Naomi
(First) (MI) (Last)

Address: 26 Scenic Drive Andover NJ 07821
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number () [REDACTED] Work Phone Number: () Same

E-Mail Address: cnaomi@groupeseb.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 Septic System layout / Blue Print for home

at 15 Alyssa Rose Lane

Jackson, NJ 08527

BLOCK LOT
1820 57
8.01 41.08 (OLD)

NOTE: considering purchase home. Need to find ~~the~~ septic system Distribution Box

IF possible please email - thank you.

Charles / Naomi
Signature

9/1/17
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 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 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.

341-4467

09/02/2017 12:41:42
SERIAL 17446742

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the
Office of the Ocean County Health Department at 175 Sunset Avenue
Toms River, New Jersey 08783

B28316495

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

NAME: MANNY EMERGENCY SEPTIC
(FIRST NAME) (LAST NAME)

ADDRESS: PO 98 Barnville NJ 08781
(ZIP) (CITY) (STATE) (ZIP)

PHONE NUMBER: WORK 732-269-4929 HOME [REDACTED] CELL [REDACTED]

E-MAIL ADDRESS: _____

Brief description of Governmental Record(s) you are requesting.

Please include Township, Block & Lot in your description.

Copy _____ of Request 2 (check one)

Septic Design Pine Beach
BL 77 Lot 19
218 Grant Ave Pine Beach NJ

[Signature] 9/2/17
Signature Date

FOR BOARD USE ONLY

Request Approved _____

Request Denied _____ Reason for Denial _____

(Approximate Date Records will be available) _____

Fees \$ _____ (Prepayment of Fee or Deposit may be required)

Paid By _____ Check _____ Cash _____ Money Order _____

Custodian of Records _____ Date _____

RECEIVED

By Rogers at 11:38 am, Sep 05, 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@oachd.org
John Rogers - jrogers@oachd.org
Adrienne Williamson - awilliamson@oachd.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: 732-928-1688

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
904 High St.
JACKSON, NJ 08527

new block - 17401 Lot - 55
old block - 9.01 Lot - 219

Smome
Signature

9/5/17
Date

RECEIVED

By jrogers at 11:48 am, Sep 05, 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@ochoh.org
John Rogers - jrogers@ochoh.org
Adrienne Williamson - awilliamson@ochoh.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/Wall Systems, please include the Municipality, Block and Lot number of the property.
- ♦ For Nursing/Child 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
976 W Veterans Hwy
Jackson, NJ 08527

new block - 17801 Lot - 7
old block - 8.01 Lot - 14

Smone
Signature

9/5/17
Date

OCHD-OPRA
SEP 5 17 PM 12:19

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: 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@anortonsepticandwaste.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 1380 Ocean Avenue Lakewood 08701

Block 669 Lot 5.03

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

cs@anortonsepticandwaste.com


Signature

9-5-2017

Date

<u>For Board Use Only</u>	
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 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 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.

000-000
SEP 5 17 PM 12:43

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:

(First)

Susanne

(MI)

Puff

(Last)

Address:

Street/P.O. Box)

243 Throckmorton St. Freehold NJ 07728

(Town/City)

(State)

(Zip)

Home Phone Number ()

Work Phone Number: ()

E-Mail Address:

atlas010@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

392 Leasville Rd

B-10001

Jackson

L-8

B-9401

L-1408

Susan Puff

Signature

9-5-17

Date

OCHD-DEPT
SEP 5 17 PM 12:15

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) Poff (Last) (MI)

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

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

E-Mail Address: atlas010@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

<u>392 Leasville Rd</u>	<u>B-10001</u>
<u>Jackson</u>	<u>L-8</u>
	<u>B-9401</u>
	<u>L-1408</u>

Susanne Poff
Signature

9-5-17
Date

RECEIVED

By jrogers at 9:19 am, Sep 06, 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 13701 Lot 22

Old Blk 69 Lot 17

344 New Central Ave, Jck

Karen Proto

Signature

9/5/17

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

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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 10:20 am, Sep 06, 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 1159.02 Lot 4

735 Marlin Ave, Lakewood

Karen Proto

Signature

Noted by Karen Proto
9/5/17 10:20 AM
2017

9/5/17

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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Ocean County Board Of Health

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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.

OCHD-OPRA
SEP 6 '17 AM 9:11

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

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

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

E-Mail Address: atlas010@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

1017 Third Ave

Toms River/Manchester

B-1.64
L-35

Susanne Puff
Signature

9-6-17
Date

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@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Lainey Fisher
(First) (MI) (Last)

Address: 11271 Ventura Blvd Suite 415 Studio City CA 91604
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number() Work Phone Number: (888) 885-3023

E-Mail Address: lfisher@myersassociates.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**.

Tattoo Facility License Verification

Crown and Anchor Tattoo Parlor: License #070

626 Ocean Road Unit 1, Point Pleasant, NJ

Please verify the issued date, status of license (Valid/Expired), and the expiration date for the license.

The verification can be emailed or faxed to me at (747) 251-0613


Signature

09/06/2017
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.

Fax

Edward Myers & Associates, Inc.

Date: 09/06/2017
Send To: (732) 341-4467; Ocean County Board of Health
Attention: Custodian of Records
Office Location: Toms River, NJ
Phone Number: (732) 341-9700 Ext. 7206
From: Lainey Fisher
Office Location: Studio City, CA
Phone Number: (888) 885-3023

Total Pages including Cover: 1

Urgent ☒Reply ASAP ☐Please Comment ☐Please Review ☐For Your Information ☐

Comments:

Good Morning,

Please find attached our formal request for a License Verification for Crown and Anchor Tattoo Parlor License #070.

As previously instructed by your office, I have included our written request, as well as the information that I need for this verification. Please included the license issued date, the status of the license (Valid/Expired), and the expiration date of the license.

Please let me know if there are any questions or if you need any additional information from me. I can be reached at (888) 885-3023 Monday – Friday 9 AM – 5:30 PM (PST). Your assistance is greatly appreciated and I look forward to hearing from you.

With gratitude,

Lainey Fisher
Edward Myers & Associates, Inc.

11271 Ventura Boulevard, Ste 415
Studio City, CA 91604
Phone: (888) 885-3023
Fax: (818) 895-7543
www.myersassociates.net

From: Lainey Fisher

Fax: (818) 896-7503

To:

Fax: (732) 341-4487

Page 3 of 6 02/03/2017 9:14 AM

From: Lalney Fisher

Fax: (818) 895-7503

To:

Fax: (732) 343-4487

Page 1 of 5 09/06/2017 9:14 AM

FAX

FROM

TO

Lalney Fisher

Phone (818) 895-7503 * 244
Fax Number (818) 895-7543

Phone
Fax Number +17323414487

DATE 09/06/2017

NOTE

RECD-OPRA
SEP 6 11 AM 12:18

2017 SEP 6 PM 1 43

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)

Michael

(MI)

Vasiliev

(Last)

Address:

5C Clark Street

Manchester

NJ

08759

Street/P.O. Box)

(Town/City)

(State)

(Zip)

Home Phone Number

Work Phone Number: ()

E-Mail Address:

mknapp74@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.
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Septic tank install at 617 8th Ave, Toms River NJ
(Manchester Township). Block: 1.177 Lot: 35 08757

I would like to know if the tank install
was approved and its capacity - if it is
in compliance with the number of bedrooms/baths in the house.

Michael Vasiliev
Signature

9-6-17

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

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

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

E-Mail Address: devora@ashleymanage.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 get a copy of all details in regards to the _____

Current Septic System at 20 Oliver Ct. Lakewood NJ 08701 Block 7 Lot 34.

Devora Bresler _____

Signature

9/6/17 _____

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.



732.818.8699 / 732.818.3744
info@tridentenviro.com

VIA E-MAIL
09/06/17

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

RECEIVED

By jrogers at 4:15 pm, Sep 06, 2017

Re: Open Public Records (OPRA) Request
1357 & 1367 Lanes Mill Road
(current: Block 187.16 ~ Lots 50 & 53.03/ former: Block 187 ~ Lots 50 & 53.03)
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 D Matthews
(First) (MI) (Last)

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

Corey Matthews
Signature

09/06/17
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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2. File a complaint with the Government Records Council in the Department of Community Affairs.

RECEIVED

By jrogers at 8:56 am, Sep 07, 2017

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@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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Septic Records Jackson

NEW Block 6401 Lot 44

OLD Block 120.01 Lot 40.03

Bates Rd

Karen Proto

Signature

9/6/17

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

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Custodian of Records

Date

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RECEIVED

By jrogers at 12:05 pm, Sep 07, 2017

Ocean County Board Of Health

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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@ochd.org

John Rogers - jrogers@ochd.org

Adrienne Williamson - awilliamson@ochd.org

Name: Drew M Mlotkiewicz
(First) (MI) (Last)

Address: 307 3rd Ave Belmar NJ 07719
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number() 732-567-6607 Work Phone Number: ()

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**.

1. A copy of the most recently approved OCHD budget. According to OPRA this document should be immediately available.

2. A record of any financial compensation paid to Board of Health Members by the OCHD from January 2016 to date.

Drew Mlotkiewicz
Signature

9-7-17
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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TRIDENT

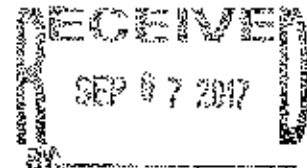
ENVIRONMENTAL

Site Remediation, Land Use & Biology

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

VIA EMAIL
09/07/17

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
91 Sunset Avenue (Block 364, Lot 5)
Toms River, Ocean County, New Jersey

Dear Mr. Roger:

Enclosed you will find an OPRA request for records of environmental contamination on the above-referenced property. 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.

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Sincerely,

Corey Matthews

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@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

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

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

Cory Matthews
Signature

09/07/2017

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

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

[illegible][illegible][illegible]

DATE	10/1/17
BY	CM
REVISION	
1	10/1/17
2	10/1/17

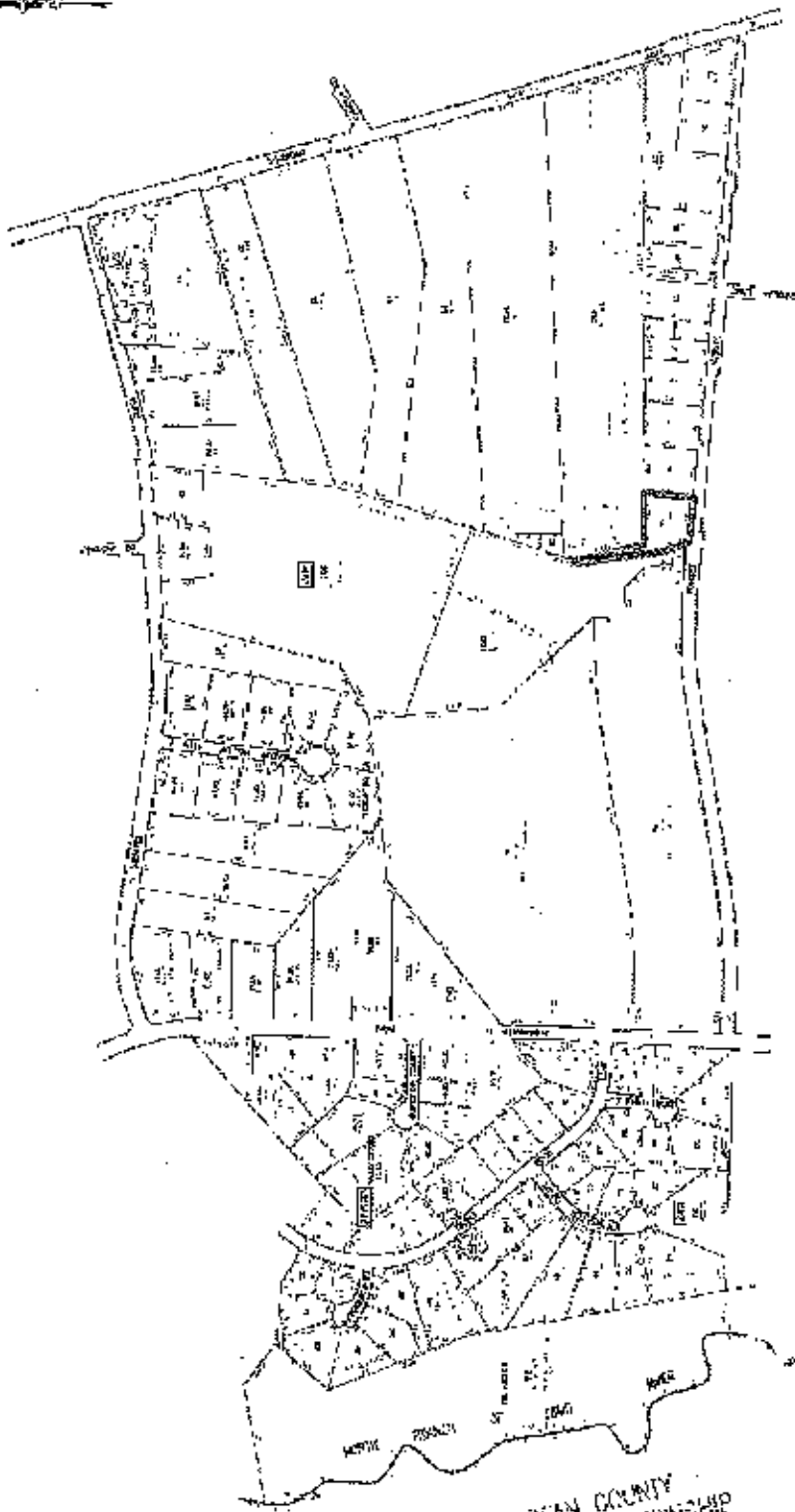
SHEET 33

37.01



31.01

38.01



THIS MAP WAS PREPARED FOR THE TOWNSHIP OF TOMS RIVER, NEW JERSEY, BY THE TOWNSHIP ENGINEER, OCTOBER 2017.

TAX MAP

TOWNSHIP OF TOMS RIVER
OCEAN COUNTY, NEW JERSEY
SCALE 1"=200' OCTOBER 2017
LAWRENCE P. CAGLIOSTRO
TOWNSHIP ENGINEER
10/1/17

37.01

www.NJPropertyRecords.com

TRIDENT
ENVIRONMENTAL
TtdentEnviro.com
732.818.8699 732.818.3742

Toms River Township Tax Map

91 Sunset Avenue
Block 364 ~ Lot 5

Toms River Twp., Ocean Co., NJ



DRAWN BY:	CM
DATE:	9/7/2017
REVISION:	3
JOB NO.:	T1594.0006
SCALE:	NYS

Copyright 2017 Trident Environmental, All Rights Reserved. This map is for informational purposes only and does not constitute a warranty or representation of any kind.

Ocean County Board Of Health

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@cochd.org

John Rogers - jrogers@ochd.org

Adrienne Williamson - awillamson@ochd.org

Name: Tyler M Wilton
(First) (MI) (Last)

Address: 236 W. Veterans Hwy. Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: (732) 928-7300 Fax Number: (732) 928-7301

E-Mail Address: njsepticinspections@gmail.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 Request for:

2 Beam Ave., Jackson, NJ 08527 Block: 12919 Lot: 8 Previous Block: 78.07 Prev. Lot: 1

2 Mayfair Ct., Jackson, NJ 08527 Block: 2602 Lot: 21 Previous Block: 151.02 Prev. Lot: 31.19

----- Kindly, please email/fax any relevant information pertaining to the septic system at the above mentioned Properties. Thank you!

Signature

9/7/12 - email
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 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 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 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

Block 609 Lot 7

523 Southern Blvd, Bayville

Karen Proto

Signature

Digitally signed by Karen Proto
DN: cn=Karen Proto, o=Ocean County
NJ, email=karen.proto@ocnj.net,
c=US

9/8/17

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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RIGHT TO APPEAL

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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 1:17 pm, Sep 08, 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: Erica D Burkert
(First) (MI) (Last)

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

Home Phone Number: (800) 724-9178 (FAX) Work Phone Number: (630) 305-2117

E-Mail Address: inspections@activeviewhdi.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 searching for food safety inspections for the following locations:

1. Famous Dave's: 950 Cedar Bridge Ave, Brick - We are searching for any inspections conducted after 01/01/2016.
2. Friendly's: 1210 Hooper Ave, Toms River - We are searching for any inspections conducted after 01/01/2016.
3. IHOP: 1759 Route 88, Brick - We are searching for any inspections conducted after 01/01/2016.
4. Red Lobster: 1298 Hooper Ave, Toms River - We are searching for any inspections conducted after 01/01/2016.
5. TGI Friday's: 709 Route 70, Brick - We are searching for any inspections conducted after 01/01/2016.


Signature

09/08/2017

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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RIGHT TO APPEAL

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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 10:16 am, Sep 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 Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: **Mike** **Suter**
(First) (MI) (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 new block 22401 lots 5 & 6
& old block 54 lots 17 & 18 in Jackson Township.**


Signature

9/9/17

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

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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.

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@ochnj.org

John Rogers - jrogers@ochnj.org

Adrienne Williamson - awilliamson@ochnj.org

RECEIVED

By jrogers at 10:18 am, Sep 11, 2017

Name: GEORGE (First) CAPOREALE (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: GLAPORALE@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

721 MONMOUTH ROAD

CREAM RIDGE, NJ 08514

PLYMSTED TOWNSHIP

BLOCK 56

LOT 40 07

Signature

Date

9/10/17

RECEIVED

Ocean County Board Of Health

Request For Governmental Records

2017 SEP -8 P 1:44

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) 341-1467

Victoria Miragliotta - vmiragliotta@ochd.org

John Rogers - jrogers@ochd.org

Adrienne Williamson - awilliamson@ochd.org

O. C. HEALTH DEPT

Name: Mitchell (First) (MI) Krueger (Last)

Address: 1001 Burside Ave Toms River NJ 08757
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: (732) 349-0344 Work Phone Number: (732) 300-9004

E-Mail Address: COACHMITCH12@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.

SEPTIC LOCATION ON PROPERTY AND HISTORY
LOCATION OF WELL

Block 1.205 Lot 26

Toms River Twp

MA
Signature

9/8/17
Date

RECEIVED

By jrogers at 11:41 am, Sep 11, 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: NICHOLAS J GREGORY
(First Name) (MI) (Last Name)

ADDRESS: 133 JACKSON ROAD, SUITE D MEDFORD NJ 08055
(Street, PO) (Town/City) (State) (Zip)

PHONE NUMBER: (609) 714-2141 (Work) () (Home)

EMAIL ADDRESS: ngregory@brinkenv.com

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

For a Phase I Environmental Site Assessment, we are seeking files relative to environmental issues for two (2) properties located in Lacey Township, NJ 08731 (Block 4029, Lots 2 and 10). Lot 2 is on Lacey Road, and Lot 10 is on Maple Road. The owners are Dennis & Ardith Livi. The properties have no numeric street addresses. We are interested in site inspection reports; violations associated with the handling, storage, and/or disposal of hazardous substances; hazardous material releases or spills; underground storage tank information; land use restrictions; on-site wells; and other information regarding potential areas of environmental concern. If possible, I would like to receive files via email. Please contact me prior to producing photocopies. Thank you very much!

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]
Signature

09/11/2017
Date

**RECEIVED**

By jrogers at 11:43 am, Sep 11, 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: NICHOLAS J GREGORY
(First Name) (Mi) (Last Name)

ADDRESS: 133 JACKSON ROAD, SUITE D MEDFORD NJ 08055
(Street, PO) (Town/City) (State) (Zip)

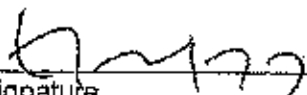
PHONE NUMBER: (609) 714-2141 (Work) () (Home)

EMAIL ADDRESS: ngregory@brinkenv.com

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

For a Phase I Environmental Site Assessment, we are seeking files relative to environmental issues for two (2)
properties located on Lacey Road in Lacey Township, NJ 08731 (Block 4029, Lots 4 and 5). The owners of the
properties are Robert Livi, Devin Livi, and Denise Reilly. The properties have no numeric street addresses.
We are interested in site inspection reports; violations associated with the handling, storage, and/or disposal of
hazardous substances; hazardous material releases or spills; underground storage tank information; land use
restrictions; on-site wells; and other information regarding potential areas of environmental concern. If possible, I
would like to receive files via email. Please contact me prior to producing photocopies. Thank you very much!

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

09/11/2017

Date

RECEIVED

By jrogers at 11:48 am, Sep 11, 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: NICHOLAS J GREGORY
(First Name) (MI) (Last Name)

ADDRESS: 133 JACKSON ROAD, SUITE D MEDFORD NJ 08055
(Street, PO) (Town/City) (State) (zip)

PHONE NUMBER: (609) 714-2141 (Work) () (Home)

EMAIL ADDRESS: ngregory@brinkenv.com

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

For a Phase I Environmental Site Assessment, we are seeking files relative to environmental issues for one (1)
property located on Holly Road in Lacey Township, NJ 08731 (Block 4024, Lot 7).

The owner of the property is Nancy L. Cohen. The property has no numeric street address.

We are interested in site inspection reports; violations associated with the handling, storage, and/or disposal of

hazardous substances; hazardous material releases or spills; underground storage tank information; land use

restrictions; on-site wells; and other information regarding potential areas of environmental concern. If possible, I
would like to receive files via email. Please contact me prior to producing photocopies. Thank you very much!

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.

6-4-77
Signature

09/11/2017
Date

RECEIVED

By jrogers at 12:08 pm, Sep 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 Miragliotta - vmiragliotta@ochohd.org

John Rogers - jrogers@ochohd.org

Adrienne Williamson - awilliamson@ochohd.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
51 Thompson Bridge rd
Jackson, NJ 08527

new block - 11001 Lot - 18
old block - 45 - Lot - 13.02

Smome
Signature

9/11/17
Date

RECEIVED

By jrogers at 1:40 pm, Sep 11, 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 Miragliotta - vmiragliotta@ochd.org

Altzar Zorojew - azorojew@ochd.org

Adrienne Williamson - awilliamson@ochd.org

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

Address: 118 E. Susquehanna DR. L.E.H. N.J.
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: 609 812-1390 Work Phone Number: 609 384-9400

E-Mail Address: ABCSepticService@COMCAST.NET

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

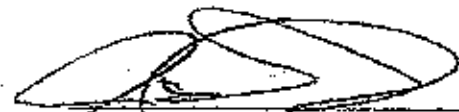
Provide a brief description of the governmental record(s) you are requesting

* 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: 115 Leanne Dr.
JACKSON

New BL: 18202 Lot: 6
Old BL: 8.02 Lot: 8


Signature

9-11-17
Date

RECEIVED

By jrogers at 3:34 pm, Sep 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 Miragliotta - vmiragliotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Scott A Harris
(First) (MI) (Last)

Address: 555 Thomas Ave L.E.H NJ 08087
Street/P.O. Box (Town/City) (State) (Zip)

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

E-Mail Address: scottharris@outlook.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**.

Block: 67 Lot: 7.01

**I am looking to obtain the septic site
plan or any information as to where
the septic leach field is**

Little Egg Harbor Twp

[Signature]
Signature

9-11-17

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

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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 9:59 am, Sep 12, 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: Tyler M Wilton
(First) (MI) (Last)

Address: 236 W. Veterans Hwy. Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number (732) 928-7300 Fax Number: (732) 928-7301

E-Mail Address: nisepticinspections@gmail.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 Request for: _____

268 Bennetts Mills Rd., Jackson, NJ 08527 Block: 12101 Lot: 34 Previous Block: 83 Prev. Lot: 31.01

344 Freehold Rd., Jackson, NJ 08527 Block: 4001 Lot: 90 Previous Block: 99.01 Prev. Lot: 31.02

Kindly, please email/Fax any relevant information pertaining to the septic system at the above mentioned
Properties. Thank you! _____

Signature Date 9/11/17

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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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 10:02 am, Sep 12, 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@ochead.org
John Rogers - jrogers@ochead.org
Adrienne Williamson - awilliamson@ochead.org

Name: Jeremy Charles Selph
(First) (MI) (Last)

Address: 137 Pasadena Rd. Whiting NJ 08759
Street/P.O. Box (Town/City) (State) (Zip)

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

E-Mail Address: jeremy.selph@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**.

Need a copy of Any / All septic documents
related to the septic system at 137 Pasadena
rd. Whiting NJ.

Manchester Twp / Whiting
Lot: 5.03, Bk: A1

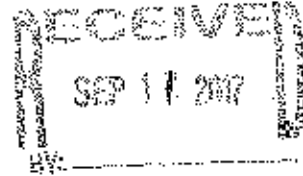
[Signature]
Signature

9/12/17
Date

For Board Use Only	
Request Approved	_____
Request Denied	_____ Reasons 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 archival, 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 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 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: Robert Sive
(First) (MI) (Last)

Address: Po Box 249 Adelphi NJ 07710
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number() - Work Phone Number: () ⁷³² 625-7919

E-Mail Address: ~~ssive~~@gellersive.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**.

Little Egg Harbor Township
Block 285.01, Tax Lot 34
3 Dermarest Court
Copies of septic system design plans, Soils information,
application, etc.

Robert Sive
Signature

9/11/07
Date

Ocean County Board Of Health

Request For Governmental Records

SEP 12 PM 2 13

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: Jason Sokol
(First) (MI) (Last)

Address: 1179 cynthia ln Toms River NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number() [REDACTED] Work Phone Number: () 732-730-7300

E-Mail Address: jay@allstatecollisionnj.com

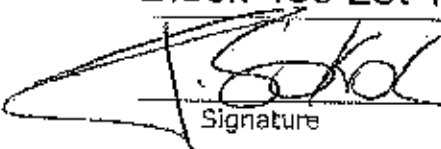
Would you like a Copy X or to Inspect X Please check as appropriate Provide a brief description of the governmental record(s) you are requesting
❖ For Environmental related inquiries, such as Septic/Well Systems, please include the **Municipality, Block and Lot number** of the property.
❖ For Nursing/Clinic related information, please provide the **Date Of Birth** of the person whose information you are attempting to locate, and your **relationship to that person**.

I am requesting any applications filed for septic tanks.

I also am requesting any permits issued for septic tanks.

693 cross st Lakewood NJ 08701

Block 490 Lot 1.01 (sub lots 1.12 and 1.13)


Signature

9-12-2017

Date



341-4467

SEP 12 17 PM 2:13
South-Quincy-Stations/Personal

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR GOVERNMENTAL RECORDS

This form should be completed and returned to the
Office of the Ocean County Health Department at 170 Marsh Avenue
Toms River, New Jersey 08723

7328316425

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

NAME: MANLY EMERGENCY SEPTIC
(First Name) (Last Name)

ADDRESS: PO 98 Bayville NJ 08721
(Street, PO) (City) (State) (Zip)

PHONE NUMBER: (82) 2694929 (Area Code) (Number)

E-MAIL ADDRESS: _____

Brief description of Governmental Record(s) you are requesting.
Please include Township, Block & Lot in your description.
Copy _____ or Dupes _____ (check one)

Septic Design Berkeley Twp
BL 973 Lot 3
846 Rte 9 Bayville

Manly 9/12/17

Signature

Date

FOR BOARD USE ONLY

Request Approved _____

Request Denied _____ Reasons for Denial _____

Approximate Date Records will be available: _____

Fee \$ _____ (Proportion of Fee or Deposit may be required)

Paid by: _____ Check _____ Cash _____ Money Order _____

Continuation of Records _____

Date _____

RECEIVED

By jrogers at 9:03 am, Sep 13, 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 10101 Lot 39

OLD Block 94.01 Lot 6.07

3 Marlin Ct, Jackson

Karen Proto

Signature

9/13/17

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 11:19 am, Sep 13, 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 11408 Lot 2

OLD Block 5.04 Lot 7

25 Leone Blvd, Jackson

Karen Proto

Signature

9/13/17

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

Sep. 13. 2017 12:20PM

No. 0090 P. 1

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

OCHD-OPRA

SEP 13 17 PM 12:33

Name: Annemarie Franz
(First) (MI) (Last)

Address: 161 Main St., West Creek/Eagleswood Twp NJ 08092
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: (609-384-1661) Work Phone Number: (609-384-1661)

E-Mail Address: af Franz@remax.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**.

Information on septic system on the above property, Eagleswood Twp, Blk 21 lot 1

Annemarie Franz
Signature

9-13-17
Date

11 SEP 17 PM 2:43

Date 9-13-17

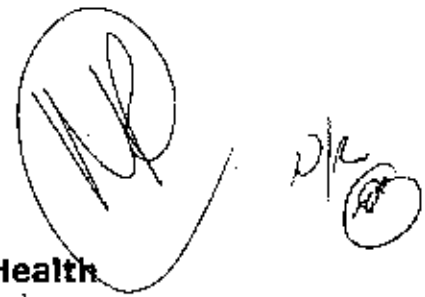
9/22

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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10-1-09
SEP 13 17:02:43



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
Alzar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

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

Address: 633 West Commodore Rd Jackson, NJ 08510
(Street/P.O. Box) (Town/City) (State) (Zip)

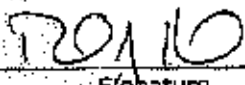
Home Phone Number: () _____ Work Phone Number: () _____

E-Mail Address: RJLKIRK@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
* 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 EMAIL ANY SEPTIC SYSTEM RECORDS
FOR 633 WEST COMMODORE RD JACKSON NJ
NEW BLOCK 2702 LOT 11
OLD BLOCK 153.10 LOT 3.01
EMAIL ADDRESS: RJLKIRK@AOL.COM

W
SW
W


Signature

9-13-17
Date

17 SEP 13 PM 2:43

9/22

John Rogers

From: Victoria Miragliotta
Sent: Wednesday, September 13, 2017 11:33 AM
To: Adrienne Williamson; John Rogers
Subject: FW: FOIA Health Request
Attachments: Health Request.pdf

2017 SEP 13 AM 11 38

Victoria R. Miragliotta, MBA, CMFO, QPA
Director of Administration & Program Development
Ocean County Health Department
PO BOX 2191
Toms River, NJ 08754
732-341-9700 ext. 7208

From: Haley Hoke [mailto:h.hoke@d3g.com]
Sent: Wednesday, September 13, 2017 11:21 AM
To: Info
Subject: FOIA Health Request

Good Morning,

All Septic/well complaints

My name is Haley Hoke and I work with Dominion Due Diligence Group as an Environmental Project Manager. I am currently working on a project located at **175 Chambers Bridge Road, Brick, NJ 08723**. I am searching for Health records regarding current or former on-site wells and/or septic systems, as well as regional health issues at the above listed subject property. I have attached a formal health request to this email. If you could get this information back to me at your earliest convenience, I would greatly appreciate it. Thank you so much and have a wonderful day!

Best,

Block #702 Lot 7
Brick Twp

Haley Hoke



Haley Hoke,
Environmental Project Manager, Dominion Due Diligence Group
P: (804) 688-2758 x518 | F: (804) 358-3003
E: h.hoke@d3g.com
A: 201 Wylderose Drive Midlothian, Va. 23113



This message contains confidential information and is intended only for the intended recipient(s). If you are not an intended recipient you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version.

Total Control Panel

[Login](#)

To: info@ocfd.org
From: h.hoke@d3g.com

Message Score: 50
My Spam Blocking Level: Low

High (60): Pass
Medium (75): Pass

Low (90): Pass

[Block this sender](#)
[Block @3g.com](#)

This message was delivered because the content filter score did not exceed your filter level.

"Notice: This e-mail and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof. If you are not the intended recipient of this e-mail you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited."



To: Ocean County Health Department
Attn: Environmental Health Services
Date: September 13, 2017
Re: Chambers Bridge Residence
175 Chambers Bridge Road, Brick, New Jersey 08723
Block-Lot #702-7

As part of the real estate screening that we are performing at the above-listed property, I am requesting assistance to locate any environmental-related permits and information associated with the property. Please answer the following questions:

Is any information for former or current wells or septic tanks available for the property?

☐ Yes If yes, please attach all related information

☐ No

Are there any known Regional Health Issues associated with this property?

☐ Yes If yes, please attach all related information

☐ No

Comments: _____

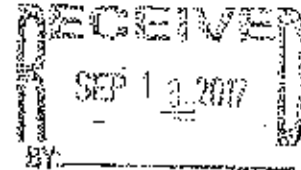
Signature

Printed Name, Title

Thank you for your time and effort in completing the above request for information. If any additional information is needed from our company in regards to the screening that we are performing on the above property, please contact me at (804) 358-2020 or via e-mail at h.hoke@ddg.com. Please e-mail or fax the completed form to my attention.

Thank you for your assistance,


Haley Hoke
Environmental Project Manager
h.hoke@ddg.com



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@ocho.org
John Rogers - jrogers@ocho.org
Adrienne Williamson - awilliamson@ocho.org

Name: Michael (First) Bacon (Last)
(MI)

Address: 8600 LaSalle Road, Suite 301, Towson, Maryland, 21286
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: Work Phone Number:

E-Mail Address: m.bacon@trileaf.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 performing a Phase I Environmental Site Assessment at 409 Route 9 South, Little Egg Harbor

TWP, NJ 08087. The Block and Lot number of the Property is Block 276 and Lot 12. I am

requesting any records of septic/well systems, USTs, and emergency responses at the above

address. I am not interested in medical emergency records. Rather, I am interested in incidents

that may have resulted in soil and groundwater contamination, such as fires, chemical spills, leaking

underground storage tanks, or hazardous releases.

Signature

September 13, 2017

Date

Ocean County Board Of Health

Request For Governmental Records

RECEIVED

2017 SEP 15 A 9:18

This form should be completed and returned to:

Ocean County Health Department
Custodian Of Records P.O. Box 2191

O. C. HEALTH DEPT

Free River, NJ 08741
(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: Shahen M Gharibian
(First) (MI) (Last)

Address: 1500 River Ave. Lakewood NJ 08701
Street/P.O. Box (Town/City) (State) (Zip)

Cell [REDACTED] [REDACTED]
Home Phone Number () Work Phone Number ()

E-Mail Address: Shahenmg@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**.

Looking for Well + Septic Location

For Property in Jackson, 785 Anderson Rd
(New) Block 3401 Lot 6-7 (old) 3^{BLK} 01 Lot 4
(P.S. House is To be Demolished)

[Signature]
Signature

9/15/17
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: Chris A. Purvis
(First) (MI) (Last)

Address: P.O. Box 660 Bradenston FL 34206
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number() Work Phone Number: ()

E-Mail Address: Chris.purvis@rpsgroup.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**.

Records of any releases or spills associated with Brown
Color Concentrates, 11 Kari Drive, Lombardville, NJ. Site
Reps indicated they incurred a spill in 1997 of ~ 20.3
gallons of oil and that Ocean City Health Department responded
and oversaw the clean-up.

Thank You

CLP

Signature
RPS Group Inc
P.O. Box 660
Bradenston, FL 34206
(214) 998-9270

9/18/2017
Date

9/18/17 rec'd

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: Karin D. COOK
(First) (MI) (Last)

Address: 221 Lacey Road Forked River NJ 08731
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: 609 290 8859 Work Phone Number: 609 290 8859

E-Mail Address: KCOOKSELLS@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.

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304 Springfield Ave. Pine Beach 08741

Lot - 12 Block - 666

Checking to see if the proper permits were
pulled to abandon septic tank.
Karin Cook 9/18/2017
Signature Date

RECEIVED

2017 SEP 19 A 9 23

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

O. C. HEALTH DEPT

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: George S. Andersch Sr.
(First) (MI) (Last)

Address: 244 Central Blvd. Bayville 08721
Street/P.O. Box (Town/City) (State) (Zip)

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

E-Mail Address: VIII13@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.

All - From 9006 Closed Property.
Septic Revers Block 708
Lot 7
244 Central Blvd.
Bayville N.J. 08721

[Signature]
Signature

O. C. HEALTH DEPT

2017 SEP 19 A 9 23

9/19/17
Date

RECEIVED



COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

9/19/17 *Kerr*

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: Christina M Day
(First Name) (M) (Last Name)

ADDRESS: 205 Campus Drive Edison NJ 08837
(Street, PO) (Town/City) (State) (Zip)

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

EMAIL ADDRESS: Christina.Day@WestonSolutions.com

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

Request is for all records related to the property identified as Community Dry Cleaners at 896 Fischer Boulevard
Toms River, NJ 08753 (Block 1501.10, Lot 4) (EPA ID: NJD061784914) (PI#: G090003287) to perform a

broad-based environmental investigation similar to a phase I. Alternative site names include: Crest Dry Cleaners,

Genie Magic Cleaners, and Community Quality Cleaners. We have been directed by the NJDEP to acquire all files

that the department has on file for this site. Required files include: All remedial investigation documents, records
of underground storage tanks, above ground storage tanks, sewer system records with as-built drawings,
environmental permits (e.g. fire department, hazardous storage permits, etc.), records of fires, illegal dumping,
enforcement actions, construction permits, on site potable, production, and monitoring wells.

Please note that I have no prior knowledge of the contents of Ocean County's files; therefore, I am willing to
personally search through any available files for the property.

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 *Christina Day*

9/19/2017
Date

Rec'd
9/19/17

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
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 9702 Lot 23

OLD Block 107 Lot 6.02

58 E Pleasant Grove Rd, Jackson

Karen Proto

Signature

9/19/17

Date

Rec'd
9/19/17

Ocean County Board Of Health

Request For Governmental Records

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Street/P.O. Box)

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(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

Block 60.05 Lot 17

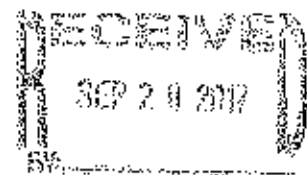
2557 Woodland Rd, Manchester

Karen Proto

Signature

9/19/17

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: Janine M Tarricone
(First) (MI) (Last)

Address: 2439 Pioneer Rd Forked River NJ 08731
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: [REDACTED] Work Phone Number: [REDACTED]

E-Mail Address: Jmt925@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**.

Municipality: Lacey Twp Blk: 4039 Lot 1.01
I need a copy of septic plans (approved)
and any approvals associated. A
copy of the approved septic permit.
Anything / Everything related to the
septic system on this property

[Signature]
Signature

Thank you!

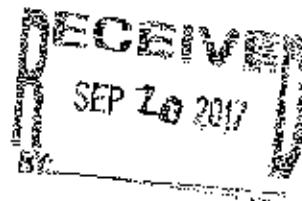
Janine Tarricone

9/20/2017
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, 101 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

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

NAME: NICHOLAS J GREGORY
(First Name) (MI) (Last Name)
ADDRESS: 133 JACKSON ROAD, SUITE D MEDFORD NJ 08055
(Street, PO) (Town/City) (State) (zip)
PHONE NUMBER: (609) 714-2141 (Work) () (Home)
EMAIL ADDRESS: ngregory@brinkenv.com

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

For a Phase I Environmental Site Assessment, I am seeking files relative to environmental issues for five (5)
properties located in Ocean Township, NJ (Block 36, Lots 9, 10, 11, 12, and 13). The owners are Robert Daniels
and Robert E. Daniels Jr. The properties have no numeric street addresses. I am interested in site inspection
reports; violations associated with the handling, storage, and/or disposal of hazardous substances; hazardous
material releases or spills; underground storage tank information; land use restrictions; on-site wells; and other
information regarding potential areas of environmental concern. If possible, I would like to receive files via email.
Please contact me prior to producing photocopies. Thank you very much!

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.

6-11-17
Signature

09/20/2017
Date