RECEIVED
SEP 2 0 2017
BY

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

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

NAME: NICHOLAS (First Name) J (MI) GREGORY (Last Name)

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

PHONE NUMBER: (609) 714-2141 (Work) (609) 714-2143 (Home)

EMAIL ADDRESS: ngregory@brinkerry.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 eight (8) properties located in Ocean Township, NJ (Block 38, Lots 18, 19, 21, 22, 23, 24, 25, and 26). The owners are Robert Daniels and Robert B. 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.

Signature

09/20/2017
Date

July 1, 2002

RECEIVED
SEP 20 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Suzanne (First) (MI) Wicker (Last)

Address: 1A Executive Dr. TOMS River NJ 08755
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) _____ Work Phone Number: (732) 818 3380

E-Mail Address: Wicker@brilliantenvironmental.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.***

342 Rte 9 Suite #1 Waretown, NJ Block 80 lot 2
I am conducting a Preliminary Assessment of this tenant space for a proposed childcare center. I am looking for environmental related records such as those on septic systems, wells, USTs/ASTs, inspections, violations, spills or incidents. D

A Wicker
Signature

Thank you

9-20-17
Date

RECEIVED
SEP 20 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Manchester

New Block 60.66 Lot 27

2524 Huckleberry Rd Manchester

Karen Proto
Signature

9/20/17
Date

Please, need ASAP For lawyers/ BUYING House if Septic OK.

RECEIVED
SEP 20 2017
BY:

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: Donna (First) C (MI) Butterworth (Last)

Address: 12 Hanna Dr (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

Home Phone Number: 732 905 0840 Work Phone Number: ( )

E-Mail Address: annod59@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.***

City + Septic BLK. 60.05 Lot 17
water (2557 Woodland Rd, Manchester NJ 08759

O C HEALTH DEPT
2017 SEP 20 A 10:44
RECEIVED

Donna Butterworth
Signature

9/20/17
Date

RECEIVED
SEP 2 0 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

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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

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 1.43 Lot 1

200 Oakdale St Manchester

Karen Proto
Signature

9/20/17
Date

RECEIVED
SEP 20 2017
BY:

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

Address: 2501 Olive Street, 2nd Floor, Philadelphia, PA 19130
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: ttroutman@ebiconsulting.com

Would you like a Copy X *Email preferred 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 / Above-ground Storage Tank (UST/AST) information, chemical storage and usage information, well and septic information, notices of violations, and past property history/release information on the property located at 1123 Burnt Tavern Road, Point Pleasant, NJ (Block 163, Lot 4).

Signature

9/20/2017
Date

RECEIVED
SEP 20 2017
BY:

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

Name: (First) Valerie (MI) L (Last) Scales

Address: (Street/P.O. Box) 53 Butterswoeth Bass Rd (Town/City) Tabernacle (State) NJ (Zip) 08088

Home Phone Number: 609 268-9183 Work Phone Number: 609 268-9183

E-Mail Address: V.Scales633@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 System History:
1701 Delaware Ave
Whiting NJ 08759
Block 99.127
Lot 6

Valerie L Scales
Signature

9-20-17
Date

RECEIVED
By jrogers at 8:09 am, Sep 22, 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: Mark (First) (MI) Wells (Last)

Address: Pascack Rd, (Street/P.O. Box) Washington, (Town/City) NJ (State) 07676 (Zip)

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

E-Mail Address: markedwells@mail.com

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

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

Please provide all septic and well records for:

Old Block 2.10 Old Lot 5.05 New Block 2801 New Lot 16

Jackson Twp

MW/cp
Signature

9-21-17
Date

9/21/17

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

Name: Christine Miller Don E Miller Septic Service, Inc.
(First) (MI) (Last)

Address: 362 Meany Road Wrightstown, NJ 08562
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__) 609-758-2700 Work Phone Number: (__)_____

E-Mail Address: donemillerss@comcast.net

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

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

Septic records for 180 Brindletown Road New Egypt NJ 08533 Block 86 Lot 21

Plumsted Twp Block 86 Lot 21

Christine Miller
Signature

9/21/2017
Date

RECEIVED
By jrogers at 11:27 am, Sep 22, 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: Azzi Seduikis
(First) (MI) (Last)

Address: 183 Royal Dr., Brick, NJ 08723
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: azziseduikis@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***.

I would like to get all available information about septic system and well for property located at 777 Eltone Rd., Jackson, NJ 08527. Block 701, Lot 58.

Old Block 143.13 Old Lot 101

Signature

09/14/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

Attention: OCHD

RECEIVED
By jrogers at 11:46 am, Sep 22, 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: Suzanne (First Name) (MI) Wicker (Last Name)

ADDRESS: 1A Executive Dr. (Street, PO) Toms River (Town/City) NJ (State) 08755 (zip)

PHONE NUMBER: (732) 818 3380 (Work) (___) _____ (Home)

EMAIL ADDRESS: wicker@brilliantenvironmental.com

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

Block 141 / Block 108 / Block 107
Lot 4.02 / Lot 1 / lots 1.01, 102, 2.02 + 2.01

I am looking for records regarding hazardous materials releases, above ground storage tanks, underground storage tanks or violations, septic systems or potable wells or any other Environmental or Health concerns found with the properties.

Thank you,

All Properties are in Ocean Township. Block 107 lot 1.01 is 90 Tiller Drive, Ocean, NJ " the other lots do not have street addresses.

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 Stete, 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.

Suzanne Wicker
Signature

9-22-17
Date

July 1, 2002

RECEIVED
SEP 22 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Christine Miller for Don E Miller Septic Service, Inc.
(First) (MI) (Last)

Address: 362 Meany Road Wrightstown, NJ 08562
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: (__)_____ Work Phone Number: (__) 609-758-2700

E-Mail Address: donemillerss@comcast.net

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

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

Septic design plans for

Plumsted Twp Block 47 Lot 24

James Metz (current homeowner)

58 Hopkins Rd New Egypt, NJ 08533

Christine Miller
Signature

9-23-2017
Date

Due 10-3-17

RECEIVED
SEP 22 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name:	Renato	L	Bernardes
	(First)	(MI)	(Last)

Address:	436 W. Commodore Blvd., Suite # 2	Jackson,	NJ	08527
	Street/P.O. Box)	(Town/City)	(State)	(Zip)

Home Phone Number(__)_____ Work Phone Number: (__) 732-431-1440

E-Mail Address: renatob@abbingtonengineering.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 asking on behalf of my company, Abbington Engineering, LLC, for the review letter associated with the Septic design for Block 2901-Lots 14 & 15 located in Jackson, NJ.

The applicant, John Tran, has requested our services in order to remedy any issues with the intial application.

Renato Bernardes
Signature

9/22/17
Date

Due 10-2-17

Ocean County Board Of Health

Request For Governmental Records

RECEIVED
SEP 25 2017

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

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

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

E-Mail Address: GCAPORALE@COMCAST.NET

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

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

SEPTIC FILE

237 GREENWAY RD SE
BERKELEY TWP.
BLOCK 239.01, LOT 10

George Caporale
Signature

9/24/17
Date

Due
10-4-17

RECEIVED
SEP 25 2017
BY:

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

NAME: Israel (First Name) (MI) Berrios (Last Name)

ADDRESS: 249 S. Main St., Suite 6 (Street, PO) Barnegat (Town/City) NJ (State) 08005 (Zip)

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

EMAIL ADDRESS: lberrios@dennylm.com

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

Blocks 273 & 274.03, Lots 4 & 6 -

Dates of Interest: 1930 - Present 737 Howe Street, Pt Pleasant

Health Dept reports/complaints of environmental contamination of soil, ground water, surface water or air, well

Permits, and septic system inspections

Plans

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.

Israel Berrios
Signature

9/14/2017
Date

Due 10-4-17

July 1, 2002

RECEIVED
SEP 25 2017
BY:

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

Name: BETH (First) A. (MI) MATHIS (Last)

Address: 78 LEITZ BLVD. (Street/P.O. Box) LITTLE EGG HARBOR (Town/City) NJ (State) 08087 (Zip)

CELL
Home Phone Number [redacted] Work Phone Number: (609-597-1000 [redacted]

E-Mail Address: BMATHIS@STAFFORDNJ.GOV

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 NEED A COPY OF THE SEPTIC DESIGN FOR 78 LEITZ BLVD, LITTLE EGG HARBOR, NJ BLOCK 287.09, LOT 11

Beth Mathis
Signature

9.25.17
Date

Due 10-4-17

RECEIVED
SEP 2 5 2017
BY:

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

Address: 2501 Olive Street, Fl 2, Philadelphia, PA 19130
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 717 991 9541 Work Phone Number: ( )

E-Mail Address: ttroutman@ebiconsulting.com

Would you like a Copy X * Email preferred 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, well and septic information, notices of violations, and past property history/release information on the property located at 600 N Maint Street/ 90 Cedar Bridge, Stafford Township, NJ (Block 51.14, Lot 1).

Signature

9/25/2017
Date

Due
10-4-17

RECEIVED
SEP 2 5 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records New Egypt

Block 47 Lot 24

58 Hopkins Rd, New Egypt, NJ

Karen Proto
Signature

9/25/17
Date

Due 10-4-17

RECEIVED
SEP 2 6 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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 17

Old Block 69 Lot 11

370 New Central, Jackson, NJ

Karen Proto
Signature

9/26/17
Date

Due
10-5-17

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

Name: Elaine Bigelow
(First) (MI) (Last)

Address: 21 Plum Ridge Drive, New Egypt, NJ 08533
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: _ebigelow@comcast.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.***

Municipal animal shelter statistics for Northern Ocean County Animal Facility for the first quarter, second quarter, third quarter, and fourth quarter for calendar year 2016 showing intakes, live outcomes, and euthanasia, for cats. We need the statistics to be broken down by quarter.

Elaine Bigelow
Signature

9/22/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

RECEIVED
2017 SEP 26 A 10:55
O. C. HEALTH DEPT

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: Aeeweng L@.comcast.net

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

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

REQUEST FOR SEPTIC PLAN FOR
BLOCK 12.11 LOT 1
LAKEWOOD, NJ

Signature

09.24.17
Date

Due 10-5-17

RECEIVED
By jrogers at 2:36 pm, Sep 26, 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 Miraglotta - vmiraglotta@ochd.org
Alizar Zorofew - azorofew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: John MAFFIA (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: 342 W Veterans Hwy Jackson.

old BL: 45 LOT: 15

New BL: 11601. LOT: 23

Signature

9-25-17
Date

RECEIVED
By jrogers at 2:38 pm, Sep 26, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: rbapst@dcrenv.com

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

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

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

For the property:

office complex, 150 airport road, lakewood, NJ; Block 1160.01, Lot 2

Signature

Sept 26, 2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

OCHD-Administration/Personnel
SEP 25 '17 PM3:44

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: George (First) S. (MI) ANDERSCH SR. (Last)

Address: 144 (Street/P.O. Box) Central Blvd. (Town/City) Bayville (State) 08721 (Zip)

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

E-Mail Address: Vivi13@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 Tank Verification of Its septic is 2006.
Septic Records Block 708 Lot # 1 (One)
144 Central Blvd.
Bayville 08721

Signature

9/26/17
Date

Adrienne Williamson

From:	Rose Sweeney [rsweeney@fwhassociates.com]
Sent:	Tuesday, September 26, 2017 3:12 PM
To:	Adrienne Williamson
Cc:	Jill Zulin
Subject:	Request for Records - Blk 11503 * Lot 16.02
Attachments:	20170926 ochd opra.pdf

Good Afternoon Adrienne,

Please see the attached request for information. Please let me know if you require any further information.

Rose Sweeney
FWH Associates PA
1856 Rt 9
Toms River NJ 08755
Ph: 732-797-3100
Fax: 732-797-3223
rsweeney@fwhassociates.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@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Rose (First) (MI) Sweeney (Last)

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

Home Phone Number(__)_____ Work Phone Number: (__) 732-797-3100

E-Mail Address: rsweeney@fwhassociates.com

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

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

We are requesting a copy of the septic design plan for Block 11503, Lot 18.02. The work site address is 100 Weisman Road, Jackson, Township, NJ.

Please feel free to call or email me if you have any questions or require further information. I may be reached at 732-797-3100 x-129.

Thank you.

Rose Sweeney
Signature

9-26-17
Date

RECEIVED
By jrogers at 4:22 pm, Sep 26, 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 Miraglotta – vmiraglotta@ochd.org
Aitzar Zarofew – azarofew@ochd.org
Adrienne Williamson – awilliamson@ochd.org

Name: John MAFFIA (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 X Please check as appropriate
Provide a brief description of the governmental record(s) you are requesting

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

Septic Records for: 178 W. Veterans Hwy.
Jackson -

New BL: 11801 Lot: 76.02
Old BL: 85 Lot: 17.07

Signature

9-26-17
Date

RECEIVED
By jrogers at 8:12 am, Sep 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: Suzanne (First) M (MI) Mendes (Last)

Address: RE/MAX Generations 238 Maple Ave Red Bank, NJ 07701
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number( ) [redacted] Work Phone Number: (732) 842-3500 x104

E-Mail Address: Suzanne@teamsupermike.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 provide any permits/documentation relating to Septic/ cess pool. For 1135 Lakewood Rd Toms River, NJ 08753 Block: 571.07 Lot 86

Suzanne Mendes
Signature

9/27/17
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

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

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RIGHT TO APPEAL

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

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

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

2017 SEP 27 AM 11 47

Name: Melissa (First) M (MI) Ronan (Last)

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

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

E-Mail Address: melissar@gsienvironmental.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 a residential property located at 1050 and 1052 West County Line Road. APN# 15-00025-0000-00059-02. Lot number 59.02 and Block 25.

We 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.

Lakewood Twp.

Signature

Date

RECEIVED
By jrogers at 10:18 am, Sep 28, 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: PHILIP (First Name) DEPASQUALE (Last Name) (MI)

ADDRESS: 436 CABLE AVE (Street, PO) BEACHWOOD (Town/City) NJ (State) (zip)

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

EMAIL ADDRESS: NJPHIL3@yahoo.com

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

Any and all septic or well information for Lot 1.01 Block 490
#693 Cross St
Lakewood NJ

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

9-28-17
Date

RECEIVED
By jrogers at 10:37 am, Sep 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: Mark (First) (MI) Wells (Last)

Address: 261 Pascack Rd, (Street/P.O. Box) Washington, (Town/City) NJ (State) 07676 (Zip)

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

E-Mail Address: markwellsnj@mail.com

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

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

Please provide all septic and well records for:

Old Block 1 Old Lot 52.03 New Block 3001 New Lot 7

Jackson Twp

MW/pc
Signature

9-28-17
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

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

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

RIGHT TO APPEAL

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

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

RECEIVED
By jrogers at 12:29 pm, Sep 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 Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Cheryl (First) Ashton Realty (MI) Porden (Last)

Address: 160 Stockton St Hightstown NJ 08520
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number: [redacted] Work Phone Number: 609 448-0505

E-Mail Address: Cheryl.Porden@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***.

WOULD LIKE TO KNOW IF THERE IS A SEPTIC OR CESSPOOL LOCATED AT 72 HANKINS RD NEW EGYPT. LOT: 165 BLOCK 55 PROPERTY IS LISTED FOR SALE BY HUD

Thank you.

Signature

9-28-17
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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RIGHT TO APPEAL

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

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

RECEIVED
By jrogers at 8:12 am, Oct 02, 2017

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

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

NAME: Michael (First Name) (MI) Bortel (Last Name)

ADDRESS: 21 Kilroy Road (Street, PO) Newton (Town/City) NJ (State) 07860 (zip)

PHONE NUMBER: 973)726-3518 (Work) (973)726-3518 (Fax)

EMAIL ADDRESS: michael.bortel@atdnj.com

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

Any records that indicate the existence of environmentel concerns (i.e. site remediation underground storage tanks or hazardous material generation), current or historical at:

2081 Route 88 & 100 Midstreams Road, Brick Block: 1037.21 & Lots: 9 & 10

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

09/28/2017
Date

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

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

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

PUBLIC NOTICE

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

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

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

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

7-1-2002
Date

Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

RECEIVED
OCT 03 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Tara (First) (MI) Hopkins (Last)

Address: 12 Washington St. (Street/P.O. Box) Jackson (Town/City) NJ (State) (Zip)

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

E-Mail Address: hopkinsfamily12@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***.

Please provide septic records for

Old Block 3.01 Old Lot 6.14 New Block 3401 New Lot14

Jackson Twp

Signature

10/2/17
Date

RECEIVED
By jrogers at 10:35 am, Oct 02, 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 701 Lot 26

Old Block 143.23 Lot 59

11 Harmony Hill Ct ,Jackson, NJ

Karen Proto
Signature

10/02/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

RECEIVED
By jrogers at 10:38 am, Oct 02, 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.
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Septic Records Jackson

New Block 3401 Lot 76

Old Block 3.01 Lot 2.22

73 ERIN DRIVE

73 Erin Drive,Jackson, NJ

Karen Proto
Signature

10/02/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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

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: Bernice (First) D (MI) Bigley (Last)

Address: 74 N Main St. New Egypt NJ 08533
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: bernicebigley@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.***

would like information on well, septic and any other possible permits that were done for this home.

Lot 6 BLK 14 New Egypt, NJ

bernice bigley
Signature

9/29/17
Date

RECEIVED
By jrogers at 11:28 am, Oct 02, 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 1B, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: Atlanticseptic@aol.com

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

- 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

1411 Transit Avenue
Jackson NJ 08527
N - B - 23202 L - 3
O - B - 27 L - 1.03

S Moore
Signature

9/20/17
Date

RECEIVED
By jrogers at 11:48 am, Oct 02, 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: (First) ENNY (MI) AMINIAN (Last)

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

Home Phone Number( ) — Work Phone Number: (732-660-0606

E-Mail Address: EAMINIAN@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.***

PLEASE PROVIDE ME WITH THE EXISTING SEPTIC AND WELL RECORDS FOR THE FOLLOWING PROPERTIES IN LAKEWOOD:

BLOCK 12.07 LOTS 8, 28, 29

BLOCK 12.04 LOTS 84, 85, 86

Signature

10/02/17
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: ROBERT (First) (MI) CLAUSEN (Last)

Address: 1878 MERRIMAC DR (Street/P.O. Box) TOMS RIVER (Town/City) N.J. (State) 08753 (Zip)

Home Phone Number: [redacted] Work Phone Number: (732) 341-7566

E-Mail Address: ROBERT.S.CLAUSEN@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.*

Provide

BLOCK 1462.11 LOT 15

OLD SEPTIC TANK FOUND ON PROPERTY WAS TANK PROPERLY FILLED IN?

* All Septic Records Toms River TWP

Robert Clausen
Signature

10/2/17
Date

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: LEONARD TARNOWSKI
(First) (MI) (Last)

Address: 1901 Tenth Ave. Toms River NJ. 08757
Street/P.O. Box) (Town/City) (State) (Zip)
Pine Lake Park

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

E-Mail Address: tr1875@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.***

Block 1.199 LOT 1 Physically in Manchester. Original Well Permit July 6, 1979 - Looking for any newer plot Plans, for Well with Better Reference points. Cannot locate Pump/Well. OLD Plans Have a Different Type & Well pump w/Storage Tank & 2 lines out. Current Physical System Indicates 1 pipe and maybe a Submersable. I Took ownership Dec. 2004

Leonard Tarnowski
Signature

3 Oct. 17
Date

Provide Septic & Well records.
Please search Toms River &
Manchester TWP

REVIEWED
By jrogers at 2:50 pm, Oct 02, 2017

RECEIVED
By jrogers at 4:06 pm, Oct 02, 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 1B, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: Atlanticseptic@aol.com

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

- 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

59 N Stump Tavern Rd
Jackson NJ 08527
N-B- 17802 L- 17
O-B- 7 L- 33.04

Signature

10/2/17
Date

RECEIVED
By jrogers at 10:39 am, Oct 03, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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

Block 99.51 Lot 2

651 Monroe Ave, Whiting NJ

Karen Proto
Signature

10/02/17
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 10:47 am, Oct 03, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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.
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Septic Records Manchester

NEW Block 4301 Lot 37

OLD Block 110 Lot 28

78 Jackson Mills Rd, Jackson NJ

Karen Proto
Signature

10/03/17
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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REVIEWED
By jrogers at 11:52 am, Oct 03, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Michael (First) A. (MI) Sedano (Last)

Address: 200 Oakdale St. (Street/P.O. Box) Toms River (Town/City) NJ (State) 08757 (Zip)

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

E-Mail Address: tech.msedano@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.***

Looking for all information on Septic System at 200 Oakdale Street, Toms River NJ 08757 Block: 143 Lot: 1 from 2011 to now.

Michael A. Sedano
Signature

Oct. 3, 2017
Date

341-4467

OCEAN COUNTY BOARD OF HEALTH

Art Johnson Rogers 732 831-6495

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 08753.

OCHD-Administration/Personnel
OCT 4 '17 AM

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

NAME: MANNY EMERGENCY Septic
(FIRST NAME) (MI) (LAST NAME)

ADDRESS: PO 98 Bayville NJ 08721
(STREET, PO) (TOWN/CITY) (STATE) (ZIP)

PHONE NUMBER: HOME 732 269922 CELL [redacted]

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 Berkeley Twp
BL 306 Lot 13
142 Grand Central Blvd Bayville NJ

[signature] 10/3/17
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

Adrienne Williamson

From: Nicole Zabriskie [ndzabriskie@gmail.com]
Sent: Tuesday, October 03, 2017 1:37 PM
To: Victoria Miraglotta; John Rogers; Adrienne Williamson
Cc: Alex Saltzman
Subject: Re: GREENWAY MORTGAGE ITEMS NEEDED**
Attachments: ATT00001.htm; OPRA request form.pdf; ATT00002.htm

Good Afternoon,

Please see the attached form in reference to 952 Green Hill Blvd, Toms River, NJ 08753.
Please inform if there is any additional information needed.

Thank you,

Alexander & Nicole Saltzman

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: Alexander (First) J (MI) Saltzman (Last)

Address: 952 Green Hill Blvd (Street/P.O. Box) Toms River (Town/City) NJ (State) 08753 (Zip)

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

E-Mail Address: Saltzman72@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***.

Toms River Block: 394.07. Lot: 19

Please provide ant documentation or permit information on file for any previous septic system for the above property.

Signature

10/03/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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RIGHT TO APPEAL

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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 11:33 am, Oct 04, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name:	Matt	R	Leatherwood
	(First)	(MI)	(Last)

Address:	249 South Main Street, Suite 6	Barnegat	NJ	08005
	Street/P.O. Box)	(Town/City)	(State)	(Zip)

Home Phone Number (609) 488-2857 Work Phone Number: (__)_____

E-Mail Address: mleatherwood@denviro.com

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

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

Subject Property: 1501 Lanes Mill Road, Lakewood, NJ (Block 187, Lot 73)

Dates of Interest: 1940 - present

Records Requested:

Report, complaints, incident of environmental contamination of soil, ground water, surface water and/or air

Septic system installation, inspections, decommissioning and well permits

Records of underground storage tanks (USTs)/aboveground storage tanks (ASTs) - removals, installations, inspections

Signature

10/4/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Victoria (First) (MI) Ryback (Last)

Address: 245 Main Street, Suite 110, Chester, NJ 07930
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)_____ Work Phone Number: (__)908-879-7095

E-Mail Address: vryback@dynamic-earth.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.***

Site: 717 South Main St, Block 113, Lot 14, Lacey Twp Current Owner: Commerce Bank/Shore NA C/O TD Bank

I would like to obtain/review any County Health Department records pertaining to environmental investigations, contaminant releases/spills, corrective actions, underground storage tanks (USTs), septic systems, well or violations.

Signature

10/4/17
Date

RECEIVED
OCT 04 2017
BY:

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
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Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: JASON (First) (MI) BURNEYKO (Last)

DW SMITH ASSOCIATES

Address: 1450 STATE ROUTE 34 (Street/P.O. Box) WALL TWP. (Town/City) NJ (State) 07753 (Zip)

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

E-Mail Address: jburneyko@dwsmith.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.
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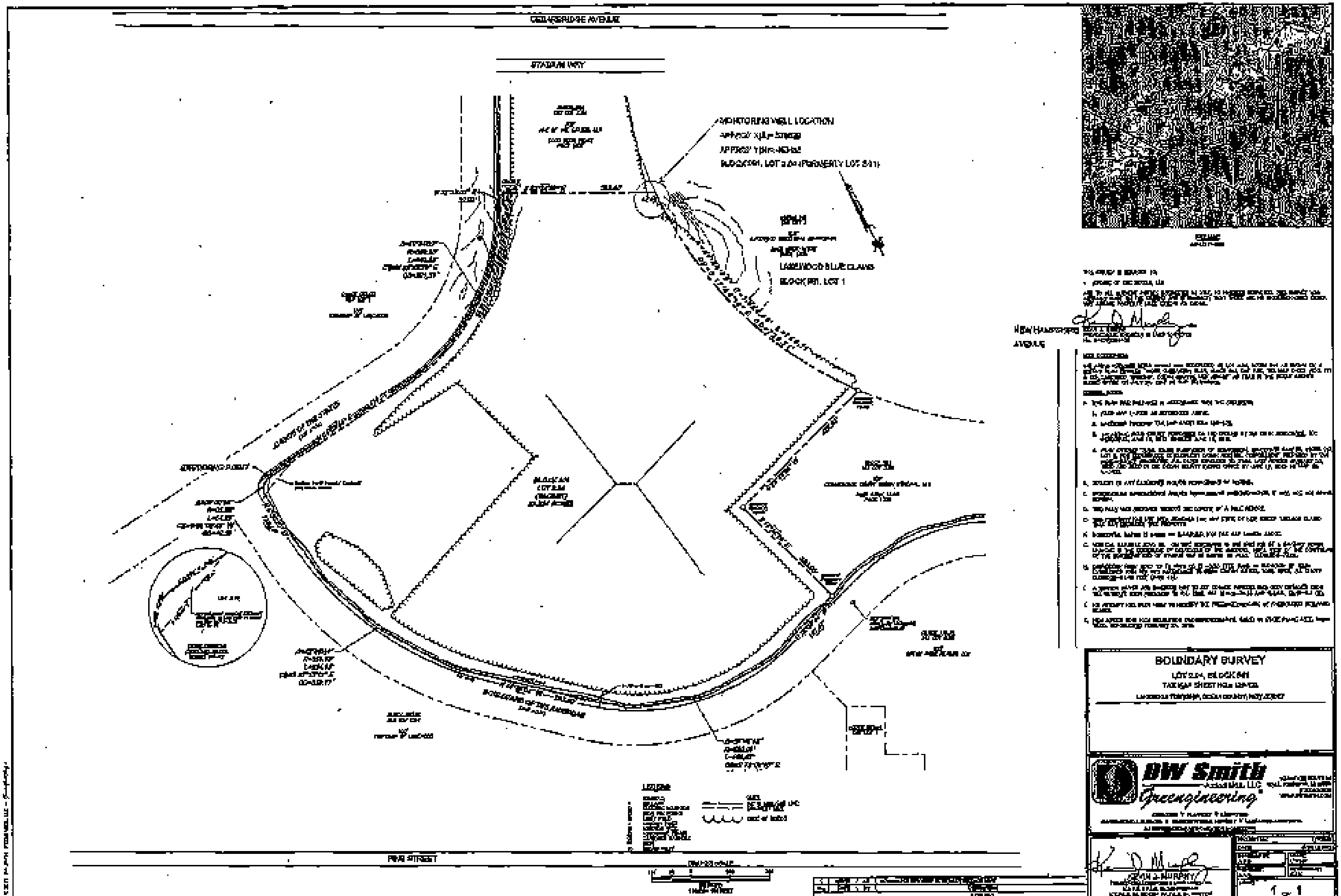
A monitoring well was found on the following Lot in Lakewood Twp.

Block 961, Lot 2.04 (previously known as Block 961, Lot 2.01)
LAKEWOOD TOWNSHIP

Requesting any info on wells in Block 961 (type, permits on record, location etc)
Attached is a map sketch showing location for your reference.

Signature

10/4/2017
Date



CEDARBRIDGE AVENUE
STADIUM WAY
MONITORING WELL LOCATION
LAKEWOOD BLUE CLAWS
BLOCK 961, LOT 1
NEW HAMPSHIRE
AVENUE
BOULEVARD OF THE AMERICAS
PINE STREET
BOUNDARY SURVEY
DW Smith
Associates, LLC
Greengineering
KEVIN J. MURPHY
1 of 1

RECEIVED
OCT 04 2017
BY:

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Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Shauna (First) M. (MI) Coobick (Last)

Address: 2154 Torrance Blvd [redacted] (Street/P.O. Box) Torrance (Town/City) CA (State) 90501 (Zip)

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

E-Mail Address: Scoobick@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***.

See attached letter. Thank you!

Shauna M. Coobick
Signature

10/4/17
Date

Adrienne Williamson

From: Shauna Coobick [scoobick@gmail.com]
Sent: Wednesday, October 04, 2017 1:34 PM
To: Victoria Miragliotta; John Rogers; Adrienne Williamson
Subject: OPRA Request
Attachments: 17-198375.1_Health.pdf; OCHD_OPRA_Form.pdf

Hello.

Please see attached request. Thank you.

Shauna M. Coobick, PG
Partner Associate

OCHD-Administration/Personnel
OPRA 17-198375.1

PARTNER
Engineering and Science, Inc.

October 4, 2017

Ocean County Health Department
Custodian of Records
P.O. Box 2191
Toms River, New Jersey 08754

RE: Ocean Orthopedic Associates
530 Lakehurst Road
Units 101, 102, 201, 202, 203, 204, 205, 207, 301, 303
Toms River, Ocean County, New Jersey 08755
Block 536, Lot 9
Partner Project No.: 17-198375.1

Dear Custodian of Records:

Partner Engineering & Science, Inc. (Partner) is conducting a Phase I Environmental Assessment of the above-referenced property. As part of the assessment, we wish to know whether the Ocean County Health Department possesses records for the subject property, including:

- Environmental health code violations
- Permits for the installation or decommissioning of wells & septic systems
- Asbestos abatement

Please contact me via the below email address and let me know if these specific records exist and if so, how they can be obtained. Thank you.

Sincerely,

Shauna M. Coobick

Shauna M. Coobick, PG
Partner Associate
scoobick@gmail.com

RECEIVED
OCT 06 20
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

RECEIVED
OCT 06 2017
FAX

Name: Linda (First) (MI) Margherita (Last)

Address: 1612 Columbus Rd Burlington NJ 08016
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: lmmargherita@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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I am requesting information on the well/septic For property address - 80 Richter Rd. Jackson NJ 08527 Block 114 Lot 1 previous Block - 00154.14 Lot - 00001

We also need location of Septic + leache Field and Size and any information pertaining to above

Linda Margherita
Signature

10/4/17
Date

10/4/17

To:

Ocean County Board of Health
Request For Govt. Records

Fax- 3pgs including this pg.

From: Linda Margherita
lmmargherita@gmail.com

Ocean County Board Of Health

Request For Governmental Records

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Fax: (732) 341-4467
Victoria Miraglíotta - vmiraglíotta@ochd.org
John Rogers - jrogers@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Kaleigh M Ewing
(First) (MI) (Last)

Address: 515 Grove Street, Suite 1B Haddon Heights, NJ 08035
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: kewing@pennoni.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.***

Pennoni is conducting a Phase I Environmental Assessment for the following property:

744 Route 70 West
Brick Township, Ocean County, NJ 08723
Block 701 Lot 7

As such, we would like to request all applicable Remedial, Permitting and Enforcement records. We are also interested in any information regarding illegal waste discharges, aboveground or underground storage tanks, environmental contamination, or violations of environmental laws at the referenced site, primarily Site Remediation Program Files.

Thank you for your assistance in this matter.

Kaleigh M Ewing
Signature

10/5/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

RECEIVED
OCT 05 2017
BY:

Ocean County Board Of Health
Request For Governmental Records

This form should be completed and returned to:

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

Name: Michael (First) A. (MI) Sedano (Last)

Address: 200 Oakdale St. (Street/P.O. Box) Toms River (Town/City) NJ (State) 08757 (Zip)

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

E-Mail Address: tech.msedano@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.***

Looking for all information on septic system at 200 Oakdale Street, Manchester NJ 08757 Block: 1.43 Lot: 1 from 2011 to now.

Michael A. Sedano
Signature

10/5/17
Date

RECEIVED
OCT 05 2017
BY:

Ocean County Board Of Health

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Custodian Of Records P.O. Box 2191
Toms River, NJ 08754
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Fax: (732) 341-4467
Victoria Miraglotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

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

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

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

E-Mail Address: cmatthews@tridentenviro.com

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

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

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

-Deed Notice or restrictions associated with the property

-Report/ complaints of environmental contamination of soil, groundwater, surface water, or well permits and septic system inspection/permits.

-Fire Official (if applicable): Records of tank removal, storage of hazardous substances and petroleum products, and hazardous material responses.

Cory Matthews
Signature

10/05/2017
Date

Project Information: 697 Brookside Drive, Toms River, NJ (current:Blk 693, Lot 20/ proposed Blk 693, Lots 20.01 through 20.05), Ocean County, NJ

TRIDENT
ENVIRONMENTAL
Site Remediation, Land Use & Ecology

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

VIA EMAIL
10/5/17

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**
697 Brookside Drive (current: Block 693, Lot 20/ proposed: Block 693, Lots 20.01, 20.02, 20.03, 20.04 & 20.05)
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 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

TRIDENT
ENVIRONMENTAL
TridentEnviro.com
P/ 732.818.8699 F/ 732.818.3744

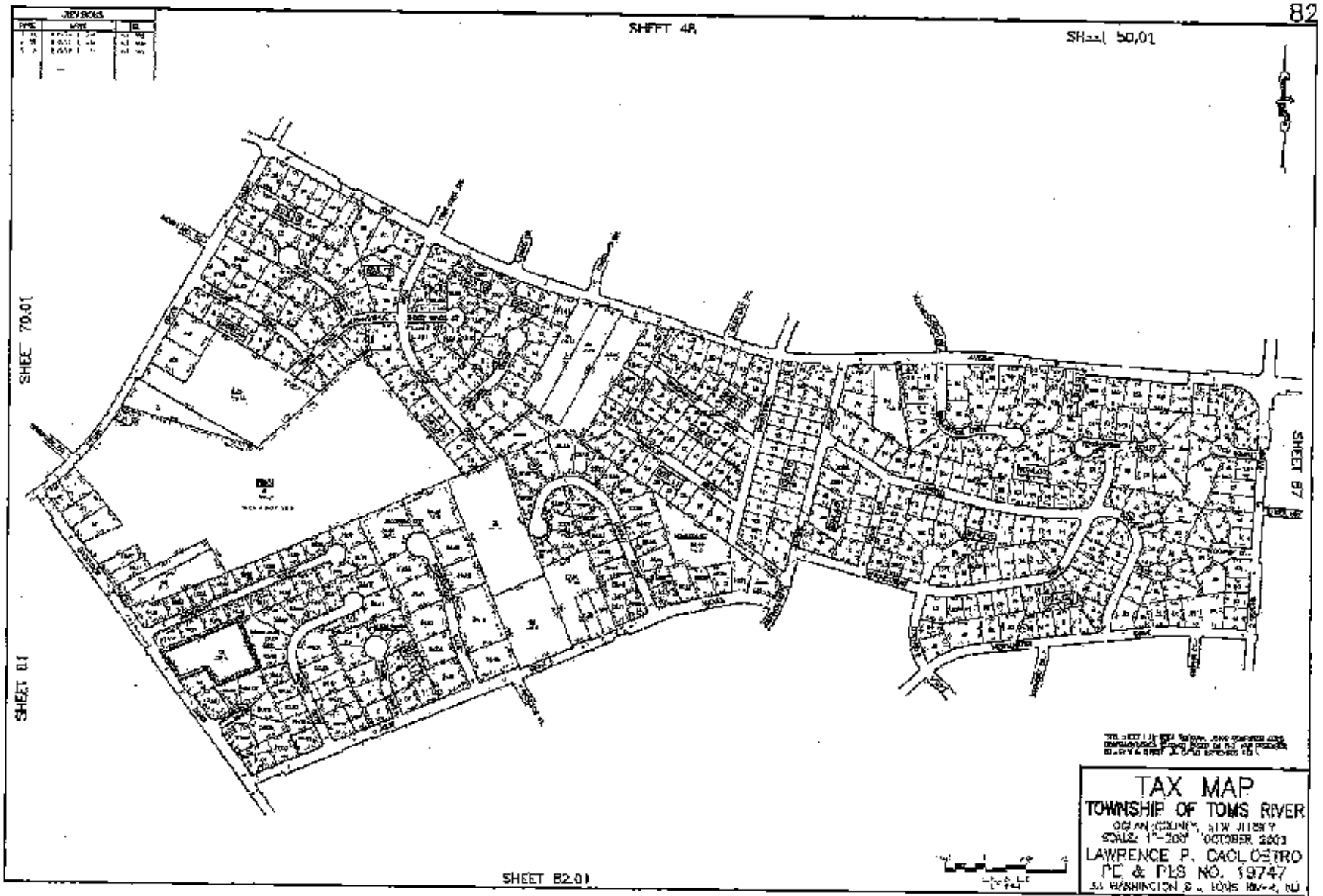
Aerial Map

697 Brookside Drive
Block 693 ~ Lot 20

Toms River Twp., Ocean Co., NJ

DRAWN BY:	DATE:
CM	10/4/17
FIGURE:	JOB NO.:
6	T2051.0008

SCALE: 1 inch = 100 feet
0 25 50 75 100
Feet



TRIDENT
ENVIRONMENTAL
TridentEnviro.com
T/ 732.818.8699 F/ 732.818.3744

Toms River Township Tax Map

697 Brookside Drive
Block 693 – Lot 20

Toms River Twp., Ocean Co., NJ

DRAWN BY:	DATE:
CRS	10/4/17
FIGURE:	JOB NO.:
3	T2051.0008

SCALE: NTS

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

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

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

E-Mail Address: GCAPORALE@COMCAST.NET

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

- For Environmental related Inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
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SEPTIC FILE

5 PRINCE COURT
JACKSON
BLOCK - NEW 15301 OLD 82.01
LOT - NEW 12 OLD 30.10

George Caporale
Signature

10/5/17
Date

RECEIVED
By jrogers at 3:02 pm, Oct 05, 2017

Ocean County Board Of Health

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Toms River, NJ 08754
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Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

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

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

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

E-Mail Address: Atlanticseptic@aol.com

Would you like a Copy ✓ 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

370 New Central Ave
Jackson NJ 08527
N-B - 13701 L- 17
O- B- 69 L- 11

S Moore
Signature

10/5/17
Date

RECEIVED
By jrogers at 2:24 pm, Oct 06, 2017

Ocean County Board Of Health

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Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Deborah	J.	Mara
(First)	(MI)	(Last)

Address: 231 Brynmore Road	New Egypt	NJ	08533
Street/P.O. Box)	(Town/City)	(State)	(Zip)

~~Home~~ Phone Number(___)_____ Cell ~~Work~~ Phone Number: (917) 747-5055

E-Mail Address: deborah.mara@remax.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.
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Please provide any/all records for the Septic and Well located at 231 Brynmore Rd - New Egypt 08533.

The block # is 84 and the lot # is 12. Please refer to the attached MLS Tax Record Report for more info.

I represent the buyer, Glenn Markulin. The property is currently owned by Fannie Mae. We are set to close on October 30, 2017 and need to verify that the septic and well were installed/approved by a certified engineer. As per Fannie Mae, the Septic System was replaced in 2007.

Deborah Mara
Signature

10/06/2017
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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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.

341-4467

OCEAN COUNTY BOARD OF HEALTH

art Johns Rogers 2283-6495

REQUEST FOR GOVERNMENTAL RECORDS

OCHD Administration/Personnel
OCT 11 '17 AM 8:53

This form should be completed and returned to the Office of the Ocean County Health Department at 175 Sunset Avenue Toms River, New Jersey 08753.

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

NAME: MANNY EMERGENCY Septic
(First Name) (MI) (Last Name)

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

PHONE: (Home) (Work) 732 269 4927 (Mobile) [redacted]

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 Lacey Twp
BL 2489.01 Lot 5
610 Putney Ct

[signature] 10/10/17
Signature Date

FOR BOARD USE ONLY

Request Approved/

Request Denied Reason for Denial

Approximate Date Records will be available:

Fee: $ (Prepayment of Fee or Deposit may be required)

Paid by: Check Cash Money Order

Custodian of Records Date

341-4467

OCEAN COUNTY BOARD OF HEALTH

att John Rosen 3283-6495

DOH Administration/Personnel
09/11/17 08:53

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 08753.

Please duplicate the information below. See reverse side for legislative information.

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

ADDRESS: PO 98 Bayville NJ 08721
(STREET, PO) (TOWN/CITY) (STATE) (ZIP)

PHONE NUMBER: WORK (732) 269-9229 HOME [redacted]

E-MAIL ADDRESS:

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

Copy ____ or Inspect X (check one)

Septic Design Jackson Twp
New BL 12910 Lot 4
Old BL 78.11 Lot 10
17 Georgians BLVD

Manny Emerg 10-10-17
Signature Date

FOR BOARD USE ONLY

Request Approved

Request Denied Reason for Denial

Approximate Date Records will be available:

Fee: $ (Prepayment of Fee or Deposit may be required)

Paid by: Check Cash Money Order

Custodian of Records Date

Ocean County Board Of Health

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Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

OCHD-Administration/Personnel
OCT 10 '17 AM10:05

Name: MARCIN (First) GRABOWSKI (Last)

Address: 100 Jodie RD (Street/P.O. Box) Manchester NJ (Town/City) (State) 08759 (Zip)

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

E-Mail Address: ulvar666@yahoo.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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- 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 need to get plan to Septic and Landfill lines also to main water line

Block: 15.02 Lot: 10

Signature

10/10/17
Date

RECEIVED
OCT 11 2017
BY:

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

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

NAME: Marci (First Name) L (MI) Barrows (Last Name)

ADDRESS: 103 College Road East, Third Floor (Street, PO) Princeton (Town/City) NJ (State) 08540 (zip)

PHONE NUMBER: (609) 987-2323 ext. 127 (Work) ( ) (Home)

EMAIL ADDRESS: mbarrows@vanmotcharvey.com

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

The record request is in support of a Phase I Environmental Site Assessment for the property located at 61 and 63 Main Street, New Egypt (Plumsted Township), Ocean County, New Jersey, which is identified as Block 19, Lots 20 and 21. We respectfully request any records pertaining to environmental conditions that your office may maintain including but not limited to fuel or other storage tanks, chemical storage, usage or spills, heating or cooling systems, odors, permits, septic systems, wells, and/or any other information regarding environmental concerns on or adjacent to the property requested for review. Please provide recovered documents/information via e-mail, if possible.

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

10/10/2017
Date

RECEIVED
OCT 11 2017
BY:

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

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

NAME: Marci (First Name) L (MI) Barrows (Last Name)

ADDRESS: 103 College Road East, Third Floor (Street, PO) Princeton (Town/City) NJ (State) 08540 (Zip)

PHONE NUMBER: (609) 987-2123 ext. 127 (Work) ( ) (Home)

EMAIL ADDRESS: mbarrows@vannotebarvey.com

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

The record request is in support of a Phase I Environmental Site Assessment for the property located at 61 and 63 Main Street, New Egypt (Plumsted Township), Ocean County, New Jersey, which is identified as Block 19, Lots 20 and 21. We respectfully request any records pertaining to environmental conditions that your office may maintain including but not limited to fuel or other storage tanks, chemical storage, usage or spills, heating or cooling systems, odors, permits, septic systems, wells, and/or any other information regarding environmental concerns on or adjacent to the property requested for review. Please provide recovered documents/information via e-mail, if possible.

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

10/10/2017
Date

RECEIVED
OCT 1 0 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

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

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

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

We are requesting a copy of the most recent health inspection report for La Bove Grande, 800 Route 70, At Route 70 Circle, Lakehurst, NJ 08733-2734.

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

Please email the report to carrie.stowell@sci-us.com or send via fax to 855-901-8505

Signature

10/10/2017
Date

RECEIVED
OCT 10 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: Atlanticseptic@aol.com

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

- For Envirgnmental 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

17 Georgian Blvd
Jackson NJ 08527
N-B-12910 L-4
O-B-78.11 L-10

Signature

10/10/17
Date

RECEIVED
OCT 1 0 2017
BY:

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
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Victoria Miragliotta - vmiragliotta@ochd.org
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Adrienne Williamson -awilliamson@ochd.org

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

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

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

E-Mail Address: Atlanticseptic@aol.com

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

- 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

188 Sunny Brook Rd
Jackson NJ 08527
N-B-11501 L-4
O-B-90 L-7.01

Signature

10/10/17
Date

RECEIVED
OCT 10 2017
BY

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Robert (First) _____ (MI) Sive (Last)

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

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

E-Mail Address: RSive@gallerssut.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***.

Jackson Township
Block 154.32, Tax Lot 2.01 old
Block 55.301, Tax Lot 8.01 new
930 Wright-Ochus Road
Copies of septic system design plans, soils information, application, well info, etc.

Robert Sive
Signature

10/10/17
Date

RECEIVED
OCT 1 0 2017
BY:

COUNTY OF OCEAN

REQUEST FOR GOVERNMENTAL RECORDS

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

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

NAME: James (First Name) (MI) Hakler (Last Name)

ADDRESS: Boucher & James, Inc., 1456 Ferry Road (Street; PO) Doylestown (Town/City) Pa (State) 18901 (zip)

PHONE NUMBER: (215) 345-9400 (Work) ( ) (Home)

EMAIL ADDRESS: JHAKLAR@BJENGINEERS.COM

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

Files pertaining to potential environmental issues (i.e. storage tank installation/removal permits, remediations, dumps, spills, etc.) in regards to a Phase I Environmental Assessment for:

1580 Lakewood Road, Toms River, NJ 08755

Block 364, Lots 26.01 and 67

Owner: 1580 Lakewood Road, LLC

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

10-5-17
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: 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@activeviewhdl.com

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

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

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

1. Carrabba's: 990 Cedar Bridge Ave, Brick - We are searching for any inspections conducted after 05/03/2016.

2. Outback: 2770 Hooper Ave, Brick - We are searching for any inspections conducted after 04/13/2016.

3. Chick-Fil-A: 522 Route 70, Brick - We are searching for any inspections conducted after 05/24/2016.

4. McDonald's: 1872 Route 88, Brick - We are searching for any inspections conducted after 04/06/2016.

5. McDonald's: 191 Van Zile Rd, Brick - We are searching for any inspections conducted after 02/01/2016.

Signature

10/10/2016
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: 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 24 Lot 17

54 Evergreen Rd, Plumstead

Karen Proto
Signature

10/09/17
Date

RECEIVED
OCT 1 0 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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 18502 Lot 22

OLD Block 40 Lot 82.09

143 Savannah Rd , Jackson NJ

Karen Proto
Signature

10/09/17
Date

Ocean County Board Of Health

Request For Governmental Records

s 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
OCT 10 2017
BY:

ne: Randy & Gale Pullen
st) (MI) (Last)

ress: 1341 Commonwealth Blvd. Toms River, NJ 08757
et/P.O. Box) (Town/City) (State) (Zip)

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

ail Address: Pulltoy2001@AOL.com.

uld you like a Copy X or to Inspect ____ Please check as appropriate Provide a f 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 se Information you are attempting to locate, and your ***relationship to that person.***

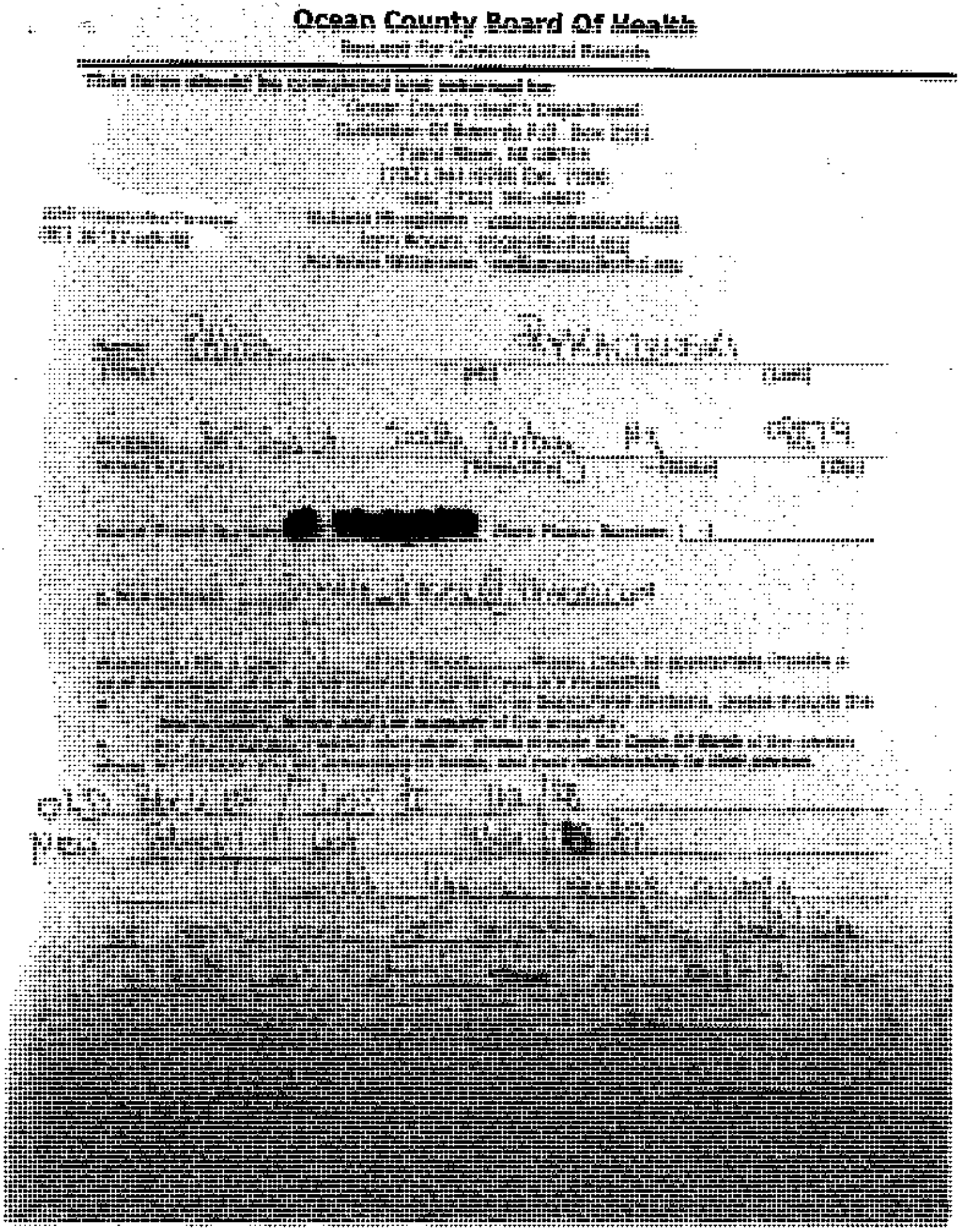
We are looking to see if there is a well on our property. When we bought the house the owner said there was. Sometime in the future we would like to use it for watering our lawn if we have one.

Block - 1.237 Lot - 26

Gale Pullen
Signature

10/8/17
Date

Ocean County Board Of Health



RECEIVED
By jrogers at 12:16 pm, Oct 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: Kristin (First Name) Tallamy (MI) (Last Name)

ADDRESS: 87 Hibernia Avenue (Street, PO) Rockaway (Town/City) NJ (State) 07866 (zip)

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

EMAIL ADDRESS: kristin.tallamy@e2pm.com

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

Requesting environmental records for East Dover Fire Company property at 629 Fischer Boulevard. Toms River, NJ (Block 1108.25, Lot 5). An existing 170 foot tall monopole in located within the property and is our main area of concern.

Records could include underground storage tank information of any kind, monitoring well information, ~~contamination concerns (leaks, spills etc). health violations, remedial efforts and NJDEP involvements. Thank you~~ very much for your time. Please feel free to contact me further for more clarification.

Our office is not within close proximity to your location, therefore, if there is anyway you could please give a brief summary of what the records are before we come to inspect any that might be available we would greatly appreciate it. Thank you.

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.

Kristin Tallamy
Signature

10-11-2017
Date

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

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

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

PUBLIC NOTICE

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

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

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

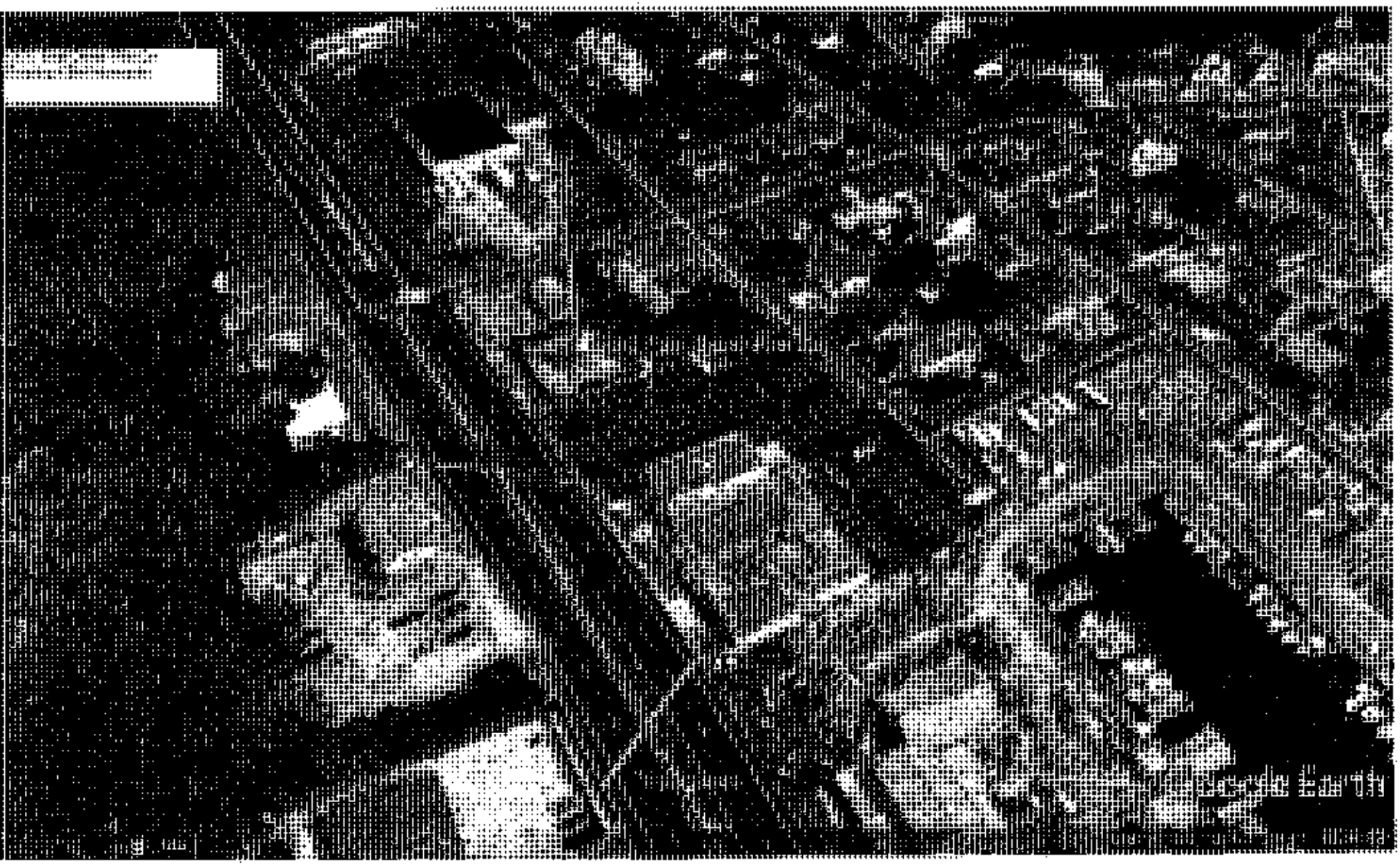
In lieu of filing an action in Superior Court, a person who is denied access to a government record may file a complaint with the Government Records Council.

7-1-2002
Date

Betty Vasil
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002



RECEIVED
By jrogers at 12:23 pm, Oct 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: Kristin (First Name) Tallamy (MI) (Last Name)

ADDRESS: 87 Hibernia Avenue (Street, PO) Rockaway (Town/City) NJ (State) 07866 (zip)

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

EMAIL ADDRESS: kristin.tallamy@e2pm.com

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

Requesting environmental records for a JCP&L Tower (Tower # JC 79 DV) just north of Route 37 and the Garden State Parkway in Toms River, NJ (Block and Lot unknown). See the attached map to show you the location of interest.

~~Records could include underground storage tank information of any kind, monitoring well information, asbestos or~~ lead inspections or abatements, contamination concerns (leaks, spills etc), health violations, remedial efforts and ~~NJDEP involvements. Thank you very much for your time. Please feel free to contact me further for more~~ clarification.

Our office is not within close proximity to your location, therefore, if there is anyway you could please give a brief summary of what the records are before we come to inspect any that might be available we would greatly appreciate it. Thank you.

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Kristin Tallamy
Signature

10-11-2017
Date

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

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

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

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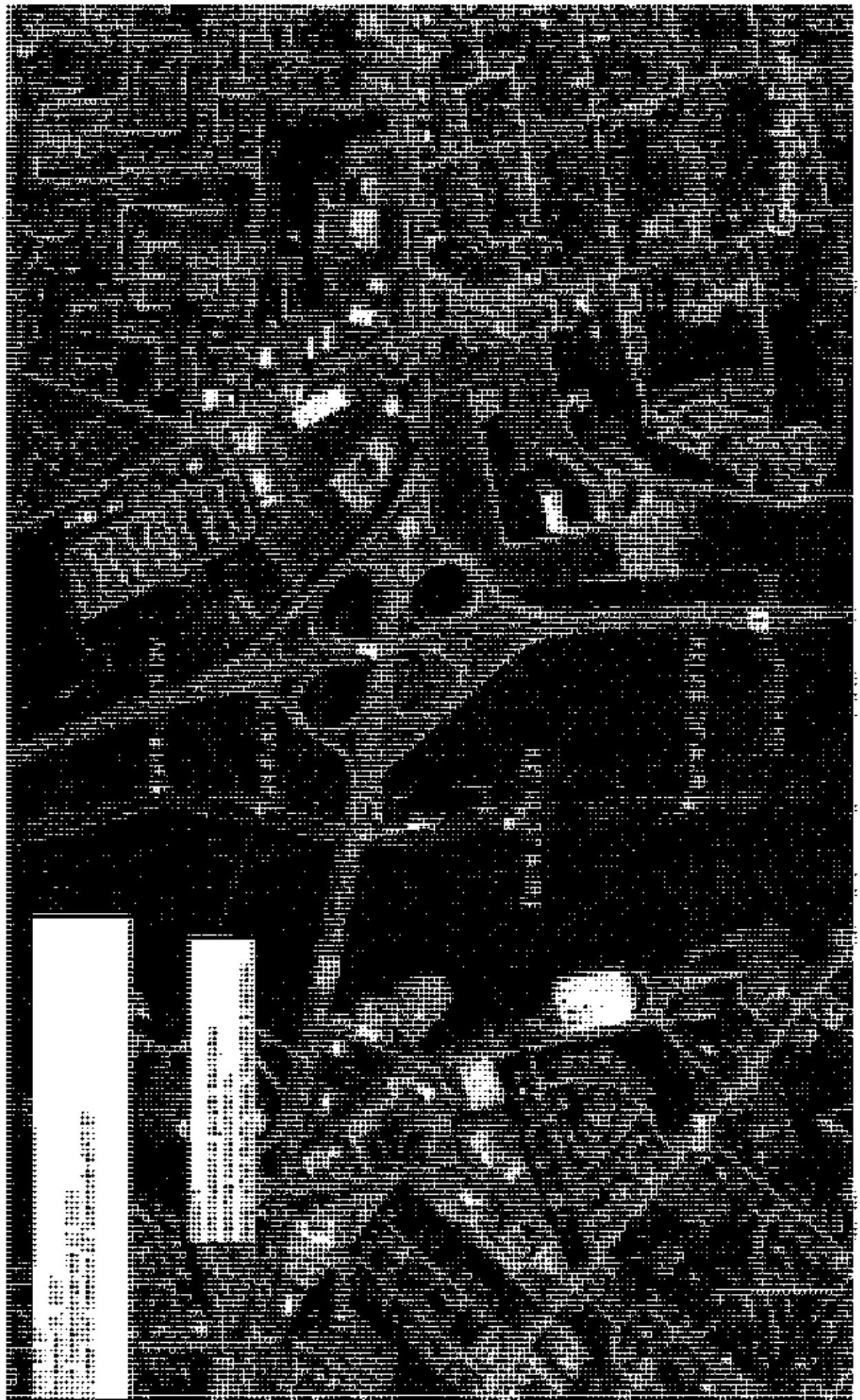
In lieu of filing an action in Superior Court, a person who is denied access to a government record may file a complaint with the Government Records Council.

7-1-2002
Date

Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002



John Rogers

From: Kathryn Friel [kfriel@whitestoneassoc.com]
Sent: Wednesday, October 11, 2017 11:36 AM
To: John Rogers
Cc: Michael J. Lentz
Subject: 2164 Route 88, Brick, NJ - OPRA Request

Good Morning,

AutoZone Store, 2164 Route 88, Brick, Ocean County, New Jersey 08724; Blok 1034, Lot 6.02; Owner: CPI Brick I LLC

Whitestone Associates Inc. (Whitestone) is conducting a Phase I Environmental Site Assessment at the above-referenced location. Whitestone requests copies of any available files addressing or pertinent to environmental investigations, underground storage tanks (USTs), corrective actions, contaminant releases, incidents, fires, hazardous materials storage, citations, notices of violation, or other areas of concern at the above referenced property. Whitestone Project No. EP1714869.000

Please contact Mike Lentz with any questions or concerns at mlentz@whitestoneassoc.com.
Thank you.
-Katie

WHITESTONE
ASSOCIATES, INC.
Environmental & Geotechnical Engineers & Consultants
KATHRYN FRIEL
PROJECT COORDINATOR

NEW BRITAIN CORPORATE CENTER
1600 MANOR DRIVE, SUITE 220
CHALFONT, PENNSYLVANIA 18914

PHONE: 215.712.2700
FAX: 215.712.2701
kfriel@whitestoneassoc.com
www.whitestoneassoc.com
V-Card

RECEIVED
By jrogers at 10:14 am, Oct 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 Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: EVAN J. CROOKER
(First) (MI) (Last)

Address: 4 SAN SALVADOR ST TOMS RIVER NJ 08757
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: crook144@yahoo.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.***

ANY AND ALL SEPTIC SYSTEM INFORMATION ON FILE FOR:
142 GRAND CENTRAL PKWY BAYVILLE, NJ 08721
BLOCK: 306 LOT: 13 (ADD LOTS: 15)

Signature

10/13/17
Date

RECEIVED
By jrogers at 10:26 am, Oct 13, 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

- 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

Block 61.08 Lot 14

197 Brandon Rd, Manchester

Karen Proto
Signature

10/13/17
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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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.

1132.0035
emailed 10/12

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Rose Sweeney
(First) (MI) (Last)

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

Home Phone Number( ) _____ Work Phone Number: ( ) 732-797-3100

E-Mail Address: rsweeney@fwhassociates.com

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

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

We are requesting copies of all septic records/drawings pertaining to the following all located in Jackson Township, NJ as follows:

Block 10001 * Lots 94, 95 & 96. OLD Lot 95 = Blk 94.01 Lot 19.02

Lot 94-OLD = Blk 94.01, Lot 19.03 / Lot 96 = Blk 94.01 Lot 19.01

Should you require additional information, please feel free to call.

Signature

10-12-17
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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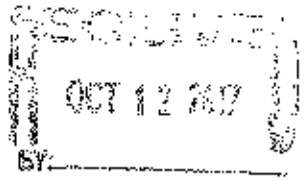

Ocean County Board Of Health

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: Evangelina (First) (MI) Pena (Last)

Address: 14 Worlds Fair Drive Suite B, Somerset (Street/P.O. Box) (Town/City) NJ (State) 08873 (Zip)

Home Phone Number(__)_____ Work Phone Number: (732)-271-9301

E-Mail Address: epena@gtaeng.com

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

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

Please see attached below for property information.

Records of interest include well records, records of spills or releases, solid waste violations, records of underground or above ground storage tanks, and any other environmental records/complaints. The request is due diligence for a Phase I Environmental Site Assessment.

Evangelina Pena
Signature

10/12/2017
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.

Property of interest is located south of West Bay Avenue in Barnegat Township, Ocean County, New Jersey.

Block	Lot(s)	Address Range	Owner
92.103	1-4	1-7 Meridian Turn	Barnegat Hills Associates LP
92.104	1-16	2-10, 20-32 Northerly Way	
92.105	1-23	26-48 Heading Dr. 1-25 Northerly Way	
92.106	1-24	103-125 Meridian Turn W 33 Northerly Way 27-47 Heading Dr.	
92.107	7-8	101 Meridian Turn W 34 Northerly Way	
92.108	15-24	100-118 Meridian Turn W	
92.109	14-15	122-124 Meridian Turn W	
92.113	42-45	9-15 Meridian Turn W	

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

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

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

E-Mail Address: Atlanticseptic@aol.com

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

- 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

197 Brandon Rd
Manchester NJ 08759

B 61.08 / L-14

S Moore
Signature

10/11/17
Date

341-4467

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR GOVERNMENTAL RECORDS

att John Rogers 732 831-6495

OCHD-Administration/Personnel
OCT 12 '17 PM2:50

This form should be completed and returned to the Office of the Ocean County Health Department at: 175 Sunset Avenue Toms River, New Jersey 08753.

Please explain the information fail on. See reverse side for important information.

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

ADDRESS: PO 98 Bayville NJ 08721
(STREET NO) (STREET NAME) (CITY) (ZIP)

PHONE: (DAYTIME) 732 269 9929 e-mail [redacted]

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 Lacey Twp
BL 2500.03 Lot 4.01
103 Penhorn Rd Forked River NJ

Manuel Sousa 10-12-17
Signature Date

FOR BOARD USE ONLY

Request Approved

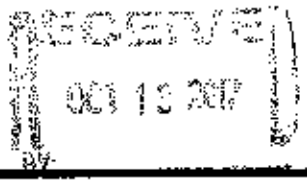
Request Denied Reason for Denial

Approximate Date Records will be available

Fee $ (Prepayment of Fee or Deposit may be required)

Paid by: Check Cash Money Order

Custodian of Records 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 Miraglotta - vmiraglotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Spencer Spurlock
(First) (MI) (Last)

Address: 1904 Main Street, Lake Como, NJ 07719
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: sspurlock@dynamic-earth.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.***

Site: 295 Route 9, Berkeley Block 882 Lots 37&38 Current Owner: Krul, Jack Estate

I would like to obtain/review County Health Department records pertaining to environmental investigations, contaminant releases/spills, corrective actions, underground storage tanks (USTs), septic systems, wells or violations.

Signature

10/12/17
Date

RECEIVED
OCT 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: Douglas (First) Wayne (MI) Collier (Last)

Address: 1607 OTTER Drive (Street/P.O. Box) Toms River (Town/City) NJ (State) 08755 (Zip)

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

E-Mail Address: dwcollier6@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.***

Plans only for Septic System
For Septic System Property Location
869 Lakehurst Avenue
Jackson Township N.J.
Block 1870Z Lot 18 Current
Block 38 Lot Prior

Douglas Collier
Signature

10/11/2017
Date

PDS
PROFESSIONAL DESIGN SERVICES, L.L.C.

1245 AIRPORT ROAD • SUITE 1 • LAKEWOOD • NEW JERSEY 08701 • 732-363-0060 • FAX 732-363-0073
ENGINEERING@PDS-NJ.COM

IAN M. BORDEN, P.P., A.I.C.P., C.F.
PRESIDENT

SEAN D. COUGHLAN
ASSOCIATE

WILLIAM A. STEVENS, P.E., P.P.
VICE PRESIDENT

GRAHAM J. MACFARLANE, P.E., P.P., C.M.E.
ASSOCIATE

October 10, 2017

Mr. John Protonentis
Ocean County Board of Health
175 Sunset Ave.
Toms River NJ 08755-3212

Re: Environmental Search
Block 19403, Lot 8
175 Grawtown Road
Jackson Township, Ocean County
PDS Ref. #17290

Dear Mr. Protonentis:

Professional Design Services LLC (PDS) is conducting a preliminary assessment of the above referenced property on behalf of a future owner of the property. This letter is a request to review files, relative to environmental issues, that the Township of Jackson may have on these or adjacent properties. If there are none, please advise us in writing of your findings.

We are looking for site inspection reports; violations pertaining to handling, storage or disposal of hazardous substances; hazardous material releases or spills; underground storage tank information; and any other information you may have regarding potential areas of environmental concern. According to the database search there was an underground storage tank that had been removed from the site and we are particularly interested in any Building Department records relating to the former tank. In addition there is a house located on the site and we are trying to determine the date of construction as well as any records relating to the occupancy of this house since its construction.

Please forward the information to me at the above address. If you need additional information or have any questions concerning this request, please contact me at 732-363-0060 or by email at iborden@pds-nj.com. Thank you for your assistance regarding this matter.

Very truly yours,

Ian M. Borden P.P., AICP President
Professional Design Services LLC

W. S.

RECEIVED
By jrogers at 10:58 am, Oct 13, 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: Sheila (First) | (MI) | Innella (Last)

Address: Whitman, 7 Pleasant Hill Road, Cranbury, NJ 08512
Street/P.O. Box | (Town/City) | (State) | (Zip)

Home Phone Number: (732-390-5858 Work Phone Number: (732-390-4496

E-Mail Address: sinnella@whitmanco.com

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

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

Please see attached.

Sheila Innella
Signature

10/13/17
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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2. File a complaint with the Government Records Council in the Department of Community Affairs.

WHITMAN

Corporate Headquarters
7 Pleasant Hill Road
Cranbury, NJ 08512

Tel: 732.390.5858 • Fax: 732.390.9496
www.whitmanco.com

October 13, 2017

Ms. Victoria Miragliotta, Custodian of Records
Ocean County Health Department
PO Box 2191
Toms River, New Jersey 08754

Email: vmiragliotta@ochd.org

RE: Environmental Site Assessment
Vacant Wooded Lot – Stichler Property
Block 95, Lots 2 and 2.02
Barnegat Township, New Jersey 08005
Whitman Project No. 17-10-21T

Dear Ms. Smallze:

Whitman is conducting an environmental assessment of the above-referenced property (Site), and is interested in reviewing associated Site files, ideally back to at least 1932, though it is understood that most municipalities do not keep historical records as far back as this. Please provide copies of documents regarding the following items/matters at the Site:

- Hazardous materials/petroleum products
- Spills
- Violations
- Operator and ownership history
- Permits
- Underground/aboveground storage tanks
- Septic systems
- Wells
- Tax, title, and deed information
- Municipal Water/Sewer connection dates
- Natural gas connection date
- Construction drawings

If you have any question or comments regarding this submittal, please do not hesitate to contact me at (732) 390-5858.

Sincerely,

Sheila Innella

Sheila Innella
Project Scientist II

RECEIVED
By jrogers at 10:59 am, Oct 13, 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: Kristin (First Name) Tallamy (MI) (Last Name)

ADDRESS: 87 Hibernia Avenue (Street, PO) Rockaway (Town/City) NJ (State) 07866 (zip)

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

EMAIL ADDRESS: kristin.tallamy@e2pm.com

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

Requesting environmental records for a JCP&L Tower (Tower # JC 79 DV) just north of Route 37 and the Garden State Parkway in Toms River, NJ (First Energy right of way B – 409, L-20.02). See the attached map to show you the location of interest.

Records could include underground storage tank information of any kind, monitoring well information, asbestos or lead inspections or abatements, contamination concerns (leaks, spills etc). health violations, remedial efforts and NJDEP involvements. Thank you very much for your time. Please feel free to contact me further for more clarification.

Our office is not within close proximity to your location, therefore, if there is anyway you could please give a brief summary of what the records are before we come to inspect any that might be available we would greatly appreciate it. Thank you.

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.

Kristin Tallamy
Signature

10-11-2017
Date

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

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

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

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

PUBLIC NOTICE

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

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

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

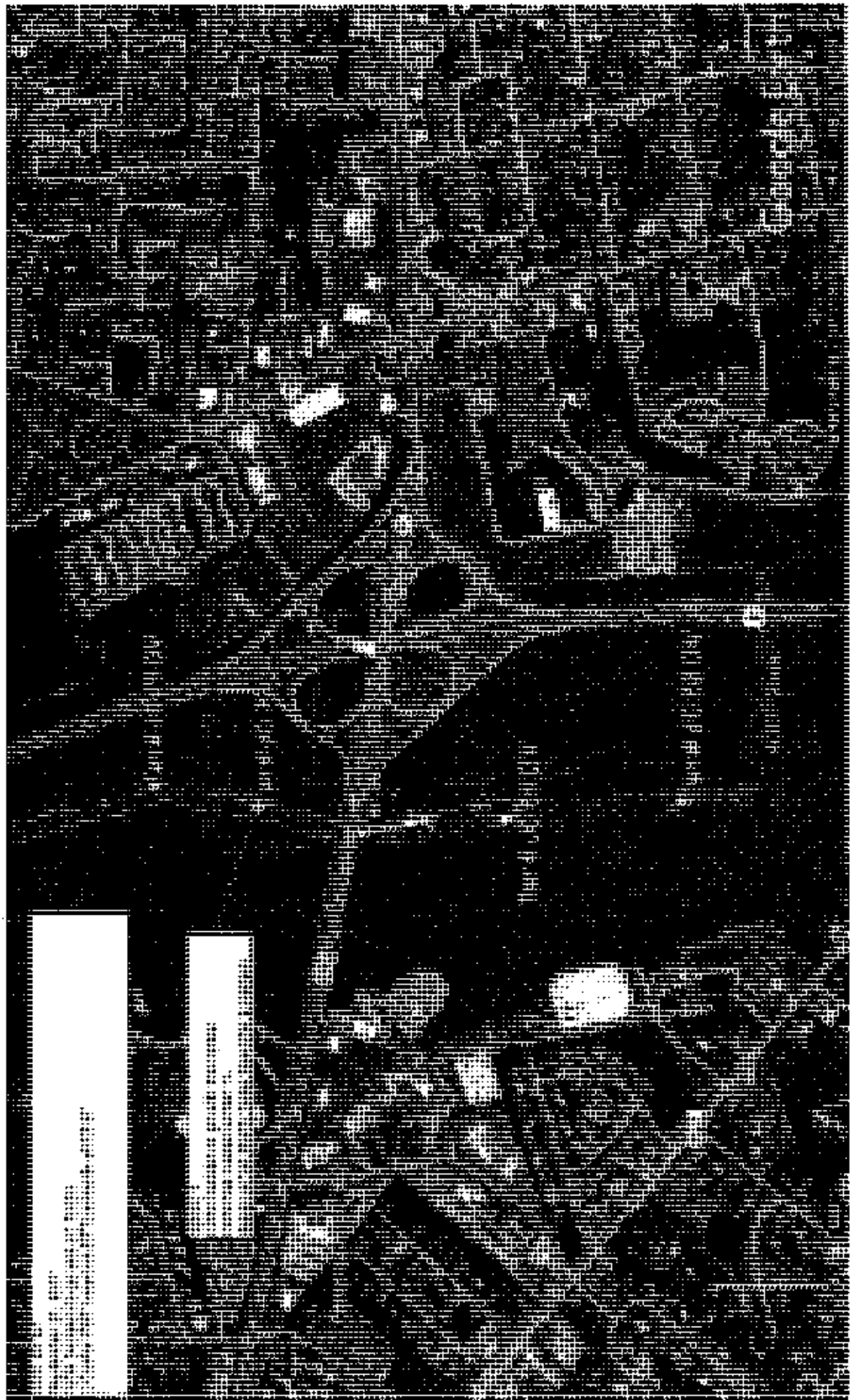
In lieu of filing an action in Superior Court, a person who is denied access to a government record may file a complaint with the Government Records Council.

7-1-2002
Date

Betty Van O
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002



RECEIVED
OCT 13 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: JOHN (First) (MI) LUYBER (Last)

Address: 19 Hopkins Rd (Street/P.O. Box) NEW EGYPT (Town/City) NJ (State) 08533 (Zip)

Home Phone Number(__)_____ Work Phone Number: 732 690-4645

E-Mail Address: Jluyber Services @ 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 DESIGN For:
1 HEATHWOOD AVE
JACKSON TWP.
old BLK. 109.01 LOT 1.03
New block 4402 Lot 127

JL
Signature

10/12/17
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
OCT 13 2017
BY:

Ocean County Board Of Health

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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 Twsp

New Block 19403 Lot 8

OLD Block 53 Lot 31.01

175 Grawtown Rd, Jackson

Karen Proto
Signature

10/13/17
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.

Bil-Jim CONSTRUCTION COMPANY, INC.

• SITE PREPARATION • ROAD CONSTRUCTION • COMMERCIAL PAVING • CONCRETE WORK • EQUIPMENT RENTALS • STONE, GRAVEL AND TOPSOIL SALES

OCHD-Administration/Personnel
OCT 16 '17 08:48

Old Block 53
old Lot 30

October 13, 2017

John C. Rogers, Assistant Custodian of Records
Ocean County Health Department
P. O. Box 2191
Toms River, New Jersey 08754-2191

Re: Block 19403, Lot 6, 201 Grawtown Road, Jackson, N. J.

Mr. Rogers:

In regards to the above property, we would like an OPRA request on the above property. The request is for any septic and well records which you may have. Bil-Jim Construction is planning to demolish the existing structures on this property. This includes a vacant one-story residential house and an old dilapidated chicken coop.

This is one of the requirements of Jackson Twp., to obtain a demolition permit. Should you need any additional information, please do not hesitate in contacting me.

Sincerely,

CHARLES BAKER
CB/sb
Cell #848-992-1852

1033 North Maple Avenue, Toms River, N. J. 08755
732-370-9290

Bil-Jim CONSTRUCTION COMPANY, INC.

• SITE PREPARATION • ROAD CONSTRUCTION • COMMERCIAL PAVING • CONCRETE WORK • EQUIPMENT RENTALS • STONE, GRAVEL AND TOPSOIL SALES

OCHD-Administration/Personnel
OCT 16 '17 PM3:48

old Block 12
old Lot 2.01

October 13, 2017

John C. Rogers, Assistant Custodian of Records
Ocean County Health Department
P. O. Box 2191
Toms River, New Jersey 08754-2191

Re: Block 23001, Lot 26, 664 S. Hope Chapel Road, Jackson Twp.

Mr. Rogers:

In regards to the above property, we would like an OPRA request on the above property. The request is for any septic and well records which you may have. Bil-Jim Construction is planning to demolish the existing structures on this property. This includes a vacant one-story residential house and an old dilapidated chicken coop.

This is one of the requirements of Jackson Twp., to obtain a demolition permit. Should you need any additional information, please do not hesitate in contacting me.

Sincerely.

CHARLES BAKER
CB/sb
Cell #848-992-1852

1033 North Maple Avenue, Toms River, N. J. 08755
732-370-5290

need ASAP

OCHD-Administration/Personnel
OCT 15'17 PM3:48

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: MARY Byrne
(First) (MI) (Last)

Address: 341 Maryland Ave Bayville NY 08721
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: byrnemary@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.***

Township 511 5

Copy of septic & boundary - 2006 or 2010

need ASAP for Closing of My House Property - Berkeley

Block is 511 Lot 5

Byrne
Mary Sean
Signature

10-16-17
Date

11801/2

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-Administration/Personnel
OCT 16 '17 AM 11:57

Name: Bassem Habib
(First) (MI) (Last)

Address: 775 Brewers Bridge Rd, Apt 23H, Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: bassem395@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***.

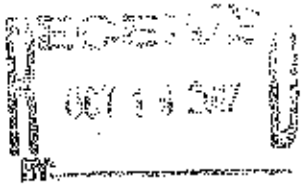
Records for the septic tank for:
190 Leesville Rd, Jackson, NJ 08527

Lot 4 Block 11801/2

Signature

10/16/17
Date

old Block 85 old Lot 10.57
New Block 11801 New Lot 2



Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Matt	R	Leatherwood
(First)	(MI)	(Last)

Address: 249 South Main Street, Suite 6	Barnegat	NJ	08005
Street/P.O. Box)	(Town/City)	(State)	(Zip)

Home Phone Number (609) 488-2857 Work Phone Number: (__) _____

E-Mail Address: mleatherwood@envlro.com

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

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

Subject Property: 190 North Main Street, Stafford (Manahawkin), NJ (Block 59, Lot 1)

Dates of Interest: 1930 - Present (as applicable)

Records Requested:

Report, complaints, incident of environmental contamination of soil, ground water, surface water and/or air

Septic system installation, inspections, decommissioning and well permits

Records of underground storage tanks (USTs)/aboveground storage tanks (ASTs) - removals, installations, inspections

Signature

10/16/2017
Date

RECEIVED
OCT 16 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: Atlanticseptic@aol.com

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

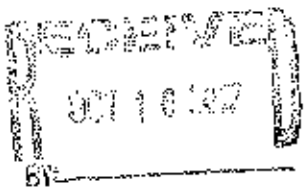
- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
- For Nursing/Clinic related information, please provide the ***Date Of Birth*** of the person whose information you are attempting to locate, and your ***relationship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

Septic Records

30 Oakland Drive
Jackson, NJ 08527
N-B-8502 L-8.01 or 9 (listed 2 different ways)
O-B-118.03 L-3

Signature

10/16/17
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: 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 855.03 Lot 35

1461 Towers St, Lakewood

Karen Proto
Signature

10/16/17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

OCHD-Administration/Personnel
OCT 17 '17 AM11:19

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: Cheryl Heller
(First) (MI) (Last)

Address: 125 Adams Ave Lakewood NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: cheryl@mblawfirmstudylaw.com

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

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

Please send me all oil tank related documents such as spills of knowledge of any tank for the property located at 175 Brantown Road Jackson NJ Block 19403 Lot 8. New Block 19403 new Lot 8 Old Block 53 Thank you! Old Lot 31.01

Signature

10/11/17
Date

RECEIVED
OCT 17 2017
BY:

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

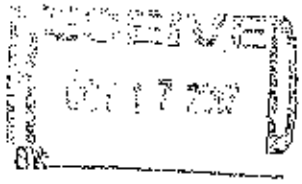
Septic Records Manchester Township

Block 1.243 Lot 34

725 Commonwealth Blvd Manchester

Karen Proto
Signature

10/17/17
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:	Bernard Vignali	T.	Vignali
	(First)	(MI)	(Last)

Address:	7 Bodnarik Road	Edison	New Jersey	08837
	Street/P.O. Box)	(Town/City)	(State)	(Zip)

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

E-Mail Address: bvignali@ebiconsulting.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***.

EBI is conducting an environmental site assessment for the property located at 261 South Main Street, Stafford NJ (Block 144/ Lot 35). We are searching for documentation (permits/violations) associated with septic and well systems.

Bernard Vignali
Signature

October 17, 2017
Date

Adrienne Williamson

From: Bernard Vignali [bvignali@ebiconsulting.com]
Sent: Tuesday, October 17, 2017 11:23 AM
To: Victoria Miraglíotta; John Rogers; Adrienne Williamson
Subject: OPRA Request 261 South Main Street, Stafford NJ
Attachments: Ocean County Health Department OPRA Request-signed.pdf

Good morning,

Attached is an OPRA request for the property located at 261 South Main Street, Stafford NJ.
If you have any questions you can contact me via email or telephone.

Thank you

Bernard Vignali
Project Scientist
Telecom Environmental
[redacted]
bvignali@ebiconsulting.com
Visit our website: www.ebiconsulting.com
EBI Consulting
environmental | engineering | due diligence

Disclaimer

OCHD-Administration/Personnel
OCT 17 '17 AM 11:52

TRIDENT
ENVIRONMENTAL
Site Remediation, Land Use & Ecology

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

VIA EMAIL
October 18, 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
176 East Bay Avenue
Block 230 * Lot 1.01
Stafford 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. 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 (First) A (MI) Budzek (Last)

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

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

E-Mail Address: 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

-Records associated with incident # 98-05-29-0412-03 and/or PI# G000035011

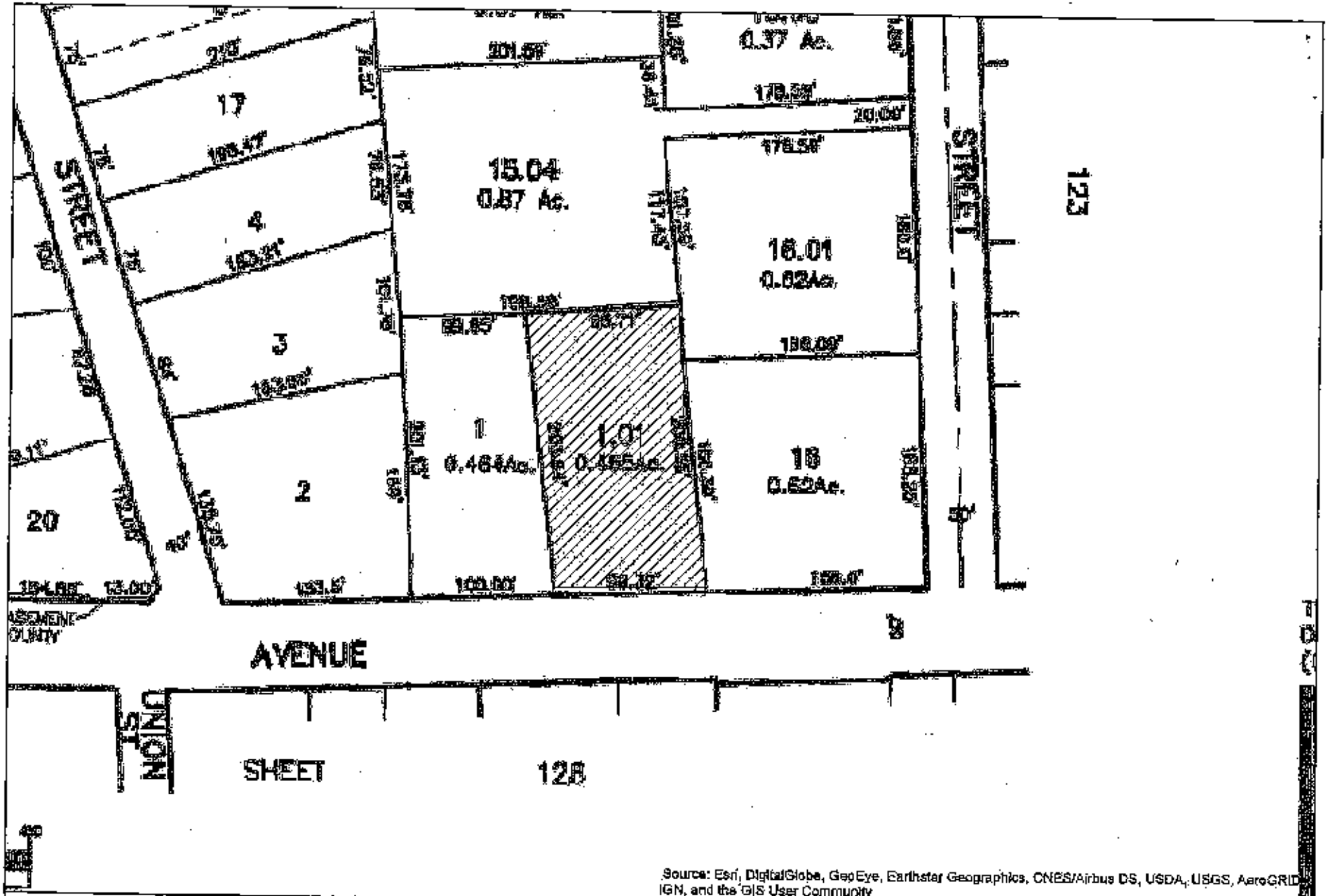
-Report/ complaints of environmental contamination of soil, groundwater, surface water, or well permits and septic system inspection/permits.

-Fire Official (if applicable): Records of tank removal, storage of hazardous substances and petroleum products, and hazardous material responses.

Nicole Budzek
Signature

10/18/2017
Date

Project Information: 175 East Bay Avenue (Block 290, Lot 1.01) Stafford Twp., Ocean Co., NJ



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

TRIDENT ENVIRONMENTAL
TridentEnviro.com
P/ 732.818.8699 F/ 732.818.3744

Stafford Township Tax Map

175 East Bay Avenue
Block 230 ~ Lot 1.01

Stafford Twp., Ocean Co., NJ

DRAWN BY: NB	DATE: 10/18/2017
FIGURE: 3	JOB NO.: T2109.0001
SCALE: 1 inch = 1 feet	NTS

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

Name: Donna (First) C (MI) Butterworth (Last)

Address: 12 Hanna Dr (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

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

E-Mail Address: annod59@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.***

Copy of Permitted Septic Repair + Inspection Done? @ Septic Field @ 2557 Woodland Rd., Manchester. NJ 08759

Block 60.05

Lot 17

→ CLOSING Scheduled Monday Oct 23.

Donna Butterworth
Signature

10/18/17
Date

O. C. HEALTH DEPT.
2017 OCT 18 A 10:58
RECEIVED

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: Caitlin (First) A (MI) Kennedy (Last)

Address: 9 Schindler Dr (Street/P.O. Box) Brick (Town/City) NJ (State) 08723 (Zip)

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

E-Mail Address: caitlin.kennedy13@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.***

Looking for information on the septic and well for a home in whiting New Jersey.
1341 New Brunswick Ave, Whiting, NJ 08759.
Block number: 99.236
Lot number: 8

caitlin kennedy
Signature

10/18/2017
Date

Adrienne Williamson

From: Caitlin Kennedy [caitlin.kennedy13@gmail.com]
Sent: Wednesday, October 18, 2017 4:39 PM
To: Victoria Miragliotta; John Rogers; Adrienne Williamson
Attachments: OPRA request form.pdf

Total Control Panel

Login

To: awilliamson@ocbd.org
From: caitlin.kennedy13@gmail.com

Message Score: 30
My Spam Blocking Level: Low

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

Block this sender
Block gmail.com

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

OCBD-Administration/Personnel
OCT 18 '17 PM 4:47

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

Name: Marcella (First) M (MI) Mitchell (Last)

Address: 116 Stratford Dr (Street/P.O. Box) Brick (Town/City) NJ (State) 08724 (Zip)

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

E-Mail Address: gilliacm@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.***

Any/all documents, including permits applied for and certifications given, on the closing/abandoning of septic and well at 92 Taylor Blvd Brick, NJ 08724

Municipality: Brick Twp

Block: 969.02

Lot: 17

Marcella M Mitchell
Signature

10/18/17
Date

Adrienne Williamson

From: Marcella Gilliar [gilliarm@gmail.com]
Sent: Wednesday, October 18, 2017 11:54 AM
To: Adrienne Williamson
Subject: Records Request Form
Attachments: Records Request - Page 1.jpg; Records Request - Page 2.jpg

Good morning Adrienne,

Thank you for taking the time to explain the records request process to me yesterday!

Please find one records request form attached as two pages. I apologize that I had to scan each page separately. Could you please confirm that you received the request?

If you have any questions or concerns, please feel free to contact me by email or by phone at [redacted]

Thank you,
Marcella

Total Control Panel

Login

To: awilliamson@ocbd.org
From: gilliarm@gmail.com

Message Score: 1
My Spam Blocking Level: Low

Block this sender
Block gmail.com

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

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

OCBD-Administration/Personnel
OCT 18 '17 PM2:08

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Pamela J. Guerin
(First) (MI) (Last)

Address: 600 N Green Street, PO Box 8 Tuckerton NJ 08087
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(609) 421-5073 Work Phone Number: (609) 296-7111

E-Mail Address: pmbkerneguerin@yahoo.com

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

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

I am the Realtor for the prospect buyer of the property listed below.

We are looking to find out if there is a cesspool or septic on the property located at

287 Thomas Avenue, Little Egg Harbor, NJ 08087 Block: 127 Lot: 9

Pamela J Guerin
Signature

10/18/17
Date

OCHD-Administration/Personnel
OCT 18 '17 PM2:57

RECEIVED
OCT 19 2017
BY:

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

Name: Kimberly (First) A (MI) Wilkinson (Last)

Address: 100 Dobbs Lane, Suite 212, Cherry Hill, NJ, 08034
Street/P.O. Box (Sovereign Consulting) (Town/City) (State) (Zip)

Home Phone Number( ) _____ Work Phone Number: 856 325-2699

E-Mail Address: kwilkinson@sovcon.com

Would you like a Copy _____ or to Inspect X or email if possible 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.***

Re: 101 Rt. 70 (Block 56, Lot 12); As part of our diligence for a Phase I Environmental Site Assessment, we wish to review/have emailed any records the Ocean County Board of Health maintains for the referenced property including but not limited to: HAZMAT responses, air pollution inspection records, solid waste inspections/complaints, and potable well (plus well testing results) or septic information/records

Kimberly A. Wilkinson
Signature

10/19/17
Date

RECEIVED

2017 OCT 19 P 1:30

O. C. HEALTH DEPT

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Patrick (First) L (MI) Vock (Last)

Address: 37 Locke St (Street/P.O. Box) Bayville (Town/City) NJ (State) 08721 (Zip)

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

E-Mail Address: pvolk220@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 & Well records

B 1159.03 823 CORAL AVE

L 1.02 LAKEWOOD NJ

Signature

10-19

Date

RECEIVED
By jrogers at 3:20 pm, Oct 19, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Michele (First) (MI) Rivers (Last)
Township of Barnegat

Address: 900 W. Bay Ave (Street/P.O. Box) Barnegat (Town/City) NJ (State) 08005 (Zip)

Home Phone Number(__)_____ Work Phone Number: (609) 698-0080 x+190

E-Mail Address: clerk@barnegat.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.***

Site Plan for locations of the five (5) septic systems located in the Brighton @ Barnegat Mobile Home Park owner Hometown America
Block 85 Lot 1.01 + 1.02
Block 86 Lot 3.01 + 3.02

Michelle Lewis, RMC
Signature

10/18/18
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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RIGHT TO APPEAL

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

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

RCVD 10/19/17 via email

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

Name: George M Mascera
(First) (MI) (Last)

Mailing Address: 202 Webster Ave. Unit4 Seaside Heights NJ 08751
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number([redacted] Work Phone Number: (__)732-255-7000

E-Mail Address: curiousgl2345@aol.com

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

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

My request is for a copy of installation of a new septic system at 142 Grand Central Pkwy., Bayville, NJ. Block 306 Lot 13

I closed on this property on May 14, 2014 and a new septic system was installed prior to the transfer of title.

I am now selling the house and the septic inspector failed the system stating that the septic system was from 1992 (date on record when just built)

I have to prove the age of the septic. Thank you for your help.

George M. Mascera
Signature

10/19/17
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.

RECEIVED 10/20/17 VIA EMAIL

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

ADDRESS: 2501 Olive Street, FL 2 Philadelphia PA 17050
(Street, PO) (Town/City) (State) (zip)

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

EMAIL ADDRESS: ttroutman@ebiconsulting.com

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

I am interested in underground/aboveground storage tank (UST/AST) information, chemical storage and usage information, notices of violations, and past property history/release information on or near the property located at Exit 83 Cloverleaf - Mile Marker 84.1 (Block 571.61, Lot 1). Please contact prior to sending documents if fee is required.

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.

Tama Troutman
Signature

October 20, 2017
Date

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____
Date

Custodian of Records

TIMEFRAME FOR RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

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

OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

Administration Building
101 Hooper Avenue
Toms River, New Jersey 08753

PUBLIC NOTICE

In accordance with Public Law 2001, Chapter 404, concerning public access to government records, please be advised that the Custodian of Records in the Office of the Clerk of the Board of Chosen Freeholders is located at the Ocean County Administration Building, 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

Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

RECEIVED 10/20/17 VIA EMAIL - JR

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

Home Phone Number(__)856-229-7018 Work Phone Number: (__)856-229-7152

E-Mail Address: nicoleL@gsienvironmental.com

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

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

We are performing an environmental site assessment for the property located at 951 Madison Ave (Block 98, Lot 1) and are looking for the following documentation (if available): * Documentation related to 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.

Nicole Lopez

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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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 10/20/17 VIA EMAIL
JR

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 Miraglotta - vmiraglotta@ochd.org
Alizar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

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

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

Home Phone Number: 609 ( ) 812-1390 Work Phone Number: 609 ( ) 384-9900

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.
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Septic Records for: 63 Redwood Pl.
JACKSON

BL: 6005 LOT: 11

BL: 126.13 LOT: 9

Signature

10-20-17
Date

RECEIVED 10/20/17 VIA EMAIL-JR

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: 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: (__)[redacted]

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 designing a septic system on the adjoining lot.

I am seeking records for:

Block 1.76 lots 26-30

Block 1.76 lot 17-21

Manchester Township

Signature

10-23-17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

Received 10/23/17 via email-JR

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Manchester Township

Block 99.138 Lot 1

750 Chilvers Ave Manchester

Karen Proto
Signature

10/23/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

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_____

_____

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.

Ocean County Board Of Health

Request For Governmental Records

2017 OCT 23 AM 9 19

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: LAURA (First) | (MI) | BABAYAN (Last)

Address: 19 BREAKWATER SQUARE (Street/P.O. Box) | FREEHOLD (Town/City) | NJ (State) | 07728 (Zip)

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

E-Mail Address: laurabg56@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.***

Provide Environmental records for the property Monju LLC. aka Former Shore Anodizing, Inc., Former Shore Plating, Inc. located at 2 Fifth Street, Lakewood, NJ. please.

Block 162, Lots 2, 3.

Thank you.

Laura Babayan
Signature

10/20/17
Date

RECEIVED
By jrogers at 10:12 am, Oct 23, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

Address: 2501 Olive Street, FL 2, Philadelphia, PA 19130
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: ttroutman@ebiconsulting.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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- 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/aboveground storage tank (UST/AST) information, chemical storage and usage information, notices of violations, and past property history/release information on or near the property located at Lakewood Road/Garden State Parkway (Exit 83 Cloverleaf - Mile Marker 84.), Toms River, NJ (Block 571.61, Lot 1). Please note this property does not have an exact address. .

Please contact prior to sending documents if fee is required.

Tama Troutman — Digitally signed by Tama Troutman Date: 2017.10.23 10:09:49 -04'00'
Signature

October 23, 2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

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_____

_____

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 this original request.

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