Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

OCHD-OPRA
OCT 20 '17 PM2:20

Name: Vincenzo (First) (MI) Mettee (Last)

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

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

E-Mail Address: Vmettee@yahoo.com

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

v For Environmental related inquiries, such as Septic/Well Systems, please include the Municipality, Block and Lot number of the property.

v 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 SEPTIC Records for
215 Miller Rd Lakewood NJ 08701
Block 12.01 Lot 17

Signature

10/20/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RIGHT TO APPEAL

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

RECEIVED
OCT 19 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
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Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson –awilliamson@ochd.org

Name: Maureen (First) K (MI) Mitchell (Last)

Address: 16 Stratford Dr (Street/P.O. Box) Brick (Town/City) NJ (State) 08724 (Zip)

Home Phone Number (732) 295-3926 Work Phone Number: (732) 797-1120

E-Mail Address: mitchellmk16@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

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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.***

Any/all documents including permits applied for and certifications given on the closing of the septic system and any/all documents on the well

Municipality: Brick Twp.

Block 903.20

Lot 5

Maureen K Mitchell
Signature

10/19/2017
Date

Adrienne Williamson

From: Marcella Gilliar [gilliarm@gmail.com]
Sent: Thursday, October 19, 2017 8:41 AM
To: Adrienne Williamson
Cc: Maureen Mitchell
Subject: Records Request - 16 Stratford Dr
Attachments: Records Request - Maureen Mitchell - Page 1.jpg; Records Request - Maureen Mitchell - Page 2.jpg

Good morning Adrienne,

Please find another records request form attached as two pages. This request is for my mother-in-law, Maureen Mitchell. Again, I apologize that I had to scan the document as two separate pages.

Please let me know if you have any questions or concerns.

Thank you,
Marcella Mitchell
[redacted]

Total Control Panel

Login

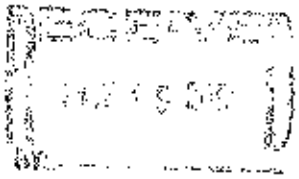
To: awilliamson@ocbd.org
From: gilliarm@gmail.com

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.



For Board Use Only

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_____ _____

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

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

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

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· 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:

Miller Marina, 200-210 Atlantic City Blvd; 4-A and 6 Crabbe Road; Block 5, Lots 1, 2, 3, 4 and 6. (Please check Toms River Twp and South Toms River Twp)

Signature

January 13, 2016
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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OCHD-Administration/Personnel
OCT 20 '17 PM3:16

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: Henry (First) (MI) Haufgas (Last)

Address: 920 Nugentown Rd. Little egg harbor
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: hlaufgas@rutgers.edu.

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 & any other records

Block 261 Lots 6.02 6.04

L.E.H

Signature

Date

RECEIVED
By jrogers at 9:29 am, Oct 24, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Malisa (First) (MI) Massaro (Last)

Address: KBA Engineering Services, LLC (Street/P.O. Box) 2517 Route 35, Bldg E, Ste 203, (Town/City) Manasquan, (State) NJ (Zip) 08736

Home Phone Number(__)_____ Work Phone Number: (732) 722-8555

E-Mail Address: malisa@kbaengineers.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.***

All well and septic information for the following block and lots in Township of Lakewood:

Block 12.11, Lots 1, 2, 3, 4, 5, 18 & 19

Block 269, Lot 1

Block 270.01, Lot 2

Signature

10/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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

RECEIVED
By jrogers at 9:42 am, Oct 24, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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:

Block 855.03 Lot 35

Lakewood

MW/pc
Signature

10-24-17
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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RECEIVED
By jrogers at 11:21 am, Oct 24, 2017

Ocean County Board Of Health

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

Name: Jeff Epstein with Citizens' Media TV
(First) (MI) (Last)

Address: 28 Dogwood Court, Maple Shade, NJ 08052
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: citizensmediatv@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.***

Regarding the roofing construction at the Pinelands Regional High School, please send a copy of the asbestos cleanup plan as specified in the contract, as screenshot on this page: http://i.imgur.com/BAjuhlg.jpg

After requesting this document from NJDEP, they recommended contacting the county health ~~department~~.

In addition, please provide any other correspondence or documents related to this asbestos removal process, throughout 2017 and to the present.

Signature

10/24/2017
Date

Please provide all responsive documents in digital form and email them to citizensmediatv@gmail.com Thanks.

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

OCHD-Administration/Personnel
OCT 24 '17 AM10:20

Name: Donna (First) M (MI) Gidley (Last)

Address: 98 Mary Bell RD (Street/P.O. Box) Manahawkin (Town/City) NJ (State) 08050 (Zip)

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

E-Mail Address: dgidley@vandykgroup.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

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I am purchasing this home and was told that the septic was closed back in 2008-09 and I would like any documentation regarding this.

Thank you very much for your help with this matter.

block 46 lot 4.06 Strafford/Manahawkin

D Gidley
Signature

10/24/17
Date

RECEIVED
By jrogers at 12:10 pm, Oct 24, 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: Brewer Septic
(First) (MI) (Last)

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

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

E-Mail Address: brewerseptic@verizon.net

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

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Septic Records Manchester Township

Block 1.81 Lot 38

1809 Fourth Ave Manchester

Karen Proto

Signature

10/24/17

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

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Custodian of Records Date

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RECEIVED
By jrogers at 12:43 pm, Oct 24, 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: 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

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Septic Records Jackson Township

New Block 8001 Lot 7

OLD Block 75.01 Lot 38.01

45 Manhattan St Jackson

Karen Proto

Signature

10/24/17

Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

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RECEIVED
By jrogers at 12:44 pm, Oct 24, 2017

Ocean County Board Of Health

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John Rogers -jrogers@ochd.org
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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

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Septic Records Jackson Township

New Block 2604 Lot 44

OLD Block 96.01 Lot 75.05

682 Burke Rd Jackson

Karen Proto
Signature

10/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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RECEIVED
By jrogers at 1:10 pm, Oct 24, 2017

Ocean County Board Of Health

Request For Governmental Records

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Plumstead

Block 84 Lot 78.01

187 Brynmore Rd, Plumstread

Karen Proto
Signature

10/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check_____ Cash_____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RIGHT TO APPEAL

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

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

RECEIVED
By jrogers at 2:17 pm, Oct 24, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Lakewood

Block 1159 Lot 66.01

746 Albert Ave, Lkwd

Karen Proto
Signature

10/24/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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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: 2017 OCT 24 PM 3 09

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 -
John Rogers -
Adrienne Williamson -

Name: KARLA (First) (MI) MESSINEO (Last)

Address: 1276 Whitesville Rd (Street/P.O. Box) Toms River (Town/City) NJ (State) 08753 (Zip)

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

E-Mail Address: Karintr@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.***

We are trying to find the location of the well on the property - It needs repair but we don't know exactly where to find it.

Lot Toms River

Karla Messineo
Signature

10/24/17
Date

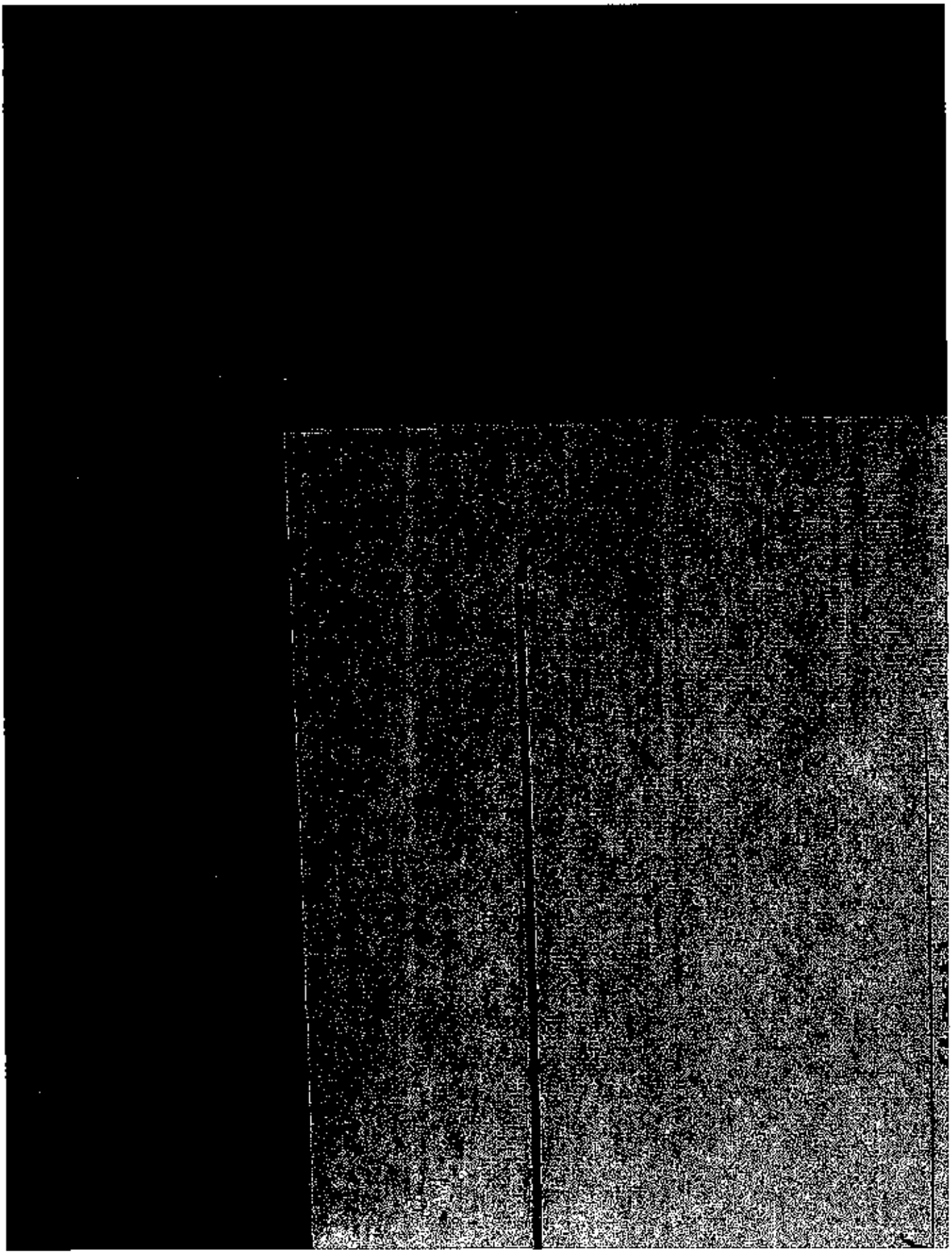
John Rogers

From: diane clarity [dianeclarity@gmail.com]
Sent: Wednesday, October 25, 2017 8:53 AM
To: Adrienne Williamson; Victoria Miragliotta; John Rogers
Subject: Inspection of bird feeder at 13 Eldorado Dr., Lakewood, NJ residence of Diane Clarity
Attachments: ATT00001.htm

Attached please find the completed form requesting the report created on October 18, 2017 with regard to my bird feeder. Ryan Griffin inspected my property on October 18, 2017 and found there were no violations.

Thank you

Diane Clarity
13 Eldorado Dr., Lakewood, NJ 08701
(h)[redacted]
(c)[redacted]



Begin forwarded message:

From: diane clarity <dianeclarity@gmail.com>
Subject: Fwd: Inspection of bird feeder at 13 Eldorado Dr., Lakewood, NJ residence of Diane Clarity
Date: August 17, 2017 at 4:32:39 PM EDT
To: awilliamson@ochd.org

Begin forwarded message:

From: diane clarity <dianeclarity@gmail.com>
Subject: Inspection of bird feeder at 13 Eldorado Dr., Lakewood, NJ residence of Diane Clarity
Date: August 17, 2017 at 2:47:18 PM EDT
To: vmiragliotta@ochd.org, jrogers@ochd.org, awillamson@ochd.org

To Whom It May Concern:

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

If you would forward the report to me when it's available, I would appreciate it.

Thank you

Diane Clarity
13 Eldorado Dr.
Lakewood, NJ 08701
[redacted]

Begin forwarded message:

Rcvd 10/25/17 JR

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: ROBERT (First) E. (MI) KIRSCH (Last)

Address: 73 BRIGHTON ROAD (Street/P.O. Box) BARNEGAT (Town/City) N.J. (State) 08005 (Zip)

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

E-Mail Address: robertekirsch@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.***

NEED COPIES of ANY & ALL WORK, CONSTRUCTION, DEMOLITION AND CREATING NEW SANITARY SYSTEM IN PARK. HOMETOWN AMERICA BRIGHTON AT BARNEGAT, LLC. 49 RT 72 WEST BARNEGAT, N.J. 08005 - INCLUDING DEP PERMITS BLOCK 85 LOT 1.02 - 100.6 ACRES PLUS LOTS; 85/1.02, 86/3.01 AND 86/3.02 THANK YOU.

Robt E. Kirsch
Signature

10/24/17
Date

Ocean County Board Of Health

2017 OCT 25 AM 10 43

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: RONALD A. SCHREINER
(First) (MI) (Last)

Address: 448 PRINCETON AVE, BRICK, N.J. 08724
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: rasman63@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.***

WELL + SEPTIC ON ABOVE ADDRESS
BLOCK # 910 LOT # 4 BRICK TWP.

Ronald A Schreiner
Signature

10/24/2017
Date

RECEIVED
By jrogers at 4:23 pm, Oct 25, 2017

Ocean County Board of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Edward (First) A (MI) Roth (Last)

Address: 506 Radovan Ave (Street/P.O. Box) Bayville (Town/City) NJ (State) 08721 (Zip)

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

E-Mail Address: eroth22@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~~ 983-1 BERKELEY Township

All septic and well records for block 983 lot 1

Edward Roth
Signature

10/25/2017
Date

RECEIVED
By jrogers at 10:11 am, Oct 26, 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, 101 Hooper Avenue, Room 328, Toms River, New Jersey 08753.

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

NAME: ELIZABETH M. CALLAGHAN (BUYER'S AGENT)
(First Name) (MI) (Last Name)

ADDRESS: 1865 MOUNT JULIANO LN, TOMS RIVER, NJ 08753
(Street, PO) (Town/City) (State) (Zip)

PHONE NUMBER: [redacted] (Work) 732.505.8585 (Home)

EMAIL ADDRESS: ecallaghan@bluediamondrealty.net

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

MY CLIENT IS LOOKING FOR ANY INFORMATION REGARDING THE SEPTIC TANK, ANY UNDERGROUND STORAGE TANK, OR OIL TANK THAT THE COUNTY MAY HAVE FOR PROPERTY -

THANK YOU FOR YOUR TIME + ASSISTANCE

1865 Mount Juliano Lane
Toms River, NJ 08753
BLOCK: 192.18
LOT: 44

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

10.25.17
Date

July 1, 2012

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
By jrogers at 12:46 pm, Oct 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 Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Sara B HODL
(First) (MI) (Last)

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

Home Phone Number(__) _____ Work Phone Number: (732) 818-3380 ext 108

E-Mail Address: hodl@brilliantenvironmental.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 completing a Phase I Environmental Site Assessment of Astor Chocolate located at:
651 New Hampshire Avenue (Block 1160.06, Lot 265) Lakewood, Ocean County, NJ

I am looking for any health department records relating to violations, hazardous substances releases, or permits including any information on USTs or ASTs at the property.

Please call with any questions or concerns.

SH HODL
Signature

10/26/2017
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.

RECEIVED
By jrogers at 8:23 am, Oct 27, 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:	William	G	Swanhart
	(First)	(MI)	(Last)

Address:	33 Lakeland Drive	Brick	NJ	08723
	Street/P.O. Box)	(Town/City)	(State)	(Zip)

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

E-Mail Address: bswanhart@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.***

Requesting all available information regarding a septic tank on the property located at 1220 Plymouth Drive Brick, New Jersey.

Block # 1426.04 Lot # 1.

Signature

10/27/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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RIGHT TO APPEAL

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

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

RECEIVED
By jrogers at 12:29 pm, Oct 27, 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:

Jackson Township

Old Block 3.01 Old Lot 6.02 New Block 3401 New Lot 5

MW/pc

Signature

10-27-17

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.

RECEIVED
By jrogers at 3:13 pm, Oct 27, 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:

Jackson Township

Old Block 3.01 Old Lot 13.22 New Block 3401 New Lot 20

MW/pc
Signature

10-27-17
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.

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 3:27 pm, Oct 27, 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: Natasha (First Name) (MI) Mantione (Last Name)

ADDRESS: 200 Century Parkway (Street, PO) Mount Laurel (Town/City) NJ (State) 08054 (zip)

PHONE NUMBER: (856) 793-2005 ext 34110 (Work) ( ) (Home)

EMAIL ADDRESS: _____

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

Golder Associates, Inc. (Golder) is requesting any records the County may have regarding the property located at 1360 Route 88, Lakewood, NJ 08701 (Block 669, Lot 6.02). Records may include, but are not limited to:

- ~~Records indicating former operations/owners (tax assessment/ownership records)~~
- Environmental violations and permits
- ~~Leaks or spills of hazardous materials or wastes~~
- Sewer or septic issues
- ~~Storage, use, or disposal of hazardous materials~~
- Site remediation/investigation activities
- Contamination in soil, sediment, surface water or groundwater
- No further action letters
- Monitoring well installations and/or sampling results
- Correspondence with NJDEP or the U.S. Environmental Protection Agency (USEPA)
- Underground or aboveground storage tanks (tank registration, leaking tanks, tank abandonment, removals and closures)
- Historical Building Plans and Permits • Fire Code Violations

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.

Natasha Mantione
Signature

10/27/2017
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 Vaul
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

RECEIVED
By jrogers at 11:28 am, Oct 25, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: FREDRICK L. VOSS, PE, PLS
(First) (MI) (Last)

GTS CONSULTANTS, INC.
Address: 2 MONMOUTH AVENUE, UNIT A1 FREEHOLD NJ 07728
(Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(___)_____ Work Phone Number: (732) 409-0900

E-Mail Address: rvoss@gtsconsultants.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***.

GTS is requesting a complete copy of the septic system application that was approved by OCHD on February 7, 2006 for 1340 Reed Road in Jackson. We understand that that approval has expired and will develop a new application. Unfortunately our off-site records were damaged and we do not have a hard copy of the approved documents. We would prefer a PDF copy of the documents via email if that is possible. Jackson Township Block 10801, AKA 9, LOT 3 AKA 74.02.

Signature

OCT. 25, 2017
Date

FREDRICK L. VOSS, PE, PLS

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RECEIVED
By jrogers at 11:30 am, Oct 30, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Jackson

NEW Block 8201 Lot 46

OLD BLOCK 116 LOT 21

73 N Cooks Bridge Rd-Jackson

Karen Proto
Signature

10/29/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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RECEIVED
By jrogers at 11:31 am, Oct 30, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Stephanie (First) M (MI) Shea (Last)

Address: 322 Grand Central Pkwy (Street/P.O. Box) Bayville (Town/City) NJ (State) 08721 (Zip)

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

E-Mail Address: ~~Effanie1@aol.com~~ and Effanie1@aol.com
Stephanie.Shea2@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***.

I would like all information on file regarding septic tanks and oil tanks and all other info on 424 Princeton Ave. Bayville, NJ 08721 Block 681 Lot 25 municipality Berkeley Township.

Signature

10/27/17
Date

RECEIVED
By jrogers at 11:33 am, Oct 30, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Brian		Babcock
(First)	(MI)	(Last)

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

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

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

Barnegat Twp
Block 142.03
Lots 2.02, 4.01, 5, 6, 7, 8

Performing Phase I ESA. Requesting copies of environmental concern, including but not limtied to underground or above ground storage tank permits or removals, discharges of hazardous substances or petroleum products, septic systems, illegal dumpin.

Brian Babcock
Signature

10/30/2017
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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

OCHD-Administration/Personnel
OCT 27 '17 PM2:52

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

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

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

E-Mail Address: cs@anortonseptic and waste.com

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

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

Septic System Information: Tank size, as built diagram, repair history for 2350 Massachusetts Avenue Toms River

Block 135.02 Lot 110.02

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

cs@anortonseptic and waste.com

Signature

10-27-2017
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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BRENNAN ENVIRONMENTAL, INC.
ENVIRONMENTAL CONSULTING SERVICES

19 CHATHAM ROAD
SUMMIT, NEW JERSEY 07901
PHONE 908 918-1702
FAX 908 918-1707

Facsimile Transmittal Sheet

to: Records Custodian,	from: Matt Eaton
company: Brennan Environmental	date: October 27, 2017
fax number: (732)-831-6495	total no. of pages including cover: 5
re: OPRA Request	reference/job number: 170283

☒ urgent ☒ for review ☐ please comment ☒ please reply ☐ please recycle

notes/comments:

To Whom It May Concern:

Attached please find an Open Public Records Act request for the property located at 35-59 South Main Street, Block 195 Lots 7, 8.01, 8.02, 8.03, 8.04, 8.05, 9.01, 10, Barnegat, Ocean County, NJ.

If you have any questions, please contact me at (908) 918-1702.

Sincerely,

Matt Eaton
Environmental Scientist
Brennan Environmental, Inc.

SENT BY/DATE

IF TRANSMITTAL IS INCOMPLETE, PLEASE CONTACT OUR OFFICE.

OCHD-OPRA
OCT 27 '17 PM2:53

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: Matt Eaton
(First Name) (MI) (Last Name)

ADDRESS: 19 Chatham Rd Summit NJ 07901
(Street, PO) (Town/City) (State) (zip)

PHONE NUMBER: (908) 918 1702 (Work) ( ) (Home)

EMAIL ADDRESS: Meaton@bei-env.com

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

Please see the attached letter re: 55-59 South Main Street.

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

10-27-17
Date

July 1, 2002

BRENNAN ENVIRONMENTAL, INC.
Environmental Consulting Services

T. 908.918.1702
F. 908.918.1707
www.beienv.com

19 Chatham Road
Summit, New Jersey 07901

Sent via Facsimile
(732) 831-6495

October 27, 2017

Ocean County Health Department
175 Sunset Ave
Toms River, NJ 08754
Attn: Records Custodian

Re: Records Request For The Property Located At:

35-59 South Main Street
Block 195 Lots 7, 8.01, 8.02, 8.03, 8.04, 8.05, 9.01, 10
Barnegat, Ocean County, NJ
BEI Job #170283

To Whom It May Concern:

Brennan Environmental, Inc. (BEI) has been retained to conduct an environmental site assessment of the above-referenced property. As part of the investigation, we are required to include any information such as health code violations, permits for air, soil and/or water; records of any spills; hazardous materials used on site, odor complaints; community right to know information; any NJDEP correspondence and any environmental reports you may have on file.

BEI requests, under the Open Public Records Act (OPRA), any information on this property that you have at your disposal.

Thank you in advance for your timely cooperation in this matter. If you have any questions or comments, please contact me at (908) 918-1702.

Very truly yours,

Matt Eaton
Environmental Scientist
Brennan Environmental, Inc.

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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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

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7-1-2002
Date

Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002

OCHD-Administration/Personnel
OCT 30 '17 PM2:32

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

Atlas Septic Inc.

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

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

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

E-Mail Address: atlas0100@msn.com

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

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

Septic Info

963 Toms River Rd B-18903
Jackson L-42
B 34
L-3310

Susanne Puff
Signature

10/30/17
Date

RECEIVED
By jrogers at 9:49 am, Oct 31, 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: FREDRICK (First) L. (MI) VOSS, PE, PLS (Last)

Address: GTS CONSULTANTS, INC. 2 MONMOUTH AVENUE, UNIT A1 (Street/P.O. Box) FREEHOLD (Town/City) NJ (State) 07728 (Zip)

Home Phone Number(__)_____ Work Phone Number: (732) 409-0900

E-Mail Address: rvoss@gtsconsultants.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. Jackson Township Block 1, Lot 74.02
- 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.***

GTS is requesting a complete copy of the septic system application that was approved by OCHD on February 7, 2006 for 1340 Reed Road in Jackson. We understand that that approval has expired and will develop a new application. Unfortunately our off-site records were damaged and we do not have a hard copy of the approved documents. We would prefer a PDF copy of the documents via email if that is possible. Jackson Township Block 10801, AKA 10, LOT 1 AKA 74.02.

Signature

FREDRICK L. VOSS, PE, PLS

October 30, 2017

Old Block 1, Old Lot 74.02
New Block 10801, New Lot 10.
Also All Septic records for Old Block 1, Old Lot 74.01.
New Block 10801, New Lot 9.
ALL SEPTIC RECORDS

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RECEIVED
By jrogers at 9:57 am, Oct 31, 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: MARK (First) E (MI) Siegle (Last)

Address: 724 12th AVE (Street/P.O. Box) MANCHESTER (Town/City) NJ (State) 08757 (Zip)

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

E-Mail Address: Siegle.mark@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***.

I am the owner of the above property. I am looking for any information on the Septic system. An approved Drawing would be helpful as I am trying the Determine the limits of my leachfield.

Block 1243 Lot 18

- Digital copies preferred if available

Mark Siegle
Signature

10/31/17
Date

Manchester Twp

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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RECEIVED
By jrogers at 9:59 am, Oct 31, 2017

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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Septic Records Manchester

NEW Block 1.21 Lot 15

2024 Second Ave, Manchester

Karen Proto
Signature

10/31/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RIGHT TO APPEAL

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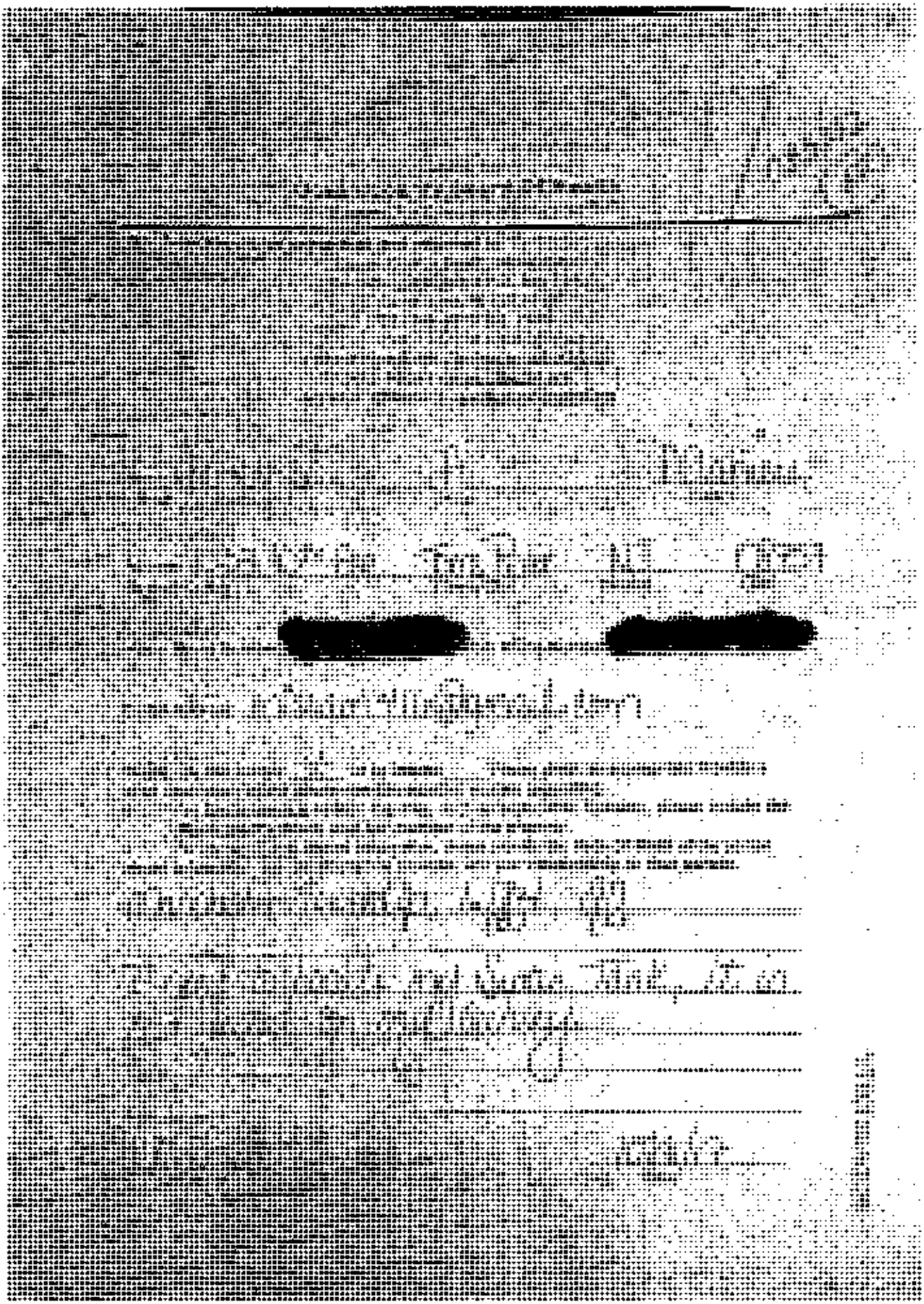
2. File a complaint with the Government Records Council in the Department of Community Affairs.



11/13

Adrienne Williamson

From: Melissa Mahieu [missam416@gmail.com]
Sent: Tuesday, October 31, 2017 2:10 PM
To: Victoria Miraglioita; John Rogers; Adrienne Williamson
Subject: Mahieu, M. - Septic Tank Location Request
Attachments: Mahieu, M. - Septic Tank Location Request.pdf

Good Afternoon,

Please find my attached request to locate my septic tank.

Please let me know you need any additional information. I can be reached by email: missam416@gmail.com or phone: [redacted]

Thank you kindly,

Melissa Mahieu

Total Control Panel

Login

To: awilliamson@ocbd.org
From: missam416@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.

OCHD-Administration/Personnel
OCT 31 '17 PM2:10

Denise Pellecchia

From: Adrienne Williamson
Sent: Tuesday, October 31, 2017 4:49 PM
To: Denise Pellecchia
Cc: Victoria Miragliotta
Subject: Environmental OPRA from Melissa A. Mahieu

10/31/17

Denise,

I called Melissa at your advice and she clarified for me that the Lot is 20 and the Block is 1.184. Additionally she told me that the address of the property in question is 1032 10th Ave., Toms River, NJ 08757.

Should you require anything further, please do not hesitate to call me. Thanks!

Adrienne
x 7237

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

(W87-0896-Purged)
026914
050619

Name: WILLIAM (First) L (MI) SERVILIO (Last)

Address: 718 S RIVERSIDE DR (Street/P.O. Box) HOLIDAY CITY (Town/City) NJ (State) 08753 (Zip)

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

E-Mail Address: WSERVILIO@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.***

050619
W/W
3/1

BERKELEY TWP BLOCK 278 LOT 7

SEPTIC PLANS AND INFO

WELL PLANS AND INFO

026914
3/1
W/W

EMAIL OF PLANS ARE FINE

5/2

Signature

10-31-17
Date

394

DONE 11-1-17

11/13

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.

OCHD OPRA
JUL 17 PM 3:52

S92-0312

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

Home Phone Number: [redacted] Work Phone Number: 732 928 3553

E-Mail Address: Bill@SittonSeptic.com

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

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

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

Septic Plans 60 Richter Rd Jackson
New Lot 10 Blk 101
Old Lot 6 Blk 154.15

Signature

11/1/17
Date

17 NOV 2 AM 8:19

11/14

✓ S85-0630
S89-0903

OCHD-BRR
Form 955

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

Home Phone Number: [redacted] Work Phone Number: 732 928 3553

E-Mail Address: Bill@Sittonseptic.com

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

- For Environmental related inquiries, such as Septic/Well Systems, please include the ***Municipality, Block and Lot number*** of the property.
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Septic Plans for 1 Rutherford Ct Jackson

New Lot 34 Blk 12004
Old Lot 44.02 Blk 83

W C

Signature

11/1/17
Date

17 NOV 2 AM 8:18

7329283033 p.2

BIII 11/14

V039351

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: Dolan septic
(First) (MI) (Last)

Address: 169 mockingbird way. Whiting nj 09759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 7328491900 Work Phone Number: ( )

E-Mail Address: Dolanseptic@hotmail.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.***

~~Any and all Septic records~~
~~502 Amsterdam Ave.,~~
~~Bayville, NJ lot 12 block 254~~

Signature

10/18/17
Date

11/14

Adrienne Williamson

From: dolan septic [dolanseptic@hotmail.com]
Sent: Wednesday, November 01, 2017 11:37 AM
To: dolan septic; Adrienne Williamson
Subject: Re: Blank request forms septic
Attachments: OPRA request form.pdf

Sent via email

On Oct 18, 2017, at 5:16 PM, dolan septic <dolanseptic@hotmail.com> wrote:

> Sent via email
>
> On Oct 18, 2017, at 11:47 AM, dolan septic <dolanseptic@hotmail.com> wrote:
>
> > Sent via email
> >
> > On Oct 17, 2017, at 10:03 AM, dolan septic <dolanseptic@hotmail.com> wrote:
> >
> > > Sent via email
> > >
> > > On Jul 5, 2017, at 10:07 AM, dolan septic <dolanseptic@hotmail.com> wrote:
> > >
> > > > Sent via email
> > > >
> > > > On Jun 8, 2017, at 8:10 AM, dolanseptic@hotmail.com wrote:
> > > >
> > > > > <OPRA request form.pdf>
> > > > >
> > > > > Sent via email
> > > > >
> > > > > On May 10, 2016, at 12:19 PM, dolan septic <dolanseptic@hotmail.com> wrote:
> > > > >
> > > > > > <OPRA request form.pdf>

On Feb 29, 2016, at 2:31 PM, John Rogers <JRogers@ochd.org> wrote:

From: dolan septic [mailto: dolanseptic@hotmail.com]
Sent: Monday, February 29, 2016 1:17 PM
To: John Rogers
Subject: Blank request forms septic

Can. You forward me a blank form to request septic records I can't seem to download it off the site please

<OPRA

request
form.p
df>

<OPRA request form.pdf>

<OPRA request form.pdf>

<OPRA request form.pdf>

<OPRA request form.pdf>

Total Control Panel Login

To: swilliamson@oohd.org
From: dolaseptic@hotmail.com

Message Score: 1
My Spam Blocking Level: Low

Block this sender
Block hotmail.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.

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. 7459
Fax: (732) 341-4467
Victoria Miraglotta - vmiraglotta@ochd.org
Allzar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

✓ 587-0270
~~027952~~
✓ 037275
(P) (DP)

Name: JEFF (First) DAVIS (MI) PE (Last)

Address: PO BOX 281 (Street/P.O. Box) TUCKERTON (Town/City) NJ (State) 08087 (Zip)

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

E-Mail Address: JDAVISPE@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 AND WELL INFORMATION FOR
LOT 6, BLOCK 261 587-0270 - 027952
LOT 6.01 BLOCK 261 N/A
LOT 6.04 BLOCK 261 N/A
LOT 6.05 BLOCK 261 037275
LITTLE EGG HARBOR TWP

THANK YOU

Signature

11-1-17
Date

NOV 2 AM 8:19

11/17

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

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✓ 051120 (Copies) @

Ocean County Board Of Health

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

Name: Dolan septic
(First) (MI) (Last)

Address: 169 mockingbird way. Whiting nj 09759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 7328491900 Work Phone Number: ( )

E-Mail Address: Dolanseptic@hotmail.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

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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 any and all septic records for: 100 Jodie Rd., Manchester. Lot 10 block 15.02

Signature

10/18/17
Date

11/14

Adrienne Williamson

From: dolan septic [dolanseptic@hotmail.com]
Sent: Wednesday, November 01, 2017 11:33 AM
To: Adrienne Williamson
Subject: Dolan Septic
Attachments: OPRA request form.pdf

Sent via email

Total Control Panel

Login

To: awilliamson@ocbd.org
From: dolanseptic@hotmail.com

Message Score: 2
My Spam Blocking Level: Low

Block this sender
Block hotmail.com

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

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

OCHB-Administration/Personnel
RECEIVED 2017 NOV -1 PM 1:09

RECEIVED 2017 NOV -1 PM 1:09

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

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_____ _____

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587-0509 32994 Lot 35

036977 021930 049248

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: Ocean County Risk Management
(First) (MI) (Last)

Address: 101 Hooper Ave, Toms River NJ 08753
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number: 732-929-2109 Work Phone Number: (__)_____

E-Mail Address: mmoto@co.ocean.nj.us

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.***

Please See Attached

Signature

11/1/17
Date

RECEIVED
NOV 2 2017
TOMS RIVER, NJ

[redacted]

11/15

Ocean County Risk Management is investigating a claim filed against the County of Ocean by the homeowner of 725 Common Wealth Blvd, Lot 34-38, Block 1.24, Manchester NJ, regarding her septic system.

Kindly Provide Risk Management will all inspection Records/ information regarding the septic system of that property for the past 10 years.

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Name: Michele (First) L (MI) Caprigione (Last)

Address: 205 Campus Drive (Street/P.O. Box) Edison (Town/City) NJ (State) 08837 (Zip)

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

E-Mail Address: M.Caprigione@westonsolutions.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!

We are seeking all environmental records associated with TUCKERTON ARMORY (Block 49, Lot 3) located at 365 East Main St Tuckerton, Ocean County, NJ. Any county inspections, permits, or underground storage tank information would be beneficial. We have been contracted by the NJDEP/NJDMVA to conduct an environmental investigation

M. Caprigione
Signature

11/6/17
Date

11/17

Adrienne Williamson

From: Capriglione, Michele L. [M.Capriglione@WestonSolutions.com]
Sent: Monday, November 06, 2017 3:34 PM
To: Victoria Miraglioita; John Rogers; Adrienne Williamson
Subject: OPRA Request
Attachments: OC OPRA.pdf

Attached to this email please find the OCHD OPRA request form.
Please do not hesitate to let me know if there are any questions.

Thank you,
Michele

[redacted]

NS - 11-3-17
NO - EIS
NO - NJDEP
NO - RSC

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: Judith M Stangl
(First) (MI) (Last)

Address: 189 Seckel Court Telford PA 18969
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 215-721-7868 Work Phone Number: ( ) 215-721-7868

E-Mail Address: jmstangl1@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.***

As pertaining to: 276 South Hope Chapel Road, Jackson, NJ; Block 22601, Lot 4
B 32.01 Lot 50

Records of environmental responses to leaks, spill, releases ; complaints, violations

Permits for the storage/use of hazardous materials

Permits for the installation/removal of underground or aboveground storage tanks .

Records of current of former septic systems or sewage system issues

Records of water supply well system and/or monitoring wells present

Thank you!

Judith M. Stangl
Signature

31 October 2017
Date

Done 11-8-17

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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

Address: 460 North County Line Road, Jackson, NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: atlanticsepticnj@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.***

Septic Records

7 Sand Castle Court
Jackson NJ 08527
New - Block - 3401 Lot - 17
Old - Block - 301 Lot - 6.17

Signature

11/2/17
Date

11/15

Adrienne Williamson

From: Victoria Miragliotta
Sent: Thursday, November 02, 2017 11:07 AM
To: Adrienne Williamson
Subject: Fwd: Request
Attachments: Scan0935.pdf; ATT00001.htm

[redacted]
Sent from my iPhone

Begin forwarded message:

> **From:** "Atlantic Septic & Sewer, Inc." <atlanticsepticnj@gmail.com>
> **Date:** November 2, 2017 at 11:05:57 AM EDT
> **To:** <vmiragliotta@ochd.org>
> **Subject: Fwd: Request**
>
> Please confirm receipt.
>
> Thank you,
>
> Susan Moore
>
> **Atlantic Septic & Sewer, Inc.**
> 732-928-6688
>
> ---------- Forwarded message ---------
> From: **Atlantic Septic & Sewer, Inc.** <atlanticsepticnj@gmail.com>
> Date: Thu, Nov 2, 2017 at 11:03 AM
> Subject: Request
> To: John Rogers <JRogers@ochd.org>
>
> '17 NOV 3 AM 8:20
>
> Good morning,
>
> Please see attached request.
>
> Kindly confirm receipt.
>
> Thank you,
>
> Susan Moore
>
> **Atlantic Septic & Sewer, Inc.**
> 732-928-6688

Total Control Panel

To: ymirapliotte@ochd.org
From: atlanticseptionj@gmail.com

Message Score: 50
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.

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

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: EDWARD (First) B. (MI) BUSH, ESQ (Last)

Address: 2310 SOUTH ST (Street/P.O. Box) Toms River (Town/City) NJ (State) 08753 (Zip)

Home Phone Number(__)_____ Work Phone Number: (732) 506-0077

E-Mail Address: ebbushesq@verizon.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.***

ALL APPLICATIONS for Permits, Permits ISSUED AND Permits APPROVED/CLOSED FOR CLOSURE OF SEPTIC SYSTEM ON OR ABOUT 1980

Property: 749 MIDSTREAMS ROAD, BRICK, NJ 08724

BLOCK: 903, LOT 4

Signature

11/3/17
Date

EDWARD B. BUSH, ESQUIRE
AN ATTORNEY AT LAW OF N.J.

11/17

EDWARD B. BUSH, L.L.C.
ATTORNEY AT LAW
2310 SOUTH STREET
TOMS RIVER, NEW JERSEY 08753

(732) 506-0077
FAX: (732) 506-0040
EMAIL: ebbushesq@verizon.net

FACSIMILE TRANSMITTAL

DATE: November 3, 2017

TO: Ocean County Health Department

ATTN: John Rogers

FAX NUMBER TRANSMITTED TO: 732-341-4467 Total Pages: 3

RE: Request For Government Records
749 Midstreams Road, Brick, NJ
Block: 903, Lot: 4

COMMENTS:

See attached Request For Government Records.

'17 NOV 8 AM 8:12

CONFIDENTIALITY NOTICE

*** * IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY * ***

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

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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.

'17 NOV 6 AM8:12

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

Atlas Septic Inc.

✓ 389-0864 ?
✓ 010726 ?
✓ 037106 ?

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

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

Home Phone Number: (732) 462-3636 , Work Phone Number: ( )

E-Mail Address: atlas0100@msn.com

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

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

B- 3902
4 Shepherds Way L- 62
Jackson B- 9801
L- 1612

Susanne Puff
Signature

11-3-17
Date

[redacted]

11/17

[redacted]

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: Dolan septic
(First) (MI) (Last)

Address: 169 mockingbird way. Whiting nj 09759
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) 7328491900 Work Phone Number: ( )

E-Mail Address: Dolanseptic@hotmail.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***.

~~Any and all Septic records~~
~~143 seva Hanna Jackson~~
~~Lot 82.09 block 40~~
~~Lot 22 block 18502~~

Re[illegible]ent 10/17/17 not received

Signature

Date ~~11/8/17~~ 10/18/17

11/20

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 8 PM 4:17

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

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

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

E-Mail Address: njseptlcinspections@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.
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Septic Records Request for:

31 Oak Lane, New Egypt, NJ 08533 Plumsted Municipality Block: 38 Lot: 39

26 Molnar Lane, Barnegat, NJ 08005 Block: 114.69 Lot: 16.02

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

Signature

11/7/2017
Date

Adrienne Williamson

From: Tyler Wilton [njsepticinspections@gmail.com]
Sent: Tuesday, November 07, 2017 9:22 AM
To: Victoria Miraglotta; Adrienne Williamson
Subject: FW: Septic Records Request (2)
Attachments: 31 Oak Lane & 26 Molnar Ln. - OPRA.pdf

04961
04962

Victoria & Adrienne,

Please see attached septic records requests for two (2) properties. If this is not the best way to receive septic records please advise. I appreciate your help.

Thank you,

Tyler Wilton
New Jersey Septic Inspections, LLC
732.928.7300
www.njsepticinspect.com

From: Tyler Wilton [mailto:njsepticinspections@gmail.com]
Sent: Tuesday, November 7, 2017 9:15 AM
To: JRogers@ochd.org
Subject: Septic Records Request (2)

John,

Attached is a septic records request for two (2) properties. I appreciate your help.

1. 31 Oak Lane, New Egypt, NJ 08533 Plumsted Municipality Block: 38 Lot: 39
2. 26 Molnar Lane, Barnegat, NJ 08005 Block: 114.69 Lot: 16.02

Thank you,

Tyler Wilton
New Jersey Septic Inspections, LLC
732.928.7300
www.njsepticinspect.com

OCHD-Administration/Personnel
NOV 8 '17 AM 8:11

11/20

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.

n/a SP

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: Michele (First) L (MI) Capriglione (Last)

Address: 205 Campus Drive (Street/P.O. Box) Edison (Town/City) NJ (State) 08837 (Zip)

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

E-Mail Address: M.Capriglione@westonsolutions.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!

We are seeking all environmental records associated with TUCKERTON ARMORY (Block 49, Lot 3) located at 365 East Main St Tuckerton, Ocean County, NJ. Any county inspections, permits, or underground storage tank information would be beneficial. We have been contracted by the NJDEP/NJDMVA to conduct an environmental investigation

M. Capriglione
Signature

11/6/17
Date

'17 NOV 8 PM3:35

Nelson 11-8-17

COPY

11/17

Adrienne Williamson

From: Capriglione, Michele L. [M.Capriglione@WestonSolutions.com]
Sent: Monday, November 06, 2017 3:34 PM
To: Victoria Miraglíotta; John Rogers; Adrienne Williamson
Subject: OPRA Request
Attachments: OC OPRA.pdf

Attached to this email please find the OCHD OPRA request form.
Please do not hesitate to let me know if there are any questions.

Thank you,
Michele

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: Alyssa (First) A (MI) Della Fave (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: adellafave@tridentenviro.com

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

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

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

-Deed Notice or restrictions associated with the property

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

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

Signature

10/31/17
Date

Project Information: Block 1099.41 *Lots 23-29, Toms River/ Block 76 * Lot 15, Seaside Hts.

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.

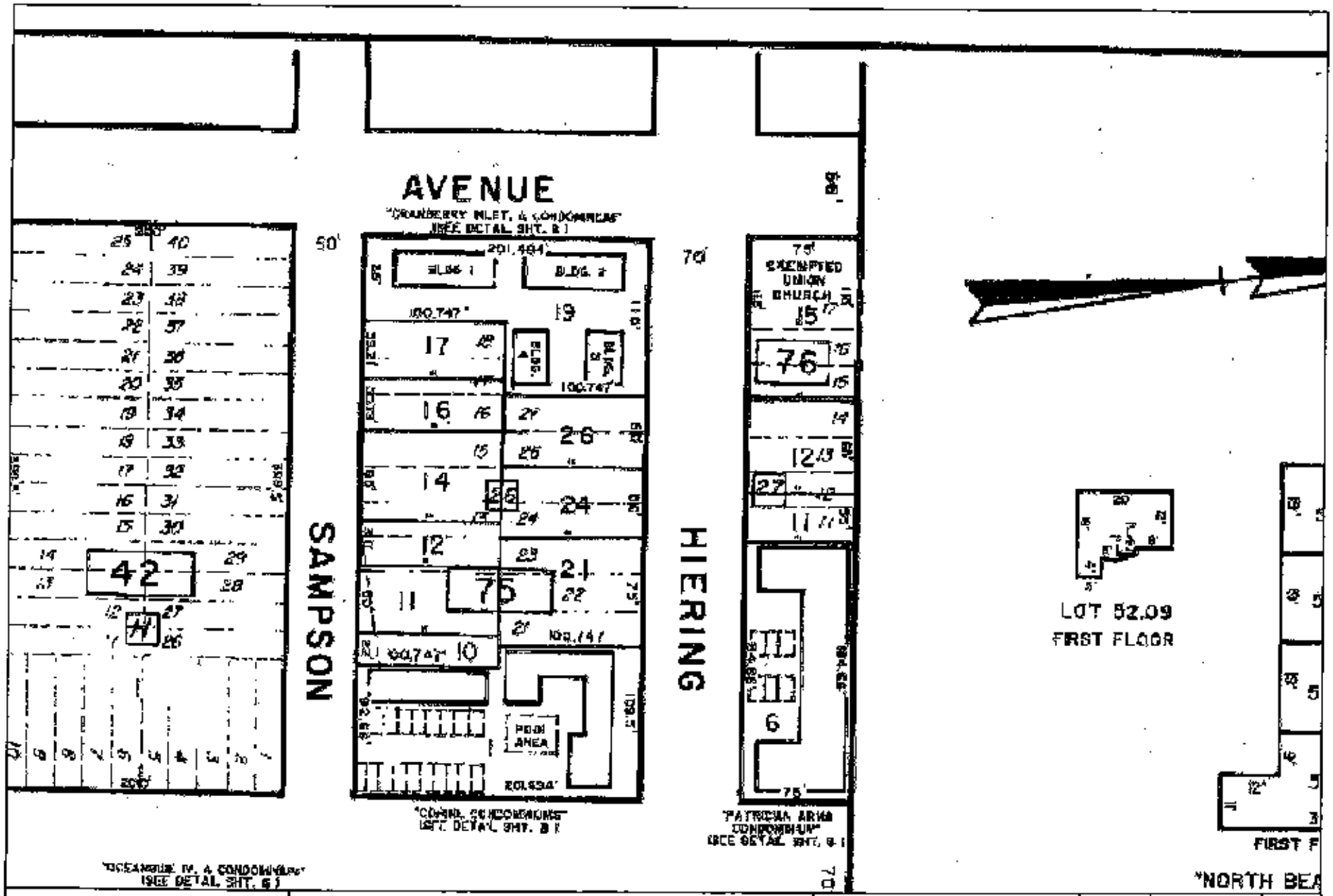
TRIDENT
ENVIRONMENTAL
Tridentenviro.com
P/ 732.818.8699 F/ 732.818.3744

Aerial Map

130 Hering Avenue
Block 76 ~ Lot 15; and
Block 1009.41 ~ Lots 24-29
Toms River Twp./Seaside Heights Boro., Ocean Co., NJ

DRAWN BY: AD	DATE: 10/31/17
FIGURE: 6	JOB NO.: T2111.0001

SCALE: 1 Inch = 100 feet
0 20 40 80 120 160 Feet

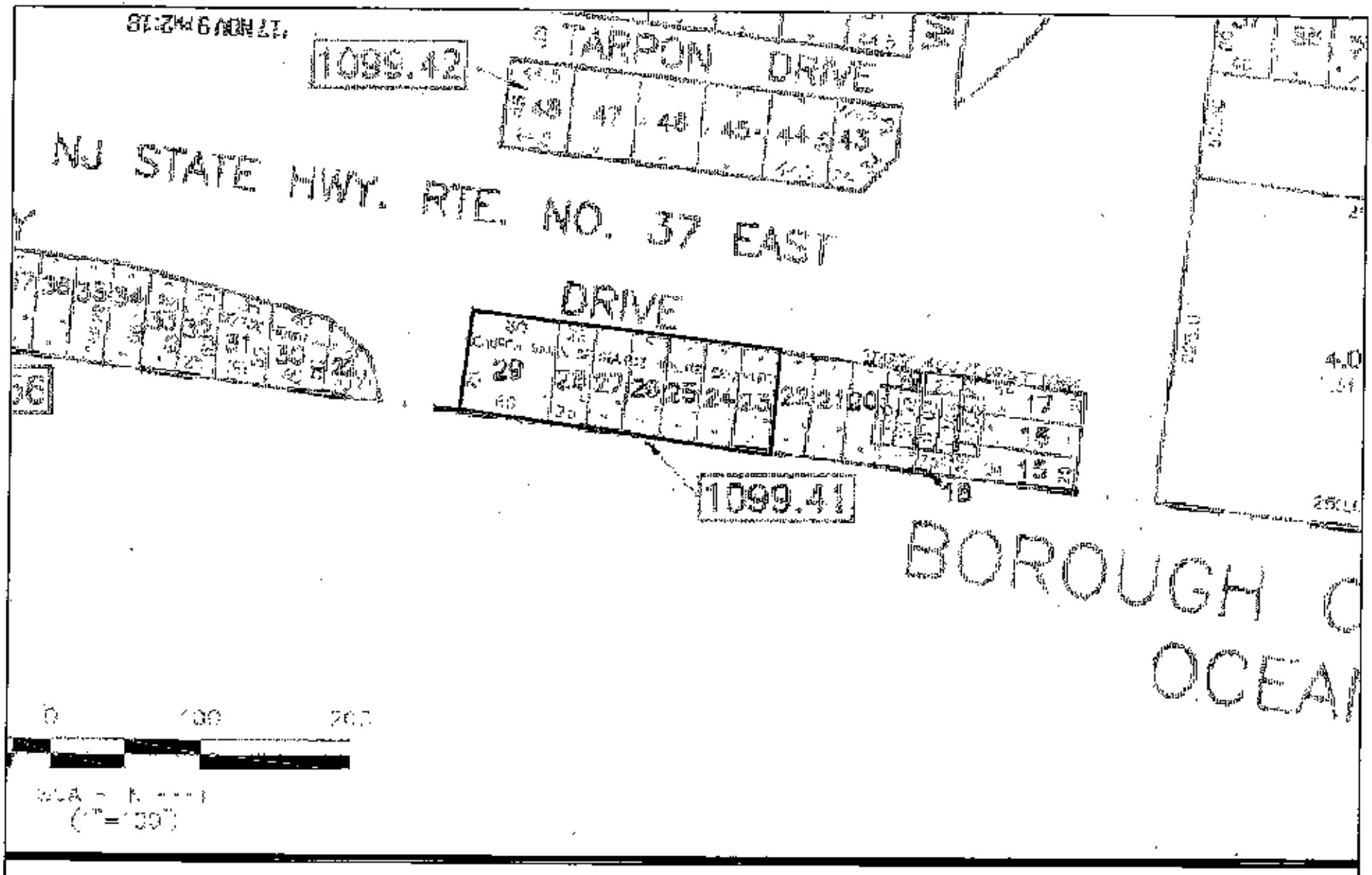


Seaside Heights Borough Tax Map

130 Hiering Avenue
Block 76 – Lot 15; and
Block 1093.41 – Lots 24-29
Toms River Twp./Seaside Heights Boro.,
Ocean Co., NJ

DRAWN BY: AD	DATE: 10/31/17
FIGURE: 3	Job No.: T2111.0001

SCALE: 1 Inch = 1 Feet
0 0.075 0.35 0.7 1.05 1.4
Feet



TRIDENT ENVIRONMENTAL
TridentEnviro.com
P/ 732.818.8699 F/ 732.818.3744

Toms River Township
Tax Map

130 Hooper Avenue
Block 76 ~ Lot 15; and
Block 1099.41 ~ Lots 24-29
Toms River Twp./Seaside Heights Boro.,
Ocean Co., NJ

DRAWN BY: AD	DATED: 10/31/17
FIGURE: 3	JOB NO.: T2111.0001

SCALE: 1 inch = 1 mi
0 0.175 0.35 0.7 1.05 1.4 Miles

Adrienne Williamson

From: Alyssa DellaFave [adellafave@tridenteniro.com]
Sent: Thursday, November 09, 2017 1:23 PM
To: Victoria Miragliotta; Adrienne Williamson
Subject: OPRA Request
Attachments: OCHD OPRA.pdf

Hi, I totally forgot to send this last week. Could you please try to process it as soon as you can. I totally screwed up and I'm hoping to get it back by the end of next week if that's possible. I'm so sorry!!

Alyssa Della Fave
Senior Environmental Scientist

TRIDENT
ENVIRONMENTAL

1856 Route 9 | Toms River, NJ 08755
OFFICE: 732.818.8699 | CELL: 732.995.6168 | www.tridenteniro.com

[redacted]

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: Shawn (First) L (MI) Carmona (Last)

Address: 129 Leeward Rd (Street/P.O. Box) Manahawkin (Town/City) NJ (State) 08050 (Zip)

Home Phone Number: 609 467-0004 Work Phone Number: 609 467-0004

E-Mail Address: Carmonapoolservices@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***.

List of all public bathing facilities in Ocean County not including beaches or lakes, List of all public pools in Ocean County, List of all public pools inspected by Ocean County Health department, List of all public bathing facilities Inspected by Ocean County Health department

Signature

11/9/17
Date

Adrienne Williamson

From: Shaun Carmona [carmonapoolservices@gmail.com]
Sent: Thursday, November 09, 2017 2:47 PM
To: Victoria Miragliotta; John Rogers; Adrienne Williamson
Subject: Opra Request For Public bathing facilities in Ocean County
Attachments: Ocean County Opra Request form 2017.pdf

Hi

Attached is the Opra Request form for

List of all public bathing facilities in Ocean County not including beaches or lakes. List of all public pools in Ocean County. List of all public pools inspected by Ocean County Health Department. List of all public bathing facilities inspected by Ocean County Health Department

Thanks,
Shaun Carmona
Owner and Operator
Carmona Pool Services
609-467-0004
Carmonapoolservices@gmail.com
https://www.facebook.com/Carmonapoolservices/

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
By jrogers at 9:58 am, Nov 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

Heidi Riley for

Name: Ralph J Rodgers
(First) (MI) (Last)

Address: 19 N Cooks Bridge RD Jackson NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: Aspen Airllc@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 / Well Record

515 Harmony RD Jackson

New Block 4901, Lot 43

Old Block 136, Lot 15

Attached please find a completed RFI for a Septic/Well system record for a property I am considering purchasing at 515 Harmony RD Jackson NJ Block 4901, Lot 43 (NEW) [Block 136, lot 15 OLD].
Thank you,
Ralph Rodgers
908-902-3245
Ralph Rodgers [aspenairllc@aol.com]

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.

John Rogers

From: Phil Stilton [opra+request-59-17eba607@requests.opramachine.com]
Sent: Monday, November 06, 2017 11:54 AM
To: John Rogers
Subject: Open Public Records Act request - OPRA Request - State House Strategies / Robert Nixon

Dear Ocean County,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I am seeking copies of the following:

1) Register of payments made between January 1, 2017 and October 31, 2017 to any of the following parties on behalf of the Ocean County Board of Health:

* Robert Nixon, 15 Jefferson Court, Jackson NJ
* Statehouse Strategies, LLC, Trenton NJ OR Jackson, NJ
* Any business, corporate entity that lists Robert Nixon, 15 Jefferson Court, Jackson NJ as an officer or partner.

2) Copies of all active contracts between Ocean County Board of Health and Robert Nixon or Statehouse Strategies, LLC.

3) Copies of Job Descriptions for any positions held by Robert Nixon within the Ocean County Board of Health, including appointed board memberships, committees or commissions.

Yours faithfully,
Phil Stilton

Please use this email address for all replies to this request:
opra+request-59-17eba607@requests.opramachine.com

Is jrogers@ochd.org the wrong address for Open Public Records Act requests to Ocean County Health Department? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=ochd

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Total Control Panel Login

To: jrogers@ochd.org
From: 0100015f9240e2ec-1f35c057-2a39-4e13-b72f-90db867a6c17-000000@bounce.requests.opramachine.com

Message Score: 45
My Spam Blocking Level: Low

Block this sender
Block bounce.requests.opramachine.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.

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	17323414467
FROM	Vertex Branchburg
DATE	11/9/2017 2:42:56 PM EST
RE	OPRA Request- 439 Route 9, Eagleswood NJ

COVER MESSAGE

Please see attached OPRA Request

Rebecca A. Tenore
OFFICE ADMINISTRATOR
[redacted] F: 908.450.1449 | VERTEXENG.COM

THE VERTEX COMPANIES, INC.
9122 ROUTE 22 WEST, SUITE 907
BRANCHBURG, NJ 08876

11/9/17

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Rebecca (First) A (MI) Tenore (Last)

Address: 3322 Route 22 West,Ste 907 (Street/P.O. Box) Branchburg, (Town/City) NJ (State) 08876 (Zip)

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

E-Mail Address: rtenore@vertexeng.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.***

VERTEX is performing a Phase I Environmental Site Assessment at the property located at 439 Route 9, Eagleswood Township, NJ (block 28, Lot 5).

As part of our assessment, we would like to review readily available documentation from the health department (environmental reports, tank, spill, septic, and well records),.

Signature

11/9/2017
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.

Adrienne Williamson

From: Victoria Miragliotta
Sent: Friday, November 10, 2017 11:13 AM
To: Adrienne Williamson; John Rogers
Subject: Fwd: Request for records
Attachments: Request-for-Records.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

> **From:** Ceili Pestalozzi <ceili.pestalozzi@gmail.com>
> **Date:** November 10, 2017 at 7:23:05 AM EST
> **To:** <vmiragliotta@ochd.org>
> **Subject: Request for records**
>
> Good morning,
>
> I have attached a request for records for a septic system in Manchester, NJ. Please let me know if I need to mail or fax this form, or if you need any more information from me.
>
> Thank you,
>
> Ceili Pestalozzi

Total Control Panel Lo

To: vmiragliotta@ochd.org
From: ceili.pestalozzi@gmail.com

Message Score: 1
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.

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: Ceili (First) E (MI) Pestalozzi (Last)

Address: 50 Rocky Mtn. Blvd. (Street/P.O. Box) Brick (Town/City) NJ (State) 08724 (Zip)

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

E-Mail Address: ceili.pestalozzi@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.***

I would like the septic system drawing or any other information about the septic system for 113 Johnathan Rd., Manchester, NJ

Municipality: Manchester

Block: 15.02

Lot Number: 17

Ceili Pestalozzi
Signature

11/9/2017
Date

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: 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 21003 Lot 23

OLD Block 65.03 Lot 23

6 Pitney Ln Jackson

Karen Proto
Signature

11/01/17
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
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Fax: (732) 341-4467
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John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

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(First) (MI) (Last)

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Street/P.O. Box) (Town/City) (State) (Zip)

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Septic Records Manchester

Block 99.88 Lot 10

1981 Newark Ave, Manchester

Karen Proto
Signature

11/01/17
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 Miraglotta - vmiraglotta@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)

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Septic Records Manchester

Block 1.220 Lot 22

1113 Pemberton St, Manchester

Karen Proto
Signature

11/02/17
Date

Ocean County Board Of Health

Request For Governmental Records

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Toms River, NJ 08754
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(First) (MI) (Last)

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

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E-Mail Address: brewerseptic@verizon.net

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

Septic Records Jackson

New Block 8702 Lot 4

OLD Block 77 Lot 2.03

32 S Cooks Bridge Rd, Jackson

Karen Proto
Signature

11/03/17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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Toms River, NJ 08754
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Fax: (732) 341-4467
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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

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Septic Records Manchester

Block 1.235 Lot 1

1501 Commonwealth Blvd Manchester

Karen Proto
Signature

11/07/17
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

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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 Manchester

Block 99.156 Lot 2

1660 Pennsylvania Ave Manchester

Karen Prolo
Signature

11/07/17
Date

Ocean County Board Of Health

Request For Governmental Records

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Toms River, NJ 08754
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Septic Records Jackson

New Block 21501 Lot 2

OLD Block 56.80 Lot 2

59 White Rd Jackson

Karen Proto
Signature

11/03/17
Date

Ocean County Board Of Health

Request For Governmental Records

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Ocean County Health Department
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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

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

Septic Records Jackson

New Block 12004 Lot 34

OLD Block 83 Lot 44.02

1 Rutherford Ct Jackson

Karen Proto
Signature

11/07/17
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

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Septic Records Little Egg Harbor

Block 280 Lot 1.03

15 Carolyn Dr, Little Egg Harbor

Karen Proto
Signature

11/08/17
Date

Ocean County Board Of Health

Request For Governmental Records

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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: 460 North County Line Road, Jackson, NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: AtlanticSepticnj@gmail.com

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

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

Septic Records

12 Afton Road
Jackson NJ 08527
New - Block - 3903 Lot - 14
Old - Block - 98.03 Lot - 12

Susan Moore
Signature

4/7/17
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 Miraglfotta - vmiraglfotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

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

Address: 460 North County Line Road, Jackson, NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: AtlanticSepticnj@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

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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

8 Kitay Court
Jackson NJ 08527
N-B - 20101 L-22
O-B-66.09 L-17.08

Sean Moore
Signature

11/9/17
Date

RECEIVED
By jrogers at 10:21 am, Nov 13, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Lakewood

Block 2 Lot 120.01

65 Clear Stream Rd, Lakewood

Karen Proto
Signature

11/13/17
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: Patricia (First) Ann (MI) Rider (Last)

Address: 1066 West Veterans Hwy (Street/P.O. Box) Jackson (Town/City) NJ (State) 08527 (Zip)

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

E-Mail Address: * Please call you when record ready.

Would you like a Copy 3 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***.

old block 8.01 (old Lot) 23.01 RD 6 Box 308 B

new (Blk) 17801 (New Lot) 21 1066 West Veterans Hwy

Septic System Leach Field (~~measurement~~)

(measurement)

Patricia A Rider
Signature

11-13-2011
Date

RECEIVED
By jrogers at 10:22 am, Nov 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: Accu-Chek Septic Inspections (Charlene Sarcone)
(First) (MI) (Last)

Address: 377 Mountain Road, Orwigsburg, PA 17961
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)_____ Work Phone Number: (__) 800 - 890-9755

E-Mail Address: accuseptic@gmail.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.***

We are requesting a copy of the As Built Plans or any repairs you may have on file for:

Blk: 3401 Lot: 15 (14 Sandcastle Court, Jackson, NJ) for a Septic inspection that was performed to complete the NJDEP Form.

Would it possible to email this information to us.

Thank you!

Old Block 3.01 Old Lot 6.15 New Block 3401 New lot 15

Cha Sa
Signature

11/13/2017
Date

John Rogers

From: Accu-Chek Septic [accuseptic@gmail.com]
Sent: Monday, November 13, 2017 9:51 AM
To: John Rogers; Victoria Miragliotta; Adrienne Williamson
Subject: As Built Plans - 14 Sandcastle
Attachments: OPRA request form.pdf

Hi John, Victoria or Adrienne -

Attached please find the OPRA Request Form for As Built Plans and any repairs made to Blk: 3401 Lot: 15 or 14 Sandcastle Ct, Jackson, NJ.

We need to complete the NJDEP Form for an inspection that was performed at this property.

If you could email what you have to us it would be greatly appreciated.

Thank you and have a great day,
Charlene Sarcone
Accu-Check Septic Inspections
800-890-9755

Ocean County Board Of Health

Request For Governmental Records

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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Septic Records Jackson

NEW Block 12902 Lot 10

OLD Block 78.21 Lot 2

32 Goldweber Ave Jackson

Karen Proto

Signature

10/31/17

Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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RIGHT TO APPEAL

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

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

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Manchester Twsp

Block 56 Lot 708.03

3215 Johnson Ave, Manchester Twp

Karen Probo
Signature

10/31/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

OCHD-Administration/Personnel
NOV 3 '17 PM 3:24

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: Rosanne (First) (MI) DeLorenzo (Last)

Address: 2051 Hwy 35 (Street/P.O. Box) Wall (Town/City) NJ (State) 07719 (Zip)

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

E-Mail Address: Rosanne.DeLorenzo at: cbmoves.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.***

Re: 95 Wright Drive, Bayville
Block 1439 - Lot 1

Information regarding well being capped off in 1993 due to fuel oil spill from gas station on Rt 9 - all wells were capped at that time.

Rosanne DeLorenzo
Signature

11/3/17
Date

RECEIVED
By jrogers at 12:21 pm, Nov 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: Richard (First) M (MI) Serafin (Last)

Address: 16 Maxim Ct (Street/P.O. Box) Jackson (Town/City) NJ (State) 08527 (Zip)

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

E-Mail Address: [redacted]
rmserafin@optonline.net

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

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

In the process of buying home and inspector requested all records possible for septic system

Location: 16 Maxim Ct Jackson NJ 08527

Lot: 16

Block: 15805

Lod Block 82.11 Old Lot 6.44 New block15805
New lot 16

Signature

11/13/17
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: MaryBeth (First) _____ (MI) Jakubowski (Last)

Address: 22 West Street (Street/P.O. Box) Red Bank (Town/City) NJ (State) 07701 (Zip)

Home Phone Number(___)_____ Work Phone Number: (732) 224-7066 ex. 22

E-Mail Address: mjakubowski@newfields.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***.

Request is to review records pertaining to the property located at 848 West Bay Avenue in Barnegat Township, Ocean County, New Jersey identified as Block 164 Lot 5.01. Of particular interest are records pertaining to the unit identified as 848A West Bay Ave owned by MLJ Properties, LLC. Records of interest include but are not limited to Health Department records such as well records, records of spills or other releases, solid waste violations, records of underground or aboveground storage tanks and any other environmental records or complaints. This request is part of due diligence for a Phase I Environmental Site Assessment.

MJakubowski

Signature of Requestor

11/13/17

Date

RECEIVED
By jrogers at 3:47 pm, Nov 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 Miraglíotta - vmiraglíotta@ochd.org
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@ochd.org

Name: Chana (First) H (MI) Davis (Last)

Address: 139 N Crest Pl. Lakewood NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number 848 901 9691 Work Phone Number: (__)_____

E-Mail Address: cdavis@lanbh.org

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

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

All records for Septil and well on (age/size)
274 Metedeconk Tr. Jackson 7401/30

Thank You!

Old Block 73 Old Lot 6.01
New Block 7401 New lot 30

Signature

Nov 13, 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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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: Chana (First) H (MI) Davis (Last)

Address: 139 N Crest Pl (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

Home Phone Number: 732 901 9691 Work Phone Number: ( )

E-Mail Address: cdavis@ilanhigh.org

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

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

All records for septic and well on (age/size)
1507 August Dr. Lakewood 189.08/7

Thank You

Block 189.08 Lot 7

Signature

Nov 13, 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.

RECEIVED
By jrogers at 4:11 pm, Nov 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: 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:

Jackson Township

Old Block 45 Old Lot 18 New Block 11601 New Lot 36

MW/pc
Signature

11/13/17
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.

envirotactics
Your Environmental Resource

November 14, 2017

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

Fax: 732-341-4467

RE: OPRA Request
2085 Route 88
Block 103B, Lot 1.05
Brick Township, Ocean County, NJ 08724
Envirotactics Project #4736

To Whom It May Concern:

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

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

Sincerely,
For Envirotactics, Inc.

Griffin Savage

Griffin Savage

Enclosure (OPRA Form)

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

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

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: Griffin (First) (MI) Savage (Last)

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

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

E-Mail Address: griffin@envirotactics.com

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

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

Griffin Savage
Signature

11/14/17
Date

OCHD-Administration/Personnel
NOV 14'17 AM10:39

received 11/13/17 (jr)

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

Address: 460 North County Line Road, Jackson, NJ 08527
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: AtlanticSepticnj@gmail.com

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

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

Septic Records

24 Stage Coach Drive
Little Egg Harbor, NJ

Block - 262 Lot - 30

Signature

11/13/17
Date

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Affordable Waste Water Solutions

Name: Amanda Pavero
(First) (MI) (Last)

Address: 821 Huntington Ave Pine Beach NJ 08741
Street/P.O. Box (Town/City) (State) (Zip)

Home Phone Number( ) 732 5050205 Work Phone Number: ( ) 908 907 8555

E-Mail Address: Cpavero@mac.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 ALL Septic Records for a septic inspection at

14 Roded Drive Jackson NJ 08527
Old Block 145.01 Lot 22.08
new Block 1901 Lot 13

A Pavero
Signature

11/14/17
Date

OCHD-Administration/Personnel
NOV 14'17 AM11:05

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Susan E. Kesheneff
(First) (MI) (Last)

Address: 15 Carolyn Drive, Little Egg Harbor NJ 08087
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: sdianna664@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.***

Block 280 Lot 1.03
Please email Septic Design asap
(LEH) TWP

OCHD-Action NOV 14 '17 Signature

Susan E. Kesheneff

11/13/17
Date

Received 11/14/17 JR

Ocean County Board Of He

Request For Governmental Record

This form should be completed and returned to:

Ocean County Health Departmen
Custodian Of Records P.O. Box 21
Toms River, NJ 08754
(732) 341-9700 Ext. 7206
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@och
John Rogers -jrogers@ochd.org
Adrienne Williamson -awilliamson@och

Name: Laura A.
(First) (MI)

Address: 622 Huntington Ave Pine
Street/P.O. Box) (Town/City)

Home Phone Numbe [redacted] Work Phone Nu

E-Mail Address: lauraannfernicola@ comc

Would you like a Copy _____ or to Inspect_____ Please che
brief description of the governmental record(s) you are reque

- For Environmental related inquiries, such as Septic/We ***Municipality, Block and Lot number*** of the property
- For Nursing/Clinic related information, please provide the

whose information you are attempting to locate, and your ***relat***

All Septic, well & enviro

Toms River

Lot 5 Block 616

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

Paid by: Check _____ Cash _____ Money Order _____

_____

Custodian of Records

TIMEFRAME FOR A RESPONSE TO A I

The custodian of Records is required to grant or deny access to g
than seven (7) business days after receiving the request. If you d
address, telephone number or other means of contacting you, the
be unable to respond to the original request.

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business days after the Custodian of Records recieves you reques
Custodian of Records when the record can be made available. If t
available by that time, access will be considered denied.

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government record you may:

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

RECEIVED
By jrogers at 3:46 pm, Nov 14, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: MATHEW WILDER P.E.
(First) C/O MORGAN ENGINEERING(MJ) (Last)

Address: 130 CENTRAL AVENUE ISLAND HTS NJ 08754
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number( ) N.A. Work Phone Number: ( ) 732-270-3690

E-Mail Address: MATHEW@MORGANENGINEERINGLLC.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***.

THE SUBJECT LOT IS LOT 6, BLOCK 237 (1506 AMSTERDAM AVE, BAYVILLE, NJ)

WE ARE REQUESTING COPIES OF WATER (WELL) & SEPTIC LOCATIONS ON THE FOLLOWING PARCELS: BLOCK 237, LOTS 1, 2, 3, 4, 5, 7 & 8

BLOCK 239.01, LOTS 1 & 10

Signature

11/14/17
Date

E16-00096

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

RECEIVED
By jrogers at 9:02 am, Nov 15, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: Inspections@activeviewhdi.com

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

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

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

1. Acme: 912 W Bay Ave, Barnegat - We are searching for any inspections conducted after 01/01/2016.
2. Acme: 9600 Long Beach Blvd, Beach Haven - We are searching for any inspections conducted after 01/01/2016.
3. Acme: 609 E Bay Ave, Manahawkin - We are searching for any inspections conducted after 01/01/2016.
4. Acme: 5 Ortley Plaza, Seaside Heights - We are searching for any inspections conducted after 01/01/2016.
5. Acme: 425 US 9, Tuckerton - We are searching for any inspections conducted after 01/01/2016.

Signature

11/15/2017
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.

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: Ahmed (First) M (MI) Attia (Last)

Address: 1309 First Ave (Street/P.O. Box) Toms River (Town/City) NJ (State) 08757 (Zip)

Home Phone Numbe[redacted] ork Phone Number:[redacted]

E-Mail Address: engaahmed20@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***.

I would like a copy of the health inspection records for Brooklyn Dough Pizza Place 81 Cassville Rd Jackson NJ 08527 (Violations and Requirments)

Signature

11-15-17
Data

O. C. HEALTH DEPT
2017 NOV 15 A 11:01

RECEIVED

John Rogers

RECEIVED
By jrogers at 3:22 pm, Nov 15, 2017

From: Victoria Miragliotta
Sent: Wednesday, November 15, 2017 1:56 PM
To: John Rogers; Adrienne Williamson
Subject: Fwd: Open Public Records Act request - PRHS roofing construction complaints

Follow Up Flag: Follow up
Flag Status: Flagged

Sent from my iPhone

Begin forwarded message:

> **From:** Jeff Epstein <opra+request-86-76abb0a4@requests.opramachine.com>
> **Date:** November 15, 2017 at 11:16:27 AM EST
> **To:** OPRA requests at OCHD <vmiragliotta@ochd.org>
> **Subject: Open Public Records Act request - PRHS roofing construction complaints**
>
> Dear Ocean County Health Department,
>
> This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
>
> Records requested:
>
> - All complaints made during the year of 2017, as it relates to the roofing construction project and any air quality issues at Pinelands Regional High School. I understand the complainants must remain anonymous. Please do whatever it takes to protect protect their identities.
> - All documents of correspondence and actions taken as a result of each of those complaints.
>
> Thank you,
>
> Jeff Epstein
>
> ---
>
> Please use this email address for all replies to this request:
> opra+request-86-76abb0a4@requests.opramachine.com
>
> Is vmiragliotta@ochd.org the wrong address for Open Public Records Act requests to Ocean County Health Department? If so, please contact us using this form:
> https://opramachine.com/change_request/new?body=ochd
>
> Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
> https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Total Control Panel Login

To: vminagliotta@ochd.org
From: 010001 5fc077a452-80837804-b505-4870-b523-a9d7806b82a3-000000@bounce.requests.opramachine.com

Message Score: 45
My Spam Blocking Level: Low

Block this sender
Block bounce.requests.opramachine.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.

RECEIVED
By jrogers at 3:23 pm, Nov 15, 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 244-302 N. Main Street, Forked River (Lacey Twp), NJ; designated as Block 314.01 Lot 29.04. 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

11-15-2017
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 _____

_____ _____

Custodian of Records Date

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.

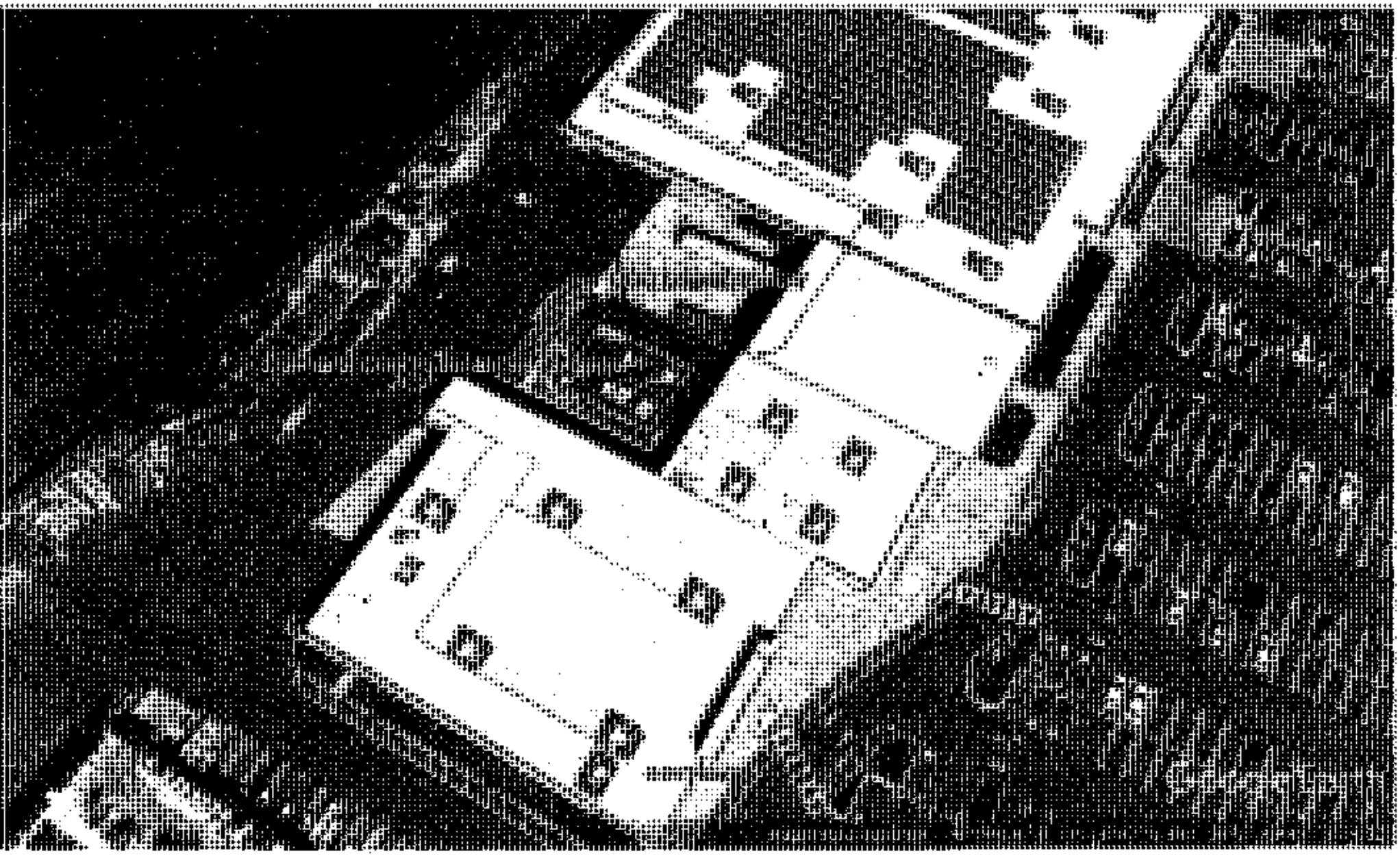
In lieu of filing an action in Superior Court, a person who is denied access to a government record may file a complaint with the Government Records Council.

7-1-2002
Date

Betty Vail
Custodian of Records

Permanent Posting Do Not Remove

July 1, 2002



RECEIVED
By jrogers at 3:24 pm, Nov 15, 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. 7459
Fax: (732) 341-4467
Victoria Miragliotta - vmiragliotta@ochd.org
Alizar Zorojew - azorojew@ochd.org
Adrienne Williamson - awilliamson@ochd.org

Name: Arlene (First) _____ (MI) Pingarron (Last)

Address: Hope Chapel 8 McKinley Ave (Street/P.O. Box) Lakewood (Town/City) NJ (State) 08701 (Zip)

Home Phone Number: (__)_____ Work Phone Number: (732) 9944900

E-Mail Address: info@newlinesys.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***.

Requesting Septic plans for the following lots in Lakewood NJ: BLK 11, LOT 6 BLK 11, LOT 7 BLK 11, LOT 9 BLK 11, LOT 10 BLK 11, LOT 140

Signature

11/15/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RECEIVED
By jrogers at 12:46 pm, Nov 16, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Lakewood

Block 1051.04 Lot 1

1191 EVERGREEN AVE, Lakewood

Karen Proto
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

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

RECEIVED
By jrogers at 12:51 pm, Nov 16, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: 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:

Jackson Township

Old Block 3.01 Old Lot 6.06 New Block 3401 New Lot 6

MW/pc
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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

RECEIVED
By jrogers at 2:02 pm, Nov 16, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

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

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

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

E-Mail Address: brewerseptic@verizon.net

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

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

Septic Records Jackson

New Block 13402 Lot 5 & 6

Old Block 71 Lot 6& 7

409 Glenn Rd, Jck

Karen Proto
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 Manchester

Block 1.99 Lot 5

462 Champlain St, Manchester

Karen Proto
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 189.08 Lot 7

1507 August Dr Lakewood

Karen Prolo
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 99.99 Lot 1

500 Coolidge Ave, Whiting

Karen Proto
Signature

11/17/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial:_____

_____

_____

_____

_____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 NOV 17 PM 10:29

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: EDWARD (First) D (MI) Miller (Last)

Address: 9 OKSIN CT (Street/P.O. Box) JACKSON (Town/City) NJ (State) 08527 (Zip)

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

E-Mail Address: EDAVE61@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.***

AM looking FOR SEPTIC ENGINEERING SURVEY AND SEPTIC PLAN DIAGRAM / BLUEPRINT FOR ABOVE PROPERTY LOT 19.06 BLOCK 38

Old Block 38 Old lot 19.06
New Block 18702 New block 6
Jackson Twp

Edward D. Miller
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

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

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

TIMEFRAME FOR A RESPONSE TO A REQUEST

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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 11:51 am, Nov 17, 2017

Ocean County Board Of Health

Request For Governmental Records

This form should be completed and returned to:

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

Name: Shlomo Feingold
(First) (MI) (Last)

Address: 977 Claire Dr. Lakewood NJ 08701
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: Shlome.Feingold@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***.

I would like info on 2974 Wilbur Ave. Manchester NJ 08759. if there's a septic tank on the property or not, and if there's a oil tank.

block 15.01 Lot 2

Shlomo Feingold
Signature

11/16/17
Date

For Board Use Only

Request Approved _____

Request Denied _____ Reason for Denial: _____

Approximate Date Records Will Be Available: _____

Fee: $_____ Pre-payment 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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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

RECEIVED
By jrogers at 8:39 am, Nov 20, 2017

Name: Shannon S Zimmerman
(First) (MI) (Last)

Address: 31 Cranbury Lake Drive, LEH NJ 08087
Street/P.O. Box) (Town/City) (State) (Zip)

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

E-Mail Address: szimmerman31@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 a copy of the septic system and leech field information related to 930 Mugentown Road, Little Egg Harbor, 08087 Block 261 Lot 6.01

Would like to see any surveys as well showing location.

Szimmerman
Signature

11/19/2017
Date

RECEIVED
By jrogers at 8:40 am, Nov 20, 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 Berkley

Block 419 Lot 1.01

445 Northern Blvd, Bayville

Karen Proto
Signature

11/19/17
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.

envirotactics
Your Environmental Resource

November 20, 2017

County of Ocean
Ocean County Health Department
175 Sunset Ave
Toms River, NJ 08754

Fax: (732) 831-6495

RE: OPRA Request
150 Airport Road
Block 1160.01, Lot 2
Lakewood, Ocean County, NJ 08701
Envirotactics Project #4741

To Whom It May Concern:

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

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

Sincerely,
For Envirotactics, Inc.

Griffin Savage

Griffin Savage

Enclosure (OPRA Form)

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

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

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: Griffin (First Name) (MI) Savage (Last Name)

ADDRESS: 1330 Laurel Ave (Street, PO) Sea Girt (Town/City) NJ (State) 08750 (zip)

PHONE NUMBER: (732) 449-0077 (Work) ( ) (Home)

EMAIL ADDRESS: griffin@envirotactics.com

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

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

11/20/17
Date

July 1, 2002

FOR COUNTY USE ONLY

Request Approved _____

Request Denied _____ *Reason for denial:*

_____

_____

_____

Approximate date records will be available: _____

Fee: $_____

Paid by: Check _____ Cash _____ Money Order _____

_____ _____

Custodian of Records Date

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.**

July 1, 2002

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 8:00 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

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: Malisa (First) A (MI) Massaro (Last)

Address: 2517 Route 35, Bldg E, Ste 203, Manasquan, NJ 08736
Street/P.O. Box) (Town/City) (State) (Zip)

Home Phone Number(__)_____ Work Phone Number: (732 722-8555

E-Mail Address: malisa@kbaengineers.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.***

Township of Lakewood

Block 855.03, Lot 7

Rejection notices pertaining to Septic Application

Malisa Massaro
Signature

11/20/17
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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RECEIVED
By jrogers at 3:11 pm, Nov 20, 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 (First) R (MI) Leatherwood (Last)

Address: 249 South Main Street, Suite 6 (Street/P.O. Box) Barnegat (Town/City) NJ (State) 08005 (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: Block 23001, Lots 22, 23 & 24, Jackson, NJ (undeveloped - no numerical address)

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

11/20/2017
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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RECEIVED
By jrogers at 3:15 pm, Nov 20, 2017

Ocean County Board Of Health

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

Name: Robert (First) M (MI) Croskey (Last)

Address: 125 East Avenue, 2nd Fl, Ste. G (Street/P.O. Box) Woodstown (Town/City) NJ (State) 08098 (Zip)

Home Phone Number(___)_____ Work Phone Number: (856) 823-5922

E-Mail Address: roroskeyclm@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

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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.***

For Property at: 1300 Richmond Avenue, Point Pleasant Beach; Block 16.01, Lot 21

Records pertaining to construction permits; environmental investigations, and aboveground and underground storage tank openings, closures, and spills.

Signature

11/20/17
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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