



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
FORT MONMOUTH, NEW JERSEY 07703-5000

REPLY TO
ATTENTION OF

Directorate of Public Works

January 4, 2011

Karen R. Siano, Borough Clerk
47 Broad Street
Eatontown, New Jersey 07724

COPY



Subject: Request for Water Supply Information
Fort Monmouth – Site M-2 (FTMM-02), Main Post Area
Fort Monmouth, NJ 07703 (Eatontown Block 301, Lot 1)

Dear Ms. Siano:

The U.S. Army Fort Monmouth, Directorate of Public Works (DPW) submitted a Classification Exception Area (CEA) Biennial Certification Report to the NJDEP in September 2007. By letter dated December 12, 2008, the NJDEP approved the Biennial Certification Report. The next Biennial Certification Report is due to the NJDEP on January 31, 2011.

As part of this CEA Biennial Report, a receptor evaluation must be completed as required by the NJDEP. Pursuant to this requirement, the DPW respectfully requests information regarding the Borough of Eatontown's current and potential groundwater use based on a 25-year planning horizon. DPW also requests a written response in order to document this effort for the NJDEP.

Thank you for your prompt response to this request. If you have any questions or require additional information, please contact John H. Montgomery, Senior Hydrogeologist, 732-532-7979 or email: John.H.Montgomery@us.army.mil.

Sincerely,

Joseph M. Fallon, CHMM
Chief, Environmental Division

- c: Ed Broberg, Borough Engineer, T&M Associates, 11 Tindall Road, Middletown, NJ 07748-2792
Diane Zalaskus, Chief, Bureau of Water Allocation, 401 East State St., Trenton, NJ 08625-0420
Sandra Krietzman, Chief, Bureau of Safe Drinking Water, 401 East State St., Trenton, NJ 08625-0420
Sandra S. Van Sant, Health Officer, Monmouth County Regional Health Commission #1, 1540 West Park Ave., Oakhurst, NJ 07755
Django Wieggers, Building Department, 47 Broad Street, Eatontown, NJ 07724
Frank Cannella, Director, Department of Public Works, 47 Broad Street, Eatontown, New Jersey 07724

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Frank Cannella, Director
Department of Public Works
47 Broad Street
Eatontown, New Jersey 07724

2.

7008 0500 0001 6569 5598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108**

F. Cannella



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Django Wieggers, Bldg. Department
47 Broad Street
Eatontown, New Jersey 07724

2. Article
(Transit)

7008 0500 0001 6569 5581

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J GAGSO

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-515108

D. Weagers

JM



UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

DMNS - Mon - PWE

167 Riverside Ave

Ft. Mon N.J. 07203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Am. Red Cross
PO Box 131
Eatontown NJ, 07724

2. Article Number

(Transfer from service label)

7008 0500 0007 6569 5574

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



UNITED STATES POSTAL SERVICE



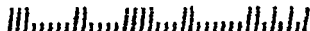
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108

DM

S. Van Sandt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sandra s. Van Sant, Health Off. Monmouth
County Regional Health Commission #1
1540 West Park Ave
Oakhurst, New Jersey 07724

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

IF YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7008 0500 0001 6569 5574

UNITED STATES POSTAL SERVICE

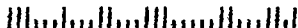


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108**

S. Kratzman



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sandra Krietzman, Chief Bur. Of Safe
Drinking Water
401 East State Street
Trenton, New Jersey 08625-0420

2. Article Number

(Transfer from Service Label)

1 12008 10500 0001 16569 15604 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

JAN. 10, 2011

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

CAPITOL POST OFFICE
STATE OF N.J.

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

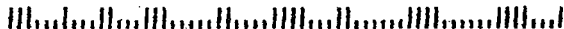


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108

Drane Zakarkus



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Diane Zalaskus, Chief Bur. Of Water Alloc.
401 East State St.
Trenton, New Jersey 08625-0420

2. / 7008 0500 0001 6569 5611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JAN 10 2011

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

CAPITOL POST OFFICE
STATE OF N.J.

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108**

SW

ED Broberg



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ed Broberg, Borough Eng. T&M Assoc.
1 Tindall Road
Middletown, New Jersey 07748-2792

2. 7008 0500 0001 6569 5628

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**DIRECTORATE OF PUBLIC WORKS
ATTN: IMNE-MON-PWE
167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108**

TM

K. Siano



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Karen R. Siano, Borough Clerk
47 Board Street
Eatontown, New Jersey 07724

2. Article
(Transit)

7008 0500 0001 6569 5635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes