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

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

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 Wiegers, 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

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A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* J Grasso

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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3. Service Type
☑ Certified Mail ☐ Express Mail
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4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. 7008 0500 0001 6569 5598

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DIRECTORATE OF PUBLIC WORKS
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167 RIVERSIDE AVENUE
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F. Canuella

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1. Article Addressed to:

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

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☐ Agent
☐ Addressee

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4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article *(Transf* 7008 0500 0001 6569 5581

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JM

D. Wiegers

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IMNE-MON-PWE
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FT. MON N.J. 07703

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1. Article Addressed to:

Am. Red Cross
PO Box 191
Eatontown NJ. 07724

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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

EATONTOWN NJ 07724 MAIN POST OFFICE USPS

3. Service Type
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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7008 0500 0001 6569 5574

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

S. Van Sant

SENDER: COMPLETE THIS SECTION

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- 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 [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Deliver

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 Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 0500 0001 6569 5574

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DIRECTORATE OF PUBLIC WORKS
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167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108

S. KRETZMAN

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1. Article Addressed to:

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

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
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☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Ar (*Transfer from service label*) 7008 0500 0001 6569 5404

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

J. M.

Diane Zakaitis

SENDER: *COMPLETE THIS SECTION*

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1. Article Addressed to:

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

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

CAPITOLPOSTOFFICE
STATEOFN.J.

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number (Transfer from service label) 7008 0500 0001 6569 5611

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167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108

JW

ED Broberg

SENDER: *COMPLETE THIS SECTION*

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- 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* TJH C. Date of Delivery 1/7

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

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167 RIVERSIDE AVENUE
FORT MONMOUTH, NJ 07703-5108

K. Siano

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1. Article Addressed to:

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

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A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* J GRASSO | C. Date of Delivery

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

3. Service Type
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4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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