September 4, 2020

Concerned Residents of the Town of Baldwin West Baldwin, ME 04091

Town of Baldwin Elected Officials (Selectboard & Planning Board) 534 Pequawket Trail West Baldwin, ME 04091

#### Town of Baldwin Officials:

Nature's Wilderness, LLC has become a growing concern for residents of the Town of Baldwin, especially those living on Senator Black Road; and, more specifically, those who are property abutters. For four tumultuous years, the owner (Scott Efron) and manager (Gerry Brown) of Nature's Wilderness, LLC have largely ignored local codes, refused to provide substantiating information to the Baldwin Planning Board, presented false information to members of the Baldwin Selectboard, and disregarded State of Maine laws, all in a concerted effort to mislead Town of Baldwin officials and to illegally open and operate a campground.

At the Tuesday, August 4, 2020, meeting of the Selectboard, Gerry Brown intentionally delivered misinformation about the licensure status of Nature's Wilderness, LLC. Rather than provide written verification of State of Maine licensure, he chose to read general information from the Maine.gov website using his mobile device. When pressed for an actual letter to substantiate his claim that Nature's Wilderness, LLC had the "green light" to be operating, he skirted the request, offering a fabrication that the campground had been granted a conditional license from the State of Maine, pending the results of a water test. He deceived the residents of Baldwin and Town Officials by saying the license would arrive through the mail within three weeks. When asked to reread the information from his mobile device, he reluctantly agreed with gestures of impatience, saying, "I just read it." Code Enforcement Officer Wes Sunderland sat quietly and did not question Gerry Brown's web of deception.

Suspicious that false information had been provided deliberately to hoodwink Town of Baldwin elected officials and the residents who were in attendance, concerned individuals contacted the Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention, Division of Environmental and Community Health, Health Inspection Program in Augusta on Wednesday, August 5, 2020. They asked many well-informed questions and were provided with factual information by Michelle Mason Webber, Compliance Specialist. Indeed, as suspected, Nature's Wilderness, LLC was operating without a license and no application had ever been submitted. The park was operating illegally. Unbeknownst to our elected town officials?

The State of Maine Department of Health and Human Services moves quickly when there is an imminent danger to health. Thus, Inspector Laurie Harris was assigned to the case. Wasting no time, Inspector Harris visited Nature's Wilderness, LLC the next day, August 6, 2020. After inspecting the pool, an Imminent Health Hazard Notice was issued. The pool was not certified, and the campground was not licensed. The pool was to be closed as of August 6. The campground was also issued an Imminent Health Hazard Notice.

In spite of the Imminent Health Hazard Notices and directives to close the pool and campground, it was evident that the park remained open in violation. When concerned community members once again contacted the State of Maine DHHS to report this total lack of regard for governance and public health (by the owner and manager of Nature's Wilderness, LLC), this prompted the return of Inspector Harris, who saw, firsthand, that park management had not complied as directed. This defiance and total disregard of the laws of the State of Maine resulted in two Notices of Administrative Penalty

Assessment for operating in violation of Imminent Health Hazard Notices: one for the pool on August 21, 2020; the other for the campground. These documents were sent certified mail and were signed for at Nature's Wilderness, LLC, on August 26, 2020.

On Thursday, August 27, 2020, an individual in attendance at a regularly scheduled Planning Board Meeting asked if Nature's Wilderness, LLC was licensed by the State of Maine to be in operation. A definitive answer was not provided, nor did it appear to be forthcoming.

Further complicating this quagmire is the fact that Selectperson Gerry Brown routinely refuses to fully recuse himself when Nature's Wilderness, LLC is on the agenda. Thus, he influences the discussions and hinders the objectiveness of the other selectpersons. Gerry positions himself to gain an advantage as he pushes forward his "not so hidden" business agenda, specifically, to manage Nature's Wilderness, LLC without following all State of Maine laws pertaining to campgrounds and RV resorts as set forth to protect the safety of the general public.

At this point, the illegal activity and total lack of regard for the law has gone on too long. Incompetent park management is not trustworthy. Scott Efron and Gerry Brown must be held accountable and be required to substantiate all claims with written documentation on official letterhead from appropriate governing bodies (certifying and licensing). Indeed, past behavior is a reliable indicator of future behavior. Thus, it behooves members of the Baldwin Selectboard to make phone calls to the various agencies that oversee the licensure of campgrounds and RV resorts to ascertain that Nature's Wilderness, LLC is in compliance.

And now since many of Gerry Brown's fabrications have been uncovered, and his intent to deceive is not arguable, we, the undersigned individuals, urge Town of Baldwin officials to move forward with intense scrutiny when addressing issues regarding Nature's Wilderness, LLC. It is imperative to examine closely all incoming information from the administrative staff members of Nature's Wilderness, LLC and to consistently require that all submissions be accompanied by documentation. Seemingly a daunting task, it is a reliable best practice to adopt. It is essential to avoid being repeatedly pulled into Gerry Brown's web of deception.

In closing, we want to make it clear that we will continue to make phone calls and have a strong voice. We will not be silenced by our very own elected officials. We will continue to safeguard our liberties and our way of life. Furthermore, we should not be criticized for this commitment, but should be commended for our diligence in keeping Baldwin, Maine, a safe place to live.

Signature

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# Addendum

On September 8, 2020, Michelle Mason Webber, Compliance Specialist at the Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention, Division of Environmental and Community Health, Health Inspection Program in Augusta, Maine, provided an update about Nature's Wilderness, LLC. She informed concerned Baldwin residents that an application from Nature's Wilderness, LLC had been received on September 2, 2020, and tagged as "active." An application for the pool had also been received. However, licenses for the pool and campground have not been issued because the Administrative Penalties have not been paid. Nature's Wilderness, LLC has until September 26, 2020, to appeal the two Administrative Penalty Assessment Notices.

The attached letter dated September 4, 2020, has not been altered because it is the letter that the signatories read.

# **Contact Information**

Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention, Division of Environmental and Community Health, Health Inspection Program, Augusta, Maine.

General Information (207) 287-5671

Michelle Mason Webber, Compliance Specialist (207) 287-4282

Laurie Davis, State Inspector (207) 592-5573

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

# IMMINENT HEALTH HAZARD FINDING

| Issued: \$-6-20                                                                                                                                                    |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                          |                                                  |
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| NATURES WILDERVESS REGOT Critical Violations                                                                | Non-Critical Violatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ine                                | Time In:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 2 DEREN TUMN RD                                                                                             | LUI RALIXUIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip oodo                           | 207-959-34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pool: Indoor Outdoor Owner Name                                                                             | Purpose of Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Location                           | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Spa: Indoor Outdoor 54402                                                                                   | COMPLIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BALD                               | scul N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Compliance Status mark"X" in the appropriate box for COS and/or R                                           | Compliance Status cos=c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orrected on site during inspection | on Re repeat violation COS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Maintenance and Operation                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y Features and                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Proper Supervision (3.A.2)                                                                                  | 27 Suitable handholds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Routine procedures posted (3.A.3)                                                                           | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | float line present (6.B.           | 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Manufacturers' instructions available (3.A.4)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sent and correct (6.C)             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4 Main drain visible (3.B.1, 3.B.2)                                                                         | 0.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | iges & seats marked                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5 Circulation system operating continuously (3.B.1) いんがんいい                                                  | 04 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ent is conspicuously p             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 Chemical storage area locked. (3.A.5)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed at all times by the             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7 Sanitizer levels correct (3.C) Type: MANUAL CHLORING                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | int marked correctly (             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pool: Chlorine[() ppm] (1-3ppm), Bromine [ ppm] (3-5ppm)                                                    | 00 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ok present within ≥ 12'            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spa: Chlorine[ ppm] (4-5ppm), Bromine[ ppm] (6-8ppm)                                                        | 218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ov present. Adequate               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B pH correct (3.C.3) (Range 7.2-7.8) Pool:[74] Spa:[ ]                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | one with instructions p            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9 Cleaning system available (3.F)                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ers posted with telepho            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sanitizer residual and pH recorded ≥ 3 times per day (3.G.1)                                                | Carloi gonoy numbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rrier protection availal           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Proper records of maintenance and chemicals added (3.G.1)                                                   | THOU GIG HIL WHILL DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Outy" sign posted (6.D.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Proper records of maintenance and chemicals added (5.5.1)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es are installed and a             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                             | - Cabion battot grat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | A CONTRACTOR OF THE PARTY OF TH |
| 3                                                                                                           | If yes, type used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | evice needed (6.E.2)               | res/No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Appropriate test kit (DPD or FAS-DPD) (3.G.2)                                                               | 41 Piping properly co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lor coded and marked               | (6.F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MSDS sheets available (3.G.4)                                                                               | 42 X Valves properly ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Supplemental Layers of Protection- Outdoor Pools                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed in a conspicuous lo             | cation (6.H)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 16 % Proper fencing and walls (4.A, 4.B)                                                                    | Hyai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enic Considerati                   | ons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 17 X Proper self-closing, self-latching gate (4.C)                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ns prohibited (7.A.1)              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ancillary Area and Facilities                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n the pool and/or deci             | k area (7.A.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Dressing and sanitary facilities properly constructed (5.A)                                                 | 46 Following correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | pollution of pool proce            | dures (7.B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Dressing and sanitary facilities properly maintained (5.A.3)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | swimmers and/or ani                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Furnished items cleaned and/or sanitized after use (5.D.1&2)                                                | Access to the control of the control | a Special Requi                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Shower before entering pool sign posted (5.D.3)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eparate/not interconne             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 22 % Pool data sheet posted in pump room (5.B.1)                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 104°F (9.B) Spa [                  | °F]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 23 Flow meter installed (5.B.2) Flow: gpm                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | osted and correct (9,C             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 24 Signification feeder installed (5.B.3) Type: MANUAL FEED                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pply and Waste                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 25 X <sup>3</sup> Water circulation adequate (5.B.4) UNKNOUN                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uate, safe, sanitary and           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pool: every [ ] hrs Spa: every [ ] hr NO MAN DEATH                                                          | 52 Proper backflow p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | арргочев (о.д. т)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Nading Pools and Water slide flumes: every   Thr                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | backwash disposal (8               | B 8 C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Nading Pools and Water slide flumes: every [ ]hr  Physical facilities maintained as safe and sanitary (5.C) | 1-1 It tohet water and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Daunwasii dispusai (0              | , 0.0/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <sup>1</sup> Max chlorine for pools is 4 and for a spa is 8. Max bromine for po                             | note to 7 and for a one to 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <sup>2</sup> Cyanuric Acid should  | d ha O If Indoor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <sup>3</sup> Water turnover rates: Pools every 6 hrs, Spas every 1/2 i                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| water turnover rates: Pools every 6 ms, Spas every 1/2 i                                                    | in, wading roots every nour, wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iter Slide Fluilles ever           | y nour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Notes: A 1100 Av. 020: A                                                                                    | 20 30 4 5 7 5 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11 -                               | 20. 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| POOL IS CLOSED. BICLOSE ENCL                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 TEMP, F                          | JUCINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| SUBMIT APPLICATION FOR POR                                                                                  | OL REGISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0, 10                                                                                                       | ^ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | Service Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Person in Charge (Signature)                                                                                | Gery Brann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:                              | 8-6-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 100                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | La Friday Control                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Health Inspector (Signature)                                                                                | Follow-up: (YES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Circle one) Folio                 | ow-up Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

## IMMINENT HEALTH HAZARD FINDING

Issued: August 11, 2020

Name of Establishment: Nature's Wilderness Resort License#- Unlicensed Address: 2 Upper Twain Rd West Baldwin, ME 04091

The imminent health hazard(s) noted below was found at the above-mentioned establishment. The Health Inspection Program recommends that the establishment immediately cease eating service/lodging/campground operations until such time as the hazard can be corrected and / or removed.

| removed.                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [ ] An extended loss of [ ] Excessive levels of d [X] Other: No license,                                                                                                                       | age backup into the establishment                                                                                                                                                                                                                                                                      |
| may result in a temporary suspensi-<br>with the Health Inspection Program<br>failure to address an imminent heal<br>Program to seek a court order to fu-<br>with the Health Inspection Program | rily cease operations and / or correct the hazard on or revocation of the establishment's license in for a period up to thirty days. In addition, the lth hazard may cause the Health Inspection ally suspend or revoke an establishment's license in.  iminated, please contact the Health Inspection |
|                                                                                                                                                                                                | lishment's representative Gerry Brown<br>ent's Public Health Inspector Laurie Davis.                                                                                                                                                                                                                   |
| Person in Charge please check appropria Voluntarily Close Refuse to Close                                                                                                                      |                                                                                                                                                                                                                                                                                                        |
| Person in Charge Signature: Sent via ema                                                                                                                                                       | ail to Gerry Brown, Director of Operations                                                                                                                                                                                                                                                             |

HHE-603 REV 8/6/19 bw

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

| STATE OF MAINE            | ) NOTICE OF ADMINISTRATIVE |
|---------------------------|----------------------------|
| vs.                       | ) PENALTY ASSESSMENT )     |
| Natures Wilderness Resort | )<br>)<br>)                |

This Notice of Administrative Penalty Assessment is issued to Natures Wilderness Resort, pursuant to 22 MRS §2498 and 10-144 CMR Chapter 201, whereby, the State of Maine, Department of Health and Human Services, Maine Center for Disease Control and Prevention, Division of Environmental and Community Health, Health Inspection Program (the Department) may seek and impose administrative remedies for any non-compliance with Maine eating and lodging licensing statutes and/or rules.

### I. FINDINGS/AUTHORITY:

- The Department is the agency of the executive branch of government charged with the responsibility of administering and enforcing the statutes, rules and regulations adopted pursuant to Maine statute (22 M.R.S. Chapter 562).
- Natures Wilderness Resort is an unlicensed campground as defined in Section (1)(A)(7) of the Administration and Enforcement of Establishments Licensed by the Health Inspection Program Rule. The establishment's principal place of business is in West Baldwin, Maine.
- Natures Wilderness LLC is the owner of Natures Wilderness Campground and is responsible for complying and
  operating in accordance with the Campground Rules and the Administration and Enforcement of Establishments
  Licensed by the Health Inspection Program Rule.
- 4. Pursuant to 22 M.R.S. §2498(1)(B), the Department may direct an eating establishment, eating and lodging place, lodging place, recreational camp, youth camp, public pool or public spa or campground to correct any violations in a manner and within a timeframe that the Department determines is appropriate to ensure compliance with state rules or to protect public health.
- Pursuant to 10-144 C.M.R. Ch. 201, §6(F)(1), a campground must immediately cease operations and notify the
  Department if an imminent health hazard may exist because of circumstances that may endanger public health. The
  Department may set a period of time in which the conditions posing an imminent health hazard must be corrected.
- On August 5, 2020, the Department received a complaint about Natures Wilderness Resort being an unlicensed campground.

- On August 6, 2020, Inspector Laurie Davis conducted a complaint investigation and interviewed the Director of Operations Gerry Brown. Inspector Davis found an unlicensed campground. Mr. Brown stated that he had been working with Kate Tufts from the State of Maine Drinking Water Program (DWP) and that everything was ok as far as the drinking water system was concerned. He also stated that he had approval from the town of Baldwin to operate up to 60 sites at the campground and that he had engineered plans for the campground. He stated that the Licensed Plumbing Inspector for Baldwin had approved the septic for the campground and that he was under the impression he had obtained all required permits to operate the campground. He also stated that he had been working with the Maine State Department of Environmental Protection for compliance. Inspector Davis contacted Lisa Silva, Manager of the Health Inspection Program to apprise her of the complaint findings. Based upon the information supplied by Mr. Brown it was determined that a conditional license to operate the campground could be issued once the campground had applied for the campground license and the information presented could be verified.
- 8. On August 11, 2020 Inspector Davis received notice via phone from Kate Tufts (DWP) that Natures Wilderness Resort had received well drilling approval but no water testing had been done on the system and there had not been any final approval issued for the system. She stated if there were people present in the campground, the campground would need to be on a Do Not Drink Order.
- 9. On August 11, 2020 Inspector Davis had a telephone conversation with Mr. Brown informing him that the Department would not be able to issue Natures Wilderness Resort a conditional campground license because the Health Inspection Program had been informed by the State of Maine Drinking Water Program that the campground did not have approval for the drinking water system. Inspector Davis informed Mr. Brown that he would need to close the campground and have the guests currently onsite vacate the premises. Mr. Brown told Inspector Davis that he was not willing to close the campground and that he would not ask his current guests to leave.
- 10. On August 11, 2020 Inspector Davis issued an Imminent Health Hazard (IHH) finding for the campground. The IHH cited Natures Wilderness Resort with operating without a license for 4-5 weeks, not testing the drinking water system and operating the campground while under a Do Not Drink Order issued by the State of Maine Drinking Water Program. The IHH was delivered via email to Mr. Brown at brownconstruction24@yahoo.com.
- 11. On August 13, 2020 Inspector Davis received an email from Natures Wilderness Resort confirming that the opening date of the campground was July 4, 2020 and in response to her email question about his plans for cancelling future reservations stated, "We hope to keep the reservations we have because shutting down would financially ruin us."
- Social media posts on Natures Wilderness Campground's Facebook page showed that Natures Wilderness Resort's campground was open and operating on August 16, 2020 and August 17, 2020.
- 13. Inspector Davis took pictures of the pool being accessed by a member of the public and the temporary fencing being open for foot traffic to the pool on August 18, 2020. She also observed the campground in operation with many of the cabins and RV sites occupied.
- 14. The Department is authorized to impose Administrative Penalties of up to \$100 per violation per day, pursuant to 10-144 C.M.R. Ch. 201§§6(F) and 8(F), for operating in violation of an IHH; and authorized to impose fines for unlicensed operation, pursuant to 10-144 C.M.R. Ch. 201§8(E).

## II. NOTICE OF ADMINISTRATIVE PENALTY ASSESSMENT:

Pursuant to Maine statute (22 MRS §2498) and the Administration and Enforcement of Establishments Regulated by the Health Inspection Program Rule (10-144 CMR Chapter 201), the Department hereby issues this formal Notice of

Administrative Penalty Assessment to the establishment and imposes administrative penalties against the establishment for the amount of \$1,600, which has been calculated as set forth below:

| 0 | Operating unlicensed from July 4, 2020 to present: | \$500   |  |
|---|----------------------------------------------------|---------|--|
| 0 | August 11, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 12, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 13, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 14, 2020 operation in violation of IHH:     | \$100   |  |
| ۰ | August 15, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 16, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 17, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 18, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 19, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 20, 2020 operation in violation of IHH:     | \$100   |  |
| 0 | August 21, 2020 operation in violation of IHH:     | \$100   |  |
| T | OTAL:                                              | \$1,600 |  |

#### III. GENERAL PROVISIONS:

- 1. The establishment remains responsible for operating in a manner that complies with Maine statutes and applicable license regulations, including the requirement that they comply with the IHH.
- 2. The establishment shall make payment by <u>bank check or money order</u> to "Treasurer, State of Maine". The full amount of the penalty is due within 30 days of receipt of this Notice of Penalty Assessment. Please send payment to the following address:

Attn: Carol Gott, Licensing Clerk
Maine CDC Health Inspection Program
11 State House Station – 286 Water Street
Augusta, Maine 04333-0011

- 3. The establishment has the right to appeal the above penalty amount and request an administrative hearing. Requests for a hearing must be made in writing to the Department within 30 days of receipt of this penalty assessment. A request for hearing must be sent to Lisa Silva, Program Manager at the Health Inspection Program by emailing Lisa at <a href="mailto:lisa.silva@maine.gov">lisa.silva@maine.gov</a> or mailing the request to the address above.
- 4. A representative of the establishment may contact Lisa Silva by telephone at (207) 287-5691 or email at <a href="mailto:lisa.silva@maine.gov">lisa.silva@maine.gov</a>, if there are any questions about the Administrative Notice of Penalty Assessment.
- 5. According to 22 MRS §2498(3), the Department is authorized to withhold processing of a license until the Licensee pays all penalties due, including those cited in this Penalty Assessment or in subsequent penalties assessed.

 Continued violation may result in additional formal enforcement, which may include referral for civil action to the Maine Attorney General's Office. Civil referrals may result in civil fines and attorney fees incurred by the Department being imposed against you, in addition to the administrative penalties currently due.

Dated this 21st day of August, 2020.

Lisa M. Silva, Program Manager

Lin M. Silva

Health Inspection Program

Division of Environmental & Community Health

Lisa.Silva@maine.gov

PHONE: (207) 287-5671 TTY USERS: Dial 711 (Maine Relay)

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

### VIA CERTIFIED MAIL/ELECTRONIC MAIL

Ec: natureswildernessresort@gmail.com; laurie.davis@maine.gov

August 21, 2020

ATTN: Gerry Brown Natures Wilderness Resort 2 Upper Twain Rd Baldwin, ME 04091

RE: Notice of Administrative Penalty Assessment-Natures Wilderness Resort - unlicensed campground

Dear Gerry Brown:

Pursuant to its authority under 22 M.R.S. §2498 and 10-144 C.M.R.Ch. 201, §8, the State of Maine, Department of Health and Human Services, Maine Center for Disease Control and Prevention, Health Inspection Program (the Department) is imposing an administrative penalty against your campground for unlicensed operation in violation of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program. The Notice of Administrative Penalty Assessment for Natures Wilderness Resort is enclosed.

Should you have any questions, please contact Lisa Silva by telephone at (207) 287-5691 or email at <u>Lisa.Silva@maine.gov</u>, if there are any questions about the Administrative Notice of Penalty Assessment.

Sincerely,

Lisa M. Silva, Program Manager

Lisi M. Silva

Health Inspection Program

Division of Environmental & Community Health

Lisa.Silva@Maine.Gov

cc: Laurie Davis, District Health Inspector; Carol Gott, License Clerk; Michelle Mason Webber, Compliance Specialist; Rebecca Walsh, Supervisor; Tera Pare, Manager of Maine CDC Policy and Compliance

Enclosures: Notice of Administrative Penalty Assessment

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

| STATE OF MAINE                   | ) ) NOTICE OF ADMINISTRATIVE |
|----------------------------------|------------------------------|
| vs.                              | ) PENALTY ASSESSMENT )       |
| Natures Wilderness Resort (Pool) | )<br>)<br>)                  |

This Notice of Administrative Penalty Assessment is issued to Natures Wilderness Resort, pursuant to 22 MRS §2498 and 10-144 CMR Chapter 201, whereby, the State of Maine, Department of Health and Human Services, Maine Center for Disease Control and Prevention, Division of Environmental and Community Health, Health Inspection Program (the Department) may seek and impose administrative remedies for any non-compliance with Maine eating and lodging licensing statutes and/or rules.

## I. FINDINGS/AUTHORITY:

- The Department is the agency of the executive branch of government charged with the responsibility of administering and enforcing the statutes, rules and regulations adopted pursuant to Maine statute (22 M.R.S. Chapter 562).
- Natures Wilderness Resort is an unlicensed pool as defined in Section (1)(A)(63) of the Administration and Enforcement of Establishments Licensed by the Health Inspection Program Rule. The establishment's principal place of business is in West Baldwin, Maine.
- Natures Wilderness LLC is the owner of Natures Wilderness Resort and is responsible for complying and operating
  in accordance with the Public Pool and Spa Rules and the Administration and Enforcement of Establishments
  Licensed by the Health Inspection Program Rule.
- 4. Pursuant to 22 M.R.S. §2498(1)(B), the Department may direct an eating establishment, eating and lodging place, lodging place, recreational camp, youth camp, public pool or public spa or campground to correct any violations in a manner and within a timeframe that the Department determines is appropriate to ensure compliance with state rules or to protect public health.
- Pursuant to 10-144 C.M.R. Ch. 201, §6(F)(1), a public pool must immediately cease operations and notify the
  Department if an imminent health hazard may exist because of circumstances that may endanger public health. The
  Department may set a period of time in which the conditions posing an imminent health hazard must be corrected.
- On August 5, 2020, the Department received a complaint about Natures Wilderness Resort being an unlicensed campground.

- 7. On August 6, 2020, Inspector Laurie Davis conducted a complaint investigation and interviewed Director of Operations Gerry Brown. Inspector Davis found an unlicensed pool with excessive violations. Inspector Davis issued an Imminent Health Hazard (IHH) finding for the pool and hand-delivered it to Mr. Brown.
- 8. On August 11, 2020, Inspector Davis received a text from Gerry Brown that included a picture of a sign next to the pool, saying the pool was closed.
- A social media post on Natures Wilderness Campground's Facebook page showed that Natures Wilderness Resort's pool was open and operating on August 17, 2020.
- 10. Inspector Davis took pictures of the pool being accessed by a member of the public and the temporary fencing being open for foot traffic to the pool on August 18, 2020. There was no sign stating that the pool was closed.
- 11. The Department is authorized to impose Administrative Penalties of up to \$100 per violation per day, pursuant to 10-144 C.M.R. Ch. 201§§6(F) and 8(F), for operating in violation of an IHH; and to impose fines up to \$200 per day for unlicensed operation pursuant to 22 MRS §2498 (1)(C).

#### II. NOTICE OF ADMINISTRATIVE PENALTY ASSESSMENT:

Pursuant to Maine statute (22 MRS §2498) and the Administration and Enforcement of Establishments Regulated by the Health Inspection Program Rule (10-144 CMR Chapter 201), the Department hereby issues this formal Notice of Administrative Penalty Assessment to the establishment and imposes administrative penalties against the establishment for the amount of \$600, which has been calculated as set forth below:

| 0 | August 17, 2020 operation in violation of IHH: | \$100 |
|---|------------------------------------------------|-------|
| 0 | August 17, 2020 operating unlicensed:          | \$200 |
| 0 | August 18, 2020 operation in violation of IHH: | \$100 |
| 0 | August 18, 2020 operating unlicensed:          | \$200 |
| T | OTAL:                                          | \$600 |

#### III. GENERAL PROVISIONS:

- The establishment remains responsible for operating in a manner that complies with Maine statutes and applicable
  license regulations, including the requirement that they comply with the IHH.
- 2. The establishment shall make payment by <u>bank check or money order</u> to "Treasurer, State of Maine". The full amount of the penalty is due within 30 days of receipt of this Notice of Penalty Assessment. Please send payment to the following address:

Attn: Carol Gott, Licensing Clerk
Maine CDC Health Inspection Program
11 State House Station – 286 Water Street
Augusta, Maine 04333-0011

- 3. The establishment has the right to appeal the above penalty amount and request an administrative hearing. Requests for a hearing must be made in writing to the Department within 30 days of receipt of this penalty assessment. A request for hearing must be sent to Lisa Silva, Program Manager at the Health Inspection Program by emailing Lisa at <a href="mailto:lisa.silva@maine.gov">lisa.silva@maine.gov</a> or mailing the request to the address above.
- 4. A representative of the establishment may contact Lisa Silva by telephone at (207) 287-5691 or email at Lisa.Silva@maine.gov, if there are any questions about the Administrative Notice of Penalty Assessment.

PHONE: (207) 287-5671

TTY USERS: Dial 711 (Maine Relay)

- 5. According to 22 MRS §2498(3), the Department is authorized to withhold processing of a license until the Licensee pays all penalties due, including those cited in this Penalty Assessment or in subsequent penalties assessed.
- 6. Continued violation may result in additional formal enforcement, which may include referral for civil action at Maine's Attorneys General Office. Civil referrals may include civil fines in addition to the administrative penalties currently due, which may require you to pay further expenses, including attorney fees incurred by the Department.

Dated this 21st day of August, 2020.

Lisa M. Silva, Program Manager

Health Inspection Program

Division of Environmental & Community Health

Lisa.Silva@Maine.Gov

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

## VIA CERTIFIED MAIL/ELECTRONIC MAIL

Ec: natureswildernessresort@gmail.com; laurie.davis@maine.gov

August 21, 2020

ATTN: Gerry Brown Natures Wilderness Resort 2 Upper Twain Rd Baldwin, ME 04091

RE: Notice of Administrative Penalty Assessment- Natures Wilderness Resort - unlicensed public pool

Dear Gerry Brown:

Pursuant to its authority under 22 MRS §2498 and 10-144 C.M.R.Ch. 201, §8, the State of Maine, Department of Health and Human Services, Maine Center for Disease Control and Prevention, Health Inspection Program (the Department) is imposing an administrative penalty against your public pool for unlicensed operation in violation of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program. The Notice of Administrative Penalty Assessment for Natures Wilderness Resort is enclosed.

Should you have any questions, please contact Lisa Silva by telephone at (207) 287-5691 or email at <u>Lisa.Silva@maine.gov</u>, if there are any questions about the Administrative Notice of Penalty Assessment.

Sincerely,

Lisa M. Silva, Program Manager Health Inspection Program

Division of Environmental & Community Health

Lisa.Silva@Maine.Gov

cc: Laurie Davis, District Health Inspector; Carol Gott, License Clerk; Michelle Mason Webber, Compliance Specialist; Rebecca Walsh, Supervisor; Tera Pare, Manager of Maine CDC Policy and Compliance

Enclosures: Notice of Administrative Penalty Assessment

PHONE: (207) 287-5671

TTY USERS: Dial 711 (Maine Relay)