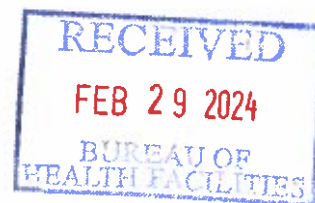


IU

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF LEGAL AND REGULATORY SERVICES  
HEALTH FACILITIES ADMINISTRATION  
129 Pleasant Street, Concord, NH 03301  
TDD Access: Relay NH 1-800-735-2964  
Agency Phone: 603-271-9039



**APPLICATION FOR RESIDENTIAL, HEALTH CARE LICENSE OR SPECIAL HEALTH CARE SERVICES**

EXISTING FACILITY LICENSE #: \_\_\_\_\_  
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: \_\_\_\_\_

THIS APPLICATION SHALL BE FILLED OUT IN ACCORDANCE WITH RSA 151:4. A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LICENSURE CATEGORY. **PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION.** IF A SECTION DOES NOT APPLY TO YOUR FACILITY, MARK NOT APPLICABLE (N/A). FAILURE TO COMPLETE THE APPLICATION WILL RESULT IN A DELAY IN THE LICENSURE PROCESS. SEND THE ENTIRE COMPLETED FORM TO THE ADDRESS ABOVE. IF YOU NEED TO REVIEW YOUR LICENSING RULES, THEY CAN BE FOUND ONLINE AT: <https://www.dhhs.nh.gov/administrative-rules-health-facilities>

Check all applicable items:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> License renewal:       | <input type="checkbox"/> *New facility:         | <input type="checkbox"/> Other (please explain):      |
| <input checked="" type="checkbox"/> *New owner: | <input type="checkbox"/> **Change in # of beds: | <input type="checkbox"/> ***Change in classification: |
| <input type="checkbox"/> **Change in address:   |   |   |

- \* Requires processing as a new application.
- \*\* Requires Local Approval Forms
- \*\*\*Requires both

LICENSEE (Legal Owner of Facility): Littleton Hospital Association TELEPHONE #: (603)444-9000

NAME OF FACILITY (DBA): Lincoln Urgent Care TELEPHONE #: (603) 607-6040

FAX #: (603) 444-0443

STREET ADDRESS: 33 Railroad St CITY: Lincoln STATE: NH ZIP: 03251

MAILING ADDRESS: 600 Saint Johnsbury Rd CITY: Littleton STATE: NH ZIP: 03561

ADMINISTRATOR: Robert F. Nutter, President & CEO

MEDICAL DIRECTOR (IF APPLICABLE): Edward Duffy, MD

FACILITY E-MAIL ADDRESS (REQUIRED): geninfo@lrhcares.org

**IF APPLICABLE:**

NUMBER OF BEDS: PRESENTLY LICENSED: N/A TOTAL # TO BE LICENSED: N/A

NUMBER OF HCBC CFI OR STATE PLACED INDIVIDUALS IN HOME (Complete for He-P 804, He-P 805 and He-P 814): N/A

NUMBER OF ESRD STATIONS (Completed for He-P 811 licensees only): N/A

BRANCH OFFICE LOCATIONS (Complete if applies under He-P 809.07, 819.07, 822.07 & 823.07 only):

N/A

**OWNERSHIP**

- a. Type of ownership:  Association  Partnership  Corporation  
 LLC  Individual  Other (explain)
- b. List name and address of each person having an ownership interest (directly or indirectly) of greater than 5% in the facility. N/A
- c. If the licensee is organized as an association or corporation, list the name of the association or corporation and the name, address, and title of each officer. See attached Board of Trustees List
- d. If the licensee is a partnership, list the name and address of each partner. N/A
- e. Is this a certified facility? (**Facilities with deem status under RSA 151**)  YES  NO  
 Only applies to He-P 802, 803, 809, 811, 812, 815, & 823
- If you are already a certified facility, is this an increase in services? If YES, please call 1-800-852-3345 ext. 9049
- f. Are you planning on being a certified facility? If YES, please call 1-800-852-3345 ext. 9049

**FEES:**

Hospitals (General, CAH, Psychiatric, Rehabilitation) (802)	\$25 per licensed bed
Free Standing Emergency Rooms (802)	\$500
Nursing Homes (803)	\$25 per licensed bed
Residential and Supported Residential Care Homes (804 & 805)	\$15 per licensed bed (NO CHARGE FOR HCBC OR NH STATE PLACED RESIDENTS)
Non-Emergency Walk-In Care Centers (806)	\$500
Residential Treatment and Rehabilitation Facilities (807)	\$25 per licensed bed
Home Health Care Providers (809)	\$250
Birthing Centers (810)	\$150
End Stage Renal Disease Dialysis Centers (811)	\$500
Ambulatory Surgical Centers (812)	\$500
Intermediate Care Facilities for Individuals with Intellectual Disabilities(ICF/IID)(815)	\$25 per licensed bed
Educational Health Centers (816)	\$500
Adult Day Care Centers (818)	\$200
Case Management Agencies (819)	\$150
Home Care Service Provider Agencies (822)	Less than ten clients \$25; Ten or more clients \$250
Home Hospice Care Providers (823)	\$250
Hospice Houses (824)	\$25 per licensed bed
Substance Use Disorder Residential Treatment Facilities (826)	\$25 per licensed bed
Freestanding Megavoltage Radiation Therapy Facility (827)	\$500
Psychiatric Residential Treatment Programs (830)	\$25 per licensed bed

A check or money order (payable to: **TREASURER, STATE OF NEW HAMPSHIRE**) must be attached to this application. Attached.

Applications submitted by those facilities exempt under RSA 151:4 I (a), (b) & (c) are not required to pay the license fee.

**ADDITIONAL APPLICATION REQUIREMENTS: NOTE THAT NOT ALL APPLICATION REQUIREMENTS ARE LISTED HERE PLEASE REFER TO THE APPROPRIATE RULE TO DETERMINE OTHER ITEMS THAT NEED TO BE SUBMITTED.**

1. Renewal applications must be submitted at least 120 days prior to expiration of the current license. **(Yearly)**
2. Include qualifications, including a resume with education and experience, and copies of all applicable licenses and certifications, for the administrator and medical director **(if applicable). (Initial Application Only, unless changing Administrator or Medical Director)**
3. Include information relative to whether the facility has been granted any waivers, exemptions, or variances to the rules by the Department of Health and Human Services and/or the State Fire Marshal. **(Yearly)**
4. Include a floor plan indicating the location of all rooms, # of beds in each bedroom, and fire exits. **(Initial Application Only – NOT FOR He-P 809, 819, 820 & 823)**
5. Include NH Secretary of State Authority to do business in the State of NH and/or tradename registration **(Initial Application Only)**
6. Include written local approvals from the health officer, the building official, the zoning officer, and the fire chief. For a building under construction, the written approvals required shall be submitted at the time of the application based on the local official's review of the building plans and again upon completion of the construction project. **(Initial Application Only for ALL categories)**
7. Include documentation that the water supply has been tested in accordance with RSA 485 and Env-Dw 702.02 and 704.02 (formerly Env-Ws 313.01 and 314.01). **(Initial Application Only – NOT FOR He-P 809, 819, 820 & 823)**
8. Include documentation that **every 3 years** the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702.02 (formerly Env-Ws 313.01) for bacteria and Env-Dw 704.02 (formerly Env-Ws 314.01) for nitrates. **(NOT FOR He-P809, 819, 820 & 823)**
9. Include a list of all employees who have previously been granted waivers for criminal background check results from the Department of Health and Human Services. **(Yearly and on initial application if change of ownership or category)**
10. Include the results of a criminal records check to include results for the state of New Hampshire for the applicant(s), the licensee (owner even if entity) if different than the applicant, the administrator, medical director and, if applicable, each household member 17 years of age or older who resides at the facility. **(Initial Application Only)**

**FACILITY SERVICE DESCRIPTION: Complete even on renewal**

The following information will be used to determine which licensure category your facility will be placed in.

- I. Provide a detailed description of the services and programs you wish to provide. See attached narrative.
- \*II. Describe the facility's health care you wish to provide to residents. N/A
- \*III. Identify who will provide the health care listed in II. N/A

\*To be completed if applying for beds

**SIGNATURES:** This application must be signed by:

1. The owner if a private facility;
2. Two officers if a corporation;
3. Two authorized individuals if an association or partnership; or
4. The head of the government agency if a government unit.

I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.

DATE: \_\_\_\_\_ SIGNED: Robert F. Nutter  
Robert F. Nutter (Feb 27, 2024 14:20 EST) Robert F. Nutter, President & CEO  
(NAME AND TITLE)

DATE: \_\_\_\_\_ SIGNED: Jeffrey Woodward  
Jeffrey Woodward (Feb 27, 2024 13:39 EST) Jeff Woodward, Chair, Board of Trustees  
(NAME AND TITLE)

**For all facilities to be newly licensed as an ambulatory surgical center (He-P 812), hospital (He-P 802), birthing center (He-P 810), walk in care center (He-P 806), dialysis center (He-P 811), or special health care service (He-P 802 and He-P 827) located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):**

I affirm that I have complied with 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(NAME AND TITLE)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(NAME AND TITLE)

**HFA OFFICE USE ONLY**

CHECK NUMBER: 505233  
 APPLICATION COMPLETE: \_\_\_\_\_

AMOUNT: 500.00  
 NOT COMPLETE: \_\_\_\_\_  
 (Describe in comments)

NEW  RENEWAL  CHANGE

QUALIFICATIONS OF ADMINISTRATOR	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COPY OF ADMINISTRATOR LICENSE	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LIST OF EMPLOYEES WITH WAIVERS	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
WATER TEST (INITIAL OR 3YR)	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
FLOOR PLAN*	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
SECRETARY OF STATE INFORMATION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LOCAL APPROVAL	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LICENSURE INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COMPLIED WITH RSA 151:4-a	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES  NO

LICENSURE CATEGORY:

- |   |   |
|---|---|
| <input type="checkbox"/> 02 Hospitals (General, CAH, Psychiatric, Rehabilitation) | <input type="checkbox"/> 14 Community Residence                           |
| <input type="checkbox"/> 03 Nursing Homes   | <input type="checkbox"/> 15 ICF/IID                                       |
| <input type="checkbox"/> 04 Residential Care Home Facility                        | <input type="checkbox"/> 16 Educational Health Services                   |
| <input type="checkbox"/> 05 Supported Residential Health Care Facility            | <input type="checkbox"/> 18 Adult Day Care                                |
| <input type="checkbox"/> 06 Non-Emergency Walk-in Care                            | <input type="checkbox"/> 19 Case Management                               |
| <input type="checkbox"/> 07 Residential Treatment & Rehabilitation Facility       | <input type="checkbox"/> 22 Home Care Service Provider                    |
| <input type="checkbox"/> 09 Home Health Care Provider                             | <input type="checkbox"/> 23 Home Hospice Care Provider                    |
| <input type="checkbox"/> 10 Birthing Center                                       | <input type="checkbox"/> 24 Hospice House                                 |
| <input type="checkbox"/> 11 End Stage Renal Disease Dialysis                      | <input type="checkbox"/> 26 Substance Use Disorder Res Treatment Facility |
| <input type="checkbox"/> 12 Ambulatory Surgical Center                            | <input type="checkbox"/> 27 Freestanding Megavoltage Radiation Therapy    |
|   | <input type="checkbox"/> 30 Psychiatric Residential Treatment             |

REVIEWED BY: \_\_\_\_\_  
 (NAME & TITLE) (DATE)

ISSUE ANNUAL LICENSE: YES \_\_\_\_\_ NO \_\_\_\_\_

LICENSE CERTIFICATE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

NUMBER OF PATIENTS/STATIONS/BEDS: \_\_\_\_\_

NOTES:

COMMENTS ON CERTIFICATE:



**LINCOLN URGENT CARE**  
**February 2024**

Our goal is to provide Non-emergency walk-in care center services at the facility located in Lincoln, NH where a patient can receive medical care which is not of an emergency life-threatening nature, without making an appointment and without the intention of developing an ongoing care relationship with the licensed practitioner in accordance with the New Hampshire Code of Administrative Rules Chapter He-P 800, Part He-P 806 Non-Emergency Walk-In Care Centers. This care will be provided at the existing healthcare facility located in Lincoln, NH. Our clinic will be open for the services hours of 08:00 am and 8:00pm, seven days per week.



**Littleton Regional Healthcare**  
600 St Johnsbury Rd  
Littleton, NH 03561

**Profile Information**

**Name:** Robert Nutter  
**SSN:** \*\*\*-\*\*-6518  
**DOB:** 07/26/\*\*\*\*  
**Date Completed:** 09/25/2023  
**AKA Name:** NUTTER, BOB

\* Document(s) Attached

**The following are included in this report:**

Search Type	Detail	Status
Social Security Report		Complete
Statewide Criminal	Maine	Complete - No Record
Statewide Criminal	Maine	Complete - No Record
County Criminal	Grafton, New Hampshire	Complete - No Record
County Criminal	Grafton, New Hampshire	Complete - No Record
County Criminal	Charlotte, Florida	Complete - No Record
County Criminal	Charlotte, Florida	Complete - No Record
National Multi-Jurisdictional Search	Multi-Jurisdiction	Complete
National Multi-Jurisdictional Search	Multi-Jurisdiction	Complete
Healthcare Sanctions Level 3 (OIG/GSA)		No Record
Healthcare Sanctions Level 3 (OIG/GSA)		No Record
Statewide Criminal - NH	New Hampshire	Complete - No Record

**Social Security Report**

**Social Security Number** \*\*\*-\*\*-6518  
**Name** Robert Nutter  
**DOB** 07/26/\*\*\*\*  
**Search ID** 47817045  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023

**Results**

This search was performed for location purposes

This search examines a commercial database to generate information useful for completing this report.

**Statewide Criminal**

**Jurisdiction Searched** Maine

**Name Searched** Robert Nutter  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817050  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Records Searched** 7 year Felony and Misdemeanor  
**Status** No Records Found

PLEASE NOTE: Results reflect search of statewide repository hosting felony and misdemeanor criminal records; however, some lower level criminal and non-criminal history information may be included in these results. Please see NOTICE below for additional information.

### Statewide Criminal

---

**Jurisdiction Searched** Maine  
**Name Searched** BOB NUTTER  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817052  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Records Searched** 7 year Felony and Misdemeanor  
**Status** No Records Found

PLEASE NOTE: Results reflect search of statewide repository hosting felony and misdemeanor criminal records; however, some lower level criminal and non-criminal history information may be included in these results. Please see NOTICE below for additional information.

### County Criminal

---

**Jurisdiction Searched** Grafton, New Hampshire  
**Name Searched** Robert Nutter  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817039  
**Date Ordered** 09/08/2023  
**Date Completed** 09/25/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

### County Criminal

---

**Jurisdiction Searched** Grafton, New Hampshire  
**Name Searched** BOB NUTTER  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817041  
**Date Ordered** 09/08/2023  
**Date Completed** 09/25/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years



**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

**County Criminal**

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**Jurisdiction Searched** Charlotte, Florida  
**Name Searched** BOB NUTTER  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817044  
**Date Ordered** 09/08/2023  
**Date Completed** 09/11/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

**County Criminal**

---

**Jurisdiction Searched** Charlotte, Florida  
**Name Searched** Robert Nutter  
**DOB Searched** 07/26/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-6518  
**Search ID** 47817042  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

**National Multi-Jurisdictional Search**

---

**Jurisdiction Searched** Multi-Jurisdiction  
**Name Searched** Robert Nutter  
**DOB** 07/26/\*\*\*\*  
**SSN** \*\*\*-\*\*-6518  
**Search ID** 47817047  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Results**  
Complete

This search examines a commercial database to identify jurisdictions in which to search for potential criminal records.

**National Multi-Jurisdictional Search**

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**Jurisdiction Searched** Multi-Jurisdiction  
**Name Searched** BOB NUTTER

**DOB** 07/26/\*\*\*\*  
**SSN** \*\*\*-\*\*-6518  
**Search ID** 47817049  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023

**Results**  
Complete

This search examines a commercial database to identify jurisdictions in which to search for potential criminal records.

### Healthcare Sanctions Level 3 (OIG/GSA)

---

**Name Searched** Robert Nutter  
**DOB** 07/26/\*\*\*\*  
**SSN** \*\*\*-\*\*-6518  
**Search ID** 47817036  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023

**Status** No Record

**Results**  
No Record

### Healthcare Sanctions Level 3 (OIG/GSA)

---

**Name Searched** BOB NUTTER  
**DOB** 07/26/\*\*\*\*  
**SSN** \*\*\*-\*\*-6518  
**Search ID** 47817038  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023

**Status** No Record

**Results**  
No Record

### Statewide Criminal - NH

---

**Name Searched** Robert Nutter  
**DOB** 07/26/\*\*\*\*  
**SSN** \*\*\*-\*\*-6518  
**Search ID** 47817046  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023

**Information Provided**

State	New Hampshire
Driver's License Number	Driver's License Number
Driver's License Number	Driver's License Number
Driver's License State	Driver's License State
Hair Color	Hair Color
Eye Color	Eye Color
Gender	Gender

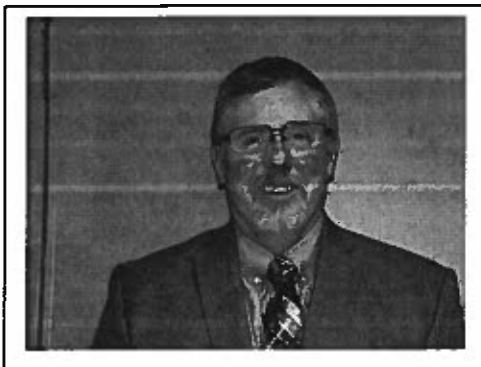
**Status** Complete - No Record

**Results**  
Complete - No Record

**NOTICE:**

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This report was prepared by Global HR Research, LLC ("GHRR"), 9530 Marketplace Road, Fort Myers FL 33912, Toll Free: 1-800-790-1205, [www.ghrr.com](http://www.ghrr.com). For any county or statewide criminal record searches which may be shown on the report above, please be aware Records Searched does not necessarily reflect number of years reported. The jurisdictions searched do not reflect on whether the subject of the report ever resided in that jurisdiction. For county searches, results reflect a search of the predominantly used index at the principal courthouse where felony and misdemeanor criminal records are located; additionally, lower level criminal and non-criminal history information obtained from the courthouse may be included in these results. Prison and probation periods reflect original sentencing at time of adjudication and not actual time served. Pending cases filed more than 7 years ago are not reported. If the subject of this report is a resident of CA, MA, MT, or NM, GHRR will only report convictions occurring in the last seven years, irrespective of the jurisdiction from which the criminal history originates.



**ROBERT F. NUTTER**  
**President & CEO**

Robert F. Nutter was selected as the President of Littleton Regional Healthcare by the Board of Trustees in January of 2016. In October, 2019, he was appointed as LRH's Chief Executive Officer.

Bob comes to LRH from a position of Vice President and Chief Operating Officer for Mercy Health System of Maine in Portland, Maine. He served Mercy for over 18 years first as its Vice President & Chief Human Resource Officer and then as Vice President of HR and Support Services, CHRO. In his most recent role as VP & COO, he led the operational transition of Mercy ownership from CHE to EMHS, including championing six operational integration teams and Certificate of Need application components in support of the transition. Bob developed and executed on a plan to improve operational performance by \$18M over a 2-year period. Bob also developed and led orthopedic co-management model with independent orthopedic practices organized into an LLC structure. He increased orthopedic surgical volume by 29% over the first 2 years of operations and saved \$850,000 in annualized orthopedic implant cost. While at Mercy, Bob executed on a strategic to expand minor emergency services (Urgent Care) resulting in a 20% increase in ED volume with a 17% increase in commercial payor mix and established an Occupational Health service line and clinic (WorkHealth) as part of Mercy's and EMHS' direct to employer strategy.

Prior to his leadership roles at Mercy Bob served as Corporate Director of Human Resources, Administration and Facilities at Cole-Haas in New York. In this capacity as the top Human Resource, Facilities and Loss Prevention executive role, reporting to the President & CEO and Nike's CAO, Bob provided strategic leadership and direction for all related activities for the retail, wholesale manufacturing and international divisions. Prior to this role, Bob worked at Marriott International in Washington, D.C. as Director of Operations, Controller, Director of Human Resources, and Director of Marketing.

Bob received his undergraduate degree from University of Southern Maine in Portland, Maine, his Business Administration & Industrial Relations from New Hampshire College Graduate School of Business in Manchester, New Hampshire. Additionally, he received CHE Leadership Academy Graduate Certificates from Seton Hall in Orange, New Jersey.

State of New Hampshire  
Department of Health and Human Services  
Bureau of Elderly and Adult Services (BEAS)

3655  
10/22

**BEAS STATE REGISTRY CONSENT FORM**  
**(RSA 161-F:49\*)**

**Employer Information**

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: Littleton Regional Healthcare

Employer Contact: Karley Harris

Mailing Address: 600 St. Johnsbury Road

City/State/Zip: Littleton NH 03561

Telephone: 603-575-6340

Email: kaharris@lrhcares.org

**Employee Information**

Last name: Nutter First name: Robert Middle Initial: F

Mailing address: PO Box 425 City/State/Zip: Franconia NH 03580

Telephone: 270-650-2441 Gender:  Female  Male

Email: rnutter@lrhcares.org

Also known by the following names (Maiden Name, etc.):

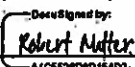
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: Month 07 Day 26 Year 1966 Last 4 Digits of Social Security #: 6518

Position: President & CEO Select one:  Applying  Current Position  
 Employee  Consultant  Volunteer  Vendor  Other \_\_\_\_\_

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature:  Date: 9/27/2023

Relationship to Employee: \_\_\_\_\_ Email: \_\_\_\_\_

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>,

Call: (603) 271-8154 or Email: [BEASStateRegistry@dhhs.nh.gov](mailto:BEASStateRegistry@dhhs.nh.gov)

**FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL**

No Finding  Positive Finding  Unable to Process

Name: ANGELE RIVERS Date: 9/27/2023



Littleton Regional Healthcare
600 St Johnsbury Rd
Littleton, NH 03561

Profile Information

Name: Edward Duffy
SSN: \*\*\*-\*\*-2213
DOB: 01/01/\*\*\*\*
Date Completed: 09/25/2023

\* Document(s) Attached

The following are included in this report:

Table with 3 columns: Search Type, Detail, Status. Rows include Social Security Report, County Criminal (Grafton, Carroll, Warren), National Multi-Jurisdictional Search, Healthcare Sanctions Level 3, and Statewide Criminal - NH.

Social Security Report

Social Security Number: \*\*\*-\*\*-2213
Name: Edward Duffy
DOB: 01/01/\*\*\*\*
Search ID: 47817015
Date Ordered: 09/08/2023
Date Completed: 09/08/2023

Results

This search was performed for location purposes

This search examines a commercial database to generate information useful for completing this report.

County Criminal

Jurisdiction Searched: Grafton, New Hampshire
Name Searched: Edward Duffy
DOB Searched: 01/01/\*\*\*\*
SSN Searched: \*\*\*-\*\*-2213
Search ID: 47817005
Date Ordered: 09/08/2023
Date Completed: 09/25/2023
Records Searched: 7 years - Felony and Misdemeanor

**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

### County Criminal

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**Jurisdiction Searched** Carroll, New Hampshire  
**Name Searched** Edward Duffy  
**DOB Searched** 01/01/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-2213  
**Search ID** 47817009  
**Date Ordered** 09/08/2023  
**Date Completed** 09/25/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

### County Criminal

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**Jurisdiction Searched** Warren, New Jersey  
**Name Searched** Edward Duffy  
**DOB Searched** 01/01/\*\*\*\*  
**SSN Searched** \*\*\*-\*\*-2213  
**Search ID** 47817012  
**Date Ordered** 09/08/2023  
**Date Completed** 09/11/2023  
**Records Searched** 7 years - Felony and Misdemeanor  
**Years Searched** 7 years  
**Status** No Records Found

PLEASE see the NOTICE at the end of this Report for important information about understanding this search result.

### National Multi-Jurisdictional Search

---

**Jurisdiction Searched** Multi-Jurisdiction  
**Name Searched** Edward Duffy  
**DOB** 01/01/\*\*\*\*  
**SSN** \*\*\*-\*\*-2213  
**Search ID** 47817019  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Results**  
Complete

This search examines a commercial database to identify jurisdictions in which to search for potential criminal records.

### Healthcare Sanctions Level 3 (OIG/GSA)

---

**Name Searched** Edward Duffy

**DOB** 01/01/\*\*\*\*  
**SSN** \*\*\*-\*\*-2213  
**Search ID** 47817002  
**Date Ordered** 09/08/2023  
**Date Completed** 09/08/2023  
**Status** No Record

**Results**  
No Record

**Note**  
Updated DOB: 02/07/1955 - 09/08/23 6:59 AM Karley Harris (Client)

### Statewide Criminal - NH

---

<b>Name Searched</b>	Edward Duffy
<b>DOB</b>	01/01/****
<b>SSN</b>	***-**-2213
<b>Search ID</b>	47817018
<b>Date Ordered</b>	09/08/2023
<b>Date Completed</b>	09/08/2023
<b>Information Provided</b>	
State	New Hampshire
Driver's License Number	Driver's License Number
Driver's License Number	Driver's License Number
Driver's License State	Driver's License State
Hair Color	Hair Color
Eye Color	Eye Color
Gender	Gender
<b>Status</b>	Complete - No Record
<b>Results</b>	
Complete - No Record	

### NOTICE:

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This report was prepared by Global HR Research, LLC ("GHRR"), 9530 Marketplace Road, Fort Myers FL 33912, Toll Free: 1-800-790-1205, www.ghrr.com. For any county or statewide criminal record searches which may be shown on the report above, please be aware Records Searched does not necessarily reflect number of years reported. The jurisdictions searched do not reflect on whether the subject of the report ever resided in that jurisdiction. For county searches, results reflect a search of the predominantly used index at the principal courthouse where felony and misdemeanor criminal records are located; additionally, lower level criminal and non-criminal history information obtained from the courthouse may be included in these results. Prison and probation periods reflect original sentencing at time of adjudication and not actual time served. Pending cases filed more than 7 years ago are not reported. If the subject of this report is a resident of CA, MA, MT, or NM, GHRR will only report convictions occurring in the last seven years, irrespective of the jurisdiction from which the criminal history originates.



State of New Hampshire  
Department of Health and Human Services  
Bureau of Elderly and Adult Services (BEAS)

3655  
10/22

**BEAS STATE REGISTRY CONSENT FORM**  
(RSA 161-F:49\*)

**Employer Information**

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: Littleton Regional Healthcare

Employer Contact: Karley Harris

Mailing Address: 600 St. Johnsbury Road

City/State/Zip: Littleton NH 03561

Telephone: 603-575-6340

Email: kaharris@lrhcares.org

**Employee Information**

Last name: Duffy First name: Edward Middle Initial: J

Mailing address: 600 Saint Johnsbury Rd City/State/Zip: Littleton NH 03561

Telephone: 603-444-9579 Gender:  Female  Male

Email: eduffy@lrhcares.org

Also known by the following names (Maiden Name, etc.):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: Month 2 Day 7 Year 1955 Last 4 Digits of Social Security #: 2213

Position: EVP/CMO Select one:  Applying  Current Position  
 Employee  Consultant  Volunteer  Vendor  Other \_\_\_\_\_

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature:  Date: 9/27/2023

Relationship to Employee: \_\_\_\_\_ Email: \_\_\_\_\_

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

**FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL**

No Finding  Positive Finding  Unable to Process

Name: ANGELE RIVERS Date: 9/27/2023

**Curriculum Vitae  
Of  
Edward L. Duffy, MD, MBA, FACEP**

**Education**

Bachelor of Arts, University of Massachusetts/Boston, 1978  
Graduate Teaching Fellow, University of Vermont Graduate College, Department of Anatomy and Neurobiology, 1978-1981  
Doctor of Medicine, St. George's University School of Medicine, 1985  
Master of Business Administration, Auburn University, 2017

**Post Graduate Training**

General Surgery, St. Francis Medical Center, Trenton NJ/ Hahnemann University School of Medicine, PGY-1, 1985-86  
Family Practice Residency, Warren Hospital, Phillipsburg, NJ/Robert Wood Johnson Medical School, PGY-2-4, 1987-1990

**Credentials**

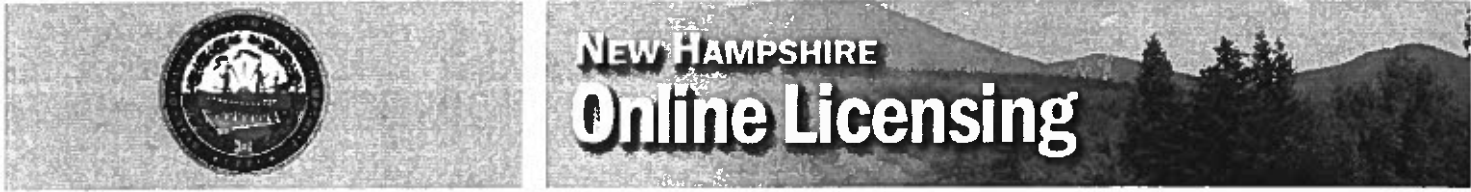
Board Certification in Emergency Medicine, Diplomate, American Board of Physician Specialties in Emergency Medicine, 2003, recertified 2010  
Fellow of the American College of Emergency Physicians, 2009  
American Board of Family Practice, Diplomate, 1990  
New Hampshire Medical License 8293, Issued April 4 ,1990

**Current Professional**

Senior Vice President of Medical Affairs Littleton Regional Healthcare 2017-present  
Chief Medical Officer, Littleton Regional Healthcare 2016-present  
Medical Director, Emergency Department, Littleton Regional Healthcare, 1992-present  
Attending Physician, Emergency Medicine, Littleton Regional Healthcare 1991-present  
EMS Medical Director, Littleton Regional Healthcare, 1992-present  
Medical Director, NH North Country EMS Conference, 1993-present

**Past Professional**

Trustee, North Country Healthcare, 2016-present  
Chairman of the Board, Littleton Hospital Association, 2006-2007  
Trustee, Littleton Hospital Association, 2002-2012  
Board Member, Littleton Regional Healthcare Charitable Foundation, 2004-2014  
Board Member, NH Chapter of the American College of Emergency Medicine, 2009-2012  
Medical Staff President, Littleton Regional Healthcare, 2002  
President, North Country EMS Consortium, 1992-1997  
Chairman and Secretary, NH A-3 EMS District, 1992-1995  
Emergency Department Attending Physician, Huggins Hospital, Wolfeboro, NH, 1990-1991  
Emergency Department Staff Physician, Warren Hospital, Phillipsburg, NJ, 1990  
Part-Time Staff Physician, Stat-Care & Redi-Care Urgent Care, Phillipsburg, NJ and Easton PA, 1988-1990  
Medical Advisor and Ski Patroller, Wildcat Mountain , Pinkham Notch, NH, 1986-1987  
Advanced Cardiac Life Support, Instructor, 1991-2009  
Advanced Trauma Life Support, Instructor, 1999-2000



**nh.gov**  
**Licensing**  
**Home**

Person Information			
Name: EDWARD L DUFFY, III MD			
License Information			
License No: 8293 Profession: Medicine License Type: Physician			
License Status: Active Issue Date: 4/4/1990 Expiration Date: 6/30/2024			
Additional Information			
Specialty:		Emergency Medicine	
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
No			
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	ST GEORGE'S UNIV SCH OF MED-GRENADA	WEST INDIES	1985
Internship	WARREN HOSPITAL -PHILLIPSBURGH,NJ		1989
Residency	WARREN HOSPITAL - PHILLIPSBURGP NJ		1989
Remarks			
No Related Documents			
Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.			



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2023 Report (2022 Data)

BULK WATER DELIVERIES

Bulk Water Source	Dates of Water Delivery	Gallons Delivered	Reason for Delivery

If a drinking water public notice, MCL, Monitoring/Reporting, or treatment technique violation has occurred, the following table should be used to explain the violation and health effects:

VIOLATIONS	Date of violation	Explain violation	Length of violation	Action taken to resolve	Health Effects (Env-Dw 804-810)
Public notice	NONE				N/A
Monitoring and Reporting (M/R)	NONE				N/A
MCL	NONE				<i>Insert health effects language for contaminant from Env-Dw 804-810</i>
E. coli MCL	NONE				E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal waste. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater risk for infants, young children, the elderly, and people with severely compromised immune systems. We violated the standard for E. coli, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct a detailed assessment to identify problems and to correct any problems that are found.
TT (Treatment Technique)	NONE				Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms can cause symptoms such as diarrhea, nausea, cramps, and associated headaches.
Filtration/disinfection Processes	NONE				Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

The Revised Total Coliform Rule requires an assessment or an investigation of the water system when certain conditions occur:

ASSESSMENTS

During the past year we were required to conduct Assessment(s)	Number of assessments required in the reporting year	Number of assessments completed in the reporting year	Number of corrective actions required	Number of corrective actions completed	
Level I	NONE				
Level II	NONE				
Level III	NONE				E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal waste. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater risk for infants, young children, the elderly, and people with severely compromised immune systems. We found E. coli bacteria, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

We were required to complete a Level II assessment because we found E. coli in our water system

**Microbiological Contaminants**

Contaminant (Units)	Level Detected*	Date	MCL	MCL-G	Violation YES/NO	Likely Source of Contamination	Health Effects of Contaminant
<i>E. coli</i> Bacteria	Identifi./total # of positive samples		0	0		Human and animal fecal waste	<i>E. coli</i> are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems.
Total Organic Carbon (ppm)	RAA 2.03 Highest 2.3 Range 1.67-2.3	2022	TT	N/A		Naturally present in the environment	Total organic carbon (TOC) has no health effects. However, total organic carbon provides a medium for the formation of disinfection byproducts. These byproducts include trihalomethanes (THMs) and haloacetic acids (HAAs). Drinking water containing these byproducts in excess of the MCL may lead to adverse health effects, liver or kidney problems, or nervous system effects, and may lead to an increased risk of getting cancer.
Turbidity (NTU)	Highest Month Feb & Dec 0.06 Highest monthly rate: Feb. 0.22 To assist in Disinfection etc	2-20-22	TT	N/A	NO	Soil runoff	Turbidity has no health effects. However, turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

**Radioactive Contaminants**

Contaminant (Units)	Level Detected*	Date	MCL	MCL-G	Violation YES/NO	Likely Source of Contamination	Health Effects of Contaminant
Compliance Gross Alpha (pCi/L)			15	0		Erosion of natural deposits	Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.
Uranium (ug/L)			30	0		Erosion of natural deposits	Some people who drink water containing uranium in excess of the MCL over many years may have an increased risk of getting cancer and kidney toxicity.
Combined Radium 226 + 228 (pCi/L)	Cold Spring Wells 0.7 Pemi 0.4	2020	5	0		Erosion of natural deposits	Some people who drink water containing radium 226 or 228 in excess of the MCL over many years may have an increased risk of getting cancer.

**Inorganic Contaminants**

Contaminant (Units)	Level Detected*	Date	MCL	MCL-G	Violation YES/NO	Likely Source of Contamination	Health Effects of Contaminant
Asbestos (MFL)	ND	8/23/22	7	7	NO	Decay of asbestos cement water mains; erosion of natural deposits.	Some people who drink water containing asbestos in excess of the MCL over many years may have an increased risk of developing benign intestinal polyps.
Barium (ppm)	0.0040 0.0022 0.0028	8/23/22 8/23/22 11/15/22	2	2	NO	Discharge of drilling wastes, metal refinery, erosion of natural deposits	Some people who drink water containing barium in excess of the MCL over many years could experience an increase in their blood pressure.

\*If applicable report average, range, and date sampled if prior to the reporting year. Level detected must be reported as whole number, see Env-Dw 811, Appendix B for conversions.

PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) CONTAMINANTS

Contaminant (Units)	Level Detected*	Date	MCL	MCLG	Violation YES/NO	Likely Source of Contamination	Health Effects of Contaminant
Perfluorohexane sulfonic acid (PFHxS) (ppt)	ND	2020	18	0	NO	Discharge from industrial processes, wastewater treatment, residuals from firefighting foam, runoff/leachate from landfills and septic systems	Some people who drink water containing perfluorohexane sulfonic acid (PFHxS) in excess of the MCL over many years could experience problems with their liver, endocrine system, or immune system, or may experience increased cholesterol levels. It may also lower a woman's chance of getting pregnant.
Perfluorononanoic acid (PFNA) (ppt)	ND	2020	11	0	NO	Discharge from industrial processes, wastewater treatment, residuals from firefighting foam, runoff/leachate from landfills and septic systems	Some people who drink water containing perfluorononanoic acid (PFNA) in excess of the MCL over many years could experience problems with their liver, endocrine system, or immune system, or may experience increased cholesterol levels.
Perfluorooctane sulfonic acid (PFOS) (ppt)	ND	2020	15	0		Discharge from industrial processes, wastewater treatment, residuals from firefighting foam, runoff/leachate from landfills and septic systems	Some people who drink water containing perfluorooctane sulfonic acid (PFOS) in excess of the MCL over many years could experience problems with their liver, endocrine system, or immune system, may experience increased cholesterol levels, and may have an increased risk of getting certain types of cancer. It may also lower a woman's chance of getting pregnant.
Perfluorooctanoic acid (PFOA) (ppt)	ND	2020	12	0		Discharge from industrial processes, wastewater treatment, residuals from firefighting foam, runoff/leachate from landfills and septic systems	Some people who drink water containing perfluorooctanoic acid (PFOA) in excess of the MCL over many years could experience problems with their liver, endocrine system, or immune system, may experience increased cholesterol levels, and may have an increased risk of getting certain types of cancer. It may also lower a woman's chance of getting pregnant.

SECONDARY CONTAMINANTS

Secondary MCLs (SMCL)	Level Detected	Date	Treatment technique (if any)	SMCL	50% AGQS (Ambient groundwater quality standard)	AGQS (Ambient groundwater quality standard)	Specific contaminant criteria and reason for monitoring
Chloride (ppm) Cold Spring Well	31	2022	N/A	250	N/A	N/A	Wastewater, road salt, water softeners, corrosion
Fluoride (ppm)	Pcmi 0.78	2022	N/A	2	2	4	Some people who drink water containing fluoride in excess of the MCL over many years could get bone disease, including pain and tenderness of the bones. Fluoride in drinking water at half the MCL or more may cause mottling of children's teeth, usually in children less than 9-years old. Mottling also known as dental fluorosis may include brown staining and/or pitting of the teeth and occurs only in developing teeth before they erupt from the gums.
Iron (ppm)	<0.05	2022	N/A	0.3	N/A	N/A	Geological
Manganese (ppm)	<0.05	2022	N/A	0.05	0.15	0.3	Geological
Nickel (ppm) All Sources	<0.001	2022	N/A	Not established Reporting is required all detections	0.05	0.1	Geological, electroplating, battery production, ceramics

## 2023 Consumer Confidence Report

### Lincoln Water Works

PWS ID# 1351010

#### Introduction

As a responsible public water system (PWS), our mission is to deliver the best quality drinking water and reliable service at the lowest appropriate cost. Aging infrastructure presents challenges for maintaining safe quality drinking water and continuous improvements are necessary. We have begun the process to design and build a water storage tank to help with the pressure and fire flow in the best possible pressure zone location. In the coming year we intend to continue working with the US Forest Service and other stakeholders to obtain easements and the proper approvals to proceed with this water storage tank project located up at South Peak; began engineering for water main replacement on Route 3 from Boise Brook pump station to the Flume storage tank.

These investments along with on-going operation and maintenance costs are supported by a matching grant; taxpayer dollars and a private donor. When considering the high value we place on water, it is truly a bargain to have water service that protects public health, fights fires, supports businesses and the economy, and ensures high-quality drinking water is always available at your tap.

#### What is a Consumer Confidence Report?

The Consumer Confidence Report (CCR) details the quality of your drinking water, where it comes from, and how to get more information. This annual report documents all detected primary and secondary drinking water contaminants and their respective standards known as Maximum Contaminant Levels (MCLs).

The sources of drinking water (both tap water and

bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

**Microbial contaminants**, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

**Inorganic contaminants**, such as salts and metals, which can be naturally occurring or result from urban storm water runoff, industrial or domestic wastewater discharges, oil and gas production, mining or farming.

**Pesticides and herbicides**, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

**Organic chemical contaminants**, including per- and polyfluoroalkyl substances, synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.

**Radioactive contaminants**, which can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the number of certain contaminants in water provided by public water systems. The US Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

#### What is the source of my drinking water?

The Lincoln Water Treatment Plant is the source of our water. Water comes from several locations that run into the Treatment Plant:

**Loon Pond #005**, a pond located on White Mountain National Forest land that feeds water to Little Loon Pond and then into a small reservoir. The water from this surface water source is classified as Class A water,

which is treated at the Water Treatment Plant.

**East Branch of the Pemigewasset River #006**, a river located within the White Mountain National Forest, with many tributaries that drain the surrounding Lincoln Woods and provides sufficient water to the Town's intake facility. The water from this surface water source is classified as Class B water, which is also treated at the Water Treatment Plant.

*Note: Class A water is a better-quality raw water than Class B water because it contains less bacteria. Because water from both Loon Pond and the East Branch of the Pemigewasset River are treated through the Water Treatment Plant, all bacteria is removed from both sources. Therefore, the difference between Class A water and Class B water is not a matter of concern.*

**Cold Springs Well Group #004**, A ground water source located on Route 3 which is used mainly during the high demand periods. This water originates from the Main Branch of the Pemigewasset River. Water from wells must be chlorinated to destroy any bacteria that may be present and pH levels are adjusted to protect against corrosion.

**Why are contaminants in my water?** Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

**Do I need to take special precautions?** Some people may be more vulnerable to contaminants in drinking water than the general population. Immunocompromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline at 1-800-426-4791.

Source Water Assessment Summary

### NOW IT COMES WITH A LIST OF INGREDIENTS.





Route 125 & Pinkham Road  
 Lee, New Hampshire  
 (603)-868-1457  
 ( Mail to: PO Box 555, Barrington, NH )

Date: January 3, 2022

Reference #: S122921D

Client: Brent Johnson

Water location: 33 Railroad Street  
 Linclon, NH

Test Method	ANALYTE (mg/L) = milligrams per liter (µg/L) = micrograms per liter	EPA MAXIMUM recommended concentration	YOUR WATER'S VALUE < means less than	Exceeds Primary Standard	Exceeds Secondary Standard
EPA 300.0	Fluoride (mg/L)	4.0	0.65	-	-
EPA 300.0	Chloride (mg/L)	250	< 10	-	-
EPA 300.0	Nitrite-N (mg/L)	1.0	< 0.50	-	-
EPA 300.0	Nitrate-N (mg/L)	10.0	< 1.0	-	-
EPA 150.1	pH (range)	(6.5 - 8.5)	6.4 @ 17 °C	-	X
SM 2340B	Hardness (mg/L)	No limit	< 10	-	-
EPA 200.8	Sodium (mg/L)	250	13.7	-	-
EPA 200.8	Iron (mg/L)	0.300	< 0.050	-	-
EPA 200.8	Manganese (mg/L)	0.050	< 0.001	-	-
EPA 200.8	Copper (mg/L)	1.300	0.351	-	-
EPA 200.8	Lead (mg/L)	0.015	0.0021	-	-
EPA 200.8	Arsenic (mg/L)	0.010	< 0.001	-	-
EPA 200.8	Uranium (µg/L)	30.0	< 0.5	-	-
Colilert	Total Coliform Bacteria	absent	absent	-	-
Collert	<u>E. Coli</u> Bacteria	absent	absent	-	-

THE TESTED PARAMETERS MEET FEDERAL PRIMARY DRINKING WATER STANDARDS. Secondary standards measure the aesthetic quality of the water and if exceeded should not affect healthy individuals. Analytes which exceed the recommended concentration or range are indicated with an X under the primary or secondary column above. Nitrate-N/nitrite-N should be analyzed within 48 hours of collection. Samples tested after this time period may not yield accurate results. pH should ideally be measured at the time of collection. Reported pH may differ from field measurement. This report relates only to the sample received.

Date/time sampled: 12/28/21 15:25  
 EPA 300.0 analysis: 12/29/21 11:56  
 Colilert analysis: 12/29/21 11:50  
 EPA 200.8 analysis: 01/03/22  
 EPA 150.1 analysis: 12/29/21 11:45  
 Date rec'd: 12/28/21 Temp (°C) rec'd: 9 On Ice: Y  
 Client email: brent@midlandgeneralcontractors.com

SEACOAST ANALYTICAL SERVICES is a NELAP Accredited Laboratory in NH #1733 and ME #NH00043. Please refer to our website at seacoastanalytical.com for a copy of our current certificates and accredited parameters. This sample was received and analyzed in compliance with the National Environmental Laboratory Accreditation Conference (NELAC) requirements unless noted. Please call with questions regarding this analysis.

THIS REPORT IS CONFIDENTIAL. IF YOU RECEIVE THIS INFORMATION IN ERROR, PLEASE CALL 603-868-1457.

Katy Anderson, Technical Director





Route 125 & Pinkham Road  
 Lee, New Hampshire  
 (603)-868-1457  
 ( Mail to: PO Box 555, Barrington, NH )

Date: December 20, 2021

Reference #: S121621D

Client: Midland General Contractors  
 Brent Johnson

Water location: 33 Railroad Street  
 Lincoln, NH

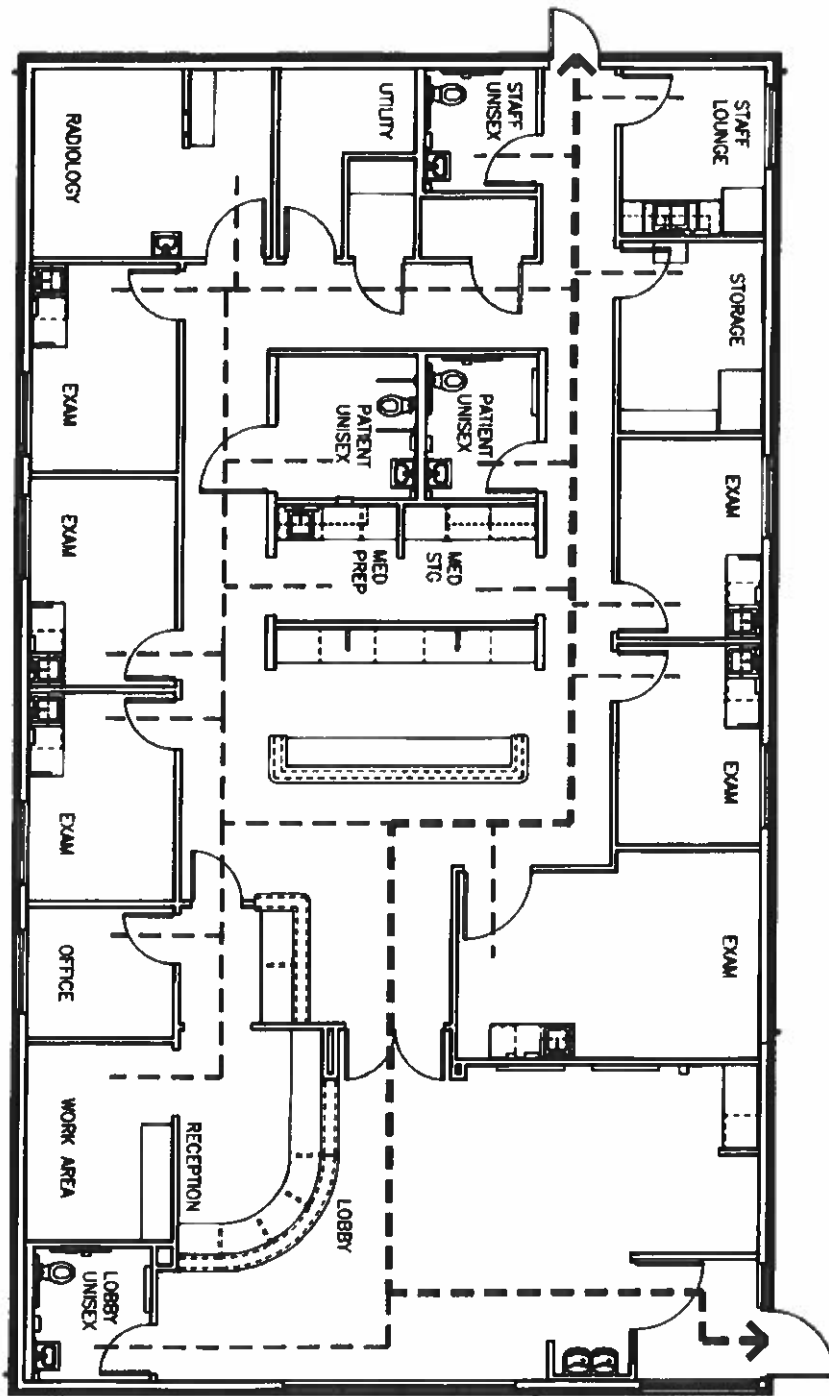
Test Method	ANALYTE (mg/L) = milligrams per liter (µg/L) = micrograms per liter	EPA MAXIMUM recommended concentration	YOUR WATER'S VALUE < means less than	Exceeds Primary Standard	Exceeds Secondary Standard
EPA 300.0	Fluoride (mg/L)	4.0	0.61	-	-
EPA 300.0	Chloride (mg/L)	250	< 10	-	-
EPA 300.0	Nitrite-N (mg/L)	1.0	< 0.50	-	-
EPA 300.0	Nitrate-N (mg/L)	10.0	< 1.0	-	-
EPA 150.1	pH (range)	(6.5 - 8.5)	6.2 @ 18 °C	-	X
SM 2340B	Hardness (mg/L)	No limit	< 10	-	-
EPA 200.8	Sodium (mg/L)	250	16.2	-	-
EPA 200.8	Iron (mg/L)	0.300	0.259	-	-
EPA 200.8	Manganese (mg/L)	0.050	0.011	-	-
EPA 200.8	Copper (mg/L)	1.300	1.78	X	-
EPA 200.8	Lead (mg/L)	0.015	0.0754	X	-
EPA 200.8	Arsenic (mg/L)	0.010	< 0.001	-	-
EPA 200.8	Uranium (µg/L)	30.0	< 0.5	-	-
Colifert	Total Coliform Bacteria	absent	absent	-	-
Colifert	<u>E. Coli</u> Bacteria	absent	absent	-	-

THE TESTED PARAMETERS DO NOT MEET FEDERAL PRIMARY DRINKING WATER STANDARDS. Secondary standards measure the aesthetic quality of the water and if exceeded should not affect healthy individuals. Analytes which exceed the recommended concentration or range are indicated with an X under the primary or secondary column above. Nitrate-N/nitrite-N should be analyzed within 48 hours of collection. Samples tested after this time period may not yield accurate results. pH should ideally be measured at the time of collection. Reported pH may differ from field measurement. This report relates only to the sample received.

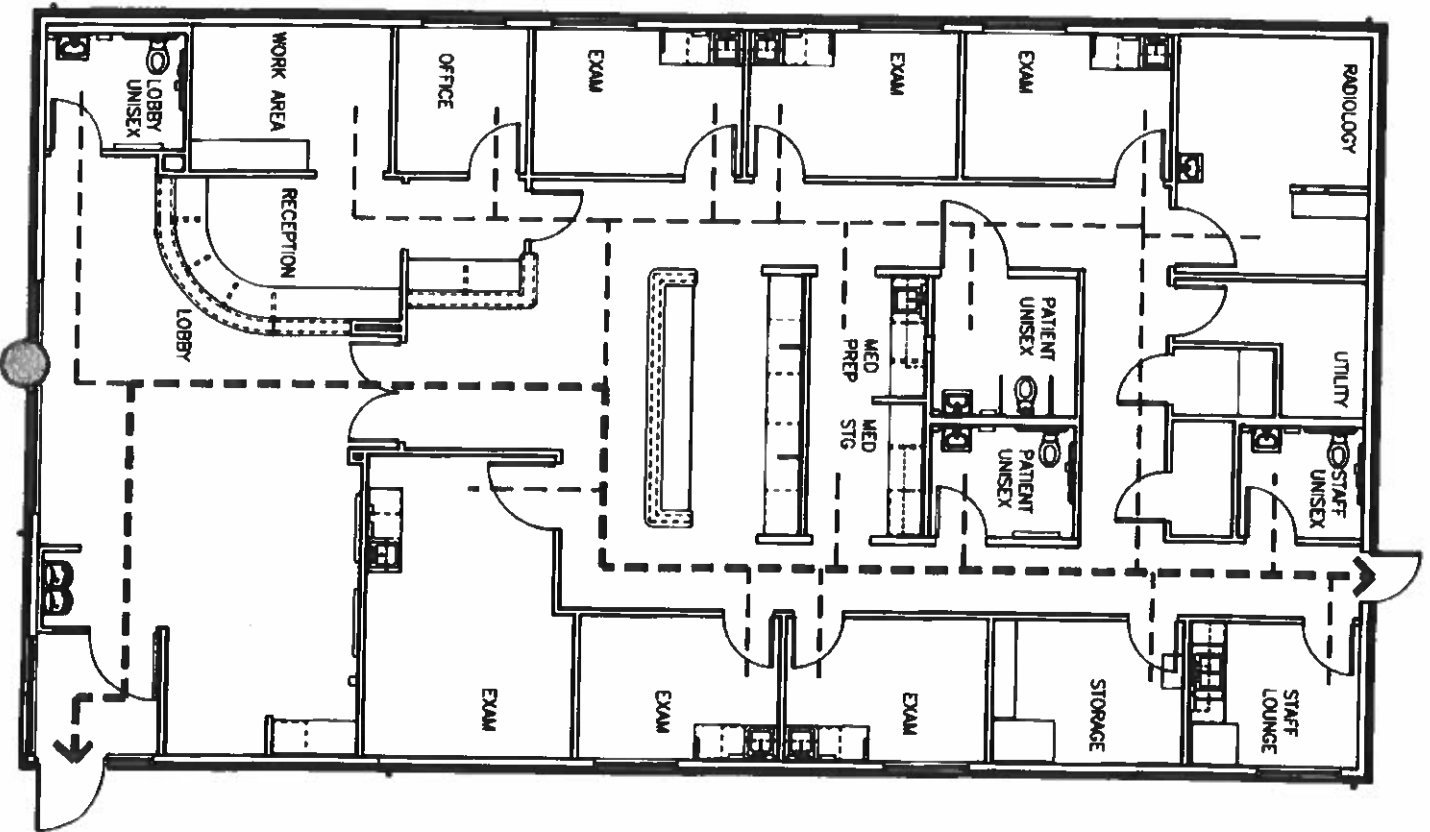
Date/time sampled: 12/16/21 10:00  
 EPA 300.0 analysis: 12/16/21 13:38  
 Colifert analysis: 12/16/21 13:30  
 EPA 200.8 analysis: 12/20/21  
 EPA 150.1 analysis: 12/16/21 12:10  
 Date rec'd: 12/16/21 Temp (°C) rec'd: 18 On Ice: N  
 Client email: brent@midlandgeneralcontractors.com  
 Turbidity above 1.0 NTU. Metals reported as dissolved.  
 THIS REPORT IS CONFIDENTIAL. IF YOU RECEIVE THIS  
 INFORMATION IN ERROR, PLEASE CALL 603-868-1457.

SEACOAST ANALYTICAL SERVICES is a NELAP Accredited Laboratory in NH #1733 and ME #NH00043. Please refer to our website at seacoastanalytical.com for a copy of our current certificates and accredited parameters. This sample was received and analyzed in compliance with the National Environmental Laboratory Accreditation Conference (NELAC) requirements unless noted. Please call with questions regarding this analysis.

Katy Anderson, Technical Director



**EMERGENCY EXIT PLAN**



**EMERGENCY EXIT PLAN**

BOARD OF TRUSTEES (2024)											
	LAST NAME	FIRST NAME	Board Term Dates	Year Eff Start	ADDRESS	Address	TOWN	STATE	ZIP	Position	Interest
1	Chisolm	Fred	Jan, 2027	Jan-18	13 White Birch Lane	13 White Birch Lane	West Lebanon	NH	03784	Elected Member	0%
2	Fitzpatrick	Patrick	Jan, 2026	Jan-19	53 Notchway Drive	53 Notchway Drive	Franconia	NH	03580	Elected Member, Treasurer	0%
3	Garrison	Ashley	Jan, 2027	Jan-18	1057 Profile Road	Box 649	Franconia	NH	03580	Elected Member, Secretary	0%
4	Goldberg	Stephen	Jan, 2026	Jan, 2017	110 Pearl Lake Road	110 Pearl Lake Road	Sugar Hill	NH	03586	Elected Member	0%
5	Jessenman	Richard	Jan, 2027	Jan-19	185 Jockey Hill Road	185 Jockey Hill Road	Landaff	NH	03585	Elected Member	0%
6	Morgan	Laurie	Jan, 2026	Jan, 2017	615 Foster Hill Road	615 Foster Hill Road	Littleton	NH	03561	Elected Member & LRH Auxiliary	0%
7	Noyes	Stephen	March, 2026	March, 2021	99 Cottage Street	99 Cottage Street	Bethlehem	NH	03574	Elected Member	0%
8	Reardon	Charl	March, 2026	March, 2021	14 Avery Farm Road	Box 435	N. Woodstock	NH	3262	Elected Member	0%
9	Smith	Paul	Jan, 2024	Jan-18	231 Birchcroft Drive	231 Birchcroft Drive	Littleton	NH	03561	Elected Member	0%
10	Tremblay	Tom	Jan, 2023	Jan-20	189 Main Street	Box 235	Lincoln	NH	03251	Elected Member	0%
11	Woodward	Jeff	Jan, 2027	Jan-14	38 Raven Lane	38 Raven Lane	Franconia	NH	03580	Elected Member, Chair	0%
12	MacLeod	Robert	Jan, 2026	Jan-22	101 Boulder Point Drive, St 1	7 Laurel Circle, #2, Thornton 03285	Plymouth	NH	03264	Elected Member	0%
13	Nutter	Bob	n/a	Oct-17	96 Franconia Mountains Road	Box 425	Franconia	NH	03580	Ex-Officio, LRH President & CEO	0%
14	Gouldie	Audrey	Jan, 2028	Jan-1-2023	40b North Main St		Bristol	NH	03222	Elected Member	0%
15	Lucas	Jennifer	n/a	Jan-1-2023	2433 Main Street		Bethlehem	NH	03561	Ex-Officio, President of Medical Staff	0%
16	McKenzie	Richard	Jan, 2026	Jan-21	316 Upper Valley Road		Bethlehem	NH	03574	Elected Member	0%

Littleton Hospital Association, Inc. dba Littleton Regional Healthcare, LHA is 100% controlling entity. Tax UD: 02-0222152. 600 St. Johnsbury Road, Littleton, New Hampshire 03561. 603-444-9000



# State of New Hampshire Department of State

Filed  
Date Filed : 09/13/2023 11:27:00 AM  
Effective Date : 09/13/2023 11:27:00 AM  
Filing # : 6320586 Pages : 2  
Business ID : 941997  
David M. Scanlan  
Secretary of State  
State of New Hampshire

Form TN-1  
RSA 349

## APPLICATION FOR REGISTRATION OF TRADE NAME

1: TRADE NAME

**LINCOLN URGENT CARE**

2: PRINCIPAL OFFICE INFORMATION **33 Railroad Street, Lincoln, NH, 03251, USA**

MAILING ADDRESS **600 St. Johnsbury Road, Littleton, NH, 03561, USA**

3: PRINCIPAL PURPOSE

NAICS CODE	NAICS SUBCODE
<b>62-Health Care and Social Assistance</b>	<b>498-All Other Outpatient Care Centers</b>

4: DATE OF TRADE NAME ORGANIZED **09/13/2023**

5-A : ENTITY APPLICANT

**LITTLETON HOSPITAL ASSOCIATION (60919)**

**600 Saint Johnsbury Road, Littleton, NH, 03561, USA**

**Robert F. Nutter**

**Chief Executive Officer**

SIGNATURE

TITLE

5-B : INDIVIDUAL APPLICANT

SIGNATURE

TITLE

5-C : TRADE NAME

SIGNATURE

TITLE

5-D : NON REGISTERED ASSOCIATION

SIGNATURE

TITLE

6: BUSINESS PHONE

**603-444-9501**

7: BUSINESS EMAIL

**geninfo@lrhcares.org**

8: NOTIFICATION EMAIL

**geninfo@lrhcares.org**

Mailing Address - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989

Physical Location - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH

Phone: (603)271-3246 | Fax: (603)271-3247 | Email: corporate@sos.nh.gov | Website: sos.nh.gov

**CERTIFY:**

By checking this box and continuing, each signatory certifies that the information provided herein is true, accurate, and complete to the best of his/her knowledge and belief, and that he/she has authorized the affixing of his/her electronic signature in accordance with the Electronic Signatures in Global and National Commerce Act (e-Sign) and N.H. RSA § 294-E. Further, each signatory understands that his/her electronic signature has full legal effect and enforceability and he/she intends this form, as signed, to be filed with the office of the New Hampshire Secretary of State.

**EFFECTIVE DATE:**

This statement shall be effective from: 09/13/2023

**DISCLAIMER:** All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

# State of New Hampshire

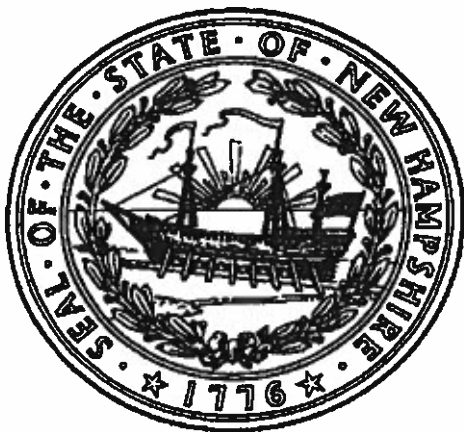
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LITTLETON HOSPITAL ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 04, 1906. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **60919**

Certificate Number: **0006590501**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 29th day of February A.D. 2024.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan  
Secretary of State

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Bureau of Licensing and Certification**  
**HEALTH FACILITIES ADMINISTRATION**  
129 Pleasant Street, Concord, New Hampshire 03301-3857  
TDD Access: Relay NH 1-800-735-2964  
Agency Phone Number: 603-271-9039

- Initial Licensing – This includes a change in ownership or address other than a 911 change
- A change in current licensing category
- New Construction and/or Renovation of Existing Building
- An increase in occupancy (ie: Beds, ESRD Stations or Clients)

**Please note:** All applicants must have each final inspection signed by local officials, even if they do not see clients at their place of business. This is to confirm that the local authorities are aware that a business is operating at the identified location and that the business complies with all local ordinances pursuant to RSA 151:4,III(3).

**Please note:** Applicants that are planning new construction, modifying/renovating or requesting a bed increase that involves modifications to the building must have both the plan review sections as well as the final inspection sections of the form completed and signed by building and fire officials.

FACILITY NAME: Lincoln Urgent Care  
STREET ADDRESS: 33 Railroad Street, Lincoln, NH 03251  
OWNERS'S NAME: Littleton Hospital Association dba Littleton Regional Healthcare  
ADMINISTRATOR NAME: Robert F. Nutter  
TELEPHONE NUMBER: 603-444-9501  
PROPOSED TYPE OF FACILITY: Non-Emergency Walk-In Care Center

**Local authorities please complete and sign each section:**

**HEALTH OFFICER**

I HEREBY CERTIFY THAT THE ENTITY Lincoln Urgent Care COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Lincoln

I HEREBY CERTIFY THAT THE CITY/TOWN OF Lincoln DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS FACILITY/ESTABLISHMENT.

NUMBER OF BEDS/CLIENTS: 6 Exam Rooms

FINAL INSPECTION: DATE: 2/28/24 SIGNATURE: [Signature]  
(NAME AND TITLE OF HEALTH OFFICIAL)

**BUILDING REGULATIONS**

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ BUILDING DEPARTMENT HAS REVIEWED THE PLANS FOR \_\_\_\_\_ ON \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

PLAN REVIEW: DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(NAME AND TITLE OF BUILDING OFFICIAL)

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ BUILDING DEPARTMENT HAS INSPECTED \_\_\_\_\_ ON \_\_\_\_\_ AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ BUILDING DEPARTMENT HAS INSPECTED \_\_\_\_\_ ON \_\_\_\_\_ AND ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.



I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ BUILDING DEPARTMENT HAS INSPECTED \_\_\_\_\_ ON \_\_\_\_\_ AND FOUND NO VIOLATIONS OF THE BUILDING CODE.

I HEREBY CERTIFY THAT THE CITY/TOWN OF Lincoln DOES NOT HAVE LOCAL BUILDING CODES OR REGULATIONS.

NUMBER OF BEDS/CLIENTS: 6 Exam rooms

FINAL INSPECTION: DATE: 2/28/24 SIGNATURE: [Signature]  
(NAME AND TITLE OF BUILDING OFFICIAL)

### ZONING REGULATIONS

I HEREBY CERTIFY THAT THE ENTITY Lincoln Urgent Care COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF \_\_\_\_\_

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ DOES NOT HAVE LOCAL ZONING REGULATIONS.

NUMBER OF BEDS/CLIENTS: 6 Exam Rooms + 1 X-ray room

FINAL INSPECTION: DATE: 2/28/2024 SIGNATURE: [Signature]  
(NAME AND TITLE OF ZONING OFFICIAL)  
Carde A. Bont, Planner

### FIRE REGULATIONS

THIS CITY/TOWN USES THE FOLLOWING FIRE CODES: (EXAMPLE NFPA 101 CHAPTER \_\_\_\_\_.)

Current by the adopted codes - NFPA 7, NFPA 101

I HEREBY CERTIFY THAT THE CITY/TOWN OF Lincoln FD HAS REVIEWED THE PLANS FOR Lincoln Urgent Care ON X APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

PLAN REVIEW: DATE: 2/28/24 SIGNATURE: [Signature]  
(FIRE CHIEF OR DESIGNEE)

I HEREBY CERTIFY THAT THE CITY/TOWN OF Lincoln FD HAS INSPECTED Lincoln Urgent Care ON 2/28 AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT THE CITY/TOWN OF N/A FD HAS INSPECTED \_\_\_\_\_ ON \_\_\_\_\_ AND ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.

I HEREBY CERTIFY THAT THE CITY/TOWN OF Lincoln FD HAS INSPECTED LUC ON 2/28 AND FOUND NO VIOLATIONS OF THE STATE AND/OR LOCAL MUNICIPAL FIRE CODE.

NUMBER OF BEDS/CLIENTS: 6 Exam + 1 X-ray

FINAL INSPECTION: DATE: 2/28/24 SIGNATURE: [Signature]  
(FIRE CHIEF OR DESIGNEE)

# Town of Lincoln



## CERTIFICATE OF LAND USE COMPLIANCE

Issued on March 2, 2022

LUC 2021-39 M112 L018 Littleton Hospital Association, Inc.

### Land Use Permit No:

LUP 2021-39 M112 L018 Littleton Regional Healthcare Inc., - Urgent Care Medical Facility as issued to Applicant Midland General Contractors, Inc., c/o Brent Johnson) for Property Owner "Littleton Regional Healthcare, Inc.", Robert F. Nutter, CEO, on September 2, 2021. (The property is now owned by "Littleton Hospital Association, Inc.", 600 Saint Johnsbury, VT 03561.) The Land Use Authorization Permit was issued for:

- 3,600 SQUARE FOOT BUILDING TO BE USED AS AN URGENT CARE FACILITY
- STORMWATER MANAGEMENT FACILITIES
- ACCESS DRIVEWAY, PARKING LOT AND DRAINAGE SYSTEM
- WATER AND SEWER SERVICES
- ELECTRICAL SERVICES
- IMPROVEMENTS TO RAILROAD STREET/MAIN STREET INTERSECTION\*

Location: Map 112 Lot 039

Street Address/911 Address: 33 Railroad Street

Zoning District: General Use (GU) District

Name of Applicant: Midland General Contractors, Inc., c/o Brent Johnson

Address of Applicant: 716 Windsor Road, Loves Park, IL 61111

Name of Permit Land Owner: Littleton Regional Healthcare, Inc., Robert F. Nutter, CEO

Address of Permit Land Owner: 600 St. Johnsbury Road, Littleton, NH 03561

Name of Current Property Owner(s): Littleton Hospital Association

Address: 600 St. Johnsbury Road, Littleton, NH 03561

Dates of Inspections: December 30, 2021 (Project 90% complete), January 4, 2022 (Checked fire alarm systems) and February 28, 2022 (Final Inspection).

Inspected by: Ron Beard

Ron Beard, Fire Chief/Health Officer/Code Enforcement Officer

Date of Land Use Compliance Certificate: March 2, 2022



1. **INSPECTION:** This certificate is meant to indicate that the project has been inspected by the Fire Chief/Health Officer/Code Enforcement Officer and appears to comply with local ordinances, rules, and regulations of the Town of Lincoln.
2. **APPLICATION & PLANS:** All construction shall be in compliance with permit issued based on all plans submitted with the "Application for Land Use Authorization Permit (LUP)". The Land Use Permit was subject to the following conditions:

**Special Conditions:**

1. All work shall be completed in accordance with the following documents:
  - a. Revised Application for Land Use Permit as submitted by the applicant and accepted by the Town of Lincoln dated August 10, 2021.
  - b. Construction plans entitled "Proposed Lincoln Medical Development, Tax Map 112, Lot 18 Property, Railroad Street, Phase 1 Construction Plans, Lincoln, New Hampshire, April 2021, Revised August 2021" dated August 17, 2021 (latest revision), as prepared by Horizons Engineering, Littleton, NH.
  - c. Building plans entitled "ClearChoice MD Urgent Care, Railroad St., (Tap Map 112, Lot 18), Lincoln, NH" dated April 23, 2021, as prepared by Casco Diversified Company, St. Louis, MO.
  - d. Letter dated May 13, 2021, from Sean P. Toomey, P.E., Deputy State Fire Marshal approving the plans for the project as meeting the requirements of the state law relative to fire safety.
  - e. Stormwater Pollution Prevention Plan issued for the project.
  - f. Lincoln NH Driveway Permit issued for the proposed project on September 2, 2021.
  - g. This project shall comply with the NH State Commercial Energy Code as it applies to commercial buildings. The project plans comply with Commercial Energy Code as demonstrated with the sign-off from the NH Architect or Engineer Approval.
    - i. COMcheck Interior Lighting Compliance Certificate;
    - ii. COMcheck Exterior Lighting Compliance certificate;
    - iii. COMcheck Inspection Checklist; and
    - iv. COMcheck Mechanical Compliance Certificate.
  - h. NH DOT Driveway Permit issued for the proposed Lincoln Medical Development project.\*
    - i. *\*On February 23, 2022, the Planning Board granted the request of Applicant's Agent/Engineer Cathy Furtek Conway, PE, on behalf of the property owner Littleton Hospital Association, Inc., to amend CONDITION #1 of the Site Plan Review Approval which read: "Applicants shall obtain all necessary state and town permits and approvals..." to allow the Urgent Care Facility to receive a Land Use Compliance Certificate (LUCC) so that the Urgent Care Facility can open while the Applicant continues to work to obtain the NH DOT Driveway Permit for the second phase of the project (i.e., 44,000 square foot medical office building).*
  - i. NH DES Alteration of Terrain Permit issued for the proposed Lincoln Medical Development project; Permit No. AoT-1976.
    - i. *A Completion of Construction Notification Water Division/Alteration of Terrain of Terrain Bureau dated December 7, 2021, was signed and submitted to the Town on February 28, 2022 for "Lincoln Medical Development - Phase 1 only (main entrance drive, Urgent Care building/parking and stormwater forebay and infiltration basin). Note: Phase 2 construction has not yet begun. The date of completion of construction was December 3, 2021.*
  - j. Escrow Agreement issued for the proposed Lincoln Medical Development project. **Completed.**



2. Building construction shall not commence until the following conditions are met. Commencement of work for the building shall not begin without written authorization from the Town of Lincoln.
  - a. Applicant shall provide written verification of the electrical and mechanical (plumber) contractors who will be completing the work of the respective trade. Applicant shall provide the name, NH license number, mailing address and telephone and email of each of the firms completing the work.
    - i. *A list of professionals, the general contractor and subcontractors was supplied.*
3. A Land Use Compliance Certificate shall not be issued and occupancy of the facilities shall not be permitted until the following conditions are met.\*
  - a. Issuance of all permits by the New Hampshire Department of Transportation (NHDOT).\*
    - i. *\*As cited above, on February 23, 2022, the Planning Board granted the request of Applicant's Agent/Engineer Cathy Furtek Conway, PE, on behalf of the property owner Littleton Hospital Association, Inc., to amend CONDITION #1 of the Site Plan Review Approval which read: "Applicants shall obtain all necessary state and town permits and approvals..." to allow the Urgent Care Facility to receive a Land Use Compliance Certificate so that the Urgent Care Facility can open while the Applicant continues to work to obtain the NH DOT Driveway Permit for the second phase of the project (i.e., 44,000 square foot medical office building.*

**Standard Conditions:**

1. LOCAL ORDINANCES: All construction shall be in accordance with all local Ordinances and Regulations.
2. STATE BUILDING & FIRE CODES: All work performed under this permit shall comply with the NH State Building Code and Fire Code requirements under the jurisdiction of the State Fire Marshal. Applicant is responsible for coordinating with the State Fire Marshal prior to the commencement of construction to assure compliance with the appropriate Codes.
3. STATE AND FEDERAL PERMITS: All conditions associated with all state and federal permits issued for the project are also conditions of this Land Use Authorization Permit. Applicant and contractor(s) shall comply with requirements of said permits issued for the project.
4. SPACE CONVERSIONS: If unfinished basement and/or the attic are going to be converted into living space during or after this permit has been issued, the property owner shall obtain a Land Use Permit and pay the appropriate additional water and sewer tap fees and bedroom impact fees prior to construction and shall comply with all building and safety codes.
5. WATER & SEWER CONNECTIONS AND FEES:
  - a. Installation of the interior water fixtures and sewer fixtures shall be in accordance with the requirements of the Lincoln Water Regulations and the Lincoln Sewer Regulations, respectively.
    - i. *Water and sewer fees were adjusted based on what fixtures were found during the final inspection as required prior to issuing a Land Use Compliance Certificate. A Land Use Compliance Certificate shall not be issued until all water and sewer fees are paid in full to the Town of Lincoln. Fees were paid in full March 2, 2022.*
6. UTILITY COORDINATION: Prior to commencement of construction, the applicant or contractor shall confirm the location of any underground utilities with the appropriate utility authority. The applicant or his/her contractor is responsible for contacting Dig-Safe as required.
7. CONSTRUCTION CONTROL AFFIDAVITS AND AS-BUILT PLANS: Prior to the issuance of the Land Use Compliance Certificate, all notarized Construction Control Affidavit(s) and stamped as-built plans shall be filed with the Town to certify the building and facilities were built in accordance with the State Building Code and Fire Code and Town of Lincoln requirements. The Construction Control Affidavit(s) shall be signed by the contractor, the engineer(s) of record for the respective facilities and all of the licensed individual building specialists (i.e., architect, electrician, plumber, structural engineer, etc.). The as-built plans shall be stamped and signed by the design engineer of record who shall be a registered



professional engineer licensed in the State of New Hampshire. A Land Use Compliance Certificate shall not be issued until these requirements are met.

***As built plans were submitted to the Town on February 28, 2022.***

***The Town of Lincoln did not adopt NH RSA 674:52 to locally enforce the State Building Code and does not have a Building Code Inspector. RSA 155-A:71 provides that, in the absence of local enforcement authority, "the state fire marshal or the state fire marshal's designee shall have the authority to enforce the provisions of the state building code...." For this reason, the Town of Lincoln requires NH licensed members of various building trades and the contractor to sign and submit Construction Control Affidavits under penalties of perjury that they have complied with the applicable State Building Code and State Fire Codes. (See attached Construction Control Affidavits.)***

***The following Construction Control Affidavits were filed on February 28, 2022 and March 1, 2022 and are attached:***

1. **CONTRACTOR:** Brent Johnson, Midland General Contractors, Inc., 716 Windsor Road, Loves Park, IL 61111 (no NH State license required),
2. **PLUMBER:** Lewis W. Cassidy, President of McGee Company Inc. 126 Portland Street, Lancaster, NH 03584 (Master Plumber NH License #MBE0003155; Gas Fitter State of NH License #GFEO700817 has lapsed as of 8/31/2010. Affidavit shall not include work done as Gas Fitter.
3. **GAS FITTER:** A. (Augustine) David. Dodge, McGee Company Inc. 126 Portland Street, Lancaster, NH 03584 Gas Fitter State of NH License #GFEO700819.
3. **ELECTRICIAN:** David L. Smith, Gove Electric, LLC, 14 Gove Drive, Belmont, NH 03220, Electrician Master State of NH License #10934M.
4. **FIRE PROTECTION:** Shane E. Thornton, is listed for "Fire Protection", Master Electrician State of NH License #9414. No NH Fire Protection License listed, however, the Construction Control Affidavit says "Fire Alarm System, Security System (low voltage)". With low voltage systems, a Fire Safety Engineer is not required.
5. **ENGINEER:** (For Site Work, Stormwater Management System) Michael Duffy, PE, Horizons Engineering, Inc., 34 School Street, Littleton, NH 03561 with State License #8530.
6. **Diversified Architectural Professionals, DBA CASCO** Engineering Firm No: 02093  
12 Sunnen Drive, Suite 100  
St. Louis, MO 63143
  - a. **ARCHITECT:** Mark S. Bromeier, Architect's NH License #03994
  - b. **MECHANICAL ENGINEER:** Michael C. Grapperhaus Mechanical Engineer NH License #15538
  - c. **STRUCTURAL ENGINEER:** Mark A. Spalinger Structural Engineer NH License #13190
  - d. **ELECTRICAL ENGINEER:** Harry J. Aubman Electrical Engineer NH License #13191
8. **LAND USE COMPLIANCE CERTIFICATE:** The owner shall acquire a Land Use Compliance Certificate (LUCC) from the undersigned upon completion of construction and prior to use of the newly constructed areas.
15. **STORMWATER MANAGEMENT ORDINANCE:**
  - a. All subdivisions, developments and redevelopments which disturb fifteen thousand square feet (15,000 sf) or 50% of the lot or more shall submit a Stormwater Management Plan.
  - b. The applicant shall not adversely impact abutting properties, Town property, waterways, wetlands, waterbodies or other natural resource areas due to stormwater runoff from the site. The Planning Director reserves the right to require any development, redevelopment, single family home or duplex to install appropriate sedimentation and erosion control measures as determined by the Planning Director if, in the opinion of the Planning Director, such measures are warranted to protect abutting properties, Town property, waterways, wetlands, waterbodies or other natural resource areas.

*The Stormwater Management Ordinance was triggered by this project, a Stormwater Management Plan was submitted and the plan was implemented.*

16. **THIRD PARTY REVIEW:** Third party peer review for stormwater management was performed by Town Engineer Raymond H. Korber, P.E., M.S. of KV Partners, LLC of PO Box 7721, Gilford, NH 03247.

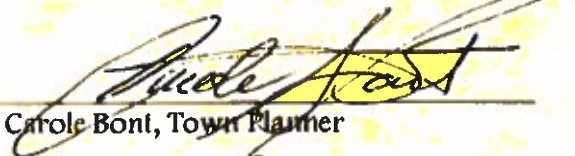
*Third-party review for this property was required because the Stormwater Management Ordinance was triggered. The Stormwater Management measures taken complied with the Stormwater Management Ordinance, however, no Operation and Maintenance (O&M) Plan has been submitted to date.*

17. **Operation and Maintenance Plan Required, But Not Submitted:** If a Stormwater Management or Erosion Control Plan was required, the plan shall include an Operation and Maintenance (O&M) Plan for the system to ensure continued proper functioning. The O&M plan shall be recorded at the Grafton County Registry of Deeds prior to issuance of any Land Use Compliance Certificates will be issued.

a. At this time, no O&M Plan for the Stormwater Management System has been submitted or recorded. In this case, the O&M Plan will be required for Phase II before the second medical office facility is permitted.

18. **LAND USE COMPLIANCE CERTIFICATE:** The owner shall acquire a Land Use Compliance Certificate (LUCC) from the undersigned upon completion of construction and prior to use of the newly constructed areas.

19. **Radio Read Meter#:** S/N 91184978

  
Carole Bont, Town Planner

March 2, 2022  
Date:

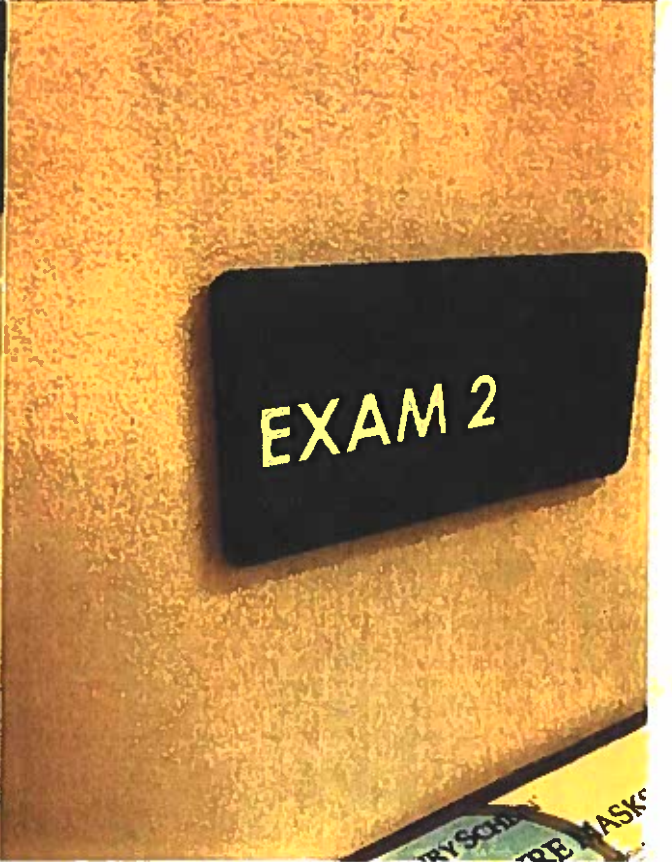
Copy:  
Fire Chief Ron Beard  
Public Works Director, Nate Hadaway  
Assessing Department

Board of Selectmen (603)745-2757  
(603)348-7250  
(603)745-6250  
(603)745-2757

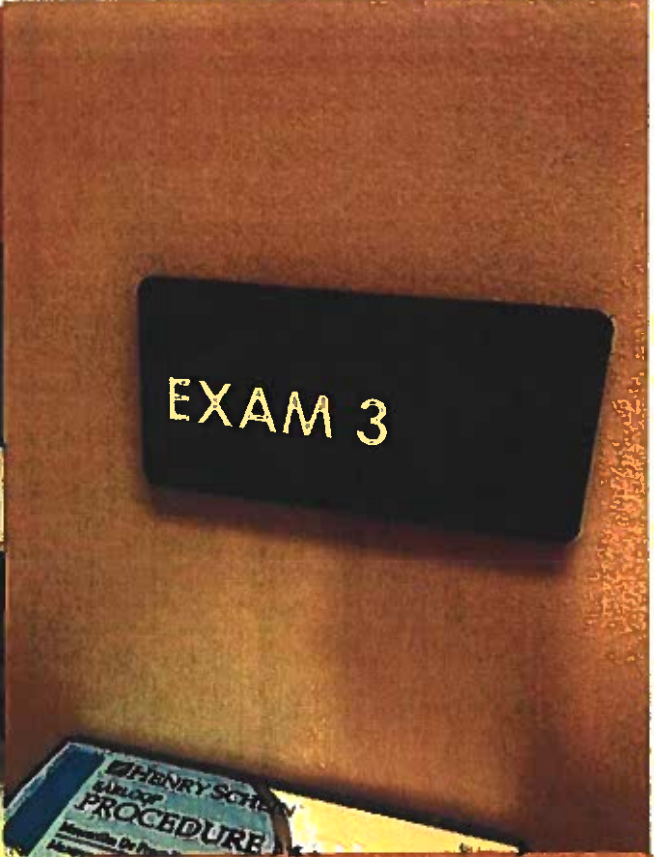




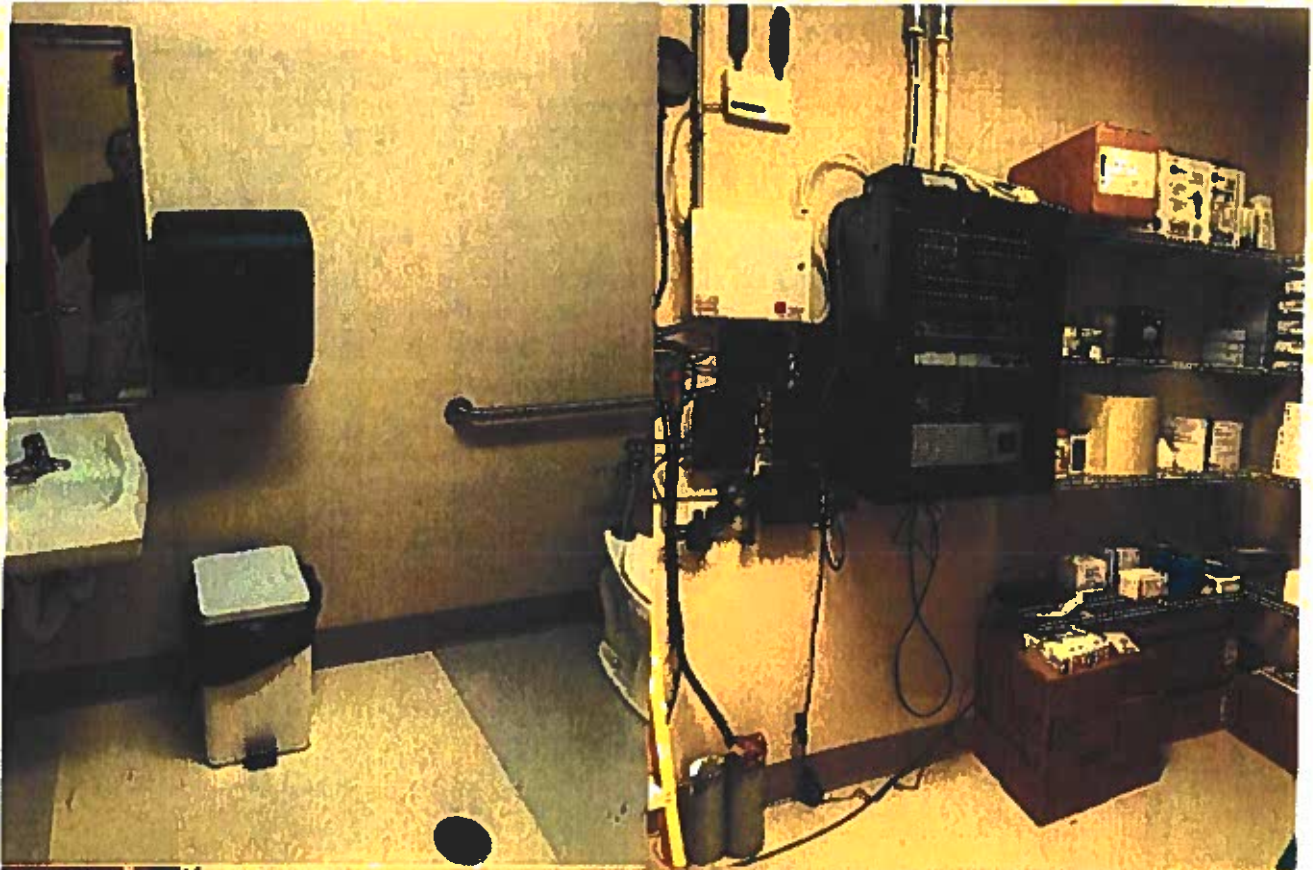




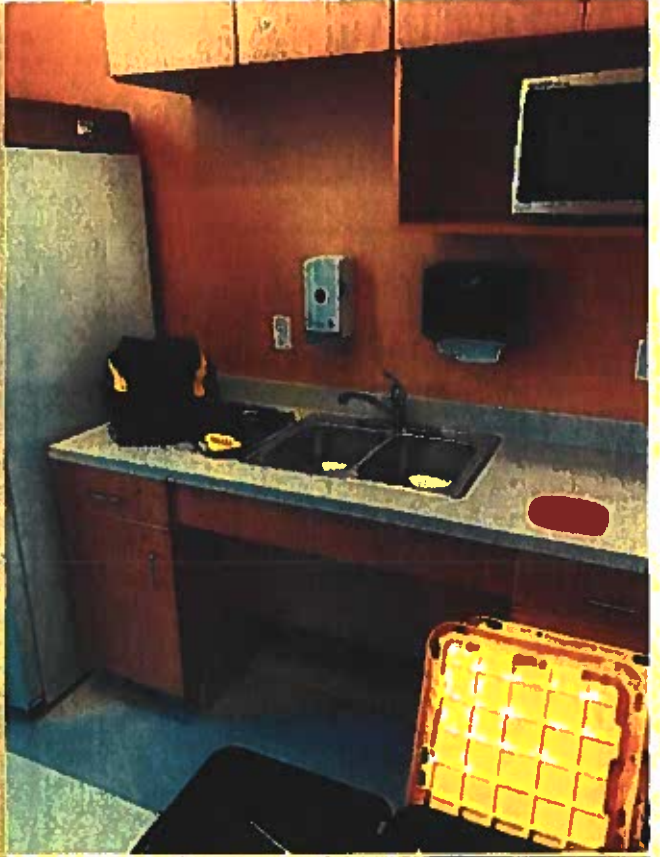








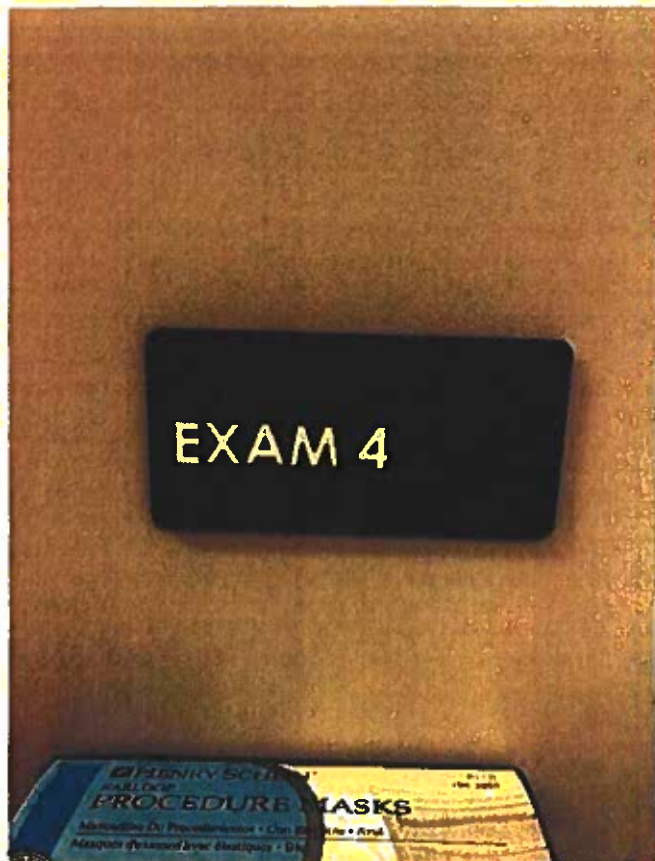














EXAM 5



EXAM 6











TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: 2021 - 39
Owner Name: Littleton Regional Healthcare Applicant Name: Midland General Contractors
Project Title: Urgent Care Facility
Project Location: 33 Railroad St (Street address)
Map/Lot Number: 112 / Lot 18
Nature of Project: New Construction

Do not write on this page. RECEIVED Date Received: MAR 02 2022 Received by: CAB TOWN OF LINCOLN NEW HAMPSHIRE [signed]

I, [blank] being a registered professional
Architect Structural Engineer Mechanical Engineer
Plumber Electrician Fire Protection Engineer
Gas Fitter Oil Heating Technician
Other Registered Professional:
With Registration Number:

I, Brent Johnson - Midland General Contractors, Inc the general contractor,
Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:
Entire Project Architectural Structural
Plumbing Electrical Mechanical
Fire Protection HVAC Installation Oil Heating Installation
Other:

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy. (All retaining walls greater than four feet in height are subject to the NH State Building Code.)

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Brent Johnson Signature Date 2/25/2022

County of [blank], ss. State of New Hampshire
On this 25 day of Feb, 2022, Brent Johnson (Print Name)
Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.
Notary Public Justice of the Peace (Add Seal) My commission expires: 11-15-24
JESSICA LIZANO Official Seal Notary Public - State of Illinois My Commission Expires Nov 15, 2024



TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: 2021-39
Owner Name: [Handwritten]
Applicant Name: [Handwritten]
Project Title: Urgent Care Facility
Project Location: 73 Railroad St.
Map/Lot Number: 112 1 Lot 1A
Nature of Project: New Construction

RECEIVED
Do not write in this space.
Date Received: MAR 02 2022
Received by: [Signature]
TOWN OF LINCOLN NEW HAMPSHIRE [signed]

I, [Handwritten Name] being a registered professional
Architect, Plumber, Fire, Structural Engineer, Electrician, Oil Heating Technician, Mechanical Engineer, Fire Protection Engineer
Other Registered Professional: MECHANICAL LICENSE
With Registration Number: # MBE0003155

I, [Handwritten Name] the general contractor,
Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:
Entire Project, Plumbing, Fire Protection, Other, Architectural, Electrical, HVAC Installation, Structural, Mechanical, Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy.

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Lewis Cassady
Print Name of Signatory, Signature, Date: 2.25.2022

County of COOS, ss.
State of New Hampshire
On this 25 day of FEB, 2022, Lewis Cassady (Print Name)
Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.
Notary Public Justice of the Peace Benjamin Oleson, My commission expires: 2/3/2026
Notary Public State of New Hampshire
My Commission Expires on 03, 2026





TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD  
ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: 2021-55

Owner Name: L. Allen Raymond Applicant Name: McAdger and Goshen

Project Title: Urgent Care Facility

Project Location: 33 Zwick Road St. (Street address)

Map/Lot Number: 112 1 Lot 10

Nature of Project: New Construction

Do not write on this space

Date Received: MAR 02 2022

Received by: TOWN OF LINCOLN NEW HAMPSHIRE

(CAB) [Signature]

I, McLEE Company Inc. being a registered professional

- Architect
- Plumber
- Gas Fitter
- Other Registered Professional: GFE0700819 GAS LICENSE
- Structural Engineer
- Electrician
- Oil Heating Technician
- Mechanical Engineer
- Fire Protection Engineer

With Registration Number:

\*\*\*\*\*OR\*\*\*\*\*

I, \_\_\_\_\_ the general contractor,

Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

\*\*\*\*\*

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project
- Plumbing
- Fire Protection
- Other:
- Architectural
- Electrical
- HVAC Installation
- Structural
- Mechanical
- Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy. (All retaining walls greater than four feet in height are subject to the NH State Building Code.)

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

A David Dodge Print Name of Signatory Signature Date 2/28/22

County of Coos, ss.

State of New Hampshire

On this 28 day of February, 2022

A David Dodge (Print Name)

Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument

Suzanna M. Hest Notary Public Justice of the Peace (Add Seal)



June 30 2026 My commission expires:

Phone: (603) 745-8527 Fax: (603) 745-6743

NEW HAMPSHIRE NOTARY PUBLIC 0025

Web: www.lincolnnh.org Email: planning@lincolnnh.org



TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD  
ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING  
D E P A R T M E N T

Construction Control Affidavit

Land Use Permit Number: 2021 - 39

Owner Name: Littleton Regional Healthcare Applicant Name: Midland General Contractors

Project Title: Urgent Care Facility

Project Location: 33 Railroad St (Street address)

Map/Lot Number: 112 / Lot 18

Nature of Project: New Construction

I, David Smith (Gove Electric LLC) being a registered professional

- Architect
- Plumber
- Gas Fitter
- Structural Engineer
- Electrician
- Oil Heating Technician
- Mechanical Engineer
- Fire Protection Engineer

Other Registered Professional: \_\_\_\_\_  
With Registration Number: 109347

OR

I, \_\_\_\_\_ the general contractor,  
 Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

OR

I hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project
- Plumbing
- Fire Protection
- Other
- Architectural
- Electrical
- HVAC Installation
- Structural
- Mechanical
- Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy. (All retaining walls greater than four feet in height are subject to the NH State Building Code.)

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

David Smith Print Name of Signatory  
David Smith Signature  
2-25-2022 Date

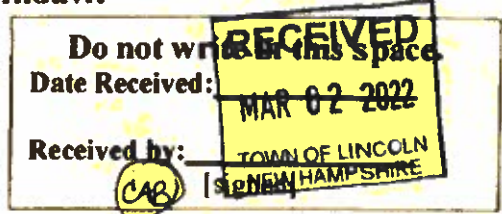
County of Belknap, ss.  
 State of New Hampshire  
 On this 25<sup>th</sup> day of February, 2022, David Smith (Print Name)  
 Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.  
 Notary Public/Justice of the Peace My commission expires: 10-Nov-2025  
 (Add Seal)



Phone: (603) 745-8527  
Fax: (603) 745-6743

1-0025

Web: www.lincolnnh.org  
Email: planning@lincolnnh.org







TOWN OF LINCOLN NEW HAMPSHIRE

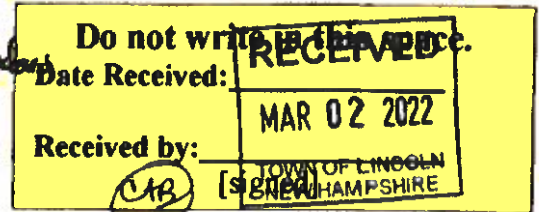
PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: 2021-39
Owner Name: Littleton Bayview
Applicant Name: Michael Anderson and Catherine Anderson
Project Title: Clear Choice MD
Project Location: 33 Railroad St
Map/Lot Number: 112 Lot 18
Nature of Project: Stand alone medical facility



I, Shane E Thornton being a registered professional
Architect, Structural Engineer, Mechanical Engineer, Plumber, Electrician, Fire Protection Engineer, Gas Fitter, Oil Heating Technician
Other Registered Professional:
With Registration Number: 9414M

I, the general contractor, Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

Hereby certify that I have prepared or directly supervised the preparation of all design plans Computations and specifications concerning
Entire Project, Plumbing, Fire Protection, Other: fire alarm system, security system (low voltage)
Architectural, Electrical, HVAC Installation, Structural, Mechanical, Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy.

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Shane E Thornton Print Name of Signatory, Shane E Thornton Signature, 2-25-2022 Date

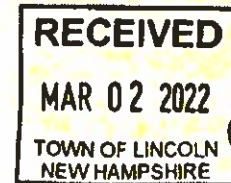
Notary Public section with County of Hillsborough, State of New Hampshire, Notary Public seal for Candice S. Patient, and signature of Candice S. Patient.

# CASCO

12 Sunnen Dr. Suite 100  
St. Louis, MO 63143  
314.821.1100

March 1, 2022  
Via: Priority Overnight – EARLY AM DELIVERY

Holiday Inn Express  
Attention: Brent Johnson  
21 Railroad Street  
Lincoln, NH 03251  
815.988.9600  
[brent@midlandgeneralcontractors.com](mailto:brent@midlandgeneralcontractors.com)



Re: **LETTER OF TRANSMITTAL**  
ClearChoiceMD Urgent Care  
Railroad St.  
Lincoln, NH

We are transmitting herewith the following:

<u>QUANTITY</u>	<u>DESCRIPTION</u>
One (1)	Construction Control Affidavit (Architectural) – Signed and Notarized
One (1)	Construction Control Affidavit (Structural) – Signed and Notarized
One (1)	Construction Control Affidavit (Mechanical) – Signed and Notarized
One (1)	Construction Control Affidavit (Electrical) – Signed and Notarized
One (1)	Building Review Letter dated 11/19/2021 – Signed and Sealed
One (1)	Building Review Letter dated 12/12/2021 – Signed and Sealed

Remarks: For your use in submitting, as requested.

Warm Regards,

Steve Dahms  
Account Manager  
314.960.7956  
[steve.dahms@theCDcompanies.com](mailto:steve.dahms@theCDcompanies.com)  
[urgentcare@cascoorp.com](mailto:urgentcare@cascoorp.com)

cc: Adam Mason, ClearChoiceMD ([amason@ccmdcenters.com](mailto:amason@ccmdcenters.com)) – via email  
ACT/File

K:\Urgent Care\Midland\Projects\Lincoln NH 2100635\WP\Permit\220301 Planning and Zoning\Trans B Johnson - 03 01  
2022 docx

The CASCO Diversified Corporation Companies



CASCO

CASCO  
CIVIL

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TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD  
ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: LUP 2021-39M112L018

Littleton Regional Healthcare  
Owner Name: Applicant Name: CASCO

Project Title: Lincoln Medical Development

Project Location: Railroad Street (Street address)

Map/Lot Number: Tax Map #112/Lot #18

Nature of Project: New Urgent Care Clinic

I, Mark S. Bromeyer - Registration #3994 Firm #00817

being a registered professional

- Architect
- Plumber
- Gas Fitter
- Structural Engineer
- Electrician
- Oil Heating Technician
- Mechanical Engineer
- Fire Protection Engineer

Other Registered Professional:

With Registration Number:

OR

I, \_\_\_\_\_ the general contractor,

Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

OR

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project
- Plumbing
- Fire Protection
- Other:
- Architectural
- Electrical
- HVAC Installation
- Structural
- Mechanical
- Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy. (All retaining walls greater than four feet in height are subject to the NH State Building Code.)

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Mark S. Bromeyer  
Print Name of Signatory

Signature

3/1/2022  
Date

County of St. Louis, ss.  
State of New Hampshire Missouri

On this 1st day of March, 2022

Mark S. Bromeyer  
(Print Name)

Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.

Notary Public/Justice of the Peace  
(Add Seal)

Nancy L. Kirklín

My commission expires:

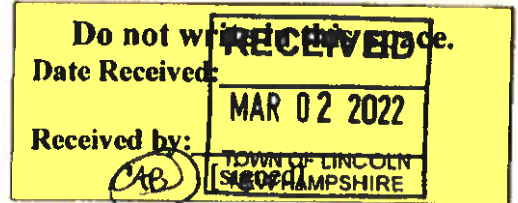
Notary Public-Notary Seal  
STATE OF MISSOURI

Commissioned for Jefferson County  
My Commission Expires: April 28, 2024  
ID. #12088K 25

Phone: (603) 745-8527  
Fax: (603) 745-6743

Lincoln NH, 03251-0025

Web: www.lincolnnh.org  
Email: planning@lincolnnh.org





TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: LUP 2021-39M112L018

Littleton Regional Healthcare
Owner Name: Applicant Name: CASCO

Project Title: Lincoln Medical Development

Project Location: Railroad Street (Street address)

Map/Lot Number: Tax Map #112/Lot #18

Nature of Project: New Urgent Care Clinic

Do not write in this space.
Date Received: RECEIVED
Received by: MAR 02 2022
(CAB signed) TOWN OF LINCOLN NEW HAMPSHIRE

I, Michael C. Grapperhaus - Registration #15538 Firm #02093 being a registered professional

- Architect, Plumber, Gas Fitter, Structural Engineer, Electrician, Oil Heating Technician, Mechanical Engineer, Fire Protection Engineer

Other Registered Professional: With Registration Number:

OR

I, the general contractor,

Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

OR

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project, Plumbing, Fire Protection, Other, Architectural, Electrical, HVAC Installation, Structural, Mechanical, Oil Heating Installation

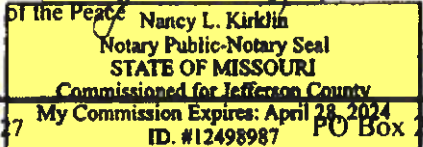
Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy.

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Michael C. Grapperhaus
Print Name of Signatory Signature Date 3/1/2022

County of St. Louis, ss.
State of New Hampshire MISSOURI
On this 15th day of March, 2022, Michael C. Grapperhaus (Print Name)
Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.
Notary Public/Justice of the Peace Nancy L. Kirklin
My commission expires: April 28, 2024







TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: LUP 2021-39M112L018

Littleton Regional Healthcare
Owner Name: Applicant Name: CASCO

Project Title: Lincoln Medical Development

Project Location: Railroad Street (Street address)

Map/Lot Number: Tax Map #112/Lot #18

Nature of Project: New Urgent Care Clinic

I, Mark A. Spalinger - Registration #13190 Firm #02093 being a registered professional

- Architect, Plumber, Gas Fitter, Structural Engineer, Electrician, Oil Heating Technician, Mechanical Engineer, Fire Protection Engineer

With Registration Number:

OR

I, the general contractor, Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project, Plumbing, Fire Protection, Other, Architectural, Electrical, HVAC Installation, Structural, Mechanical, Oil Heating Installation

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy.

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

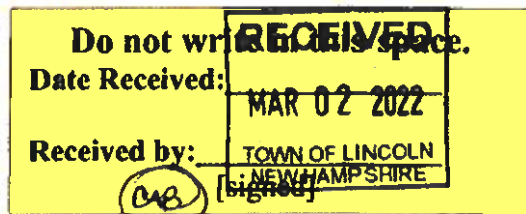
Mark A. Spalinger Print Name of Signatory, Signature, 3/1/2022 Date

County of St. Louis, ss. State of New Hampshire On this 1st day of March, 2022. Mark A Spalinger (Print Name)

Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.

Nancy L. Kirkin My commission expires: April 28, 2024

Notary Public/Justice of the Peace (Add Seal) Nancy L. Kirkin Notary Public-Notary Seal STATE OF MISSOURI Commissioned for Jefferson County My Commission Expires: April 28, 2024 ID. #12498987 Box 25





TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: LUP 2021-39M112L018
Littleton Regional Healthcare
Owner Name: Applicant Name: CASCO
Project Title: Lincoln Medical Development
Project Location: Railroad Street (Street address)
Map/Lot Number: Tax Map #112/Lot #18
Nature of Project: New Urgent Care Clinic

Do not write on this space.
Date Received: MAR 02 2022
Received by: TOWN OF LINCOLN NEW HAMPSHIRE
(CAB)

I, Harry J. Auman - Registration #13191 Firm #02093 being a registered professional

- Architect, Structural Engineer, Mechanical Engineer, Plumber, Electrician, Fire Protection Engineer, Gas Fitter, Oil Heating Technician, Other Registered Professional: Electrical Engineer

With Registration Number:

OR

I, Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.] the general contractor,

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project, Architectural, Structural, Plumbing, Electrical, Mechanical, Fire Protection, HVAC Installation, Oil Heating Installation, Other:

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy.

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

Harry J. Auman
Print Name of Signatory

Signature

3/1/2022
Date

County of St. Louis, ss.
State of New Hampshire Missouri
On this 1st day of March, 2022, Harry J. Auman (Print Name)
Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument. Nancy L. Kirklin April 28, 2024
Notary Public/Justice of the Peace My commission expires:
Nancy L. Kirklin
Notary Public-Notary Seal
STATE OF MISSOURI
Commissioned for Jefferson County
My Commission Expires: April 28, 2024
ID. #124980 PO Box 25

Phone: (603) 745-8527
Fax: (603) 745-6743

Lincoln NH, 03251-0025

Web: www.lincolnnh.org
Email: planning@lincolnnh.org

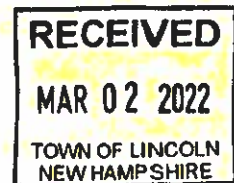




12 Sunnen Dr. Suite 100  
St. Louis, MO 63143  
314.821.1100

December 22, 2021  
Via: Email

Brent Johnson - President  
Midland General Contractors, Inc.  
716 Windsor Road  
Love's Park, IL 61111  
Tel: 815-988-9600  
Email: Brent@midlandgeneralcontractors.com



UB

Re: ClearChoiceMD Urgent Care  
Railroad Street (Tax Map 112, Lot 18)  
Lincoln, NH 03251

Dear Mr. Johnson,

CASCO's office completed the architectural, structural, mechanical, plumbing, and electrical design and construction documents for the aforementioned project. I, as the Architectural Professional of Record, and as a representative of CASCO's other design professionals for the project visited the site on Tuesday December 21, 2021. The visit was conducted at approximately 99% construction completion of the building to determine general compliance with the plans prepared by my office. It appears the project to the best of my knowledge, available information, and belief is being constructed in accordance with the approved and permitted set of plans prepared by my office.

Items yet to be completed (with scheduled completion dates) include: Doors and hardware (12/21), electrical work (12/21), painting touch ups (12/22), replacement of damaged light fixtures, floor finishes (12/27), fire alarm test (12/29), fiber cement siding (12/31), setting of toilet fixtures after installation of floor finishes.

Photographs were taken and are available upon request.

Warm Regards,



Mark S. Bromeier – Professional of Record  
New Hampshire License #3994  
314.821.1100 x241  
urgentcare@cascoCorp.com

cc: Steve Dahms – Senior Project Manager, CASCO  
ACT/File

The CASCO Diversified Corporation Companies

CASCO

CASCO  
CIVIL

R|S

MEI

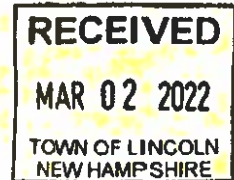
FACET



12 Sunnen Dr. Suite 100  
St. Louis, MO 63143  
314.821.1100

November 19, 2021  
Via: Email

Brent Johnson - President  
Midland General Contractors, Inc.  
716 Windsor Road  
Love's Park, IL 61111  
Tel: 815 988 9600  
Email: [Brent@midlandgeneralcontractors.com](mailto:Brent@midlandgeneralcontractors.com)

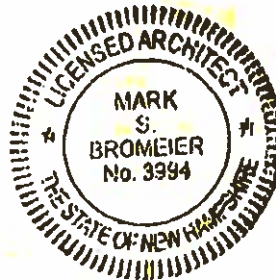


Re: ClearChoiceMD Urgent Care  
Railroad Street (Tax Map 112, Lot 18)  
Lincoln, NH 03251

Dear Mr. Johnson,

CASCO's office completed the architectural, structural, mechanical, plumbing, and electrical design and construction documents for the aforementioned project. I, as the Architectural Professional of Record, and as a representative of CASCO's other design professionals for the project visited the site on Wednesday November 17, 2021. The visit was conducted at approximately 50% construction completion of the building to determine general compliance with the plans prepared by my office. It appears the project to the best of my knowledge, available information and belief is being constructed in accordance with the approved and permitted set of plans prepared by my office.

Warm Regards,



Mark S. Bromeier – Professional of Record  
New Hampshire License #3994  
314.821.1100 x241  
[urgentcare@cascoCorp.com](mailto:urgentcare@cascoCorp.com)

cc: Steve Dahms – Senior Project Manager, CASCO  
ACT/File

The CASCO Diversified Corporation Companies

**CASCO**

**CASCO  
CIVIL**

**R|S**

**MEI**

**FACET**





TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

PLANNING & ZONING

DEPARTMENT

Construction Control Affidavit

Land Use Permit Number: LVP 2021-39 M112L018
Owner Name: Littleton Hosp Assoc Applicant Name: Littleton Hosp Assoc
Project Title: Lincoln Medical Development - Urgent Care
Project Location: 33 RAILROAD ST (Street address)
Map/Lot Number: MAP 112 LOT 10
Nature of Project: 4000 SE URGENT CARE FACILITY

Do not write RECEIVED
Date Received: FEB 28 2022
Received by: CAB

I, MICHAEL P. DUFFY being a registered professional
Architect Structural Engineer Mechanical Engineer
Plumber Electrician Fire Protection Engineer
Gas Fitter Oil Heating Technician
Other Registered Professional: ENGINEER
With Registration Number: 8530

I, the general contractor,
Contractor - [Contractors do not have to be a registered professional in the State of New Hampshire.]

Hereby certify that I have prepared or directly supervised the preparation of all design plans. Computations and specifications concerning:

- Entire Project Architectural Structural
Plumbing Electrical Mechanical
Fire Protection HVAC Installation Oil Heating Installation
Other: SITE WORK / STORM WATER MANAGEMENT SYSTEM

Portion of the above-named project and that, to the best of my knowledge, such plans, computations, and specifications meet the applicable provisions of all relevant building codes including the NH State Building and Fire Codes and the NH Residential Energy Code, and all acceptable engineering practices and all applicable laws and ordinances for the proposed use and occupancy. (All retaining walls greater than four feet in height are subject to the NH State Building Code.)

I further certify that I performed the necessary professional services and was present on the construction site as necessary to ensure that all work proceeded in accordance with the specifications shown on any documents which I or someone under my supervision may have prepared for review by the Lincoln Planning Board or the Town, relating to the portion of the project indicated above.

Upon completion of the work, I hereby submit a final report as to the satisfactory completion and readiness of the project for occupancy. Any work not conforming to my original design plans, computations and specifications shall be indicated on this report. This report shall include the date of final inspection and an original stamp.

MICHAEL DUFFY, PE Signature Date 2/28/22

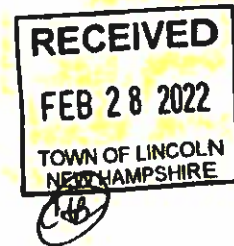
County of Grafton, ss
State of New Hampshire
On this 24th day of February, 2022 Michael Duffy (Print Name)
Known to me or proven to be the instrument subscriber, personally appeared before me and acknowledged that he/she executed the foregoing instrument.
Notary Public/Justice of the Peace (Add Seal) Valerie J. Carr 11/6/2024 My commission expires November 6, 2024

# horizons Engineering

34 SCHOOL STREET • LITTLETON, NH 03561 • PHONE 603-444-4111 • FAX 603-444-1343 • [www.horizonsengineering.com](http://www.horizonsengineering.com)

Project No. 20255  
December 30, 2021

Mr. Ryan St Cyr  
Littleton Hospital Association  
dba Littleton Regional Healthcare  
600 St Johnsbury Road  
Littleton, NH 03561



**Subject: Lincoln Medical Development, Tax Map 112, Lot 18, Lincoln, NH  
Completion of Construction Notification, Engineer's Certification for Phase 1**

Dear Ryan:

This correspondence provides our certification that the Lincoln Medical Development, Tax Map 112, Lot 18 Property, Railroad Street, Lincoln, NH, Phase 1 Construction, was constructed in substantial conformance with the approved Plans and Specifications. The Phase 1 project generally consists of the main entrance drive, Urgent Care building, Urgent Care parking, water and wastewater interconnection, storm water system, curbing, sidewalk, and surface restoration. Phase 2 construction has not yet begun.

For Phase 1 only, Horizons Engineering provided periodic visits to the site and observed clearing and grubbing, earthmoving, prepared subgrades, backfill/compaction of select fill, installation of water and sewer services, storm drainage structures, piping, sediment forebay, stormwater infiltration basin, stone fill areas, base course paving, and finish surface restoration (loaming and seeding). At the present time the Phase 1 site is fully stabilized with the installation of the base course pavement, stone fill as specified, and loaming/seeding/mulching of all other areas. Seed germination has taken place and grass establishment is estimated to be at 75%.

We note that remaining work for 2022 will include installation of wearing course pavement, striping, signage not yet installed, miscellaneous landscaping, and regrading/reseeding grass areas disturbed during building construction.

Please let us know if you have any question regarding this certification.

Sincerely;

A handwritten signature in black ink, appearing to read "Mike Duffy".

Mike Duffy, P.E.  
Senior Engineer  
Horizons Engineering, Inc.

cc: Mr. Brent Johnson, Midland General Contractors

Horizons Engineering, Inc.

New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH

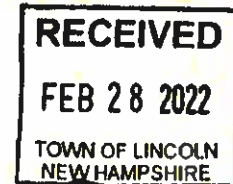


# horizons Engineering

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Project No. 20255  
December 7, 2021

Bethann McCarthy, P.E.  
New Hampshire Department of Environmental Services  
Water Division/Alteration of Terrain Bureau  
Post Office Box 95  
Concord, New Hampshire 03302-0095



**Subject: Permit #: AoT - 1976, Lincoln Medical Development, Tax Map 112, Lot 18  
Completion of Construction Notification, Engineer's Certification for Phase 1**


Dear Bethann:

This correspondence provides our certification that the stormwater collection and treatment system for Lincoln Medical Development, Tax Map 112, Lot 18 Property, Railroad Street, Lincoln, NH, Phase 1 Construction, was constructed in substantial conformance with the approved Plans and Specifications. The Phase 1 project consists of the main entrance drive, Urgent Care building, Urgent Care parking, and storm water sediment forebay and infiltration basin. Phase 2 construction has not yet begun.

For Phase 1 only, Horizons Engineering provided periodic visits to the site and observed earthmoving activities, prepared subgrades, and backfill/compaction of select fill. We also observed completed installation of storm drainage structures, piping, sediment forebay, stormwater infiltration basin, stone fill areas, and finish surface restoration. At the present time the Phase 1 site has been stabilized with the installation of the base course pavement, stone fill as specified, and loaming/seeding/mulching of all other areas. Seed germination has taken place and grass establishment is estimated to be at 75%. We note that grassed surfaces will need some additional attention in the Spring to be considered fully complete. Based upon our observations it is our professional opinion that site work and treatment system conforms to Permit # AoT - 1976. Representative photographs are attached to this document as required.

Please let us know if there is any additional information needed in this matter.

Sincerely,

  
Mike Duffy, P.E.  
Senior Engineer  
Horizons Engineering, Inc.



cc: Littleton Hospital Association, Ryan St. Cyr

Att: Construction Photos

Horizons Engineering, Inc.

New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH



COMPLETION OF CONSTRUCTION NOTIFICATION Water Division/Alteration of Terrain Bureau



RSA/Rule: RSA 485-A, Env-Wq 1503.21

In accordance with Env-Wq 1503.21(a), I am submitting written notification of completion of construction for the following project:

Permit #: AoT- 1976

Project Name: Lincoln Medical Development - Phase 1 only (main entrance drive, Urgent Care building/parking, and stormwater forebay and infiltration basin) Note: Phase 2 construction has not yet begun

Town: Lincoln

Completion Date of Construction: December 3, 2021

Check applicable box:

- Checked boxes: The project was completed in accordance with the approved plans. Underground detention systems, infiltration systems or filtering systems were installed. Submit a letter from a qualified engineer stating that the individual observed the system(s) prior to backfilling, and that in his or her professional opinion, the system(s) conforms to the approved plans and specifications. Include representative photographs of the system after completion but prior to being backfilled.

Handwritten signature of Ryan St Cyr

Ryan St Cyr

12-7-2021

SIGNATURE OF PERMITTEE

PRINT NAME

DATE

Michael P. Duffy, PE

12/7/2021

SIGNATURE OF P.E.

(If required pursuant to Env-Wq 1503.21(c)2 or Env-Wq 1503.21(c)(3)(b))

PRINT NAME

DATE

Please return this start of construction form to the NHDES Alteration of Terrain Program at the completion of construction:

NH Department of Environmental Services Alteration of Terrain Program PO Box 95 Concord, NH 03302-0095

Note to the Permittee:

The two required signatures can be provided on different documents. If you have questions, please call the NHDES AoT Bureau at (603) 271-3434.

(603) 271-3434 PO Box 95, Concord, NH 03302-0095 www.des.nh.gov



RECEIVED  
**horizons**  
*Engineering*

34 SCHOOL STREET • LITTLETON, NH 03561 • PHONE 603-444-4111 • FAX 603-444-1343 • [www.horizonsengineering.com](http://www.horizonsengineering.com)

Project No. 20255  
December 7, 2021

Bethann McCarthy, P.E.  
New Hampshire Department of Environmental Services  
Water Division/Alteration of Terrain Bureau  
Post Office Box 95  
Concord, New Hampshire 03302-0095

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Completion of Construction Notification, Engineer's Certification for Phase 1**

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For Phase 1 only, Horizons Engineering provided periodic visits to the site and observed earthmoving activities, prepared subgrades, and backfill/compaction of select fill. We also observed completed installation of storm drainage structures, piping, sediment forebay, stormwater infiltration basin, stone fill areas, and finish surface restoration. At the present time the Phase 1 site has been stabilized with the installation of the base course pavement, stone fill as specified, and loaming/seeding/mulching of all other areas. Seed germination has taken place and grass establishment is estimated to be at 75%. We note that grassed surfaces will need some additional attention in the Spring to be considered fully complete. Based upon our observations it is our professional opinion that site work and treatment system conforms to Permit # AoT – 1976. Representative photographs are attached to this document as required.

Please let us know if there is any additional information needed in this matter.

Sincerely;

  
Mike Duffy, P.E.  
Senior Engineer  
Horizons Engineering, Inc.



cc: Littleton Hospital Association, Ryan St. Cyr

Att: Construction Photos

Horizons Engineering, Inc.

New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH

**Permit # AoT - 1976, Construction Photographs**



**Looking South from site entrance: Site cleared and grubbed and stabilized construction entrance installed.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**



**Permit # AoT - 1976, Construction Photographs**



**Looking South from site entrance: Common excavation and fill completed, select fill installed and compacted for drive and parking, building foundation and slab installed.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**



**Permit # AoT – 1976, Construction Photographs**



**Looking South near end of paved parking: Common excavation and fill completed for forebay and infiltration basin, Loaming completed for side slopes for forebay, infiltration basin, and adjacent grassed areas.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**

**Permit # AoT - 1976, Construction Photographs**



**Looking South from outlet of forebay: Native soil under infiltration basin scarified before installing 24 inch thick filter medial. Installation of loam limited to side slopes of infiltration basin.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Keenebunk, ME • Conway, NH • Newmarket, NH**



**Permit # AoT - 1976, Construction Photographs**



**Looking South from outlet of forebay: 24 inch thick filter media material being installed within infiltration basin. Media material sourced in Woodstock, NH. Media approximately consisted of 50% clean sand, 25% loam, and 25% wood chips. Engineer reviewed material before delivery and judged it acceptable for use. Media spread and consolidated with track vehicle.**

*Horizons Engineering, Inc.*

New London, NH • Newport, VT • Eureka, NH • Sharon, VT • Keene, NH • Conway, NH • Newmarket, NH



**Permit # AoT - 1976, Construction Photographs**



**Looking South from outlet of forebay: Filter medial installed and consolidated, stone outlet protection for both forebay and infiltration basin installed, loam seeded and mulched.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**

**Permit # AoT - 1976, Construction Photographs**



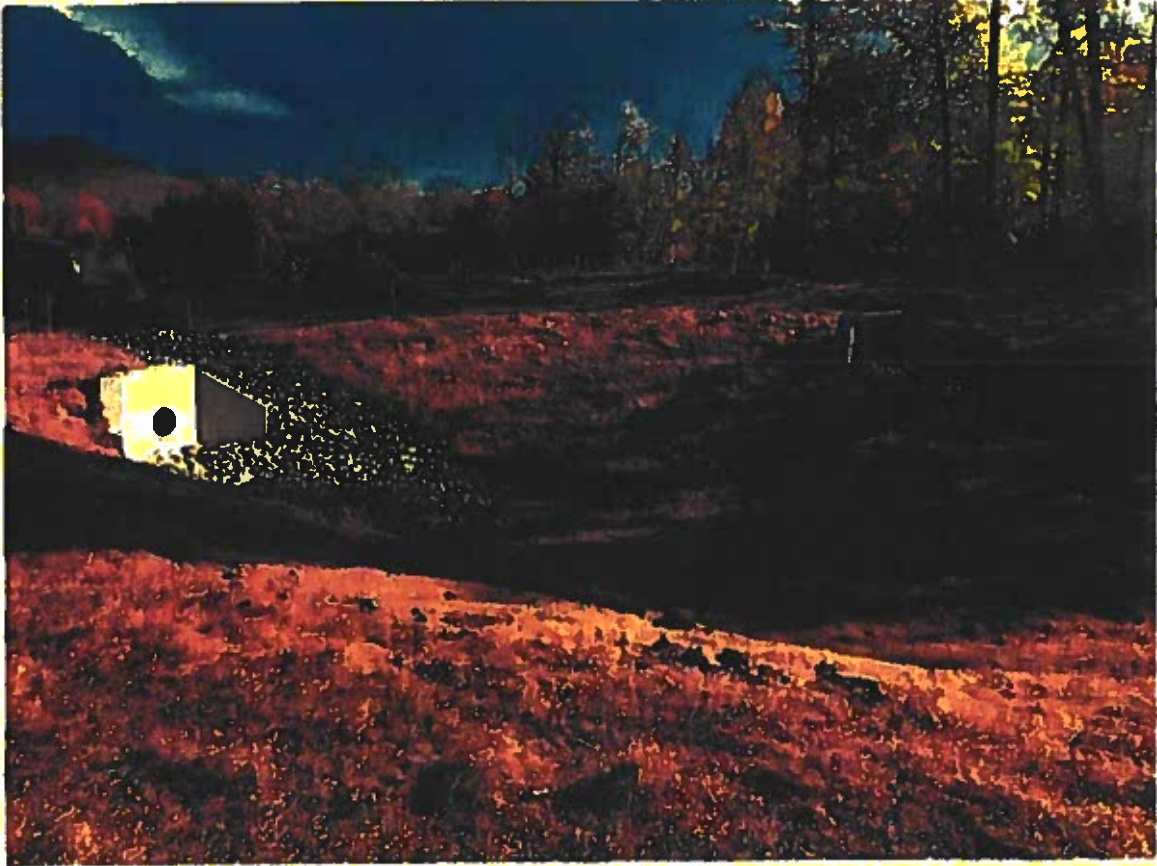
**Looking North from outlet of infiltration basin: Filter media installed and consolidated, stone outlet protection for both forebay and infiltration basin installed, loam seeded and mulched. Closed storm drain discharge piping into forebay including outlet headers and stone fill shown. Remaining side areas being loamed, seeded, and mulched.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**



**Permit # AoT - 1976, Construction Photographs**



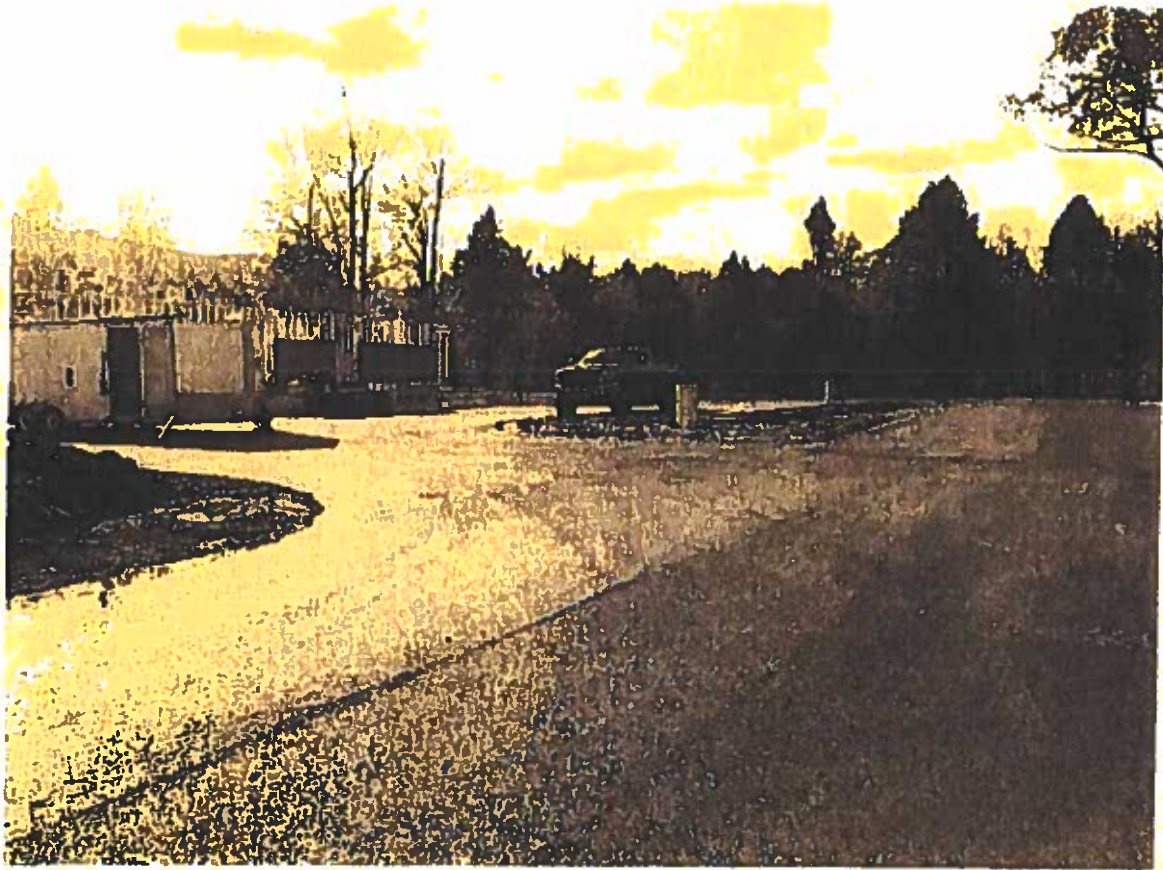
**Looking North from outlet of forebay: Closed storm drainage outlets into forebay including stone fill at headwalls and surface water discharge ditch from end of parking area into forebay.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Lattleton, NH • Sharon, VT • Kennebunk, ME • Conway, NH • Newmarket, NH**



**Permit # AoT – 1976, Construction Photographs**



**Looking South from entrance to site: All base pavement installed for access road, access drive, and parking. Final edge dressing was completed immediately following pavement installation. Wearing course pavement to be installed in 2022.**

**Horizons Engineering, Inc.**

**New London, NH • Newport, VT • Littleton, NH • Sharon, VT • Keenebunk, ME • Conway, NH • Newmarket, NH**

10 Ferry Street, Suite 302  
Concord, NH 03301



T 603.526.4635  
F 603.526.8283

Health Facilities Administration-Licensing  
Bureau of Licensing & Certification  
129 Pleasant Street  
Brown Building  
Concord, NH 03301-3857  
By Email: [hfa-licensing@dhhs.nh.gov](mailto:hfa-licensing@dhhs.nh.gov)

February 26, 2024

**NEWCC NOTIFICATION OF CHANGES**

Facility Name: ClearChoiceMD | LRH Urgent Care, License # 04577  
Physical Address: 33 Railroad St., Lincoln, NH 03251  
Mailing Address : 10 Ferry St., Suite 302, Concord, NH 03301  
Email Address : [Compliance@ccmdcenters.com](mailto:Compliance@ccmdcenters.com)  
Administrator: Marcus J. Hampers, MD  
Medical Director: Edward Duffy, MD  
Effective Date: April 1, 2024



A change in ownership shall take place effective April 1, 2024, transferring full ownership (100%) of this facility to Littleton Hospital Association (LHA).

ClearChoiceMD will no longer be the licensee for this facility as of April 1, 2024. LHA will provide additional information and documentation to DHHS as specified in He-P 806 for the issuance of a revised license and license certificate. To facilitate the license transfer, the Center is currently in full compliance, having recently passed its Annual Clinical and Annual Life Safety Inspections on November 7, 2023.

Please let us know what other information is needed or what actions are required by ClearChoiceMD in this process.

Sincerely,

Marcus Hampers, MD  
Administrator

**SIGNATURES:** This application must be signed by:

1. The owner if a private facility;
2. Two officers if a corporation;
3. Two authorized individuals if an association or partnership; or
4. The head of the government agency if a government unit.

I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.


DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(NAME AND TITLE)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(NAME AND TITLE)

**For all facilities to be newly licensed as an ambulatory surgical center (He-P 812), hospital (He-P 802), birthing center (He-P 810), walk in care center (He-P 806), dialysis center (He-P 811), or special health care service (He-P 802 and He-P 827) located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):**

I affirm that I have complied with 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: 02-20-2024 SIGNED:  \_\_\_\_\_  
Robert F. Nutter, President & CEO  
(NAME AND TITLE)

DATE: 02-20-2024 SIGNED:  \_\_\_\_\_  
Jeff Woodward, Chair, Board of Trustees  
(NAME AND TITLE)





Dashboard

<b>Confirmation #</b>	N71241		
<b>Request Date</b>	03/01/2024 09:55:07 AM	<b>Request Status</b>	Complete
<b>Dashboard Available From Date</b>	03/01/2024	<b>Dashboard Available To Date</b>	03/31/2024
<b>Dashboard Last Access Date</b>			

Requestor Information



Below are your record(s). Click **i** to view details of Individual(s) Being Searched. Click **↓** to view your result(s).



Name	Date of Birth	Status	Last Access Report On
LITTLETON HOSPITAL ASSOCIATION	04/01/1990	No Conviction Record Found	<b>i</b>   <b>↓</b>

**OFFICE OF LEGAL AND REGULATORY SERVICES  
BUREAU OF LICENSING AND CERTIFICATION  
HEALTH FACILITIES ADMINISTRATION-LICENSING**

Submit completed requests via mail,  
encrypted email or fax to:  
129 Pleasant Street  
Concord, NH 03301  
  
HFA-Licensing@dhhs.nh.gov  
  
Fax: 603-271-4968

Unless otherwise specified, waivers must be renewed annually with the license renewal.  
Criminal conviction waivers are in effect for the duration of the individual's employment. A listing of employees with waivers should be submitted with annual license renewal.  
Please submit one request per form.

Date Requested:  
February 27, 2024

Indicate: Initial   
Renewal

Facility Name: Lincoln Urgent Care  
Address: 33 Railroad St, Lincoln NH, 03251  
Phone #: 603-607-6040  
Email: geninfo@lrhcares.org  
License #:  
Expiration Date:

**He-P**

The specific reference to the rule requested to be waived:

806.08 (b) states that the Non-Emergency Walk in Care Center shall complete and submit a new application and obtain a new or revised licenses, license certificate or both, as applicable, prior to perating, for (1) A change in ownership.

Provide a full explanation of why a waiver to this standard is sought:

This standard requires that a new application be completed for a change in ownership and while Littleton Regional Healthcare intends to submit all necessary paperwork and follow all administrative rules for licensure, however, we are requesting to be allowed to continue operations of the facility immediately following the change in ownership, without an interruption in services for the community.

Describe proposed alternative to satisfy the intent of the rule:

As the Non-Emergency Walk in Care Center, to be called Lincoln Urgent Care, formerly operated by ClearChoiceMD in 50/50 partnership with Littleton Regional Healthcare provides essential healthcare services in the community, we believe an interruption in these services would not benefit the community and goes against our stated mission to provide quality, compassionate and a accessible healthcare in a manner that brings value to all.

If this waiver is the result of a criminal background check, please attach a letter from the applicant explaining the conviction(s) and the complete criminal history report.

Robert F. Nutter

Robert F. Nutter (Feb 27, 2024 14:20 EST)

Administrator Signature \_\_\_\_\_ Robert F. Nutter, President & CEO Date \_\_\_\_\_

Recommendation of Licensing Unit Chief: Approved Y N

Licensing Unit Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Request Submitted by:

Phone:

Email Address:

**OFFICE OF LEGAL AND REGULATORY SERVICES  
BUREAU OF LICENSING AND CERTIFICATION  
HEALTH FACILITIES ADMINISTRATION-LICENSING**

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encrypted email or fax to:  
129 Pleasant Street  
Concord, NH 03301

HFA-Licensing@dhhs.nh.gov

Fax: 603-271-4968

Unless otherwise specified, waivers must be renewed annually with the license renewal.  
Criminal conviction waivers are in effect for the duration of the individual's employment. A listing of employees with waivers should be submitted with annual license renewal.  
Please submit one request per form.

Date Requested:

Indicate: Initial   
Renewal

March 1, 2024

Facility Name: Lincoln Urgent Care

Address: 33 Railroad St Lincoln, NH 03251

Phone #: 603-607-6040

Email: geninfo@lrhcares.org

License #:

Expiration Date:

**He-P**

The specific reference to the rule requested to be waived:

806.15(b)(1)&(2) b) The licensee shall provide administrative services that include the appointment of an administrator who: (1) Is responsible for the day-to-day operations of the NEWCC; (2) Works no less than 35 hours per week at the NEWCC, which may include day, evening, night, and weekend hours.

Provide a full explanation of why a waiver to this standard is sought:

The Lincoln Urgent Care is currently in a building and on land owned by Littleton Hospital Association dba Littleton Regional Healthcare. The Lincoln Urgent Care is already a department of LRH; we will take full ownership of its current operations. As an existing department, following all applicable rules and regulations for licensure, and as such, is governed by existing Littleton Regional Healthcare Board of Trustees, we believe that acting as the administrator for both licensed facilities is achievable for our current administrator. LRH will oversee the administration and operation of Lincoln Urgent Care by using its resources in the most economical manner possible and coordinating its operational strengths developed with its management and staff. By having Mr. Nutter engaged as administrator with his experience for the two NEWCC's, LRH believes that these goals will be accomplished.

Describe proposed alternative to satisfy the intent of the rule:

As the Non-Emergency Walk In Care Center, to be called Lincoln Urgent Care, formerly operated by ClearChoiceMD in 50/50 partnership with Littleton Regional Healthcare, provides essential healthcare services in the community. We believe an interruption in these services would not benefit the community and goes against our stated mission to provide quality, compassionate, and accessible healthcare in a manner that brings value to all.

If this waiver is the result of a criminal background check, please attach a letter from the applicant explaining the conviction(s) and the complete criminal history report.

Administrator Signature: Robert F. Nutter  
Robert F. Nutter (Mar 1, 2024 15:21 EST) Robert F. Nutter, President & CEO Date \_\_\_\_\_

Recommendation of Licensing Unit Chief: Approved Y N

Licensing Unit Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

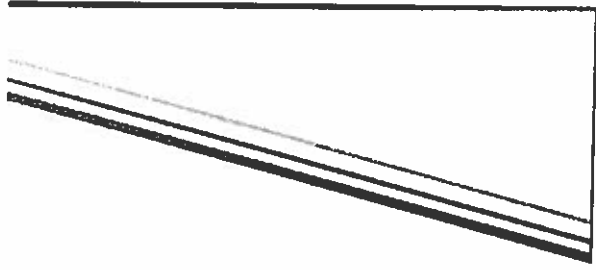
Request Submitted by:

Phone:

Email Address:



Edward Duffy



# CERTIFICATE OF COMPLETION

This certificate is

Edward Duffy

For the completion of

LRH - Employee Annual Attestation Statement

Completed On:

4/28/2023

People Courses Assessments Enrollment Reports Tools Services My Profile

### Course Details

LRH - Employee Annual Attestation Statement

LRH - Employee Annual Attestation Statement

You have successfully completed this course.

### Course Learning Activities

You are enrolled in this course. Click the "Course Overview" link above to review the course description, learning objectives, and available CE credits prior to beginning the learning activities below. (For CE Credit Information, scroll down.)

### Learning Activity

Employee Annual Attestation Statement

Employee Annual Attestation Statement

### Course Certification

You will earn or renew the following certificate(s) upon successful completion of this course.

### Certification

Certifying Body

Certification Period

Status	Score	Last Accessed
Completed	100%	4/28/2023 10:52 AM
Passed		4/28/2023 10:52 AM

### Legend:

Required for Course Completion

Course Activity

Assignment Completed

## EMPLOYEE ANNUAL ATTESTATION STATEMENT

New Hampshire law requires that every staff member must complete the Attestation form before they are hired and annually thereafter. If this is the first time you have completed this form, please answer the questions for any time in the past. If this statement has been completed previously, answer these questions for the time period since the previous form was completed.

**Important note: If you are unable to answer "true" to any of these questions (if you have experienced a conviction or finding), please provide the details of the incident to your Human Resources representative.**



You are about to take a test

- Length: 3 questions
- To Pass: Score 100% (3 out of 3 questions)
- Click **Complete Test** at the end to score the test
- This test is not timed

Do not close the test. If you do, the test will be scored and you might not be able to retake it.

Start Test

Cancel

### Question 1 of 3

I hereby attest that I have not had a felony conviction in any state

True

False

### Question 2 of 3

I hereby attest that I have not had a finding by the Department of Health and Human Services or any administrative agency in New Hampshire or any other state for assault, fraud, neglect, or exploitation of any person.

True

False

### Question 3 of 3

I hereby attest that I have not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation or pose a threat to the health, safety, or well-being of a patient

True

False

**Complete Test**





Assignment Completed

## EMPLOYEE ANNUAL ATTESTATION STATEMENT

New Hampshire law requires that every staff member must complete the Attestation form before they are hired and annually thereafter. If this is the first time you have completed this form, please answer the questions for any time in the past. If this statement has been completed previously, answer these questions for the time period since the previous form was completed.

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You are about to take a test

- Length: 3 quest. (15)
- To Pass: Score 100 % (3 out of 3 quest. 0=0)
- Click **Complete Test** at the end to score the test.
- This test is not timed.

Do not close the test. If you do, the test will be scored and you might not be able to re-take it.

Start Test

Cancel

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True

False

**Complete Test**