



## **Office of the Health Officer**

Tyler Driscoll - Health Officer  
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### **Report of Site Inspection**

#### **Centre Harbor Historical Society**

**94 Dane Road, Center Harbor, NH 03226**

**Date of Inspection: October 21, 2022**

#### Situation

At the direction of the Center Harbor Board of Selectemen, Tyler Driscoll, Town of Center Harbor Health Officer, was asked to evaluate for the presence of mold in the building which houses the Centre Harbor Historical Society. No further information was given. A brief site inspection was performed, and Rudolph A. Cartier III, DO, Town of Center Harbor Deputy Health Officer, was asked to complete an additional inspection.

#### Background

The Centre Harbor Historical Society is a 501(c)(3) non-profit organization established in 1971 to collect and preserve artifacts of historical significance from Center Harbor, NH. The Society is housed in the 1886 schoolhouse located on Dane Road. This building is owned by the Town of Center Harbor and is leased to the Society for \$10 per year.

Deputy Health Officer Cartier contacted Mr. Roland Garland of the Historical Society on 10/20/2022 for further information. Mr. Garland advised that there have been concerns of mold in the building for the past year with some artifacts having visible mold growing on them and a musty smell in the building. He further reported that members of the Society had stopped holding meetings in the building due to reports of illness among members which were thought to possibly be related to the presence of mold. Mr. Garland reported that conditions in the building were favorable to mold and mildew. He had contacted All Brite Cleaning of Gilford, NH who had reported that mold was certainly in the building, but specific testing had not yet been performed, nor had air quality testing. Mr. Garland advised that there was question as to who would be responsible for cleanup, but that the Society would be paying for cleaning, restoration, and storage of their artifacts with the hope that the Town would clean the building and implement remediation strategies to prevent further mold growth. Mr. Garland agreed to meet Deputy Health Officer Cartier the following day for an inspection and would allow access to the building for said inspection.

Deputy Health Officer Cartier contact Ms. Connie Manville Johnson on 10/21/2022 per the direction of Health Officer Driscoll. She reported having a concern regarding what

happened to the building, but didn't believe there was a significant mold issue. She requested to be present during the inspection and was advised that the Deputy Health Officer did not have the authority to allow or disallow her access to the building, and that her presence would be at the will of the tenant.

A review of an architectural and engineering conditions report prepared at the request of the Society in 2017 was reviewed. In this report, there was mention of the presence of mold and conditions favorable to mold, to include a ruptured drain line under the building which had been repaired, mold seen on the bathroom floor, water condensation on pipes and water tank in the bathroom, and the presence of a dirt basement floor without moisture barrier, but no mention of mold on the flooring joists. Heating and cooling were provided by a space heater and window-mounted air conditioner. There was no mechanical ventilation system nor humidity control system mentioned in this report.

Applicable guidance documents were reviewed from the NH Health Officer Manual and the EPA website. There are no standards for mold exposure limits at the Federal or State level. Both references report that testing for mold is not usually required, especially if its presence is confirmed visually or via smell. Both references also report that the medical effects of mold are generally allergic or irritant in nature, but some particularly susceptible persons may develop fungal infections related to mold exposure.

### References

New Hampshire Health Officer Manual (<https://www.dhhs.nh.gov/programs-services/environmental-health-and-you/health-officer-liaison-program/health-officer-manual>)  
US EPA Website (<https://www.epa.gov/mold>)

### Inspection

On October 21, 2022, Deputy Health Officer Cartier met with Mr. Roland Garland of the Centre Harbor Historical Society at the above listed address. Ms. Johnson was also present upon the arrival of Deputy Health Officer Cartier. Mr. Garland provided verbal permission to enter the property for inspection.

Inspection was performed at 1:00 pm on October 21, 2022 under clear skies with no precipitation. There had not been any recent rain. Temperatures were in the mid 40s with low humidity.

Entry was gained onto the property via personally owned vehicle. External inspection found the building and surrounding area to be clean, well maintained, and in good repair. It was noted that the asphalt driveway went all the way to the wood siding of the building in the front as noted in the earlier conditions report.

Upon entry into the building, the air conditions were cool, dry, and without significant odor. The power and water had been turned off for the past month as the building was

unoccupied. General impression of the interior showed a well-maintained collection of historical artifacts, many in display cases, but some open to the air. There was no significant musty odor or obvious appearance of mold in the main entryway or main display area.

Due to the prior report of water and mold in the bathroom, this was the first area inspected. It was noted that the water tank had been insulated, but pipes remained bare. As the weather was cool and dry, there was no condensation noted on the pipes. The floors had been recently replaced and the walls recently painted per Mr. Garland. Upon close inspection, it was noted that there was a small amount of mold on the trim boards, especially behind the toilet (Fig. 1). There was no evidence of significant mold growth.

The main area was again inspected. Small areas of mold were noted on painted walls and some trim (Fig. 2). There was no obvious mold growth on any artifacts in this room. An additional front room used to store documents was inspected which showed some dust collection, but no areas of mold growth to include on documents and photo albums stored in this room.

Attention was then turned to the “new” classroom on the west end of the building. Mild to moderate mold growth was noted on painted surfaces to include the door to the kitchen (Fig. 3), wall surfaces (Fig. 4), and chalk trays and boards (Fig. 5). Mold growth was noted on artifacts in this room to include eyeglasses and spectacle cases within a glass display case (Fig. 6) and a rifle stock.

The new kitchen area, old kitchen, and workshop area was inspected without evidence of significant mold growth. Artifacts, rugs, textiles, and other items in these areas, both inside and outside of cases and containers were inspected without evidence of mold growth noted.

The underside of the building was then reviewed. The crawlspace in the rear of the building under the old kitchen area was accessed through a small panel in the workshop area. The floor was noted to be dirt without an obvious moisture barrier. There was minimal ventilation in this area. There was minimal water rot noted to the bottom of a wooden pipe chase, but no evidence of mold growth. No significant moisture was noted in this area. The crawlspace in the front of the building under the main classroom was accessed through a floor hatch in the main classroom area. The floor was also noted to be dirt without an obvious moisture barrier. A drain pipe was noted running through this area which appears to be the pipe mentioned in the conditions report that had been prepared. No obvious leakage was noted, but the water had been turned off in the building for approximately one month. Most of the floor was noted to be dry, but moisture was noted in the dirt at the front of the building. In this area, there was a moderate to significant amount of mold growth noted on the floor joists (Fig. 7). There was no evidence of standing water in this space. There was passive ventilation in this area in the form of vents.

Following completion of the inspection, a brief verbal report was given to Mr. Garland and Ms. Johnson. Deputy Health Officer Cartier advised them that there was no immediate health concern, as there is no standard for mold exposure at the Federal or State levels, but the presence of mold was confirmed. They were also advised that there were no other immediate health or public health concerns identified. Deputy Health Officer Cartier then left the property in the care of Mr. Garland.

### Additional Information

No additional information was requested or provided following the inspection.

### Findings, Report, and Suggestions

No critical findings were discovered that would require immediate remediation.

The role of the Health Officer in this situation is limited. New Hampshire law does not provide guidance regarding the presence of mold in buildings, particularly in the case of non-residential buildings. There is also no Federal, State, or Local regulation which sets a standard for allowable amounts of mold in the air.

There is no doubt that mold is present within and under the building housing the Historical Society. Currently, conditions are not favorable to mold growth as the weather is cool and dry. There do appear to be some artifacts which have been damaged by mold, but these are few in number as of the time of this inspection. There also appears to be minimal damage to structural or decorative features of the building as most of the mold was noted on painted surfaces with the exception of untreated floor joists under the main classroom section of the building.

There are some features of the building which do appear to increase the likelihood of mold growth. First, the building is fairly well sealed with minimal ventilation and minimal activity throughout the year. There are no dehumidifiers or other mediation activities in place, particularly when the building is unoccupied. This would be likely to increase the amount of humidity and heat in the building, particularly during the Summer months, which would be quite favorable to mold growth.

Second, the asphalt driveway creates poor drainage and appears to be making the dirt floor of the basement damp, particularly in the front of the building. This area appears to be the focus of most of the potentially structurally-damaging mold growth on the floor joists under the building.

Third, there is minimal ventilation under the building. With most of the dirt floor being quite dry, this is unlikely to be a major issue, but with increased temperatures and the dampness of the floor in the front of the building, this limited ventilation will again increase humidity and heat in the area which will lead to further mold growth. Moisture barriers may also be considered in this area.

At this time, we make no recommendation regarding limiting public access to this building. While there certainly is mold within and under this building, there are no regulations regarding mold standards, making implementation of any restrictions based on the mere presence of mold arbitrary. It is certainly possible and even likely that mold-sensitive persons would have symptoms of mold exposure upon entry into this building which may be worsened with repeated or prolonged exposures. There is no legal basis from a public health standpoint that would provide guidance as to who would be responsible for mold remediation or conditions modification of this building.

In order to reduce growth of mold, the presence of conditions which favor mold growth should be reduced, if not eliminated. This includes limiting heat and humidity in and under the building and increasing ventilation. We recommend that dehumidifiers or air conditioners be used when the building is closed, both during summer and winter. It may also be reasonable to consider addition of additional ventilation in the occupied portion of the building and in the crawlspace, potentially including powered ventilation.

Of note, there are structural concerns which may limit the number of persons in certain sections of the building as noted in prior evaluations. This would not fall under the purview of the Health Officer.

At this time, there is no indication for further Health Officer involvement in this issue. We remain happy to assist with any other recommendations or investigations as requested by the involved parties.

This report is compiled by myself, and to the best of my knowledge, there are no material or factual inaccuracies within. I submit this as a truthful and complete report and remain available for any questions at [rcartier@centerharbornh.org](mailto:rcartier@centerharbornh.org).

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Fig. 1



Fig. 2



Fig. 3





Fig. 4



Fig. 5



Fig. 6



Fig. 7

