

# Document 3 (SAMPLE 1)

(MUNICIPAL LETTERHEAD)

## LETTER OF DEFICIENCY

Date: \_\_\_\_\_

Name & Address of Owner(s) of Record

RE: Failed Septic System

Dear: \_\_\_\_\_

On \_\_\_\_\_, personnel from the \_\_\_\_\_  
(date) (city or town)

Board of Health, (“the Board”) conducted an inspection of your property located on  
\_\_\_\_\_ Road, Tax Map# \_\_\_\_\_, Lot # \_\_\_\_\_, in the  
\_\_\_\_\_ (“the Property”). The purpose of this visit was to  
(city/town of)

determine compliance with RSA 147 and applicable regulations promulgated pursuant  
thereto. During the inspection the following deficiencies were documented:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Board expects that collected sewage will be immediately pumped and disposed in accordance with NH Adm. Rule Env-Wq 1000 at sufficiently frequent intervals so that no further overflow occurs. Receipts for pumping may be retained.