

Date Complaint Received \_\_\_\_\_

# \_\_\_\_\_

Inspector: \_\_\_\_\_

(Assigned by NHDAMF)

## **New Hampshire Department of Agriculture, Markets & Food**

### **Best Management Practices for Agriculture Complaint Form\*\***

[Pursuant to RSA 431:33-35 Manure, Agricultural Compost, and Chemical Fertilizer Handling](#)

A complaint must be submitted in writing and signed by the complainant **before** a site visit can be done. Under the NH Right to Know Law, the complainant information cannot be kept confidential.

\*\* Please note, when the division has reviewed and investigated a complaint and finds the complaint to be unfounded, identical complaints will not receive a repeat inspection without significant new information.

#### **Property Owner Information: (Person whom complaint is made against)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Note: Agricultural Inspectors will not conduct an unannounced on-site visit, and will require permission from the property owner.**

#### **Site Location of Alleged Mismanagement:**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Directions to site from a major highway; please be specific:

## Description of Alleged Mismanagement of Agricultural Nutrients

### **I. General Background**

Due to the alleged mismanagement of nutrients, the following are issues of concern:

- Impact on water quality    Runoff issues    Improper storage    Improper spreading

Duration of the alleged mismanagement of nutrients

\_\_\_\_\_

Type of nutrient:    manure    compost    chemical fertilizer

Number and type(s) of animals \_\_\_\_\_

Name and type of impacted water source(s) \_\_\_\_\_

Distance of the water source(s) from alleged mismanaged area \_\_\_\_\_

### **II. Attachments**

If the complaint pertains to a water quality issue concerning a private well, a reasonable course of action may be to have the well water tested. When available, provide a copy of your water test results. If there is a baseline water test, please provide those results as well. For more information about the state's private well testing program please visit the Department of Environmental Services website.

Attach an accurate map, photograph(s) and/or diagram labeled with relevant information such as: property boundaries, location of private wells, septic/leach fields, manure/compost storage location(s), water sources, etc.

### **III. Additional Information**

Provide additional information pertaining to the alleged mismanagement of nutrients so we may understand the situation in preparation of our on-site visit.

**Complainant Information** (person making complaint):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The information provided is complete and accurate to the best of my knowledge.

Signature (**required**): \_\_\_\_\_

**For NHDAMF Office Use:**

Date Complaint Received: \_\_\_\_\_ On Site Inspection Date: \_\_\_\_\_

Date Letter Mailed: \_\_\_\_\_ Landowner Plans Received: \_\_\_\_\_

Follow up Site Inspection Date: \_\_\_\_\_ Forwarded to DES: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Forward this complaint form to: NH Dept. of Agriculture, Markets & Food,  
Division of Regulatory Services  
25 Capitol St., PO Box 2042  
Concord NH 03302-2042  
Phone: (603) 271-3685, 271-2753  
Fax: (603) 271-1109  
Email: [registrations@agr.nh.gov](mailto:registrations@agr.nh.gov)**