

PROPERTY DISCLOSURE - RESIDENTIAL ONLY  
New Hampshire Association of REALTORS® Standard Form



TO BE COMPLETED BY SELLER

The following answers and explanations are true and complete to the best of SELLER'S knowledge. This statement has been prepared to assist prospective BUYERS in evaluating SELLER'S property. This disclosure is not a warranty of any kind by the SELLER, or any real estate FIRM representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize FIRM in this transaction to disclose the information in this statement to other real estate agents and to prospective buyers of this property.

NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.

1. SELLER: Lindsay M. Johnson and Matthew Johnson

2. PROPERTY LOCATION: 2 Carroll Cir, Derry, NH 03038

3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? ☐ Yes ☒ No

4. SELLER: ☒ has ☐ has not occupied the property for 8 years.

5. WATER SUPPLY

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM: ☐ Public ☒ Private ☐ Seasonal ☐ Unknown  
☒ Drilled ☐ Dug ☐ Other

b. INSTALLATION: Location: Backyard

Installed By: Unknown Date of Installation: Unknown

What is the source of your information?

c. USE: Number of persons currently using the system: 5

Does system supply water for more than one household? ☐ Yes ☒ No

d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?

Pump: ☐ Yes ☒ No ☐ N/A Quantity: ☐ Yes ☒ No  
Quality: ☐ Yes ☒ No ☐ Unknown

If YES to any question, please explain in Comments below or with attachment.

e. WATER TEST: Have you had the water tested? ☒ Yes ☐ No Date of most recent test 07/07/2022

IF YES to any question, please explain in Comments below or with attachment.

Are you aware of any test results reported as unsatisfactory or satisfactory with notations? ☐ Yes ☒ No

IF YES, are test results available? ☒ Yes ☐ No

What steps were taken to remedy the problem? whole house cartridge filter system

COMMENTS:

6. SEWAGE DISPOSAL SYSTEM

a. TYPE OF SYSTEM: Public: ☐ Yes ☒ No Community/Shared: ☐ Yes ☒ No  
Private: ☒ Yes ☐ No ☐ Unknown

Septic Design Available: ☐ Yes ☒ No

b. IF PUBLIC OR COMMUNITY/SHARED

Have you experienced any problems such as line or other malfunctions? ☐ Yes ☒ No

What steps were taken to remedy the problem?

c. IF PRIVATE:

TANK: ☒ Septic Tank ☐ Holding Tank ☐ Cesspool ☐ Unknown ☐ Other

Tank Size 1000 Gal. ☐ Unknown ☐ Other

Tank Type ☒ Concrete ☐ Metal ☐ Unknown ☐ Other

Location: Left side of house ☐ Location Unknown. Date of Installation:

Date of Last Servicing: 07/2024 Name of Company Servicing Tank: Derry Septic

Have you experienced any malfunctions? ☐ Yes ☒ No

COMMENTS:

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d. LEACH FIELD: ☒ Yes ☐ No ☐ Other \_\_\_\_\_  
IF YES, Location: Left side of House Size: \_\_\_\_\_ ☒ Unknown  
Date of installation of leach field: Unknown Installed By: \_\_\_\_\_  
Have you experienced any malfunctions? ☐ Yes ☒ No

Comments: \_\_\_\_\_

e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A? ☐ Yes ☒ No ☐ Unknown  
IF YES, has a septic system evaluation been done within 180 days? ☐ Yes ☐ No ☐ Unknown

Date of Evaluation: \_\_\_\_\_

Comments: \_\_\_\_\_

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

| 7. INSULATION | LOCATION       | Yes                                 | No                                  | Unknown                  | If YES, Type | Amount | Unknown                  |
|---------------|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------|--------|--------------------------|
|               | Attic or Cap   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <u>Blown</u> |        | <input type="checkbox"/> |
|               | Crawl Space    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |              |        | <input type="checkbox"/> |
|               | Exterior Walls | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <u>Batts</u> |        | <input type="checkbox"/> |
|               | Floors         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <u>Batts</u> |        | <input type="checkbox"/> |
|               |                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |              |        | <input type="checkbox"/> |

8. HAZARDOUS MATERIAL

a. UNDERGROUND STORAGE TANKS - Current or previously existing:

Are you aware of any past or present underground storage tanks on your property? ☒ Yes ☐ No ☐ Unknown

IF YES: Are tanks currently in use? ☒ Yes ☐ No

IF NO: How long have tank(s) been out of service? \_\_\_\_\_

What materials are, or were, stored in the tank(s)? Propane

Age of tank(s): Installed in 2017 Size of tank(s): 500 Gallons

Location: Right side of House

Are you aware of any past or present problems such as leakage, etc? ☐ Yes ☒ No

Comments: \_\_\_\_\_

If tanks are no longer in use, have the tanks been removed? ☐ Yes ☐ No ☐ Unknown

Comments: \_\_\_\_\_

b. ASBESTOS - Current or previously existing:

As insulation on the heating system pipes or ducts? ☐ Yes ☒ No ☐ Unknown

In the siding? ☐ Yes ☒ No ☐ Unknown

In the roofing shingles? ☐ Yes ☒ No ☐ Unknown

In flooring tiles? ☐ Yes ☒ No ☐ Unknown

Other ☐ Yes ☒ No ☐ Unknown

If YES, Source of information: \_\_\_\_\_

Comments: \_\_\_\_\_

c. RADON/AIR - Current or previously existing:

Has the property been tested? ☒ Yes ☐ No ☐ Unknown

If YES: Date: 3/31/2018 By: Nelson Analytical Lab

Results: 1.9 pci/L If applicable, what remedial steps were taken? \_\_\_\_\_

Has the property been tested since remedial steps? ☐ Yes ☐ No

Are test results available? ☒ Yes ☐ No

Comments: \_\_\_\_\_

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**d. RADON/WATER - Current or previously existing:**

Has the property been tested? ☒ Yes ☐ No ☐ Unknown

If YES: Date: 3/30/2018

By: Nelson Analytical Lab

Results: 4630 pCi/L

If applicable, what remedial steps were taken? \_\_\_\_\_

Has the property been tested since remedial steps? ☐ Yes ☐ No

Are test results available? ☒ Yes ☐ No Comments: \_\_\_\_\_

**e. LEAD-BASED PAINT - Current or previously existing:**

Are you aware of lead-based paint on this property? ☐ Yes ☒ No

If YES: Source of information: \_\_\_\_\_

Are you aware of any cracking, peeling, or flaking lead-based paint? ☐ Yes ☐ No

Comments: \_\_\_\_\_

**f. Are you aware of any other hazardous materials?** ☐ Yes ☒ No

If YES: Source of information: \_\_\_\_\_

Comments: \_\_\_\_\_

**9. GENERAL INFORMATION**

**a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal?**

☐ Yes ☒ No ☐ Unknown If YES, Explain: \_\_\_\_\_

What is your source of information? \_\_\_\_\_

**b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?**

☐ Yes ☒ No ☐ Unknown If YES, Explain: \_\_\_\_\_

What is your source of information? \_\_\_\_\_

**c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc?**

☐ Yes ☒ No If YES, Explain: \_\_\_\_\_

**d. Are you aware of any problems with other buildings on the property?**

☐ Yes ☒ No If YES, Explain: \_\_\_\_\_

**e. Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land conservation, etc.?**

☐ Yes ☒ No ☐ Unknown If YES, Explain: \_\_\_\_\_

**f. Is this property located in a Federally Designated Flood Hazard Zone?**

☐ Yes ☒ No ☐ Unknown Comments: \_\_\_\_\_

**g. Has the property been surveyed?**

☐ Yes ☒ No ☐ Unknown If YES, By: \_\_\_\_\_

If YES, is survey available? ☐ Yes ☐ No ☐ Unknown

**h. How is the property zoned?** Residential / Industrial

**i. Heating System** Age: 8 Type: FHA Fuel: Propane Tank Location: Underground

Owner of Tank: Palmer Gas

Annual Fuel Consumption: 825 Gal. Price: \$ 3.619 (3/2020) gallons: \_\_\_\_\_

Date system was last serviced and by whom? \_\_\_\_\_

Secondary Heat Systems: \_\_\_\_\_

Comments: \_\_\_\_\_

**j. Roof** Age: 11 years Type of Roof Covering: Asphalt Shingles

Moisture or leakage: No

Comments: \_\_\_\_\_

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- k. Foundation/Basement ☒ Full ☐ Partial ☐ Other: \_\_\_\_\_ ☐ Type: \_\_\_\_\_  
Moisture or leakage: moisture has been observed in spring time  
Comments: Foundation drain installed in 2017, Sump pump installed in 2018
- l. Chimney(s) How Many? 1 Lined? unknown Last Cleaned: 1/15/2024 Problems? \_\_\_\_\_  
Comments: \_\_\_\_\_
- m. Plumbing Type: PEX, COPPER Age: 8 years  
Comments: \_\_\_\_\_
- n. Domestic Hot Water Age: 8 years Type: Electric Gallons: 40
- o. Electrical System # of Amps 200 ☒ Circuit Breakers ☐ Fuses  
Comments: New fuse box installed in 2017  
Solar Panels: ☐ Leased ☐ Owned If leased, explain terms of agreement: \_\_\_\_\_  
Comments: \_\_\_\_\_
- p. Modifications: Are you aware of any modifications or repairs made without the necessary permits? ☐ Yes ☒ No  
If Yes, please explain: \_\_\_\_\_
- q. Pest Infestation: Are you aware of any past or present pest infestations? ☐ Yes ☒ No Type: \_\_\_\_\_  
Comments: \_\_\_\_\_
- r. Methamphetamine Production Do you have knowledge of methamphetamine production ever occurring on the property?  
(Per RSA 477:4-g) ☐ Yes ☒ No If YES, please explain: \_\_\_\_\_
- s. Air Conditioning Type: Central Air Age: 8 Date Last Serviced and by whom: \_\_\_\_\_  
Comments: \_\_\_\_\_
- t. Pool Age: NA Heated: ☐ Yes ☐ No Type: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
By Whom: \_\_\_\_\_
- u. Generator Portable: ☐ Yes ☒ No Whole House: ☐ Yes ☒ No Kw/Size: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
If Portable: ☐ Included ☐ Negotiable  
Comments: \_\_\_\_\_
- v. Internet Type Currently Used at Property: Cable Internet
- w. Other (e.g. Alarm System, Irrigation System, etc.) \_\_\_\_\_  
Comments: \_\_\_\_\_

**NOTICE TO PURCHASER(S):** PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.

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**10. ADDITIONAL INFORMATION**

a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?

☒ Yes ☐ No

b. ADDITIONAL COMMENTS:

Attached:  
- water test (2022)  
- radon water test (2018)  
- radon air test (2018)

**ACKNOWLEDGEMENTS:**

SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.

SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S).

[Signature] 10/4/2026  
SELLER DATE

[Signature] 10/4/2026  
SELLER DATE

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