

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: WILLIAM R. BLANCHETTE
2. PROPERTY LOCATION: 170 SEASONS CAMPUS RD DORCHESTER, NH 03812
3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes No

4. SELLER: has has not occupied the property for ___ years.

5. **WATER SUPPLY** VEHICULAR RENTER FOR 18 YRS

Please answer all questions regardless of type of water supply.

- a. TYPE OF SYSTEM: Public Private Seasonal Unknown
 Drilled Dug Other _____

b. INSTALLATION: Location: _____
 Installed By: _____ Date of Installation: _____
 What is the source of your information? _____

c. USE: Number of persons currently using the system: ASSOCIATION
 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: 1 YEAR
 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? _____
 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 _____ Gal. Unknown Other _____
 Tank Type Concrete Metal Unknown Other _____
 Location: _____ Location Unknown. Date of Installation: _____
 Date of Last Servicing: UNKNOWN Name of Company Servicing Tank: _____
 Have you experienced any malfunctions? Yes No
 COMMENTS: _____

SELLER(S) INITIALS WRB / _____ BUYER(S) INITIALS _____ / _____

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PROPERTY LOCATION: _____

d. LEACH FIELD: Yes No Other _____
 IF YES, Location: UNKNOWN Size: _____ Unknown
 Date of installation of leach field: _____ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Floors	<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): Approx 3 YRS Size of tank(s): _____
 Location: _____
 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: _____ By: _____
 Results: _____ 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: _____ By: _____

Results: _____ 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: ASSOCIATION DUES

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

i. Heating System Age: _____ Type: _____ Fuel PROPANE Tank Location: _____

Owner of Tank: _____

Annual Fuel Consumption: _____ Price: _____ Gallons: _____

Date system was last serviced and by whom? _____

Secondary Heat Systems: _____

Comments: _____

j. Roof Age: _____ Type of Roof Covering: SHINGLES

Moisture or leakage: NO

Comments: _____

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PROPERTY LOCATION: _____

k. Foundation/Basement Full Partial Other: _____ Type: CONCRETE

Moisture or leakage: NO

Comments: _____

l. Chimney(s) How Many? 1 Lined? CHIMNEY Last Cleaned: 2025 Problems? NO

Comments: _____

m. Plumbing Type: COPPER / PVC Age: _____

Comments: _____

n. Domestic Hot Water Age: _____ Type: PROPANE Gallons: _____

o. Electrical System # of Amps 125 Circuit Breakers Fuses

Comments: _____

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: MINISPLIT Age: 4 YRS Date Last Serviced and by whom: 10/25

Comments: _____

t. Pool Age: _____ Heated: Yes No Type: IN GROUND 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: SPECTRUM

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.

SELLER(S) INITIALS wnd | _____

BUYER(S) INITIALS _____ | _____

