

Harnett Regional Water
700 McKinney Parkway
Lillington, NC 27546
Telephone: 910-893-7575
harnettwater.org

User: CPCIS2 POS
Date: 10/20/2020 2356 Receipt: 21165

Customer Account Name
400303 210866 BRITTANY DARROCH
2952 SOUTH RIVER ROAD

Misc Fees/POS/Sys Dev

1	WATER SYSTEM DEVE	2,000.00
1	WATER TAP FEE 3/4"	800.00

Amount Due \$2,800.00

CHECK #1538 \$(2,800.00)

Total Payment: \$(2,800.00)

BALANCE REMAINING \$0.00

CHANGE \$0.00

Trans Date: Oct 20, 2020 Time: 12:48:22PM

*** Thank You For Your Payment ***

HARNETT COUNTY
DEPARTMENT OF PUBLIC UTILITIES
Equal Opportunity Provider and Employer

RESIDENTIAL WATER/SEWER USER AGREEMENT

COPY OF RECORDED DEED & PICTURE ID ARE REQUIRED

- () _____ Water and Sewer District of Harnett County
- () Retrofitted Sprinkler Connection (For accounts with county sewer)
- () Full Service Sprinkler Connection

* Please call grandmother
(Dale) @ 910-624-3929
if you need someone
there or have
questions.

Owner's Mailing/Billing Address:

Brittany Darroch
LAND OWNER'S NAME

2952 South River Rd.
CURRENT STREET, ROUTE OR P.O. BOX

Lillington, NC 27546
CITY OR TOWN, STATE, ZIP

910 | 635-7460 (Brittany)
TELEPHONE NUMBER
4 * (910-624-3929 grandmother)

NUMBER OF PERSONS LIVING IN

243-81-2582 NCDL 31680217

OWNER SOCIAL SECURITY & DRIVERS LICENSE #

SPOUSE'S SOCIAL SECURITY & DRIVERS LICENSE#

EMPLOYER, ADDRESS AND PHONE NUMBER

SPOUSE'S EMPLOYER, ADDRESS AND PHONE NUMBER

Dale Darroch, 2966 South River Rd, Lillington, NC 27546
NAME OF NEAREST RELATIVE, ADDRESS AND PHONE NUMBER
(910) 624-3929

AMOUNT PAID

406303/210864
CUSTOMER NO.

PROPERTY NO.

STATE RD NAME & NO.

This Agreement, made and entered into this the _____ day of _____, 201__, between the Harnett County Department of Public Utilities, as operator of the water supply and distribution system indicated above, (hereinafter "County") and Brittany Darroch (hereinafter "Owner").

WITNESSETH:

The County, as operator of the water supply and distribution system indicated above, sells water to citizens and residents of Harnett County. The County also treats wastewater for its citizens and residents where such treatment facilities are located within Harnett County. The Owner above named desires to purchase water and/or sewer treatment services from the County and further desires to enter into this Agreement with the County to obtain these services described.

NOW THEREFORE, In consideration of the mutual promises herein set forth, it is agreed by the County and Owner as follows:

1. The property which is the subject of this Agreement and to which water shall be supplied and/or sewer treatment services provided is described as follows:
2. Owner agrees to pay to County the amount of _____ per connection as a tap-on charge, said amount being due upon the execution of this Agreement by Owner.
3. County, pursuant to its Rules and Regulations, agrees to provide a water and/or sewer service connection on the above described property and to provide potable water and treatment of said wastewater to the Owner, provided that there is an existing water line capable of providing a connection on said property. **IN THE EVENT THE COUNTY DETERMINES THAT THERE IS NO EXISTING WATER AND/OR SEWER LINE CAPABLE OF PROVIDING A WATER SERVICE CONNECTION TO THE PROPERTY DESCRIBED ABOVE, ALL MONIES PAID PURSUANT TO THIS RESIDENTIAL WATER/SEWER USER AGREEMENT WILL BE REFUNDED TO OWNER.**
4. Owner agrees to pay to County a minimum amount of Twenty-five Dollars (\$25.00) as a water deposit (and \$25 as a sewer deposit, if water and sewer tap requested, \$50 total), provided they are approved by the On-line Utility Database procedure described in Section 20 (c) of the County Rules and Regulations. If not approved by the above-mentioned procedure, the owner agrees to pay a minimum of Fifty Dollars (\$50.00) as a water deposit (and \$50 as a sewer deposit, if water and sewer tap requested, \$100 total). This deposit may be returned without interest as provided by said Rules and Regulations. Said deposit shall be due upon the execution of this Agreement by Owner.
5. Owner grants the County, its successors and assigns, a perpetual easement in, over, under, and upon the above described land with the right to erect, construct, install, lay and thereafter use, operate, inspect, repair, maintain, replace and remove water and/or sewer lines, meters, meter service facilities and appurtenant facilities thereon, together with the right of ingress and egress over adjacent land for the purposes mentioned above.
6. Owner shall install and maintain at Owner's own expense a 3/4 inch cut-off valve on the Owner's side of the County's water meter and a service line which shall begin at the meter and extend to the dwelling or place of use, and such other facilities as may be required by the Inspections Section of the Harnett County Planning and Inspections Department. The service line shall connect with the water system of the County at the nearest place of desired use by the Owner, provided the County has determined in advance that the county water system is of sufficient capacity to permit the delivery of water at that point.
7. Owner agrees to comply with all requirements, rules and regulations applicable to water users adopted by the Division of Health Services of North Carolina Department of Human Resources. Owner further agrees that upon and after the date a plumbing connection is made between the Owner and the County, Owners shall allow no cross connection to exist between the County's system and any pipeline containing a contaminant or any pipeline connected to other present or future sources of water.
8. Owner agrees to pay for water and/or sewer service at such rates, time, and place as shall be determined by the County and agrees to the penalties for non-compliance with the above, as set out in the County's Rules and Regulations.
9. County shall install a water and/or sewer service connection for the Owner, and Owner shall then have thirty (30) days from the date of such installation to make the plumbing connection from the place of use on the above described property to the

6/6/2018

County's system. Charges for water and/or sewer shall commence on the date that the plumbing connection is completed, but in no event later than the end of the thirty (30) day period. That is to say, if the plumbing connection is not completed by the end of the thirty (30) day period, user charges shall commence and Owner shall be obligated to pay the minimum user bill from and after the end of such period, regardless of whether water and/or sewer service is being provided to Owner.

9A. THIS PARAGRAPH APPLIES ONLY TO AGREEMENTS FOR RETROFITTED SPRINKLER CONNECTIONS.

No monthly minimum charge will be made to Owner except during those months when the connection has been used. The Bill rendered will be for gallons used, but in no event less than the applicable minimum bill. A separate bill will be provided for the connection and the same schedule of rates applicable in the service District shall apply to it. No sewer charges will be made to Owner for water used through the connection. The Retrofitted Sprinkler Connection shall not be connected to any plumbing or other pipeline where residential water there from is required to be discharged into the public sewer system.

10. Owner agrees to abide by the Rules and Regulations of the County as from time to time promulgated by the Harnett County Board of Commissioners, and further agrees to abide by such other Harnett County ordinances, rules and regulations with respect to water and/or sewer service connections, as are adopted by the Harnett County Board of Commissioners. Additionally, Owner agrees to obtain the necessary inspections and permits related to water and/or sewer service connections as required by the Inspections Section of the Harnett County Planning and Development Department.

11. County shall purchase and install a cutoff valve and water meter for each service. The County shall own said meter and shall have the exclusive right to use it.

12. Owner agrees that there shall be one water and/or sewer connection for each building or structure requiring connections on the above described property. A tap-on charge shall be due for each such connection.

13. County shall have final jurisdiction on any question of location of any service line connection to its distribution system; shall determine the allocation of water to Owner in the event of a water shortage and may shut off water to Owner if Owner allows a connection or extension to be made to Owner's service for the purpose of supplying water and/or sewer service to another user.

14. In the event User transfers title or agrees to transfer title to the above described property, before or after such connection, User agrees that this agreement shall run with the property title thereto and agrees to advise the new owner with respect hereto and furnish new owner a copy thereof.

15. After County has executed this Agreement, a copy shall be provided to Owner by person delivery or by mailing to the Owner's address as indicated above.

Signed by Owner this 20 day of October, 2020.

Brittany C Darroch
Owner

Owner
Diana Johnson
Witness

Signed by County this 20 day of October, 2020.

**HARNETT COUNTY DEPARTMENT
OF PUBLIC UTILITIES**
BY: Steve Ward / dj
Steve Ward, Director

WHEN RETURNING THIS AGREEMENT BY MAIL PLEASE SENT TO:
Harnett County Department of Public Utilities

Post Office Box 1119
Lillington, NC 27546

APPLICATION DIRECTIONS

DATE: 10/20/20

Brittany Darroch is requesting a water and/or sewer service at the location as noted below. This request is for a _____ inch water service and/or a residential sewer service. The cost of the service will be as follows:

Water tap total cost + deposit:

3/4" \$2800

1" \$3500

2" \$4500

Residential Sewer tap total cost + deposit:

ALL DISTRICTS \$3500

BUNNLEVEL & RIVERSIDE \$4500

Retrofitted sprinkler tap fee for customers with county sewer: \$300

*There will also be a deposit on all new accounts for water and/or sewer as required.

For all other sizes refer to Harnett County Department of Public Utilities @ (910) 893-7575.

Should a line extension be required to install this service, the customer would be required to pay the amount of \$ _____ before the installation of the requested service. This amount is based on materials and labor as required to extend the line to the customer's property.

DIRECTIONS TO LOCATION OF REQUESTED TAP: Detailed Map/Description

South River Rd - turn ~~left~~ Right
on C.T. Thomas Lane

CUSTOMERS SIGNATURE Brittany C Darroch

Office Use:

This service can be installed as noted above. _____

This service requires a line extension: cost above. _____

Date of returned notification from Maintenance. _____

Maintenance Personnel Signature: _____

VOLUNTARY SURVEY OF CUSTOMER DEMOGRAPHICS

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to apply for water service. You are not required to furnish this information, but are encourage to do so. This information will not be used in evaluating your application or discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Gender: <input type="checkbox"/> Male (1) <input checked="" type="checkbox"/> Female (2)
Ethnicity: <input type="checkbox"/> Hispanic or Latino (0) <input checked="" type="checkbox"/> Not Hispanic or Latino (9)
Race: <input type="checkbox"/> American Indian/Alaskan Native (3) <input type="checkbox"/> Asian (4) <input type="checkbox"/> Black or African American (5) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (6) <input checked="" type="checkbox"/> White (7) <input type="checkbox"/> Other (8)
<input type="checkbox"/> I respectfully decline to provide this information.

6/6/2018

DRIVER LICENSE

Katy J. Thomas
Commissioner of Motor Vehicles

31680217



URNS 21 OR 08-27-2013

class: C
rstr: 1
endr: None
issued: 11-07-2013
expires: 08-27-2021
sex: F
ht: 5-05
eyes: GRN
hair: BRO
race:

Brittany Darroch

BRITTANY CRYSTAL DARROCH
2952 S RIVER RD
LILLINGTON NC 27546-8847



birthdate:
08-27-1995



24



2010012775

HARNETT COUNTY TAX ID#

13.0440.0080.05

9.8.10 BY SKB

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2010 SEP 08 01:06:58 PM
BK:2782 PG:299-301 FEE:\$22.00

INSTRUMENT # 2010012775

This Deed Prepared by Reginald B. Kelly, Attorney at Law

NO TITLE CERTIFICATION

PID#130640 0080 05

-0- Revenue

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

WARRANTY
DEED

This WARRANTY DEED is made the 3 day of September, 2010 by and between DONNIE LEE THOMAS and his wife, SANDRA THOMAS of 2852 South River Road, Lillington, NC 27546 and GOLDEN THOMAS, widow of 2910 South River Road, Lillington, NC 27546 (hereinafter referred to in the neuter singular as "the Grantor") and JAMIE L. DARROCH of 2952 South River Road, Lillington, NC 27546 (hereinafter referred to in the neuter singular as "the Grantee");

WITNESSETH:

THAT said Grantor, for valuable consideration, receipt of which is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does hereby give, grant, bargain, sell and convey unto said Grantee, its heirs, successors, administrators and assigns, all of that certain piece, parcel or tract of land situate, lying and being in Upper Little River Township of said County and State, and more particularly described as follows:

BEING ALL OF THAT 0.80 ACRE TRACT AS SHOWN RECOMBINATION MAP FOR: "GOLDEN THOMAS, LIFE ESTATE DONNIE LEE THOMAS, REMAINDERMAN", DATED JULY 22, 2010, BY W. R. LAMBERT, PLS AND RECORDED IN MAP NUMBER 2010-556, HARNETT COUNTY REGISTRY.

ALSO CONVEYED IS A NON-EXCLUSIVE 30 FOOT WIDE INGRESS, EGRESS AND UTILITY EASEMENT RUNNING FROM THE ABOVE DESCRIBED PROPERTY TO NCSR 1302, WHICH EASEMENT IS LOCATED AS SHOWN ON THE MAP ABOVE REFERENCED.

SUBJECT TO ALL EASEMENTS AS SHOWN ON THE ABOVE REFERENCED RECORDED MAP.

**THE PROPERTY HEREIN DESCRIBED IS NOT THE PRIMARY RESIDENCE OF THE GRANTOR (NCGS 105-317.2).

TO HAVE AND TO HOLD the above-described lands and premises, together with all appurtenances thereunto belonging, or in anywise appertaining, unto the Grantee, its heirs, successors, administrators and assigns forever, but subject always, however, to the limitations set out above.

AND the said Grantor covenants to and with said Grantee, its heirs, successors, administrators and assigns that it is lawfully seized in fee simple of said lands and premises, and has full right and power to convey the same to the Grantee in fee simple (but subject, however, to the limitations set out above) and that said lands and premises are free from any and all encumbrances, except as set forth above, and that it will, and its heirs, successors, administrators and assigns shall forever warrant and defend the title to the same lands and premises, together with the appurtenances thereunto appertaining, unto the Grantee, its heirs, successors, administrators and assigns against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor has hereunto set its hand and seal and does adopt the printed word "SEAL" beside its name as its lawful seal.

GRANTOR

Donnie Lee Thomas (SEAL)
DONNIE LEE THOMAS

Sandra Thomas (SEAL)
SANDRA THOMAS

Golden J Thomas (SEAL)
GOLDEN THOMAS


STATE OF NORTH CAROLINA

ACKNOWLEDGMENT OF INDIVIDUALS

COUNTY OF HARNETT

I, a Notary Public of the County and State aforesaid, certify that Donnie Lee Thomas and his wife, Sandra Thomas and Golden Thomas, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal, this 3 day of September 2010.

 APRIL M. McLAMB
NOTARY PUBLIC
(notarial seal) HARNETT COUNTY, N.C.
My Commission Expires 7/29/11

April M. McLamb
Notary Public



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
305 W CORNELIUS HARNETT BLVD
SUITE 200
LILLINGTON, NC 27546

Filed For Registration: 09/08/2010 01:06:58 PM
Book: RE 2782 Page: 299-301
Document No.: 2010012775
DEED 3 PGS \$22.00
Recorder: MARY ANNE WOOD

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

DO NOT DISCARD

2010012775

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: 0066416
NAME OF REGISTRANT: BRITTANY CRYSTAL DARROCH
BIRTHDATE: AUGUST 27, 1995
SEX: FEMALE
BIRTHPLACE: ORANGE COUNTY
MOTHER'S MAIDEN NAME: DUSTAN MICHELLE JERNIGAN
BIRTHDATE: 07/31/1979
MOTHER'S BIRTHPLACE: CONNECTICUT
FATHER'S NAME: JAMIE LYN DARROCH
BIRTHDATE: 01/11/1975
FATHER'S BIRTHPLACE: NORTH CAROLINA
DATE RECORD FILED: SEPTEMBER 08, 1995
DATE ISSUED: 11/16/1995

This is to certify that this is a true and correct abstract of the official record filed in this office.

0003249

A. Torrey McLean
A. Torrey McLean
State Registrar



Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
ORANGE COUNTY
OFFICE OF REGISTER OF DEEDS

COPY 1 Replacement
STATE COPY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registration District No. 06870 Local No. _____

1. DECEDENT'S NAME (First, Middle, Last) Jamie Lyn Darroch		2. SEX M	3. DATE OF DEATH (Month, Day, Year) 02/09/2012
4. SOCIAL SECURITY NUMBER 241-17-4282	5. AGE—Last Birthday (Years) 37	6. DATE OF BIRTH (Month, Day, Year) 01/11/1975	7. BIRTHPLACE (County and State) Lee Co., NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO		9a. PLACE OF DEATH (Check only one; see instructions on other side)	
9b. HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) UNC Hospitals		11. CITY, TOWN, OR LOCATION OF DEATH Chapel Hill	12. INSIDE CITY LIMITS? (Yes or No) Yes
13. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Divorced		14. SURVIVING SPOUSE (If wife, give maiden name)	
15. RESIDENCE—STATE NC		16. COUNTY Harnett	17. CITY, TOWN, OR LOCATION Lillington
18. ZIP CODE 27546		19. STREET AND NUMBER 2952 S. River Road	
20. INSIDE CITY LIMITS? (Yes or No) No		21. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	
22. RACE—American Indian, Black, White, Etc. (Specify) white		23. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
24. FATHER'S NAME (First, Middle, Last) James Darroch		25. MOTHER'S NAME (First, Middle, Maiden Surname) Dale Thomas	
26. INFORMANT'S NAME (Type/Print) Dale Darroch		27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2966 S. River Road Lillington NC 27546	
28. DATE AMENDED		29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
<p>CAUSE OF DEATH</p> <p>Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Valproic acid toxicity DUE TO (OR AS A CONSEQUENCE OF):</p> <p>Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.</p> <p>b. _____ DUE TO (OR AS A CONSEQUENCE OF):</p> <p>c. _____ DUE TO (OR AS A CONSEQUENCE OF):</p> <p>d. _____</p> <p>Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.</p> <p>20b. _____</p> <p>21a. WAS AN AUTOPSY PERFORMED (Yes or No) No</p> <p>21b. Were Autopsy Findings Available prior to Completion of Death Certificate? (Yes or No)</p>			
<p>CERTIFIER</p> <p>22a. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined</p> <p>22b. DATE OF INJURY (Month, Day, Year)</p> <p>22c. TIME OF INJURY M</p> <p>22d. INJURY AT WORK? (Yes or No)</p> <p>22e. DESCRIBE HOW INJURY OCCURRED</p> <p>22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)</p> <p>22g. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p> <p>22h. TIME OF DEATH 14 05</p> <p>22i. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) Jessica L. Poisson, MD</p> <p>22j. DATE SIGNED (Month, Day, Year) 02/13/2012</p>		<p>23a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) Jessica L. Poisson, MD</p> <p>23b. DATE PRONOUNCED DEAD (Month, Day, Year) 02/09/2012</p>	
<p>DISPOSITION</p> <p>24a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)</p> <p>24b. NAME AND ADDRESS OF FUNERAL HOME Quinn Peebles Funeral Home PO Box 266 Lillington NC 27546</p> <p>24c. REGISTAR'S SIGNATURE John Biolz</p> <p>24d. DATE FILED (Month, Day, Year) Feb. 17, 2012</p>		<p>25a. PLACE OF DISPOSITION (Name of cemetery, or other place of interment) Hambern Memorial Park Cemetery</p> <p>25b. LOCATION — City or Town, State, Zip Code Lillington NC 27546</p> <p>25c. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Kay O. Peebles</p> <p>25d. LICENSE NUMBER NCED 3456</p> <p>25e. NAME OF EMBALMER Paul B. Phillips</p> <p>25f. LICENSE NUMBER FSL 2167</p>	

20120215200034903 DEATH
BK: D72 Pg: 793
02/15/2012 12:08:06:26 AM 1/1

MEDICAL EXAMINER: After you've reviewed the certificate of death, give certificate to funeral director when the body is released. If the cause of death (Form V88-A) when additional information has been obtained.
FUNERAL DIRECTOR: Copies 1 & 2 must be completed and filed with a local registrar within 5 days after death. Copy 3, when signed by medical

DHHS 2164 (Revised 5/09) NC VITAL RECORDS

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

068-211394

Deborah B. Brooks
Register of Deeds
Orange County

Witness my hand and official seal
this the 28th day of Feb 20 12 By: [Signature]
Deputy/Assistant Register of Deeds

DHHS 3914 (REVISED 5/09) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

