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

User: CPCIS2

POS

Date: 9/30/2022 14708

Receipt: 124494

Customer Account Name

157907 214456 DAN RYAN BUILDER NC LLC

290 HAY FIELD DR

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE 2,000.00 SEWER SYSTEM DEVE 2,500.00 1 3/4" AMI METER & MXU 325.00

SETUP FEE 1

15.00

Amount Due

\$4,840.00

GRAND TOTAL:

4,840.00

CHECK #6427

\$(4,840.00)

Total Payment:

\$(4,840.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: Sep 30, 2022

Time: 8:05:08AM

*** Thank You For Your Payment *** **** Enroll in Auto Pay Today ****

HARNETT REGIONAL WATER

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available

VALID PHOTO I.D. is Required

0/20/22		DEPOSITS (refunded to applicant only)		
Today's Date 9/29/22 Se	t Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT		
	Como Dou Comico. \$50	OWNER WATER	\$0	\$50
	Same Day Service: \$50	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
Date Service Requested VVIII Gail		RENTER SEWER	\$50	\$100
This agreement is a formal request for the Sewer Ordinance and all relevant de	partmental policies, to provi			
Service Address: 290 Hay Field [
Owner X Renter (PROPE		ORB Homes - NC	LLC/919.279.2	339
Applicant Email Address amoss@d	rbgroup.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
DRB Homes NC LLC				
MAILING ADDRESS:				
3000 RDU Center Drive Ste	. 202 Morrisville, NC	27560		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY	# OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE	# AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRES	SS	
t, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make the sewer Ordinance of Sewer	ke all payments on time whe further notice. In order for sign from court action to colle enumber of days in the service to be be numbered to the attention of t	en due as stated on the revice to be restored, and account will ice period. FINAL But applicant's name of the property of the	he WATER/SEWH I will be required be the responsibil ILLS with a credit only. Property ow erty is sold or rent sure residence or ter service. By si	ER bill, the department has the pay ALL DUE amounts plity of the customer. All initional balance of less than \$3.00 were will be responsible for the HARNETT REGIONA facility is prepared for wat going this application, you a
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	Same Day	\$50Meter Fee \$	325Damage \$	Other \$
Account # Transferred From:		_ Date To Turn C	Off:	
ACCOUNT #: CID: 157907	LID: <u>214456</u>	_ WATERSE	WERCRED	DIT: APPROVED / DENIE
Turn On: Unlock Only:	Read Only:Ins	tall: Cus	tomer Serv Rep:	