



AOWE As-Built Overview

| Client Information | | Property Information | |
|--------------------|---|---------------------------|--|
| Name | Horizon Building Solutions c/o Brad Horton | Address | 2442 Harnett Central Road, Angier, NC 27501 |
| Phone number | 919-868-2493 | Parcel ID | 0662-32-0244 |
| Email Address | hortoncustoms@yahoo.com | Water Supply | Public |
| Facility Type | SFR 3-bedrooms | New/Repair/ Expansion? | Repair/Relocation |

| System Information | | Leach Field | |
|-------------------------------|------|-------------------------|------------------------|
| Daily Design Flow | 360 | Total Leach Line Length | 360 |
| # of Bedrooms | 3 | # of Laterals | 3 |
| LTAR | 0.4 | Trench Width | 36" |
| Initial System Type | IIIb | Maximum Trench Depth | 24" |
| Repair System Classification | IIIb | Manufacturer/Product | Infiltrator EZ-Flow |
| Subsurface Operator Required? | no | Distribution Device | Pressure Manatee |

| Septic Tank | | Pump System | |
|---------------------------|---|-------------------------|--|
| Septic Tank Min. Capacity | 1,000 | Pump Tank Min. Capacity | 1,000 |
| Tank Manufacturer | Mitchell Concrete Products MCP-2161 STB-1049 | Tank Manufacturer | Mitchell Concrete Products MCP-1000 PT-53 |
| Leak Test Required | Yes | Leak Test Required | Yes |
| Seam | Top | Seam | Top |
| Material | Concrete | Material | Concrete |
| Access Risers | EZ-Set | Access Risers | EZ-Set |
| Effluent Filter | Polylok PL-68 | Pump Size | N53 |
| Other | | Pump Manufacturer/Type | Zoeller |

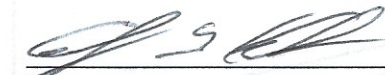


Owners Acceptance of Wastewater System

I, Horizon Building Solutions (Owner), accept the system as designed by

Agri-Waste Technology (AOWE), and installed by

DBA Matthews Backhoe Service (Contractor).



Owner

6-20-25

Date

AOWE Statement

All reporting requirements in G.S. 130A-336.2(1) have been met. A list of these requirements may be found in G.S. 130A-336.2(1) *Alternative wastewater system approvals for nonengineered systems*.

- v Soil and site features report included with initial NOI submittal.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest NC 27587 | CONTACT NAME: Connie Garkalns PHONE (A/C, No, Ext): 984-235-4273 E-MAIL ADDRESS: connie@hartsfield-nash.com FAX (A/C, No): 919-556-8758 |
| INSURED Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex NC 27502 | License#: 1000009111 AGRITEC-01 |
| INSURER(S) AFFORDING COVERAGE | |
| INSURER A: Selective Insurance Company of | NAIC # 39926 |
| INSURER B: Accident Fund | 10166 |
| INSURER C: Evanston Insurance Company | 35378 |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 1304989694

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-----------------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | S 2253659 | 1/18/2025 | 1/18/2026 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | S 2253659 | 1/18/2025 | 1/18/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | S 2253659 | 1/18/2025 | 1/18/2026 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | 100003072 | 1/18/2025 | 1/18/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Prof & Pollution Liability Leased & Rented | | | MKLV3ENV104794 S 2253659 | 8/22/2024 1/18/2025 | 8/22/2025 1/18/2026 | Each Claim Equipment \$ 5,000,000 25,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Artisan Custom Homes
21016 Catawba Avenue
Cornelius NC 28031
USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE