



### Authorization to Operate (ATO)

Client Information		Property Information	
Name	RiverWILD Homes	Address	16 Sundrops Trl Dunn, NC 28334
Phone number	919-373-6048	PIN	1509-02-7263
Email Address	kelley@staywild.com	Water Supply	Public
Facility Type	SFR	New/Repair/Expansion?	New

System Information		Leach Field	
Daily Design Flow	480	Total Leach Line Length	330'
# of Bedrooms	4	# of Laterals	3
LTAR	0.375	Trench Width	36"
Initial System Type	IIb	Maximum Trench Depth	24"
Repair System Classification	IIb	Manufacturer/Product	EZ Flow
Subsurface Operator Required?	No	Distribution Device	D-Box

Septic Tank		Pump System	
Septic Tank Min. Capacity	1,250 gallons	Pump Tank Min. Capacity	
Tank Manufacturer	Mitchell	Tank Manufacturer	
Leak Test Required	Yes	Leak Test Required	
Seam	Mid	Seam	
Material	Concrete	Material	
Access Risers	EZ Set	Access Risers	
Effluent Filter	Polylok	Pump Size	
Other		Pump Manufacturer/Type	



### **Maintenance Requirements**

- Pump septic tank every 3-5 years or as necessary to ensure proper function.
- Clean effluent filter every 6 months or as necessary to ensure proper function.
- Please do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may damage your septic system.
- Maintain grass vegetation over drainfield area.

*Trent Boistic*

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AOWE Signature

11/10/2025

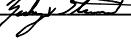
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Date



### Owners Acceptance of Wastewater System

I, Riverwild Homes (Owner), accept the system as designed by Agri-Waste Technology, Inc (AOWE), and installed by Avila Construction (Contractor).

\_\_\_\_\_  
Owner 

11/14/2025  
\_\_\_\_\_  
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*.

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

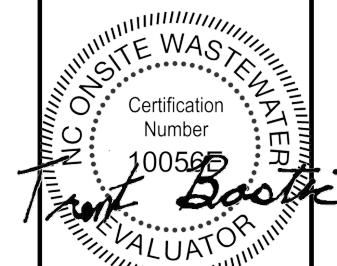


RiverWILD Homes  
AF 13 - AOWE

Project Location:  
16 Sundrops Trl  
Dunn, NC 28334  
Harnett County  
PIN: 1509-02-7263

Project Owner:  
RiverWILD Homes  
114 W Main St  
Clayton, NC 27520  
919-373-6048  
kelley@staywild.com

NC ONSITE WASTEWATER  
EVALUATOR SEAL



REV. ISSUED DATE DESCRIPTION

SHEET TITLE

Property Layout

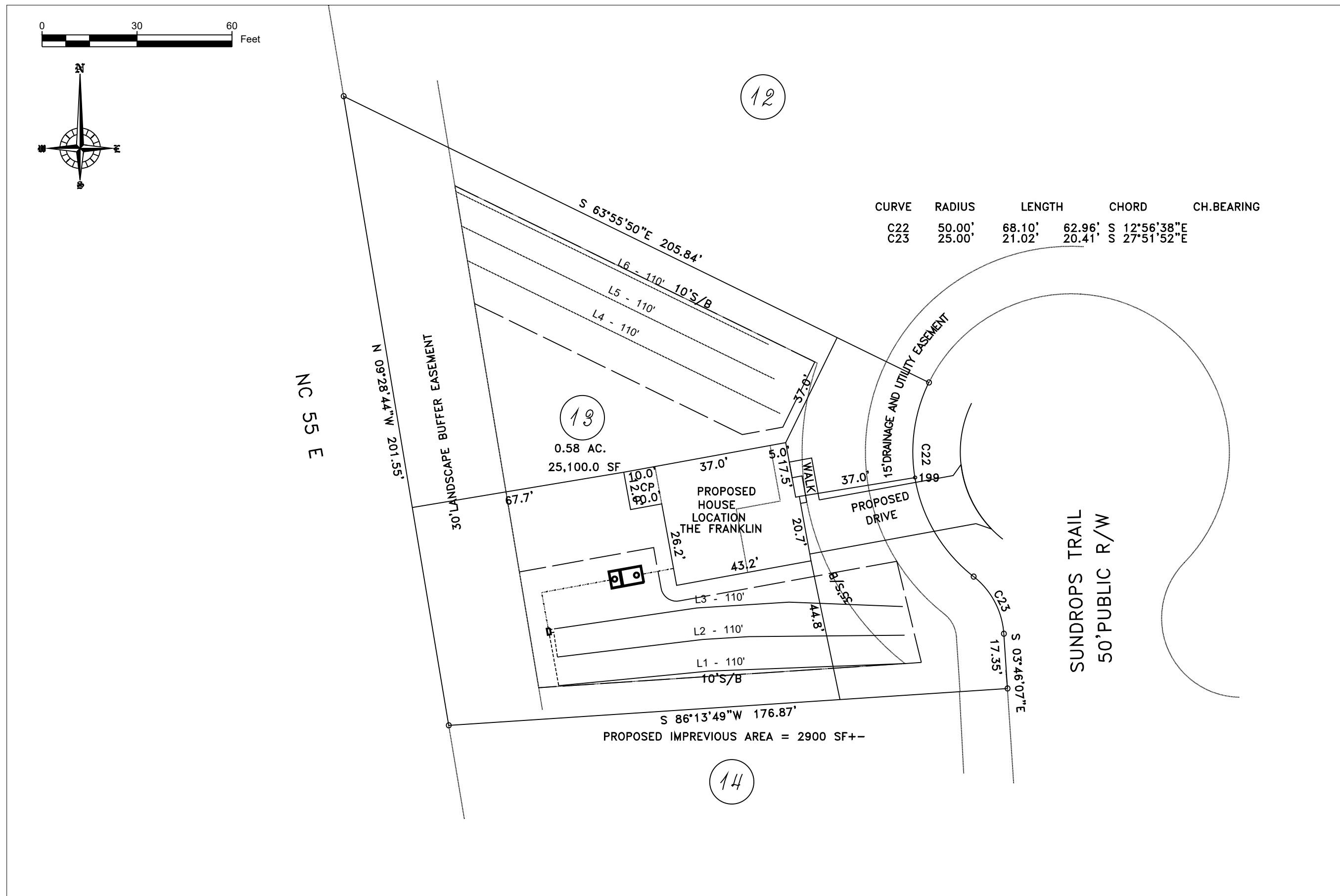
DRAWN BY: T. Bostic CREATED ON: 05/05/2025

REVISED BY: ##### REVISED ON: #####

RELEASED BY: ##### RELEASED ON: #####

DRAWING NUMBER

WW-2





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: <b>Sherry Fraley</b>	
Jackson Whaley Vreeland Agency, Inc PO Box 18407 Raleigh, NC 27619		PHONE (A/C, No. Ext): (919)781-6716	
		E-MAIL ADDRESS: sherry@ptiagency.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: <b>Builders Mutual Insurance</b>	<b>10844</b>
		INSURER B: <b>National General Insurance Corp</b>	<b>22772</b>
		INSURER C: <b>BUILDERS MUTUAL INS</b>	<b>10844</b>
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		Avila Construction LLC PO Box 2853 Smithfield, NC 27577	

COVERAGES      CERTIFICATE NUMBER: **95992867-0**      REVISION NUMBER: **39**

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		
<b>A</b>	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>CPP007853207</b>	<b>02/10/2025</b>	<b>02/10/2026</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>	
			MED EXP (Any one person)				\$ <b>5,000</b>		
			PERSONAL & ADV INJURY				\$ <b>1,000,000</b>		
			GENERAL AGGREGATE				\$ <b>2,000,000</b>		
			PRODUCTS - COMP/OP AGG				\$ <b>2,000,000</b>		
<b>B</b>	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY			<b>2026700304-00</b>	<b>01/21/2025</b>	<b>01/21/2026</b>	COMBINED SINGLE LIMIT (Ea accident)	\$	
	EXCESS LIAB	OCCUR CLAIMS-MADE					BODILY INJURY (Per person)	\$ <b>50,000</b>	
			BODILY INJURY (Per accident)				\$ <b>100,000</b>		
			PROPERTY DAMAGE (Per accident)				\$ <b>50,000</b>		
							\$		
		UMBRELLA LIAB DED <input type="checkbox"/> RETENTION \$							
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N  <input checked="" type="checkbox"/> Y	<b>N / A</b>	<b>WCP105334407</b>	<b>06/23/2024</b>	<b>06/23/2025</b>	<input checked="" type="checkbox"/> PER STATUTE	OTH- ER	
	E.L. EACH ACCIDENT						\$ <b>100,000</b>		
	E.L. DISEASE - EA EMPLOYEE						\$ <b>100,000</b>		
	E.L. DISEASE - POLICY LIMIT						\$ <b>500,000</b>		

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

Workers Comp: Tomas Avila is excluded.

## CERTIFICATE HOLDER

RiverWild Homes  
114 West Main St.  
Clayton, NC 27520

## CANCELLATION

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

(SFF)

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