



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 Bootic

AOWE Signature

11/10/2025

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 

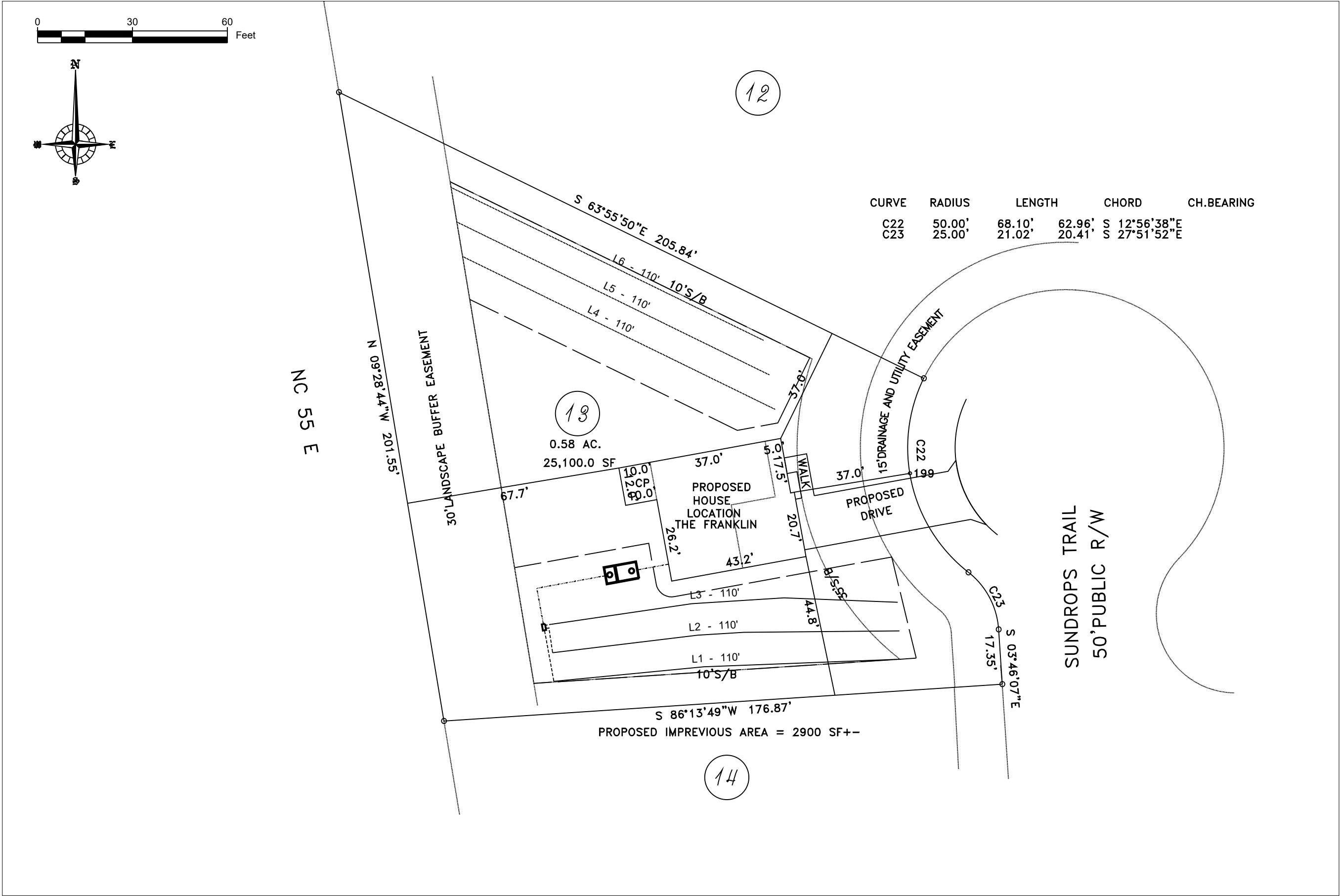
11/14/2025
Date

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.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2025

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 Jackson Whaley Vreeland Agency, Inc PO Box 18407 Raleigh, NC 27619	CONTACT NAME: Sherry Fraley PHONE (A/C, No. Ext): (919)781-6716 FAX (A/C, No): (919)781-1698 E-MAIL ADDRESS: sherry@ptiagency.com																					
INSURED Avila Construction LLC PO Box 2853 Smithfield, NC 27577	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Builders Mutual Insurance</td><td>10844</td></tr><tr><td>INSURER B :</td><td>National General Insurance Corp</td><td>22772</td></tr><tr><td>INSURER C :</td><td>BUILDERS MUTUAL INS</td><td>10844</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Builders Mutual Insurance	10844	INSURER B :	National General Insurance Corp	22772	INSURER C :	BUILDERS MUTUAL INS	10844	INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Builders Mutual Insurance	10844																				
INSURER B :	National General Insurance Corp	22772																				
INSURER C :	BUILDERS MUTUAL INS	10844																				
INSURER D :																						
INSURER E :																						
INSURER F :																						

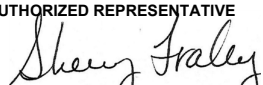
COVERAGES**CERTIFICATE NUMBER: 95992867-0****REVISION NUMBER: 39**

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																					
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP007853207	02/10/2025	02/10/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	5,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000		\$	
EACH OCCURRENCE	\$	1,000,000																										
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000																										
MED EXP (Any one person)	\$	5,000																										
PERSONAL & ADV INJURY	\$	1,000,000																										
GENERAL AGGREGATE	\$	2,000,000																										
PRODUCTS - COMP/OP AGG	\$	2,000,000																										
	\$																											
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			2026700304-00	01/21/2025	01/21/2026	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td>50,000</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td>100,000</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td>50,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per person)	\$	50,000	BODILY INJURY (Per accident)	\$	100,000	PROPERTY DAMAGE (Per accident)	\$	50,000		\$							
COMBINED SINGLE LIMIT (Ea accident)	\$																											
BODILY INJURY (Per person)	\$	50,000																										
BODILY INJURY (Per accident)	\$	100,000																										
PROPERTY DAMAGE (Per accident)	\$	50,000																										
	\$																											
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$		AGGREGATE	\$			\$													
EACH OCCURRENCE	\$																											
AGGREGATE	\$																											
	\$																											
C	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 <input checked="" type="checkbox"/> N / A			WCP105334407	06/23/2024	06/23/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>100,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>100,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000									
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																												
E.L. EACH ACCIDENT	\$	100,000																										
E.L. DISEASE - EA EMPLOYEE	\$	100,000																										
E.L. DISEASE - POLICY LIMIT	\$	500,000																										

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****CANCELLATION**

RiverWild Homes 114 West Main St. Clayton, NC 27520	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)
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.