



Authorization to Operate (ATO)

Client Information		Property Information	
Name	RiverWILD Homes	Address	70 Sundrops Trl Dunn, NC 28334
Phone number	919-373-6048	PIN	1509-01-8903
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	IIIb	Maximum Trench Depth	24"
Repair System Classification	IIIb	Manufacturer/Product	EZ Flow
Subsurface Operator Required?	No	Distribution Device	Manifold

Septic Tank		Pump System	
Septic Tank Min. Capacity	1,250 gallons	Pump Tank Min. Capacity	1,250 gallons
Tank Manufacturer	Mitchell	Tank Manufacturer	Mitchell
Leak Test Required	Yes	Leak Test Required	Yes
Seam	Mid	Seam	Mid
Material	Concrete	Material	Concrete
Access Risers	EZ Set	Access Risers	EZ Set
Effluent Filter	Polylok	Pump Size	1/3 HP
Other		Pump Manufacturer/Type	Zoeller N151



### 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

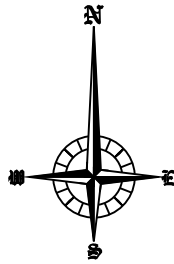
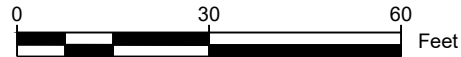
11/14/2025  
Date

### 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.





NC 55 E

N 09°28'44"W 209.34'

30' LANDSCAPE BUFFER EASEMENT

N 86°13'49"E 162.06'

10'S/B

L7 - 110'

L6 - 110'

L5 - 110'

23.6

23.6

10.0'

CP

10.0'

PROPOSED  
HOUSE  
LOCATION  
THE  
PRINCETON

37.0'

15

0.58 AC.

25,137.8 SF

L4 - 71'

L3 - 71'

L2 - 71'

10'S/B

S 58°35'26"W

137.65'

12.9

S 03°46'07"E

65.34'

PROPOSED DRIVE

37.0'

CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C24	25.00'	21.02'	20.41'	S 20°19'31"W
C25	50.00'	66.18'	61.45'	S 06°30'10"W

SUNDROPS TRAIL  
50' PUBLIC R/W

16



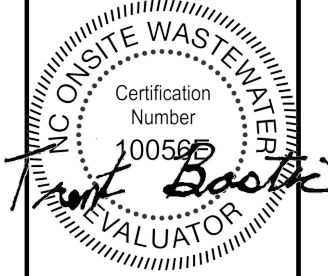
Engineers and Soil Scientists  
Agri-Waste Technology, Inc.  
501 N. Salem Street, Suite 203  
Apex, North Carolina 27502  
919-859-0669  
www.agriwaste.com

RiverWILD Homes  
AF 15 - AOWE

Project Location:  
70 Sundrops Trl  
Dunn, NC 28334  
Harnett County  
PIN: 1509-01-8903

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
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SHEET TITLE

Property Layout

DRAWN BY: T. Bostic	CREATED ON: 05/05/2025
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REVISED BY: ####	REVISED ON: ####
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RELEASED BY: ####	RELEASED ON: ####
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DRAWING NUMBER

WW-2

PROPERTY LAYOUT

SOURCE: AWT, Inc.



# 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).

<b>PRODUCER</b>  <b>Jackson Whaley Vreeland Agency, Inc</b> <b>PO Box 18407</b> <b>Raleigh, NC 27619</b>	<b>CONTACT NAME:</b> Sherry Fraley <b>PHONE (A/C, No. Ext):</b> (919)781-6716 <b>FAX (A/C, No):</b> (919)781-1698 <b>E-MAIL ADDRESS:</b> sherry@ptiagency.com																					
<b>INSURED</b>  <b>Avila Construction LLC</b> <b>PO Box 2853</b> <b>Smithfield, NC 27577</b>	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td><b>INSURER A :</b></td><td><b>Builders Mutual Insurance</b></td><td><b>10844</b></td></tr><tr><td><b>INSURER B :</b></td><td><b>National General Insurance Corp</b></td><td><b>22772</b></td></tr><tr><td><b>INSURER C :</b></td><td><b>BUILDERS MUTUAL INS</b></td><td><b>10844</b></td></tr><tr><td><b>INSURER D :</b></td><td></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A :</b>	<b>Builders Mutual Insurance</b>	<b>10844</b>	<b>INSURER B :</b>	<b>National General Insurance Corp</b>	<b>22772</b>	<b>INSURER C :</b>	<b>BUILDERS MUTUAL INS</b>	<b>10844</b>	<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>		
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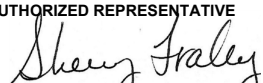
**COVERAGES****CERTIFICATE NUMBER: 95992867-0****REVISION NUMBER: 39**

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

<b>RiverWild Homes</b> <b>114 West Main St.</b> <b>Clayton, NC 27520</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  (SFF)
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