Engineers and Soil Scientists

AOWE As-Built Overview

Client Information		**Property Information**	
Name	Drees On Your Lot	Address	9912 Sauls Road, Raleigh, NC 27603
Phone number	919-256-5457	Parcel ID	1607874114
Email Address	jharper@dreeshomes.com	Water Supply	Public
Facility Type	SFR – 5BR	New/Repair/ Expansion?	New

System Information		**Leach Field**	
Daily Design Flow	600	Total Leach Line Length	600’ (6 – 100’ Lines)
# of Bedrooms	5	# of Laterals	6
LTAR	0.25	Trench Width	36”
Initial System Type	IIb	Maximum Trench Depth	18”
Repair System Classification	IIb	Manufacturer/Product	Infiltrator EZ-Flow
Subsurface Operator Required?	no	Distribution Device	Distribution Box

Septic Tank		**Pump System**	
Septic Tank Min. Capacity	1,500	Pump Tank Min. Capacity	N/A
Tank Manufacturer	HPPP-1500	Tank Manufacturer	N/A
Leak Test Required	Yes	Leak Test Required	N/A
Seam	Mid	Seam	N/A
Material	Concrete	Material	N/A
Access Risers	EZ-Set	Access Risers	N/A
Effluent Filter	Polylok PL-68	Pump Size	N/A
Other		Pump Manufacturer/Type	N/A

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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.
- All roof/gutter drains to be routed away from the drain field area..

Additional Notes:

_____

_____

Heath Clapp
AOWE Signature

3/24/2026
Date

Engineers and Soil Scientists

Owners Acceptance of Wastewater System

I, Drees On Your Lot (Owner), accept the system as designed by

Agri-Waste Technology (AOWE), and installed by

Full Circle Environmental Services(Contractor).

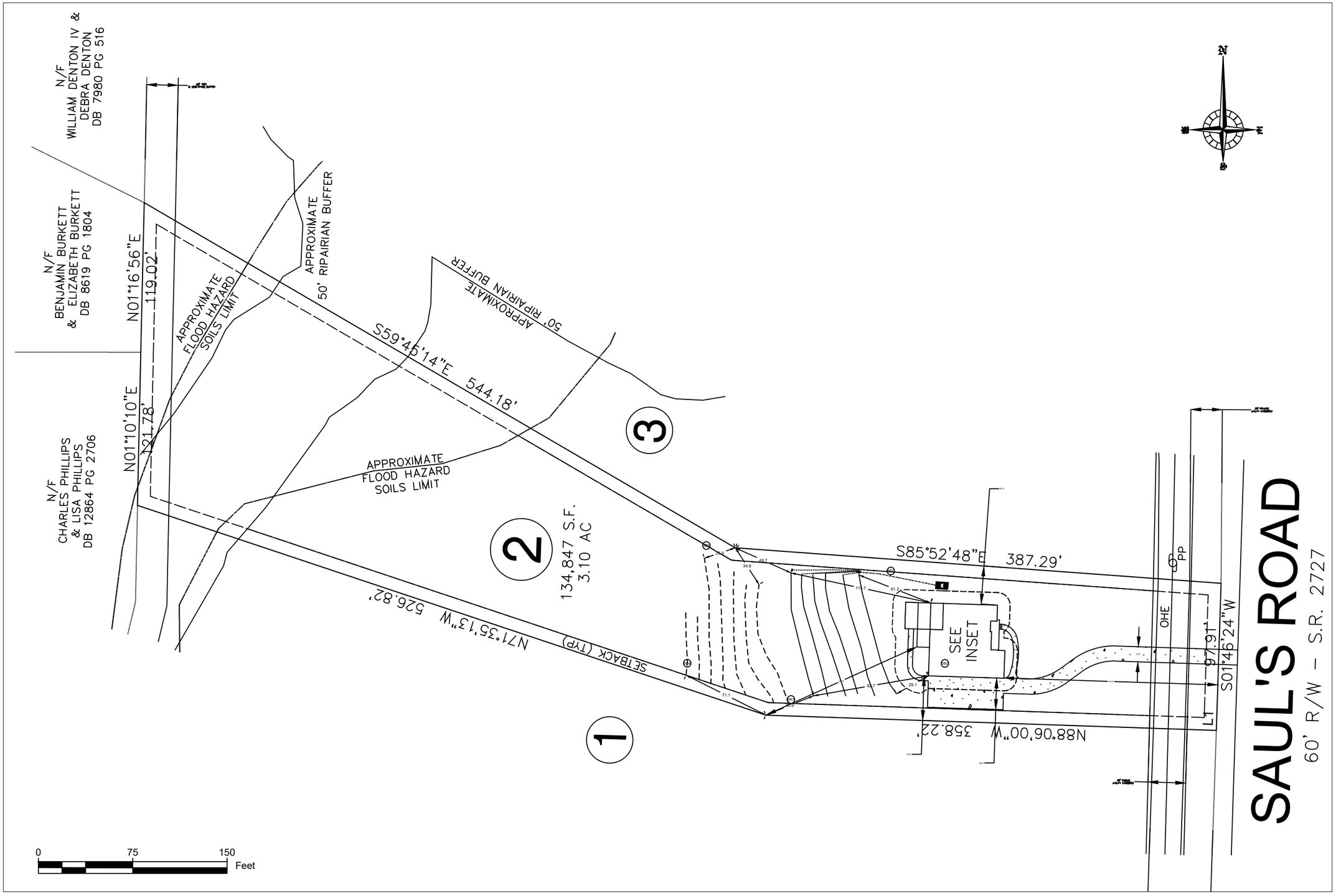
_____ _____

Owner 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.*

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



1 WW-2 PROPERTY LAYOUT

SOURCE: AWT, Inc.

Engineers and Soil Scientists

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

Drees On Your Lot
ees On Your Lot - 9912 Sauls Roa

Project Location:
9912 Sauls Road,
Raleigh, NC 27603
Wake County
PIN: 1607874114

Project Owner:
Drees On Your Lot
8521 Six Forks Road, Suite 500,
Raleigh, NC 27615
919-256-5457
jharper@dreeshomes.com

NC ONSITE WASTEWATER EVALUATOR SEAL

NC ONSITE WASTEWATER EVALUATOR
Certification Number
10057E
Heath Clapp

REV.	ISSUED DATE	DESCRIPTION

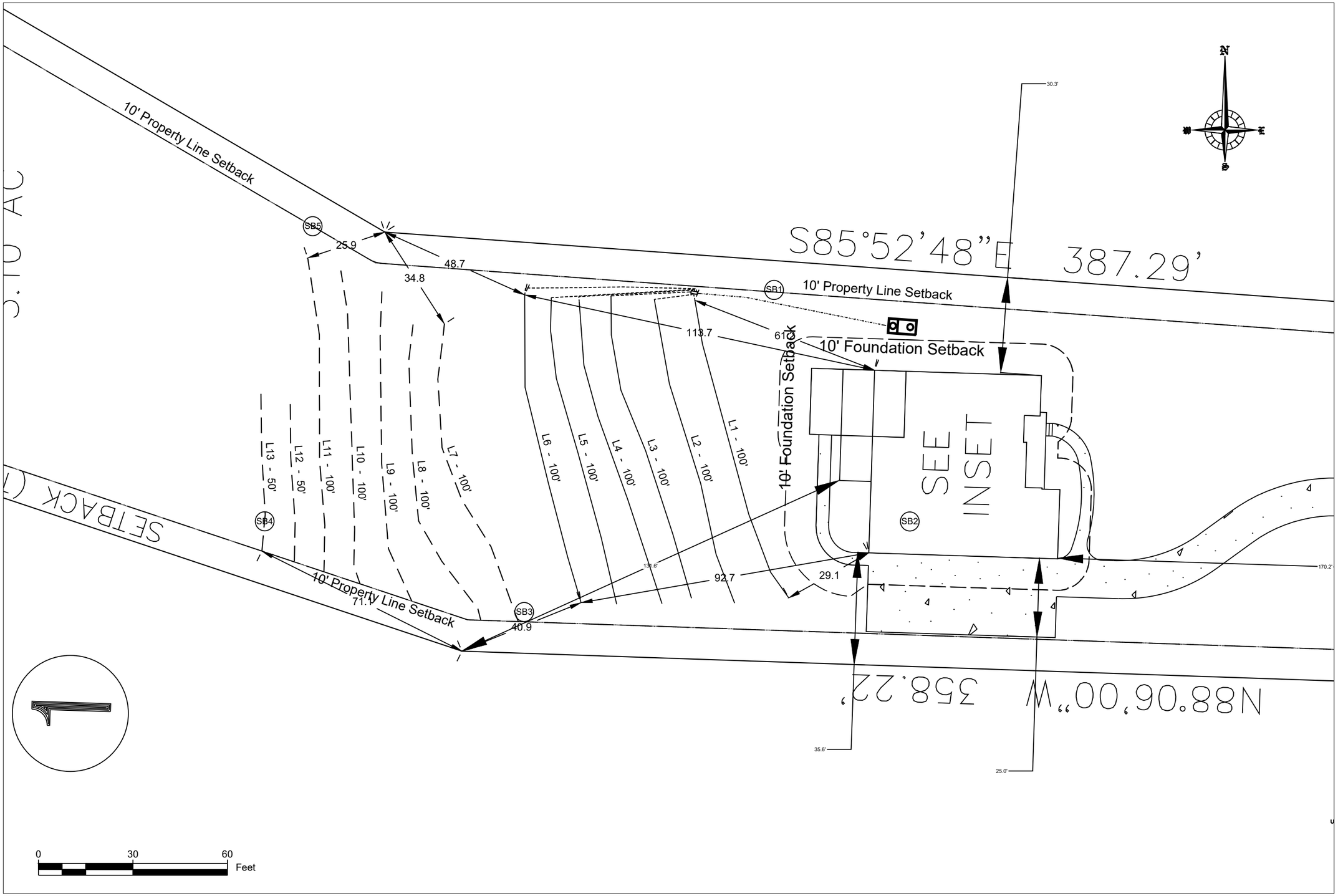
SHEET TITLE

Property Layout

DRAWN BY: H. Clapp	CREATED ON: 8/29/2025
REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER

WW-2



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SOURCE: AWT, Inc.

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NC ONSITE WASTEWATER EVALUATOR
Certification Number 10057E
Heath Clapp

REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE

Property Layout

DRAWN BY:	CREATED ON:
H. Clapp	8/29/2025
REVISED BY:	REVISED ON:
####	####
RELEASED BY:	RELEASED ON:
####	####

DRAWING NUMBER

WW-2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/20/2026

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 License#: 1000009111 AGRITEC-01	**CONTACT NAME:** Connie Garkalns **PHONE (A/C, No, Ext):** 984-235-4273 **FAX (A/C, No):** 919-556-8758 **E-MAIL ADDRESS:** connie@hn-ins.com
INSURED Agri-Waste Technology Inc 1225 Crescent Green, Suite 250 Cary NC 27518	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Accident Fund 10166 **INSURER B :** Evanston Insurance Company 35378 **INSURER C :** SELECTIVE INSURANCE COMPANY 39926 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1861440469 **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	
C	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			S 2253659	1/18/2026	1/18/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
C	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			S 2253659	1/18/2026	1/18/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			S 2253659	1/18/2026	1/18/2027	EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		AFWCP10000307205	1/18/2026	1/18/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B C	Prof & Pollution Liability Leased & Rented			MKLV7ENV106760 S 2253659	8/22/2025 1/18/2026	8/22/2026 1/18/2027	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

For Information Only
***Contact Agency
for Specific Holder
Wording***

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

Connie Garkalns

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/27/2025

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PRODUCER
Bearing Insurance Group, LLC
P. O. Box 9953
Glen Allen VA 23058

License#: 6387078

CONTACT NAME: Blair Comer
PHONE (A/C, No, Ext): 3362800317 **FAX (A/C, No):**
E-MAIL ADDRESS: bcomer@bankersinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Frankenmuth Insurance Company	13986
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Full Circle Environmental Services LLC
381 Cleveland Crossing Dr
Garner NC 27529

FULLCIR-02

COVERAGES **CERTIFICATE NUMBER:** 422747140 **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	X **COMMERCIAL GENERAL LIABILITY**			6744083	7/9/2025	7/9/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X **UMBRELLA LIAB** OCCUR			6744083	7/9/2025	7/9/2026	EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 10,000							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		6744082	7/9/2025	7/9/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

Agri Waste Technology
501 N Salem Street, Suite 203
Apex NC 27502

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

Crystal Sales