

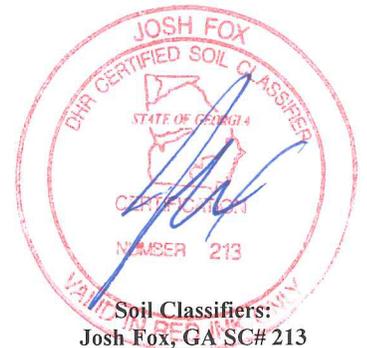
**Appalachian Soil, Inc.**  
**Ellijay, GA**  
**706-636-3813**

<b>Client:</b>	Todd Withrow	<b>Phone #:</b>	407-708-0780
<b>Site Location:</b>	Humphrey Mill Road	<b>Level of Study:</b>	3
<b>Date Evaluated:</b>	4/2/2024	<b>County:</b>	Fannin

Hole	Soil Series	Slope %	Depth to Bedrock	Depth to Seasonal High Water Table	Absorption Rate at Recommended Trench Depth	Recommended Trench Depth	Map Unit Suitability Code
1	Cowee	33%	24"	>24"	50	See Codes	H
2	Evard	34%	54"	>54"	45	18"-30"	A
3	Evard	42%	>72"	>72"	40	18"-36"	A
4	Evard	35%	54"	>54"	45	18"-30"	A
5	Evard	40%	60"	>60"	45	18"-36"	A
6	Cowee	35%	33"	>33"	50	See Codes	H
7	Evard	40%	>72"	>72"	45	18"-36"	A
8	Evard	26%	>72"	>72"	40	18"-36"	A
13	Evard	17%	>72"	>72"	45	18"-36"	A

**Site Specific Additional Comments:**

Property lines not marked at the time of the soil survey.



**Soil Classifiers:**  
**Josh Fox, GA SC# 213**  
**James Fitzgerald, GA SC #504**

See Suitability Codes on following page.

### Map Unit Suitability Codes

<b>A</b>	Soil series should have ability to function as suitable absorption field with proper design, installation, and maintenance.
<b>H</b>	Due to bedrock limitations, these soils are <i>not suitable</i> for conventional absorption fields although some alternative systems can be permitted for these soil types. Test pits via heavy equipment may be recommended by the local Environmental Health Department to further determine if the bedrock can be dug and these soils found suitable for a conventional septic system.

- Soil boundary lines are drawn by combining soils with similar properties and interpretations into a map unit. Map units are names for dominant soil series found in the unit and the percent slope. The boundary lines approximate the center of the transition zone between different soil map units and are not an exact separation of the soil series.

- Alteration through cutting and filling of suitable soils voids this report. Due to variances in natural soil conditions and the effects on controlled construction practices a positive report does not guarantee the future performance of septic systems.

-The information in this report is based on the professional opinion and judgement of Josh Fox, Appalachian Soil, Inc. Josh Fox/ASI does not design, install or maintain, or permit on-site waste disposal systems, and therefore, does not guarantee the performance of any system installed on the property.

**-Please note that all findings reported are based on professional opinion and do not imply approval or disapproval for permitting. Decisions and permitting are the responsibility of the local Environmental Health Department. For definitive answers on permitting, the client should consult the local Environmental Health Department.**

## Level 3 Soil Survey



Soil Survey By:  
Appalachian Soil Inc.  
796-636-3813

- Shows slope direction
- Points mapped with a sub-meter GPS unit.
- All points marked with orange tape.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2024

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> Sutter, McLellan & Gilbreath, Inc. 33 Buford Village Way, Suite 329 Buford, GA 30518	<b>CONTACT NAME:</b> Toni Luker, CRIS	
	<b>PHONE (A/C, No, Ext):</b> 678-533-2223	<b>FAX (A/C, No):</b> 678-802-3971
<b>E-MAIL ADDRESS:</b> tluker@snginsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Westchester Surplus Lines Co.		10172
<b>INSURED</b> Appalachian Soil, Inc. 7903 Turtle Lane Ooltewah, TN 37363	<b>INSURER B :</b> Amtrust Insurance Co.	2000
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1879601365

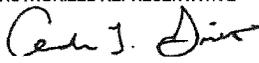
REVISION NUMBER:

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	G47393693 002	3/5/2024	3/5/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	Y/N N	N/A	KWC1334195	11/4/2023	11/4/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Pollution Liability Professional Liability	Y	Y	G47393693 002	3/5/2024	3/5/2025	Each Claim 1,000,000 Aggregate 1,000,000 Each Claim/Aggregate \$1MIL / \$1MIL

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

**CERTIFICATE HOLDER****CANCELLATION**

Georgia Department of Public Health 2 Peachtree St. NW, Suite 13-217 Atlanta, GA 30303	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 
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