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

Client:	Micah Altman	**Phone #:**	952-451-3738
Site Location:	Parcel ID: 3101E 006, Heatherwood Way, Talking Rock, GA	**Level of Study:**	3
Date Evaluated:	6/16/25	**County:**	Gilmer

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	Transylvania	4	>6"	6"	See Codes	See Codes	F
2	Evard Variant	15	50"	>50"	50	18-26"	A
3	Evard Variant	23	52"	>52"	50	18-28"	A
4	Evard	25	>72"	>72"	50	18-30"	A
5	Evard Variant	20	48"	>48"	50	18-24"	A

Map Unit Suitability Codes

A	Soil series should have ability to function as suitable absorption field with proper design, installation, and maintenance.
F	Normally considered unsatisfactory for use for conventional absorption fields.

- 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 lot or tract boundaries shown on this map are approximate and based on the best available information at the time of the classification. This map is not a boundary survey and should not be relied upon for boundary location. Soil conditions are subject to change if an accurate survey places the property lines somewhere other than where depicted hereon. This classifier is not responsible for any adverse effects to classification due to boundary location.
- **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. 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.**

Site Specific Additional Comments:

- House Site not marked in field

Soil Classifiers:
Josh Fox, GA SC# 213

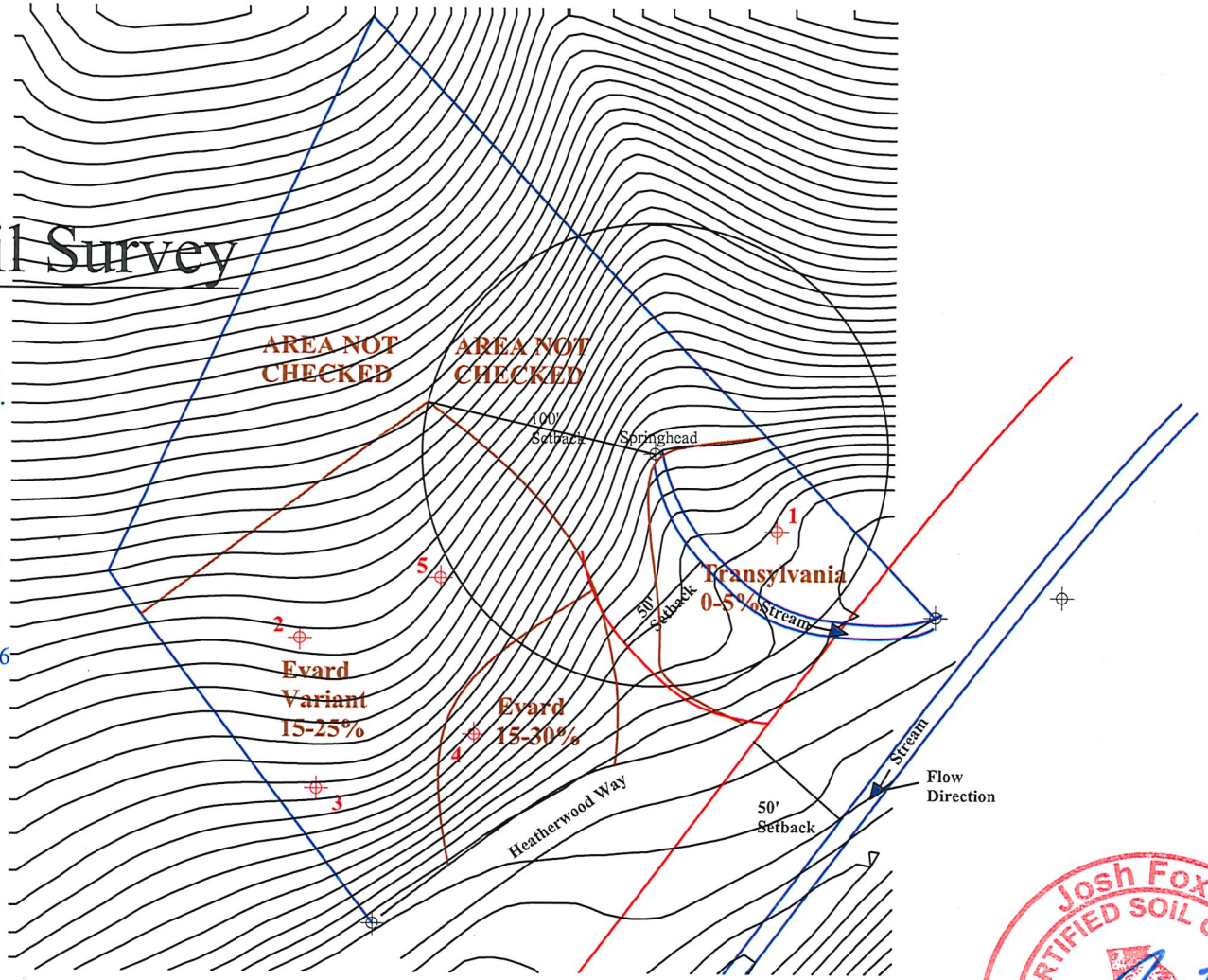
Level 3 Soil Survey

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

Soil Survey By:
Appalachian Soil Inc.
706-636-3813

1"=75'

Parcel ID: 3101E 006
Heatherwood Way
Talking Rock, GA
1.51 Acres



Josh Fox
GPH CERTIFIED SOIL CLASSIFIER
STATE OF GEORGIA
CERTIFICATION
NUMBER
#213

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/24/2025

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 Sutter, McLellan & Gilbreath, Inc. 33 Buford Village Way, Suite 329 Buford, GA 30518	CONTACT NAME: Toni Luker, CRIS PHONE (A/C, No, Ext): 678-533-2223 FAX (A/C, No): 678-802-3971 E-MAIL ADDRESS: tluker@smginsurance.com
INSURED APPASOI-01 Appalachian Soil, Inc. 7903 Turtle Lane Ooltewah, TN 37363	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Westchester Surplus Lines Co. — 10172 INSURER B : Amtrust Insurance Company of Kansas — 15954 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 669218248 **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 CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y	Y	G47393693 003	3/5/2025	3/5/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 50,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			KWC1371533	11/4/2024	11/4/2025	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
A	Contractors Pollution Liability Professional Liability	Y	Y	G47393693 003	3/5/2025	3/5/2026	Each Claim Aggregate Each Claim/Aggregate	1,000,000 1,000,000 $1MIL / $1MIL

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

CERTIFICATE HOLDER

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

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