



Key Engineering Solutions-US, Inc.

2847 N Bogan Road, Buford, GA 30519

PH: 561-504-2224

dsonders@kes-us.com

Report Date: 8/12/2024 Field Investigation Date: 8/9/2024 Level of Study: III

Site: 4767 E Reed Road, Gainesville, GA 30012

County: Hall Plat Book: 881 Plat Page: 131 Parcel Number: 15029 000100

Certified by: David M. Sonders, P.E., Professional Engineer License #PE-47163

Estimated Soil Properties

Soil Unit	Slope %	Depth to Bedrock (in)	Depth to SHWT* (in)	Optimum Trench Depth (in)	Estimated Perc. Rate @ Trench Depth	Soil Suitability Code
Gwinnett	6-10	>72	>72	18-42	65	A
Gwinnett	10-25	>72	>72	18-42	65	A

*Seasonal High-Water Table

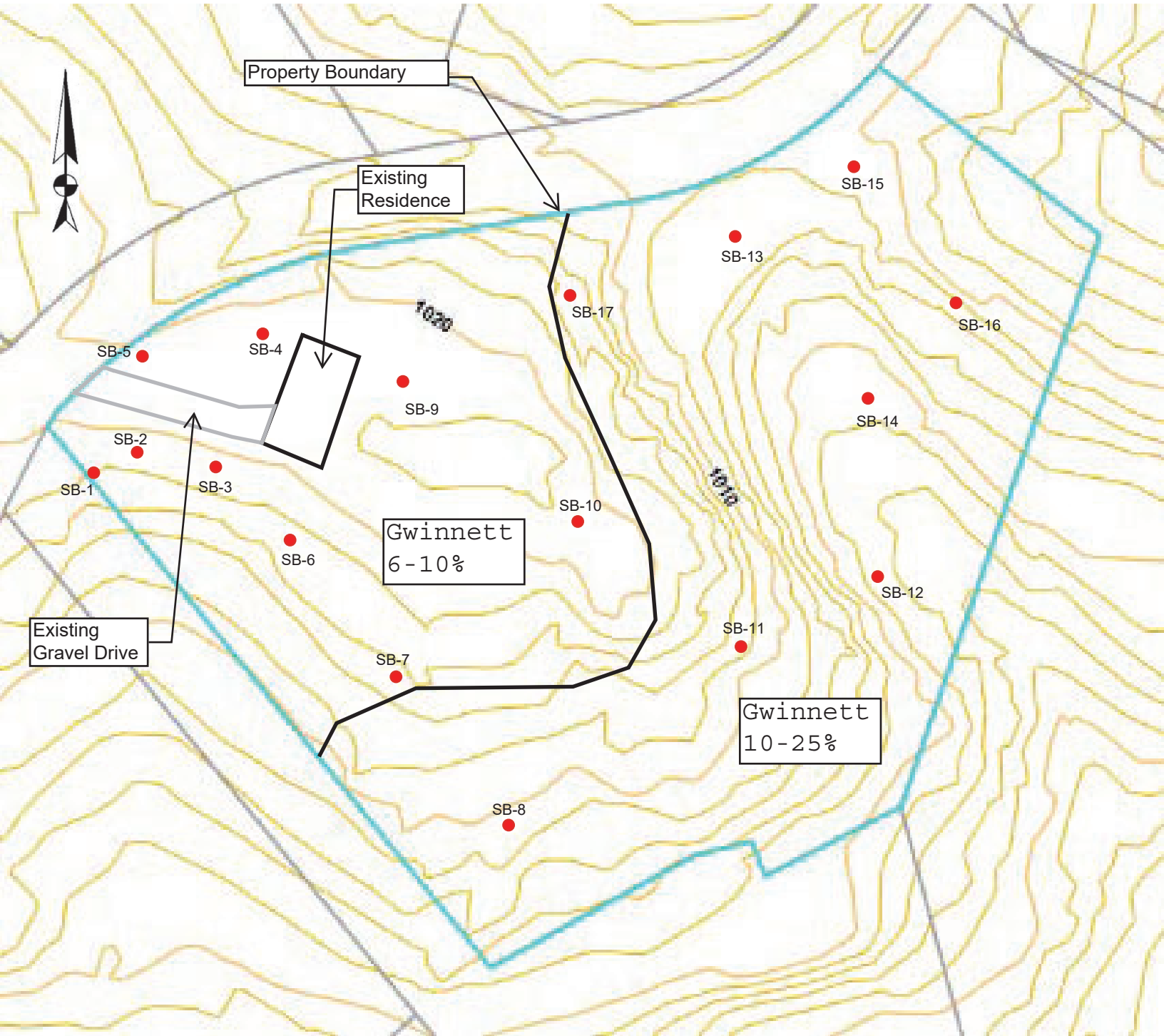
The recommendations in this Level III Soils Report are based on the site/soil conditions at the time of this study and the professional judgement of the soil classifier. They are the merely professional opinions and imply no guarantee or warrantee of performance of any particular system installed.

Soil Suitability Legend

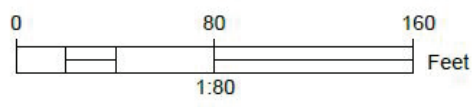
A – These soils are suitable for installation of on-site systems with proper system design, installation, and maintenance. Position of the site or other soil and landscape considerations may require the drainfield area to be greater than the minimum and/or the drainfield design to require equal distribution or level field installation.



8/12/2024



● Soil Boring Location





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2024

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).

PRODUCER License # 0H18131 Momentous Insurance Brokerage, A Marsh & McLennan Agency LLC Company 5990 Sepulveda Blvd., #550 Van Nuys, CA 91411	CONTACT NAME: Daren O'Neill PHONE (A/C, No, Ext): (818) 933-2763 FAX (A/C, No): (818) 933-2287 E-MAIL ADDRESS: daren.oneill@mmibi.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Key Engineering Solutions, LLC PO Box 971482 Boca Raton, FL 33497	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Hartford Underwriters Insurance Company</td> <td style="width: 20%;">NAIC # 30104</td> </tr> <tr> <td>INSURER B : Lloyd's of London Underwriters</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Hartford Underwriters Insurance Company	NAIC # 30104	INSURER B : Lloyd's of London Underwriters		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :													

COVERAGES**CERTIFICATE NUMBER:****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"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72SBAAZ4E97	2/25/2024	2/25/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			72SBAAZ4E97	2/25/2024	2/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liabili			ANE195840424	4/25/2024	4/25/2025	Eacn Claim/Aggregate 1,000,000
B	Professional Liabili			ANE195840424	4/25/2024	4/25/2025	Retention/Deductible 5,000

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

*****EVIDENCE OF INSURANCE*****

Professional Liability is a claims-made and reported policy. Defense costs and claims expenses are paid from the policy limit and are subject to the retention amount.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF INSURANCE

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