APPALACHIAN SOIL, INC.

ELLIJAY, GA 706-636-3813

Client:	Jorge Montilla	**Phone #:**	[redacted]
Site Location:	Belvedere Dr	**Level of Study:**	3
Date Evaluated:	4/20/26	**County:**	Hall

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	Depth After Benching
1	Cecil	11	>72"	>72"	70	24-40"	A	N/A
2	Cecil	9	>72"	>72"	70	24-40"	A	N/A
3	Cecil	19	>72"	>72"	65	24-40"	A	N/A
4	Cecil	12	>72"	>72"	70	24-40"	A	N/A
5	Cecil	18	>72"	>72"	70	24-40"	A	N/A
6	Cecil	24	>72"	>72"	70	24-40"	A	N/A
7	Cecil	36	>72"	>72"	65	24-40"	A	57"
8	Cecil	18	65"	>65"	60	24-40"	A	N/A

Map Unit Suitability Codes

A	Soil series should have ability to function as suitable absorption field with proper design, installation, and maintenance.
H	Due to bedrock limitations, these soils are ***not suitable*** 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 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:

Survey not provided. Property pins not found. Used QPublic data to estimate property line locations. Recommend survey to verify property line locations.

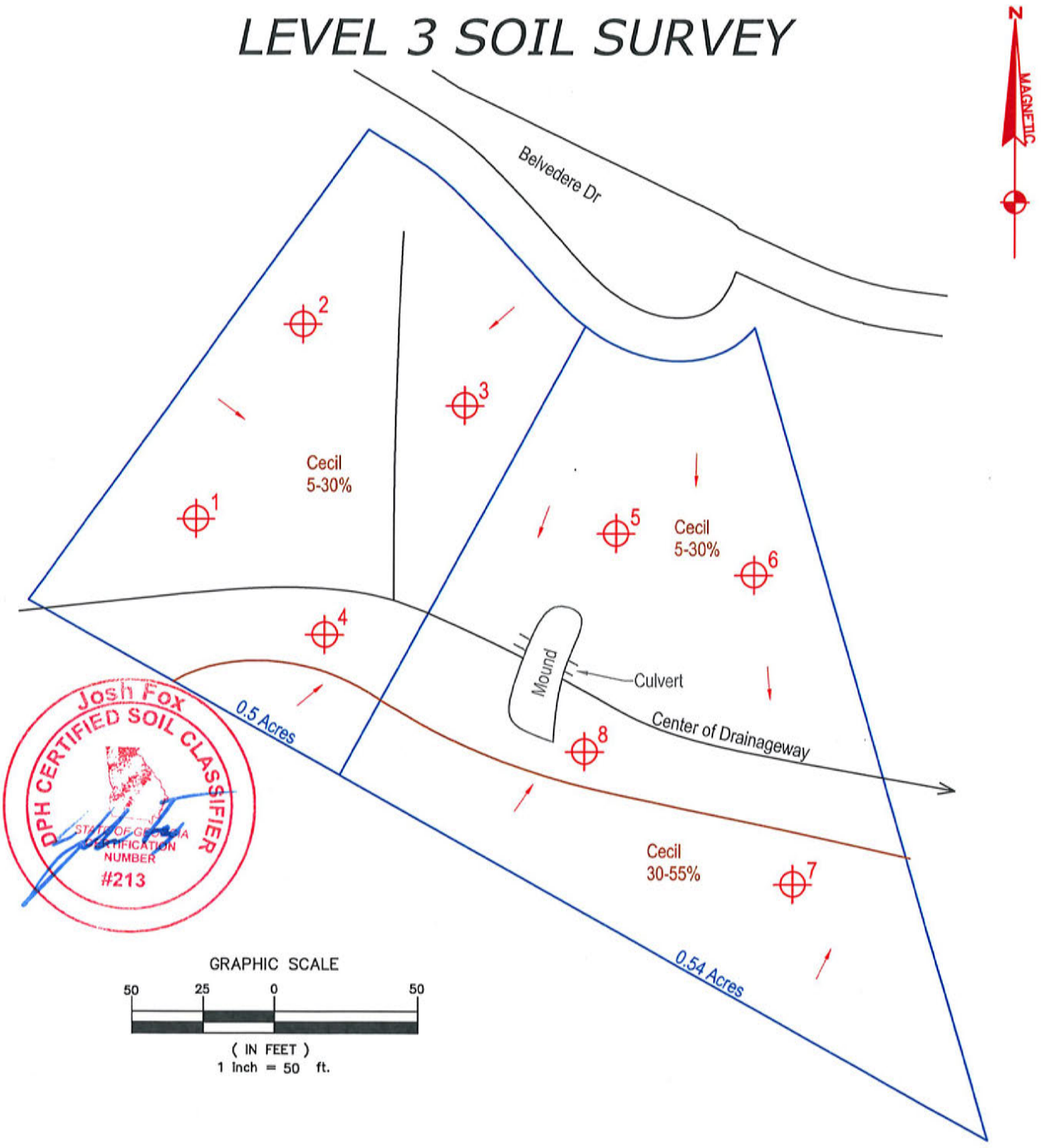
Parcel #s 10079 001027 and 10079 001028

House sites not marked.



Soil Classifier:
Josh Fox, GA SC# 213

LEVEL 3 SOIL SURVEY



SOIL MAP LEGEND

- = soil observation locations (auger)
- = soil observation locations (backhoe pit)
- = slope direction - descending

NOTES:

1. All lines and locations are approximate.
2. Observations located using GPS
3. All Boring Sites marked in field with either Pink Flagging Tape or Pink Flag Stakes

Date: April 28, 2026

Soil Survey Completed By:
Appalachian Soil, INC
Ellijay, GA 30540

Soil Survey Completed For:
Jorge Montilla
Hall County, GA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/24/2026

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 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:** 443782525 **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: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	G47393693 004	3/5/2026	3/5/2027	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/MEMBEREXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		KWS1413293	11/4/2025	11/4/2026	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 004	3/5/2026	3/5/2027	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

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