

## Soil Investigation Report

Report Date: 12/14/2023 Field Investigation Date 12/14/23 Level of Study: III  
 Site 453 PARKWAY 575 WOODSTOCK GA 30188  
 Client/Owner/Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 County: CHEROKEE Land lot: 1162 1163 District: 15TH Subdivision: \_\_\_\_\_  
 Certified by: *[Signature]* Georgia DPH Certified Soil Classifier #500

### SOIL INTERPRETIVE DATA ON-SITE SYSTEM MANAGEMENT

Soil Units	Slope %	Depth to Bedrock (in)	Depth to SHWT* (in)	Adsorption Rate (Min/in) @ Trench Depth	Recommend/ Optimum Trench Depth (in)	Soil Suitability Code
WEDOWEE	0-1	60	60	45	20-30	A

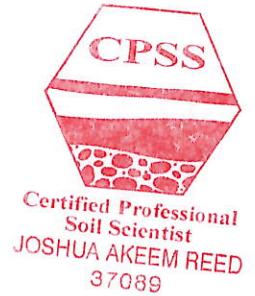
- AUGER REFUSAL DEPTH

#### Soil Notes

The recommendations set forth in this report are based on site/soil conditions at the time of this study & professional judgement of soil scientist/classifier. They are merely professional opinions & imply no guarantee or warrantee of performance of any particular system installed.

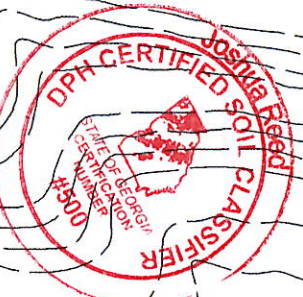
### Soil Suitability Legend

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 drain field area to be greater than the minimum and/or field installation. The drain field design to require equal distribution or level



#### General Notes:

- All Gutters and Surface water Flow shall/should be directed away from the septic tank(s) and Drain field systems
- All Borings are located with Trimble GEOXT Handheld.
- The boundary is produced from tax record or client; so the lot size may vary due to GPS locating devices.

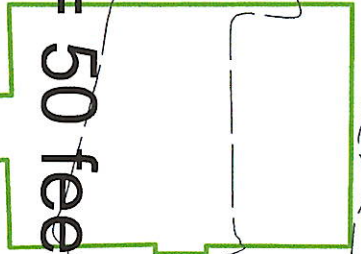
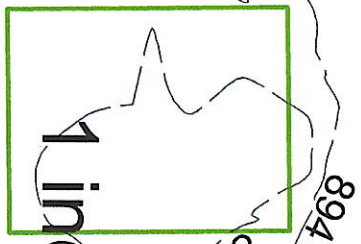


922  
912 916 918 914  
904 902 906 908  
898 896

453 PARKWAY 575  
WOODSTOCK GA 30188  
LL 11621163 DIST 15TH  
CHEROKEE COUNTY GEORGIA

NOT STUDIED  
AREA

WEDOWEE 0-1%



Legend

- GULLED\_CHANNEL
- soil\_data



Certified Professional  
Soil Scientist  
JOSHUA AKEEM REED  
37089

SIGNATURE: *[Handwritten Signature]*  
JOSHUA REED  
DATE: 12/11/13  
GMSOIL CLASSIFIER 500

ENVIROSOL  
1191 BERRYHILL DR  
LITHONIA, GA 30058

888

892



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2023

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (855) 222-5919		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com		
<b>INSURED</b> ENVIROSOIL, LLC 1191 Berryhill Dr Lithonia, GA 30058	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Next Insurance US Company		16285
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 192955066                      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NXTKSG7FP2-03-GL	04/27/2023	04/27/2024	EACH OCCURRENCE \$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Errors & Omissions) CLAIMS-MADE			NXT9UDLKNE-03-PL	04/27/2023	04/27/2024	Per Claim Limit: \$1,000,000.00 Aggregate Limit: \$2,000,000.00 Per Claim Deductible: \$2,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
The Certificate Holder is Georgia Department of Health. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b> Georgia Department of Health Environmental Health 2 Peach Street NW suite 13-108 Atlanta, GA 30303	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 