## RSP Environmental, LLC

8475 Lanierland Farms Órive Gainesville, GA 30506 470-590-1967 ryan@rspenv.com

## LEVEL 3 SOIL REPORT

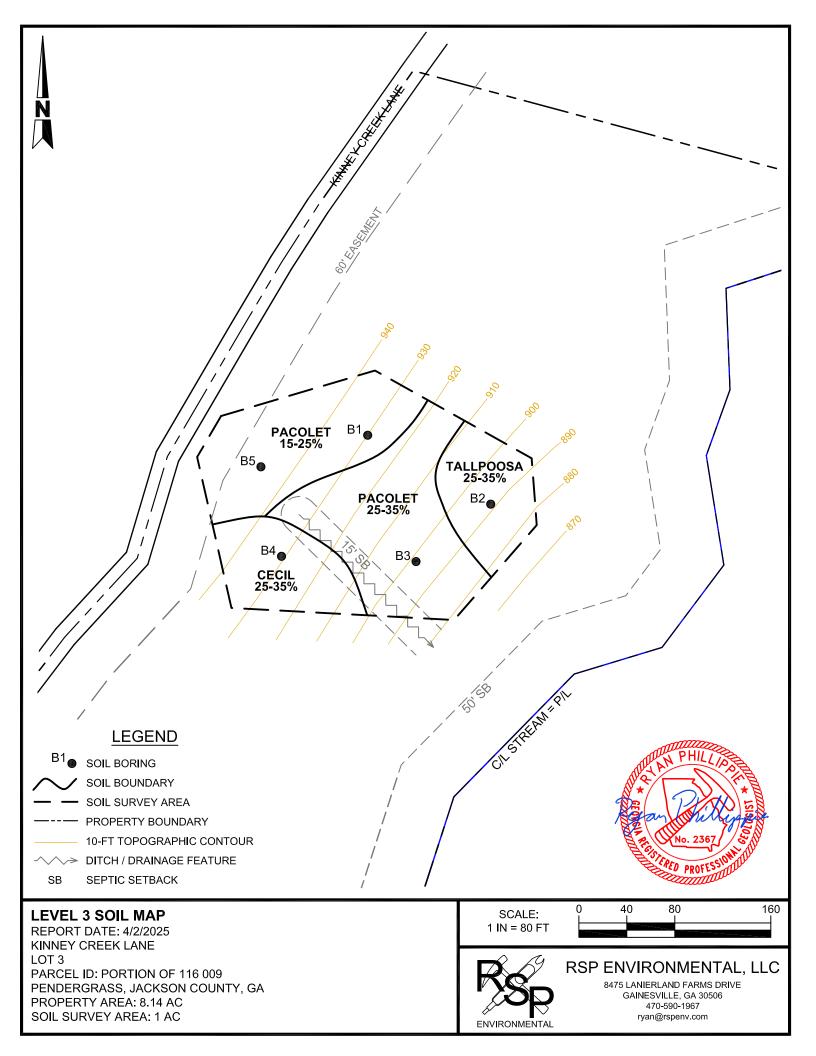
Property Information						
Address: Kinney Creek Lane	Report Date: 4/2/2025					
Subdivision: Lot 3	Job No.: SS-2548-1					
Parcel ID: Portion of 116 009	Client: Nate & Sutton Homes, LLC					
City, County: Pendergrass, Jackson	Map Scale: 1:80					

Map Unit Properties										
SOIL SERIES	SLOPE %	DEPTH TO RESTRICTIVE HORIZON OR BEDROCK (INCHES)	DEPTH TO SEASONAL HIGH OR PERCHED WATER TABLE (INCHES)	ESTIMATED ABSORBTION RATE AT RECOMMENDED TRENCH DEPTH (MIN/IN)	RECOMMENDED TRECH DEPTH (INCHES)	SUITABILITY CODE				
Cecil	25-35	>72	>72	55	30-42	А				
Pacolet	15-25	69 - >72	>69	45	30-42	А				
Pacolet	25-35	>72	>72	45	30-42	А				
Tallapoosa	25-35	56	>56	55	30	N2				

Map Unit Suitability Codes							
А	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.						
N2	Soils contain somewhat shallow parent material and partially weathered rock. Parent material is generally suitable for absorption field installation. Estimated percolation rate accounts for the presence of discontinuous seams of weathered rock.						

## Notes

- Disturbance of soil by cutting or filling prior to drainfield installation may void the suitability of the soil.
- Soil borehole locations, soil boundaries, and site features are shown on the attached Level 3 Soil Map.
- Property boundaries were obtained from a survey by County Line Surveying, LLC (dated 3/24/2025).
- Soil boreholes were located with a ublox ZED-F9P GNSS.
- Wells require a 100-ft setback. RSP will attempt to identify wells visible from the subject property and public right-of-ways, but it is the responsibility of the owner/buyer/agent to ensure there are no wells on the subject property or adjoining properties that would impact the suitability of the site for a septic system.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2024

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 this certificate does not confer rights to	to th	ne teri	ms and conditions of th	e polic	y, certain po	olicies may i								
PRODUCER				CONTAC NAME:										
biBERK					s.m. 844-47	2-0967	0967 FAX 203-654-3613				654-3613			
P.O. Box 113247			-	E-MAIL (A/C, NO, EXT): (A/C, NO).										
Stamford, CT 06911				ADDRE	33.		15-1774   1-1714   \$-1704   \$-116-	- 0.000 90.000			1111212			
				grader transcer		URER(S) AFFOR			nnv.		NAIC# 10391			
					INSURER A : Berkshire Hathaway Direct Insurance Company 10						10331			
RSP Environmental				INSURER B:										
Not Environmental					INSURER C:									
8475 Lanierland Farms Dr				INSURER D:										
Gainesville, GA 30506				INSURER E:										
				INSURE	RF:									
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION	I NUI	MBER:					
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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	s				
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DED RETENTION\$										\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATU	TE	OTH- ER					
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH A	CCIDE	NT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		\$					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASI	E-PO	LICY LIMIT	s				
	Professional Liability (Errors &		cional Liability (Errors 9						Per Occurrence/			¢1 ∩	\$1,000,000/	
A Omissions): Claims-Made			N9PL380482		04/13/2024	04/13/2025	Per Occurrence/ \$1,000,000 Aggregate \$1,000,000			, ,				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD 1	101, Additional Remarks Schedu	le, may bo	e attached if more	e space is require	ed)							
CERTIFICATE HOLDER				CANO	ELLATION									
Georgia Department of Public Health Two Peachtree Street NW 13th Floor 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 REPORT 6,450													