



## SOIL SURVEY REPORT

72 Rocky Mount Lane Lakemont GA 30552  
Parcel #045C 068



### Section 1: Project/Site Identification

Project No:	23-467		Report No:	23-467		
Client:	Robert Cone		Date:	11/8/2023		
Phone Number:	678-725-4631		Representative:	Ben Moers		
Parcel (County):	045C 068 Rabun	Total Acreage:	4.7	Area Evaluated:	3.1 Acre(s)	
Land Lot:	27	District:	5th	Section:	N/A	
Level of Evaluation:			3	Date of Study:		10/25/2023
Notes:	Boring locations were located using a hand held Leica Zeno FLX GPS unit. Boundary information is approximate unless otherwise noted.					

### Section 2: Soil Properties<sup>1</sup>

Soil Series <sup>2</sup>	Slope Range (%)	Depth to Bedrock (in.)	Depth to Seasonal High Water Table (in.)	Absorption Rate <sup>3</sup> at Recommended Trench Depth (min./inch)	Recommended Trench Depth (in. below ground surface)	Suitability Code
	(Verified)	(Verified)	(Verified)	(Predicted)	(Verified)	
Cut Slope	>25	---	---	---	---	G
Fill over Hayesville	6-15	>72**	>72	45	See Code	Q1
Hayesville	6-15	>72*	>72	45	36-48	A
Udorthent Cut	0-6	>72	>72	45	30-42	T1

\*\*Auger refusal on floater A2-46", A3-68"

\*Auger refusal on quartz A10-52", Auger refusal on soft weathered rock A9-68"

<sup>1</sup> Table items based on field observations and GA DPH Manual for on-site sewage management systems unless otherwise noted

<sup>2</sup> Per USDA NRCS soil descriptions and GA DPH Section C

<sup>3</sup> Based on soil classifier interpretation of site conditions and soil classification

### Section 3: Soil Series Suitability Codes

<b>A</b>	Soils are typically suitable for conventional absorption field with proper design, installation and maintenance.
<b>G</b>	These areas are marginal for on-site wastewater disposal due to steep slopes in excess of 25 percent. Benching is required if these areas are utilized for field line installation
<b>Q1</b>	Soils contain variable depth of fill over well drained upland soil. Absorption field should be installed so that chambers are entirely in natural soil. Estimated percolation rate is for natural soil underlying fill. Trench depth should be adjusted in the field, as needed, after identifying greatest depth of fill within absorption field area.
<b>T1</b>	Soils have been cut leaving saprolite at or near ground surface. Based on texture and consistence, saprolite should provide suitable percolation properties for a conventional absorption field.

### Section 4: General Notes

1. All borings are labeled, flagged, and illustrated in the field.
2. All borings to a minimum of 72" unless a refusal layer is identified or to not less than 24" beneath the planned absorption trench bottom.
3. Soil investigation is based upon classification of the naturally occurring soil profile.
4. This report was prepared in accordance with the Georgia Department of Public Health Manual for On-Site Sewage Management Systems, amended 2019.

### Section 5: Limitations and Exceptions

1. DES does not install, maintain, or guarantee the performance of any on-site sewage management system. The information contained within this report is based on the observations, professional opinion, and judgement of the soil classifier named herein.
2. The observations presented in this report are representative of the property conditions that existed at the time the study was performed and should not be relied on to represent conditions at substantially later dates. Any alterations to the site after the date on which the fieldwork was performed may change the nature and suitability of the site.
3. The local health department holds full authority in the permitting of on-site waste disposal systems. The health department's opinion of the soil conditions may vary from those of the soil classifier named herein.
4. Site exploration identifies subsurface conditions only at those points where samples are obtained to render an opinion about the soil profile throughout the site. Actual variation within the soil profile throughout the site may differ from those indicated in this report.
5. This report was prepared for the sole and exclusive use of the individual named on the report, and does not extend to any unnamed third party. Any alterations to this report without expressed, written consent and approval from DES will render this report null and void.
6. If additional information becomes available that might impact our findings, we request the opportunity to review the information, reassess potential concerns, and modify our opinions, if warranted.

**PROJECT INFORMATION:**

PARCEL NUMBER: 045C 068

TOTAL PROPERTY AREA= 4.7 ACRES

SOIL SURVEY AREA= 3.1± ACRES

BOUNDARY INFORMATION FROM RABUN COUNTY QPUBLIC.

CONTOUR INFORMATION FROM NRCS NATIONAL ELEVATION DATA.

CONTOUR INTERVAL = 2'

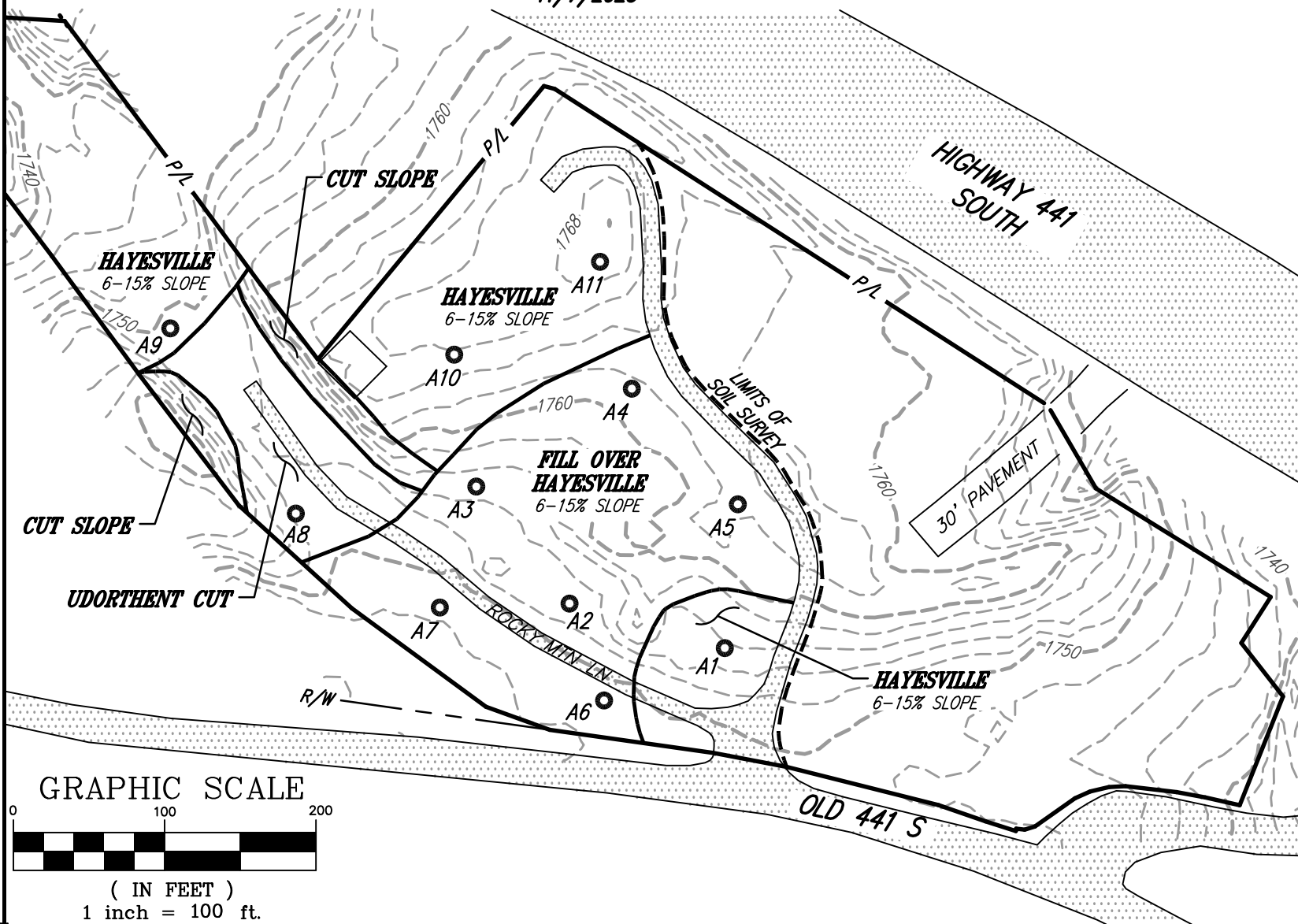


11/7/2023

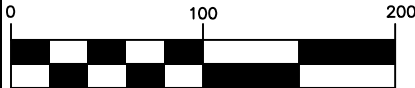


**~LEGEND~**

●	PROPERTY CORNER	P/L	PROPERTY LINE
○	BORING HOLE	---	ADJOINER
↗	SLOPE ARROW	----	LAND LOT LINE (L.L.L.)
⊙	SPRING	----	RIGHT OF WAY (R/W)
⊖	WELL	---*	FENCE
⊖	R/W	---	OHP
		---	OVERHEAD POWER
		---	LIMIT OF SURVEY



GRAPHIC SCALE



( IN FEET )

1 inch = 100 ft.

**IDES DAVIS**

ENGINEERING & SURVEYING

24 DAWSON VILLAGE

WAY SOUTH

DAWSONVILLE, GA 30534

PHONE: (706) 265-1234

DAVISENGINEERS.COM

LEVEL 3 SOIL TEST:

ROBERT CONE  
LAND LOT 27  
5th DISTRICT  
RABUN COUNTY, GEORGIA

DRAWING DATE: 11/7/2023

DRAWN BY: BDM

FIELD DATE: 10/25/2023

FIELD CREW: RLK & BDM

SHEET NO.

1 OF 1

PROJECT NO.

23-467



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/23/2023

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> Turner, Wood, & Smith Agency, Inc. 1515 Community Way PO Box 1058 Gainesville GA 30503	<b>CONTACT NAME:</b> Tammy Hyder <b>PHONE (A/C, No, Ext):</b> (770) 536-0161 <b>E-MAIL ADDRESS:</b> tammy.hyder@twinsurance.com <b>FAX (A/C, No):</b> (770) 536-1283
<b>INSURED</b> Davis Engineering & Surveying, LLC 24 Dawson Village Way South Dawsonville GA 30534	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Casualty Company <b>INSURER B:</b> Hartford Accident & Indemnity Company <b>INSURER C:</b> Westco Insurance Company <b>INSURER D:</b> The Hanover Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** CL2332332216**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:	Y	Y	B6012042696	03/22/2023	03/22/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000	
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	20UECKI2288	03/22/2023	03/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			B6012043850	03/22/2023	03/22/2024	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 FOLLOWS FORM \$	
C	<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 <input checked="" type="checkbox"/> Y	N/A	Y	WES3633669	03/22/2023	03/22/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			LHA-H978166-1	03/22/2023	03/22/2024	Per Claim \$1,000,000 Aggregate \$1,000,000	

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

Certificate Holder and/or Owner are Additional Insureds when required by written contract with regards to General Liability and Auto Liability under blanket forms # SB146932G, HA99160312, and for Completed and Ongoing Operations per blanket form # SB146968C; Coverage is Primary and Non-Contributory and Waiver of Subrogation applies all under blanket forms #CNA80103XX, SB146968C, & WC000313.

**CERTIFICATE HOLDER****CANCELLATION**

Georgia Department of Public Health, Division of Health Protection, 2 Peachtree St NW Ste 13-108 Atlanta GA 30303	<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> <b>AUTHORIZED REPRESENTATIVE</b> 
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## ADDITIONAL COVERAGES

Ref #	Description Uninsured motorist combined single limit	Coverage Code UMCSL	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description Wvr Sbgrgtn Add Min Prem	Coverage Code STSUB	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
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