Date:	12/1/2023
Site Location:	Ravenwood Drive
(Parcel ID)	I16W 155 & 156
County:	Floyd
Property Owner:	Jon Register
Phone No.:	706-618-1148
Level of Survey:	3
Scale:	1" = 60'





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12/01/2023

Date

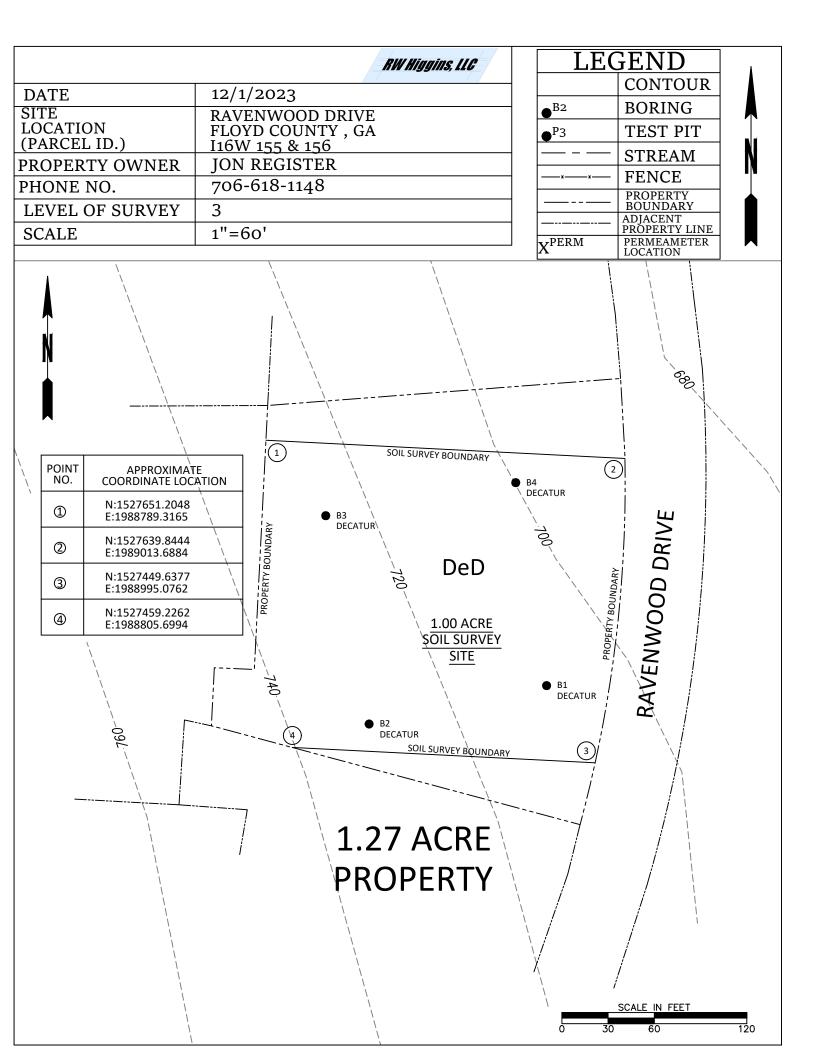
Map Unit Properties										
					Estimated Depth			Map Unit		
Boring				<b>Estimated Depth</b>	to Seasonal High	Estimated Perc Rate	Recommended	Suitability		
No.	Soil Series	Slope	Borehole Depth	to Bed Rock	Water Table	(min/in)	Trench Depth	Code		
1	Decatur (DeD)	10 - 15%	72"		>60"	45	24" - 36"			
2	Decatur (DeD)	10 - 15%	55"	>60"						
3	Decatur (DeD)	10 - 15%	60"	>00		45		A		
4	Decatur (DeD)	10 - 15%	60"							

\*Auger refusal in the boreholes occurred at the depth referenced in the Auger Refusal Depth column above. This number only identifies the depth of auger refusal and may only represent depth to a localized cobble, boulder, or dense soil layer; not hardened bedrock. Absorption fields should be potholed and/or probed during excavation to ensure bedrock is not encountered within 2' of trench bottom. Any rocks greater the 3" in diameter should be removed from material prior to backfilling.

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.

## Notes:

- 1) This report does not constitute approval or disapproval of an onsite septic system, but solely documents findings based a field research and professional opinion. Decisions regarding permitting are the responsibility of the local environmental health department.
- 2) Cuts and/or Fills void this report.
- 3) Methods for determining boring locations illustated on the soil map included direct measurements with chain and compass, measuring wheel, and pacing. All borings are maked by wire flags marked with boring number.





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/25/2022

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)

st	statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	PRODUCER CONTACT NAME:										
	Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):						
	520 Madison Avenue				E-MAIL ADDRESS: contact@hiscox.com						
	32nd Floor				ADDRE						NAIC#
New York, New York 10022				INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc					10200		
INSU	RED				INSURE		x modranos c	Jonipany mo			10200
	RW Higgins, LLC										
	196 Crackerneck Road				INSURE						
	Armuchee, GA 30105				INSURE						
					INSURE						
	/FD 4 0 F 0	TIFI		- NUMBER	INSURE	RF:		DEVICION NUI	MDED:		
				NUMBER:	/C DEE	N ICCUED TO		REVISION NUI		JE DOL	ICV DEDIOD
	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										
CI	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE				
	(CLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN R						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LICY EXP (DD/YYYY) LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	GE	\$	
	7,0.00							(1 01 010 110 110 110 110 110 110 110 11		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. EACH ACCIDE		\$	
			<b>'</b>					E.L. DISEASE - EA	EMPLOYEE	\$	
								E.L. DISEASE - POI		\$	
Α	Professional Liability			P100.842.695.2		01/09/2023	01/09/2024	Each Claim: \$ 1,000	0.000		
	1 Tolossional Elability					01,00,2020	0 1,00,202 1	Aggregate: \$ 1,000,			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
CF	CERTIFICATE HOLDER CANCELLATION										
<u>ULI</u>	THIOTIE HOLDEN					LLLATION					
					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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2 Peachtree Street, NW, 15th Floor Atlanta, Georgia 30303-3142

dph.ga.gov

1/14/2022

Ryan Higgins, PE041010 RW Higgins, LLC 196 Crackerneck Rd. Armuche, GA 30105

Re: Engineer/Geologist Registration

Dear Mr. Higgins:

In accordance with the provisions of Georgia Senate Bill 30 as it pertains to Professional Engineers and Geologists, your application for registration with the Department has been received and duly processed.

Pursuant to the Rules of the Department of Public Health (Chapter 511-3-1) and O.C.G.A. 31-3-5, you are hereby APPROVED and REGISTERED to conduct soil investigations and prepare soil reports of sites within the State of Georgia for on-site sewage management systems.

Should you have any questions, please feel free to contact me at 404.657.6534 or email at thomas.vanderboom@dph.ga.gov.

Thank you for your cooperation.

Respectfully,

Thomas Vanderboom
Land Use Program Consultant
Environmental Health Section
#2 Peachtree Street, N.W., 13th Floor
Atlanta, Georgia 30303

Thoman Vandentoom

cc: Chris Kumnick, Land Use Program Director Soil Classifiers Certification Advisory Committee

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