

Cohutta Land Company, LLC

"A Soil and Land Evaluation Service"

P.O. Box 2316

Calhoun, GA 30703-2316

Phone: (706) 625-1456

Soil Analysis Report

Date: 9/13/2025

Level of Study: 3 - High Intensity

Client Name: Anthony Tullis

Address: 22 Brandon Ridge SW

Site Location: Rock Fence Road

City, St, Zip: Euaharlee GA 30120

Tax Parcel: 0022 0010 002

Phone No: (404) 886-6425

County: Bartow

If application for septic permit is going to be greater than 3-months or if land clearing activity is planned prior to getting a septic permit, it is recommended that landowners permanently mark soil boring holes with PVC pipe, large wooden stakes, t-post, etc. to prevent a remarking fee from Cohutta Land Company, LLC.

	Soil Series	Slope%	Bedrock Depth (inches)	Water Table Depth (inches)	Suitability Code	Perc Rate (mpi)	Installation Depth	Loading Rate
1	Townley	7	>42	42	J	90	18" or less	
2	Townley	6	>42	42	J	90	18" or less	
3	Townley	7	>42	42	J	90	18" or less	
4	Townley	8	>42	42	J	90	18" or less	
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Additional Comments:

Townley Soils Here Have Chert / Sandstone Capping (6-12 ") Above Shale / Slate Soils .

* Soil borings for drawings are located primarily with a sub-meter grade Trimble GPS unit. Some small tracts may be located using one or more of the following: tape measures, pacing, range-finder readings, and compass readings. All borings are conducted using 2.75" or 3.25" hand soil augers and/or 4" auger.

* Soil boundary lines are drawn by combining soils with similar properties and interpretations into a map unit. Map units are named for the dominant soil series found in the unit and the percent slope. The boundary line approximates the center of the transition zone between different soil map units and is not an exact separation of soils series.

* Due to variations in natural soil conditions and effects of uncontrolled construction practices, a positive report does not guarantee the future performance of septic system.

* Alterations through cutting and filling of suitable soils voids this report.

* Please note that all findings reported are based on professional opinion and do not imply approval or disapproval for permitting. Decisions and permitting are the responsibility of the local Environmental Health Specialist.

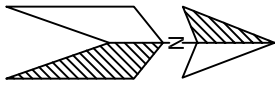
Suitability Codes:

J = These soils have percolation rates that are marginally suited for installation of conventional septic systems, Percolation rates range from 90 to greater than 120 minutes per inch (mpi). Soils with percolation rates of 120mpi require lots sizes of 3-acres or more.

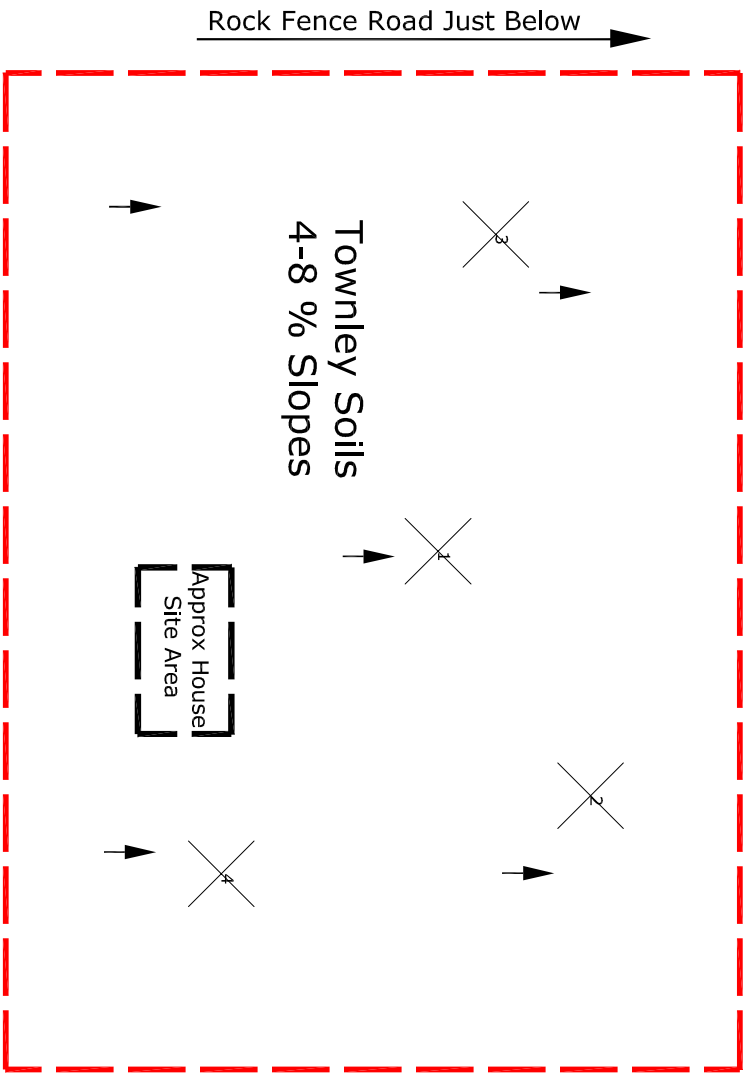
Anthony Tullis

Level 3 Soil Analysis
Bartow County Georgia

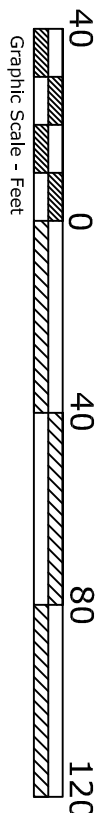
Parcel ID 0022 0010 002



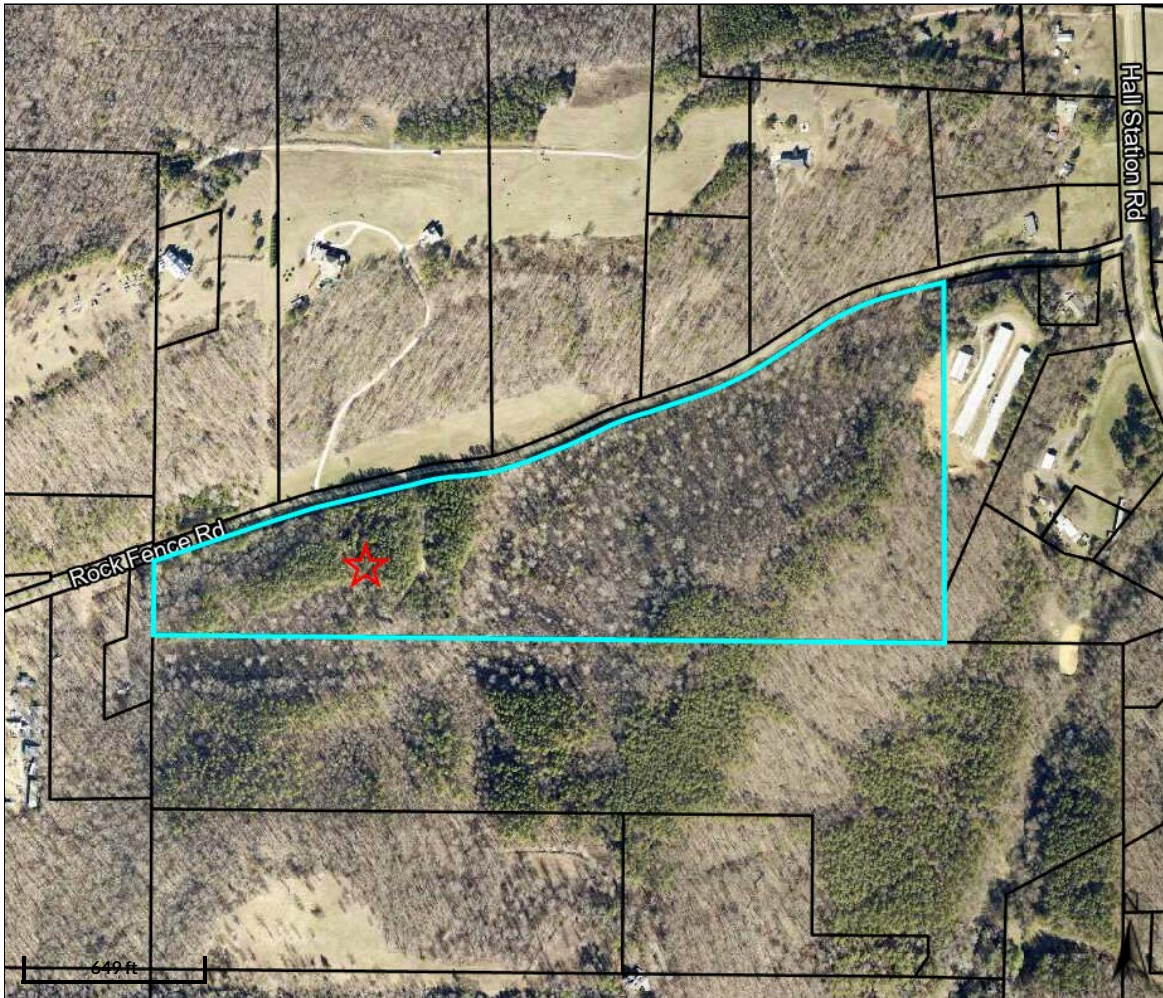
Scale 1 Inch = 40 Feet
Date : September 13, 2025
Soil Data Provided By
Cohutta Land Co LLC



Soil Boring Positions Marked &
Numbered With Pink Flagging



Anthony Tullis



Overview



Legend

-  Parcels
-  Roads

Parcel ID	0022-0010-002	Alternate ID	2752	Owner Address	REECE JERRY R
Sec/Twp/Rng	n/a	Class	Agricultural		REECE VICKI
Property Address	ROCKFENCE RD	Acreage	52.52		3009 WYNFORD STATION
					MARIETTA, GA 30064
District	Bartow County				
Brief Tax Description	LL 10 LD 16				
	(Note: Not to be used on legal documents)				

Date created: 9/13/2025
Last Data Uploaded: 9/12/2025 9:33:11 PM

Developed by  SCHNEIDER
GEOSPATIAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2025

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 Insurance Office of America 100 Galleria Pkwy. Suite 600 At:amta GA 30339	CONTACT NAME: Sharon Schulze PHONE (A/C, No, Ext): 770-250-0179 E-MAIL ADDRESS: sharon.schulze@ioausa.com	FAX (A/C, No): 678-919-1151
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Continental Casualty Company		20443
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

License#: 0E67768
COHULAN-01**COVERAGES****CERTIFICATE NUMBER:** 2075342836**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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Claims-Made			EEH254069114	7/4/2024	7/4/2027	Annual Per Claim 1,000,000 Annual Aggregate 1,000,000 Per Claim Deductible 1,000

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

CERTIFICATE HOLDER**CANCELLATION**Anthony Tullis
22 Brandon Ridge SW
Euharlee GA 30120

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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