Coastal Georgia Engineering Inspections, LLC | CGEI
1311 Bonaventure Road Savannah, Georgia 31404 ben@coastalgaei.com 912.272.2623

Level 3 Soil Classification Report

County:	Glynn	Date:	June 22, 2026	PIN:	0203038
Owner:				Phone:	
Mailing Address:					
Site Address:	3000 Buck Swamp Road, Brunswick, GA 31523				
Subdivision:	---			Lot	1
Map Scale:	1": 100'				

Soil Properties

Soil Series:	Slope %	Depth to Seasonal High-Water Table (in)	Absorption Rate at Recommended Trench Depth (min/in)	Recommended Trench Depth (in)	Suitability Code	Topsoil and Fill Thickness (in)	Mound Height Based on Trench Depth (in)	
							18 in	24 in
Ocilla	0 - 2	24	30	0	C	6	18	24
Pelham	0 - 2	12	30	12 above	C	6	30	36

Suitability Codes

C	Because of flooding, shallow seasonal water tables, soil horizons with very slow percolation rate, perched water tables, or imperfect drainage, these soils are not suitable for installation of a conventional on-site system without site modifications, special designs or installation. Properties of the soil and site may require the drain field area to be greater than the minimum and/or the drain field design to require equal distribution or level field installation. Non-conventional systems and installation must be approved by the local Environmental Health Specialist.

Notes:

All topsoil should be completely removed before system installation and replaced once the system has been correctly installed. The removal should extend to the toe of the 5:1 side slopes of the mound.

The indicated trench depth and mound height are for a conventional system. Different products may affect these requirements.

Before placing the drain field sand, care should be taken to prepare the interface with the native soil as required in the Georgia Manual for On-Site Sewage Management Systems.

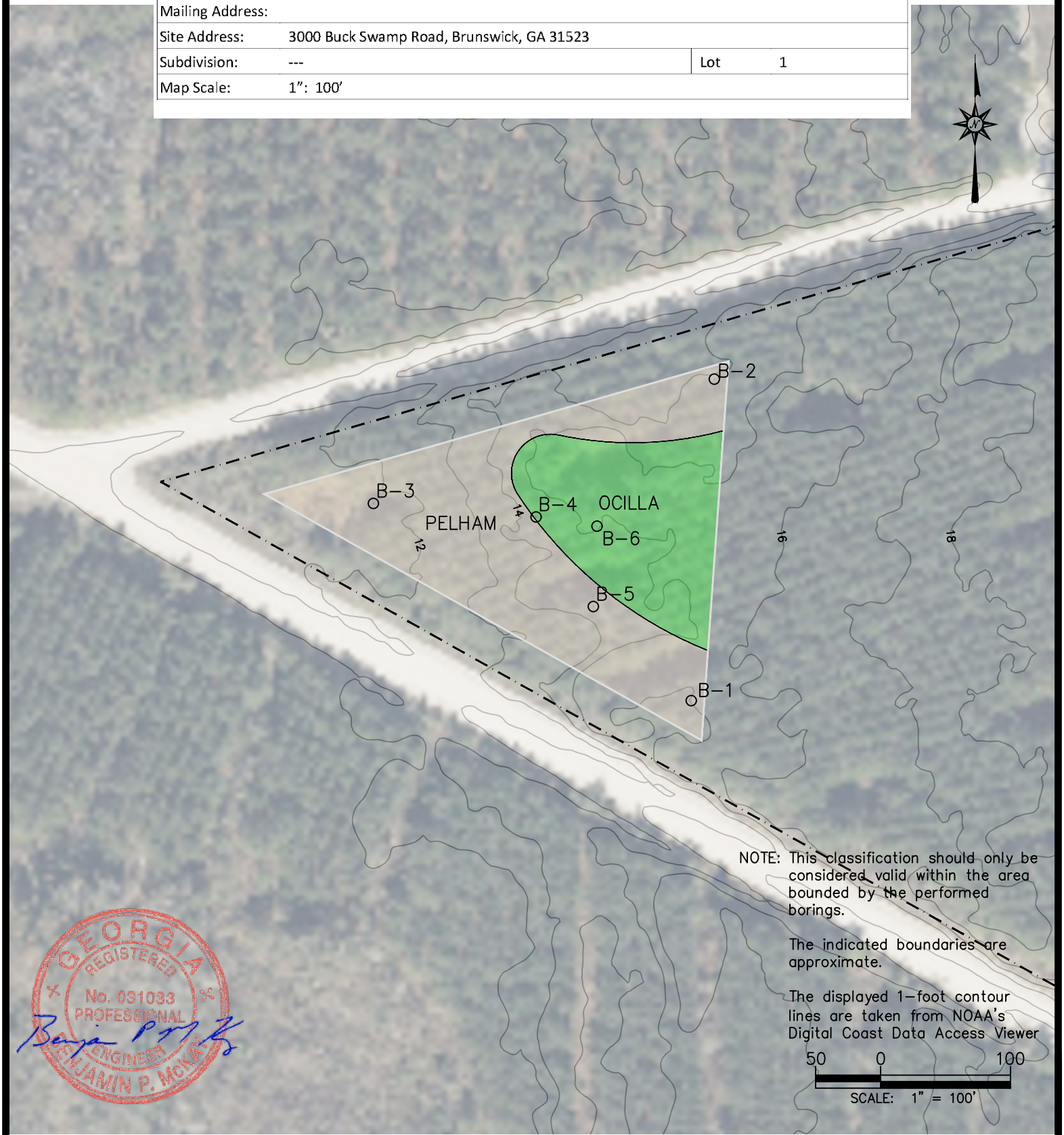
The drain field must be protected during construction operations so as not to alter the drainage properties of the soils due to over-compaction or contamination. The adsorption field should not be installed during wet or rainy periods and care should be taken to direct surface runoff away from the drain field.

There will be a minimum 50-foot setback from any delineated jurisdictional wetlands on the site.

The Glynn County Department of Health holds final jurisdiction over the septic design for this property and may choose to override the findings of this classification report.

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Level 3 Soil Map					
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NOTE: This classification should only be considered valid within the area bounded by the performed borings.

The indicated boundaries are approximate.

The displayed 1-foot contour lines are taken from NOAA's Digital Coast Data Access Viewer

50 0 100

SCALE: 1" = 100'

GEORGIA REGISTERED No. 031033 PROFESSIONAL ENGINEER BENJAMIN P. MCKAY

0 BUCKSWAMP ROAD LOT 1 LEVEL 3 MAP.DWG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/02/2025

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	CONTACT NAME: Kelly Stewart	
RIVERTON INSURANCE AGENCY CORP	PHONE (A/C, No, Ext): (800) 882-4410	FAX (A/C, No): (858) 273-8026
PO Box 236	E-MAIL ADDRESS: kelly.stewart@aliains.com	
600 Main St., Suite 2	INSURER(S) AFFORDING COVERAGE	NAIC #
Riverton NJ 08077	INSURER A : Ohio Security Insurance Company	
INSURED	INSURER B : Hudson Insurance Company	
Coastal Georgia Engineering Inspections, LLC	INSURER C :	
1311 Bonaventure Rd.	INSURER D :	
	INSURER E :	
Savannah GA 31404	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL257109596 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		BKS (26) 64806133	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y		BKS (26) 64806133	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Professional Liability			PRB 06 19 121003	07/01/2025	07/01/2026	Each Claim Aggregate	$1,000,000 $2,000,000

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

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, terms exclusions and conditions afforded by the policies referenced herein.

CERTIFICATE HOLDER

WJH LLC
Attn: Insurance
8390 E. Crescent Pkwy, Ste 650
Greenwood Village CO 80111

CANCELLATION

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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