

# Licking County Health District

## Sewage Treatment System Registration Bond

Bond Number \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: Check one, whether owned by  
\_\_Individual\_\_partnership\_\_corporation

That we, \_\_\_\_\_, located in \_\_\_\_\_

State of \_\_\_\_\_, as **Principal**, and \_\_\_\_\_,  
a Surety Company duly authorized to do business in the State of Ohio and whose  
principal office is located in State of \_\_\_\_\_, as **Surety**, are held and firmly bound  
unto an aggrieved party, **Obligee**, in the sum of **Twenty-five thousand (\$25,000.00)**  
**dollars**, lawful money of the United States, to the payment of which is to be made as  
provided below, Principal and Surety hereby bind to ourselves, our heirs, executors,  
administrators, successors and assigns, jointly and severally, by these presents.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

WHEREAS, the above Principal has applied to the Licking County Health Department a  
registration to engage in and practice the business of: (Check all that apply)

- Sewage Treatment System Installer
- Septage Hauler
- Service Provider

as provided in Licking County Sewage Treatment Rules chapter 04 (D)(3), **such**  
**registration expiring on the 31<sup>st</sup> day of December, \_\_\_\_\_.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that  
if the above Principal shall observe strictly and comply faithfully with all laws and rules  
relating to the: installation, alteration, repair or abandonment of sewage treatment  
systems; collection, transportation, disposal and land application of domestic septage  
from sewage treatment systems; servicing or maintenance of sewage treatment  
systems; as applicable to their category of registration, and any amendments thereto,  
and shall save and keep harmless the Licking County Health Department and any  
person who may be aggrieved by the violation of any of the aforesaid laws or rules from  
the consequence of any and all acts done by said Principal, then this obligation shall be  
null and void, otherwise to remain in full force and effect until **December 31, \_\_\_\_\_.**  
PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed  
conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Licking County Health Department thirty (30) days prior to the effective date of cancellation.

Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.

2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this Bond (\$25,000.00), regardless of the number of claims that may be filed hereunder. The sum of twenty-five thousand dollars (\$25,000.00) for this bond shall be available for payment of violations for the \_\_\_\_\_ registration year.

3. This Bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of the Licking County Sewage Treatment System Rules, as provided by Chapter 04 (D)(3) of those rules. Any person who alleges to be an aggrieved party shall give written notification to the surety, the board of health, and the installer, service provider, or septage hauler as applicable within two years of the date of completion of the work on the STS. Aggrieved parties are defined under Chapter 04(D)(3)(b) of those rules.

\_\_\_\_\_  
*Company Name (Principal)*

\_\_\_\_\_  
*Company Representative or applicant's name (signature)*

Bonding Corporation Seal  
Goes Here

\_\_\_\_\_  
*Surety Company Name*

\_\_\_\_\_  
*Surety Company Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Surety Company Telephone*

\_\_\_\_\_  
*Attorney-in-Fact or Insurance Agent (signature)*

Instructions:

1. Impress seal of Surety Company
2. Attach Power-of-Attorney form for Attorney-in-Fact