



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

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Phone 740-392-2200
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REGISTRATION BOND SEWAGE SYSTEMS CONTRACTOR

Registration # _____

Bond # _____

KNOW ALL MEN BY THESE PRESENTS,

That _____ of (address) _____
_____, as principal, and _____
_____ of (address) _____

_____ a corporation authorized to do business in the State of Ohio, as Surety, are held and firmly bound to the Knox County General Health District in the full and just sum of Twenty Five Thousand (\$25,000) Dollars to the payment of which well and truly to be made the Principal and Surety hereby bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this, ____ day of _____, 20_____.

WHEREAS, the above bounden Principal has applied to the Knox County Board of Health for a registration to engage in and practice the business of a sewage system contractor in the Knox County General Health District as provided in Sections 801.5 of Board of Health Regulation 801, such registration expiring on the 31st day of December 20_____.

NOW, THEREFORE, FILE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above bounden Principal shall well and truly observe strictly and comply faithfully with all laws and rules relating to the construction, alteration, repair or abandonment of sewage treatment and disposal systems, and any amendments thereto, and shall save and keep harmless the State of Ohio, the Knox County General Health District and any person who may be aggrieved by the violation of any of the aforesaid laws or regulations 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 December 31, 20_____.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety may cancel this Bond at any time by giving written notice the Knox County Board of Health thirty (30) days prior to the effective date of cancellation
2. The aggregate of liability of the Surety shall in no event exceed the penal sum of this Bond (\$25,000), regardless of the number of claims that may be filed hereunder.

3. As a condition precedent to making a claim on this registration bond:
 - (a) Any person who alleges to be an aggrieved party shall give written notification to the health department. The written notification shall state the violation of Board of Health Regulation 801 upon which the person desires to base a claim:
 - (b) The department shall investigate the validity of the allegation and shall submit the written results of the investigation to the Board of Health and
 - (c) The Board of Health, if satisfied of the existence of a violation of Board of Health Regulation, shall notify the aggrieved party, the contractor and the surety of the regulation violation.
4. The notification required in condition 3(a) above, must be made within two years from the date the work on the sewage treatment and disposal system, or the component thereof is complete!.
5. This Bond may be continued from year to year by the Surety Company issuing a continuation certificate.

_____ **Business Name (Principal)**

_____ **BY** _____
Business Representative

_____ **Witness to Signature of Principal** _____ **Surety Company**

BY _____
Attorney-in-fact

(Bonding Corporation Seal)

INSTRUCTION FOR PREPARATION

1. Indicate whether business is an individual, a partnership, or corporation.
2. Impress Seal of Surety on Bond.
3. Attach Power-of Attorney for Surety Agent.