

STATE OF GEORGIA  
COUNTY OF WILKINSON

Bond No. \_\_\_\_\_

Know all men by these presents that \_\_\_\_\_  
\_\_\_\_\_, of \_\_\_\_\_ County, Georgia, as principal, and the \_\_\_\_\_  
\_\_\_\_\_, as surety, are held and firmly bound unto  
the Wilkinson County Department of Health of Wilkinson County, Georgia, in the  
principal sum of Ten Thousand and no/100 (\$10,000.00) Dollars, lawful money of the  
United States of America, to be paid to the Wilkinson County Department of Health for  
which payment well and truly to be made, we bind ourselves, our heirs, executors,  
administrators and assigns, jointly and severally, by this instrument.

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

Whereas, the said \_\_\_\_\_ has  
been or is about to be bonded to the Wilkinson County Department of Health to install  
or repair on-site sewage management systems in Wilkinson County.

Now, the condition of this obligation is such that if the said \_\_\_\_\_  
\_\_\_\_\_ shall conduct of said business well and truly  
and faithfully observe all of the applicable regulations of the city of Irwinton and  
the County of Wilkinson, Georgia, that are now or may hereafter be lawfully  
prescribed, and shall indemnify and save harmless any person for whom work may be  
done in the conduct of said business from all damages that may result from any  
defective work or from failure to complete any work done in the conduct of said  
business in accordance with the applicable regulations of the City of Irwinton and  
the County of Wilkinson, Georgia, and shall save harmless any person from who work  
may be done in the conduct of said business by the said \_\_\_\_\_  
\_\_\_\_\_, then this obligation to be void, otherwise to be and remain  
in full force and virtue.

It is a further condition of this obligation that it shall be cancelled as to  
all subsequent accidents of the principal thirty (30) days after the receipt by the  
obligee of the surety's written notice of cancellation.

\_\_\_\_\_  
Principal

\_\_\_\_\_

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Attorney-in-Fact