

WELL CONTRACTOR REGISTRATION SURETY

KNOW ALL MEN BY THESE PRESENTS, THAT WE, _____ as Well Contractor (hereinafter called "Contractor") and _____ a Corporation with principal office at _____ as Surety, are held and firmly bound unto the County of Alamance Health Department (hereinafter called "County") in the sum of **FIVE THOUSAND AND 00/100 DOLLARS (\$5,000.00)** for the payment of which sum, well and truly made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally firmly by these presents. In no event, however, shall the total liability of the surety for all such recoveries exceed in the aggregate the penal sum of the bond for each well. Contractor is desirous of obtaining registration from the County of Alamance Health Department to carry on business as a Well Contractor within the County of Alamance commencing on the ____ day of _____, _____, which registration cannot be issued without the posting of this bond.

The condition of this bond is that, if Contractor shall, during the period commencing on the aforesaid date perform work which is not consistent with Alamance County Board of Health Well Rules, the Health Director of Alamance County may call upon this Surety in an amount necessary to do the work properly and Surety shall upon this request immediately pay said amount. This bond shall remain in full force and effect through June 30, _____, or until such time that the Health Director of Alamance County calls upon the Surety. At that time, Contractor must provide a new Surety in order to renew registration or to restore valid registration status. (Actual bond must be attached to this form.)

This bond may be cancelled and the Surety relieved of all further liability hereunder by the Surety's giving thirty (30) days' written notice thereof to the County and upon the Surety's receipt of the written acknowledgement of same, but the bond shall be in full force and effect during this thirty (30) days' notice period and shall cover all Contractor's work. No registration will be in effect until a new Surety is supplied and approved by the Alamance County Health Director or his designee. (New bond will not be accepted without bond number listed above.)

SIGNED, SEALED and DATED this _____ day of _____, _____.

Well Contractor

By: _____

Approved as to Form:

County of Alamance

Surety

By: _____

Attorney In Fact

NAME AND ADDRESS OF ISSUING AGENCY:

