

**WELL CONTRACTOR and/or PUMP INSTALLER  
And/or BACTERIOLOGICAL SAMPLER REGISTRATION SURETY**

**NORTH CAROLINA  
GUILFORD COUNTY**

**\*\*BOND NO.** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, \_\_\_\_\_ as Principal, and  
\_\_\_\_\_, a \_\_\_\_\_ Corporation with principal office  
at \_\_\_\_\_, as Surety, are held and firmly bound unto the County  
of Guilford Health Department in the sum of \_\_\_\_\_ dollars 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 during a registration year. Principal is desirous of obtaining registration from the County of Guilford Health Department to  
carry on business as a \_\_\_\_\_ within the County of Guilford commencing on the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, which registration cannot be issued without posting of this bond.

The condition of this bond is that, if Principal shall, during the period commencing on the aforesaid date perform work  
which is not consistent with Guilford County Board of Health Well Rules, the Health Director may call upon this Surety in amount  
necessary to do the work properly and Surety shall upon this request immediately pay said amount. This bond shall upon this  
request immediately pay said amount. This bond shall remain in full force and effect through January 31, \_\_\_\_\_, or until such  
time that the Health Director calls upon the Surety. At that time the Principal must provide a new Surety in order to renew  
registration or to restore valid registration status.

This bond may be canceled and the Surety relieved of all further liability hereunder by the Surety's giving thirty (30) days  
written notice thereof to the Obligee and upon the Surety's receipt of the Obligee's Acknowledgment of same, but the bond shall be  
in full force and effect during this thirty (30) days notice period. No registration will be or remain in effect until a new Surety is  
supplied which is satisfactory to the Health Department.

SIGNED, SEALED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

Approved as to Form:

\_\_\_\_\_  
Surety

\_\_\_\_\_  
County Attorney

BY: \_\_\_\_\_  
Attorney-in-Fact

NAME AND ADDRESS OF ISSUING AGENCY

- MUST RECEIVE CANCELLATION NOTICE  
FOR CANCELLATION OF BOND TO BE  
ACKNOWLEDGED BY THE COUNTY OF  
GUILFORD HEALTH DEPARTMENT

**\*\* BOND WILL NOT BE ACCEPTED WITHOUT  
BOND NUMBER LISTED ABOVE.**