

**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.**