

**WELL DRILLER and/or WELL CONTRACTOR and/or PUMP INSTALLER
REGISTRATION SURETY**

**NORTH CAROLINA
ROCKINGHAM COUNTY**

***Continuous Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____, as Principal
and _____, a _____
corporation, with its principal office at _____, as
Surety, are held and firmly bound unto the County of Rockingham Health Department in the sum of :

_____ (_____)
for the payment of which sum, well and truly made, we bind ourselves, our personal representatives, successors and assign,
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 registration year.

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

The Condition of this obligation is such, that WHEREAS, Principal is desirous of obtaining registration from the
County of Rockingham Health Department to carry on business as a _____
within the County of Rockingham commencing on _____ which registration cannot be issued
without posting this bond.

NOW, THEREFORE, if Principal shall, during the period commencing on the aforesaid date perform work which is
not consistent with Rockingham County Board of Health Rules and Regulations Governing the Construction, Repair, and
Abandonment of Wells, the Health Director may call upon Surety in amount necessary to do the work properly. This shall
remain in 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 cancelled 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.

Principal: _____

By: _____

Approved as to Form:

County Attorney

Surety: _____

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 ROCKINGHAM HEALTH DEPT.

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