Bond Number State of Ohio

Registration	Number

	2025 Regist	ration Bond for	
	Sewage Treatment S	Systems Septage Hauler	Health District use only ☐ Power of attorney attached
Owned By	LEGAL COMPANY NAME:		
(Check one)	MAILING ADDRESS:		
☐ Individual	MAILING ADDRESS 2:		
☐ Partnership☐ Corporation	CITY, STATE, ZIP:		
·			
As Principal, and Surety is/are authorized to do to the sum of		rety. The Principal and Surety are bound	d to an aggrieved party in
	twenty-five tl	housand (\$25,000)	
	is to be made as provided below. nistrators, successors and assigns	The Principal and Surety hereby bind s, jointly and severally.	to themselves, their
Bond	Effective Date:		
for a registration to enga	age in and practice the business of a 3718.02 (A)(8) of the ORC and Ohio	as established under Ohio Revised Cod a sewage treatment system septage had o Administrative Code (OAC) 3701-29-0	uler in the State of Ohio
land application of dome and keep harmless the laws or rules from the co	estic septage from sewage treatmen State of Ohio and any person who n	elating to the collection, transportation, do not systems, and any amendments theretonay be aggrieved by the violation of any the by said Principal. This obligation shall toid after that date.	o, and shall save of the aforesaid
 (90) days prior to the then notify all local the bond and shall if from liability for any acts of Principal coof. The aggregate of liat of claims that may be registration year. This bond shall be formed. 	ne effective date of cancellation in achealth districts in Ohio where the Primmediately submit proof of a new results are subsequent acts of the Principal; provered by this bond up to the date of ability of the Surety Company shall in the filed hereunder. The sum of this	by giving written notice to the Ohio Dep ecordance with OAC rule 3701-29-03 (C incipal holds a current and valid registra egistration bond. Any such cancellation rovided, however, the Surety shall rema cancellation. In no event exceed the sum of this bond bond shall be available for payment of way for damages incurred as a result of a way)(6)(d). The Principal shall tion of the cancellation of shall release the Surety in liable for any and all , regardless of the number riolations for the 2023
Legal Company Name (required – print name)		
Owner/Representative I	Name (required - print name)	Signature of Owner/Representative	(required)
Surety Compan	·		
	Address:		
•	tate, Zip:		
Surety Company	y Phone:		
Attorney-in Fact Listed (required - print name)	on the Power of Attorney	Attorney-in-Fact or Insurance Agen	nt Signature (required)
	f Surety Company g Power-of-Attorney form for Attorney (contractor company representative) s		

(Place Bonding Corporation Seal Above)