

Bond Number

Registration Number

State of Ohio
2025 Registration Bond for
Sewage Treatment Systems Installer
for installation of Only ONE (1) STS in a registration year

Health District use only
Power of attorney attached

Owned By

(Check one)

- Individual
Partnership
Corporation

LEGAL COMPANY NAME:

MAILING ADDRESS:

MAILING ADDRESS 2:

CITY, STATE, ZIP:

As Principal, and Surety Company

is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

Household Sewage Treatment System - equal to system cost \$

Small Flow On-Site Treatment System - twenty-five thousand (\$25,000)

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

To Install ONE (1) system in Health District. Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system installer in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2025.

If the above Principal shall comply with all laws and rules relating to the construction, alteration, repair, or abandonment of sewage treatment systems and any amendments thereto and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until December 31, 2025 and will be null and void after that date.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d).
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:

Address:

City, State, Zip:

Surety Company Phone:

Attorney-in Fact Listed on the Power of Attorney (required - print name)

Attorney-in-Fact Signature (required)

Instructions for preparation:

- 1. Impress/affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)