

NORTH DAKOTA DEPARTMENT OF HEALTH
Bond for Cleaning, Pumping, and Servicing
N.D.C.C. § 23-19-03

Bond No. _____

This bond binds _____
of (address) _____, **as Principal**, and _____, a corporation licensed to do business in the state of North Dakota, **as Surety**, and their legal representatives and assigns, to pay to the State of North Dakota the sum of ONE THOUSAND DOLLARS (\$1,000.00) UPON THE VIOLATION OF THE TERMS AND CONDITIONS OF THIS BOND. This obligation applies jointly and severally to the Principal and Surety.

N.D.C.C. ch. 23-19 requires that before receiving a license to engage for hire in any of the servicing activities listed below, the applicant shall execute and deposit with the North Dakota Department of Health a surety bond in the sum of one thousand dollars conditioned on the faithful performance of all work undertaken by the applicant in conformity with all applicable health laws and regulations. The servicing activities for which a bond is required include:

1. Cleaning, pumping, and servicing cesspools, septic tanks, privies, chemical toilets, or holding tanks;
2. Transfer or disposal of any liquid wastes or byproduct of commercial or industrial processes.

THEREFORE, the Principal and Surety agree to pay to the State of North Dakota the sum of ONE THOUSAND DOLLARS (\$1,000.00) if the Principal fails to faithfully perform any work under its license for any of the servicing activities listed above in conformity with all applicable health laws and regulations, including all rules enacted by the North Dakota Health Council, and all other applicable health regulations or restrictions outlined by federal, state, or local laws or ordinances pertaining to such services or the disposal of specific wastes or byproducts.

The aggregate liability of the Surety under this bond to all persons shall not exceed the sum of ONE THOUSAND DOLLARS (\$1,000.00).

This bond is continuous and may be terminated by the Surety by sending a written notice of termination, through registered mail, to the North Dakota Department of Health, Bismarck, North Dakota, and to the Principal. The termination shall become effective thirty (30) days after the Department of Health receives the written notice of termination, and the Surety shall be relieved from any liability for any acts or omissions of the Principal subsequent to that date.

Dated this _____ day of _____, _____.

Principal

Countersigned

By _____
North Dakota Resident Agent

By _____
Surety

ACKNOWLEDGMENT OF PRINCIPAL IF AN INDIVIDUAL OR FIRM

STATE OF NORTH DAKOTA)
: SS.

County of _____)

On this _____ day of _____, _____, before me, a notary public within and for said County and State, personally appeared _____, known to me to be the person who is described in and who executed the within instrument, and acknowledged to me that he executed the same.

(Notary's seal to be attached)

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL IF A CORPORATION

STATE OF NORTH DAKOTA)
: SS.

County of _____)

On this _____ day of _____, _____, before me, a notary public within and for said County and State, personally appeared _____, known to me to be the _____ of the Corporation that is described in and that executed the within instrument, and acknowledged to me such Corporation executed the same, thereunto duly authorized.

(Notary's seal to be attached)

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF SURETY (By Corporate Officer)

STATE OF NORTH DAKOTA)
: SS.

County of _____)

On this _____ day of _____, _____, before me, a notary public within and for said County and State, personally appeared _____, known to me to be the aforesaid officer of Surety, and acknowledged to me that such Corporation executed the same.

(Notary's seal to be attached)

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF SURETY (By an Attorney-in-Fact)

STATE OF NORTH DAKOTA)
: SS.

County of _____)

On this _____ day of _____, _____, before me, a notary public within and for said County and State, personally appeared _____, known to me to be the person who is described in and whose name is subscribed to the within instrument as the attorney-in-fact of _____ and acknowledged to me that he subscribed the name of the _____ thereto as Surety and his own name as attorney-in-fact.

(Notary's seal to be attached)

Notary Public, _____ County, ND
My commission expires _____

**For
Department
Use Only**

Approved as to form and execution this _____ day of _____, _____.

Attorney General

By _____
Assistant Attorney General

NORTH DAKOTA DEPARTMENT OF HEALTH
CLEANING, PUMPING, AND SERVICING CESSPOOLS, ETC.

KNOW ALL MEN BY THESE PRESENTS:

BOND NO. _____

That we [Name of pumper owner or company, may be appropriate to include a "dba. . ." comment for clarity],

of [Pumper's home city and state], as Principal, and

[Name of surety company], a corporation duly licensed to do business in

the State of North Dakota, as Surety, are held and firmly bound to the State of North Dakota in the penal sum of ONE THOUSAND DOLLARS (\$1,000.00) for the payment of which, well and truly to be made, we bind ourselves and our legal representatives jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the Principal has applied for a license to engage for hire in the business of cleaning, pumping, and servicing septic tanks, cesspools, or privies under the provisions of Chapter 23-19 of the North Dakota Century Code.

NOW, THEREFORE, if the said Principal shall faithfully perform any work done under said license in conformity with all applicable health laws of the State of North Dakota, and any and all rules and regulations enacted or to be enacted by the State Health Council of North Dakota, then this obligation to be void, otherwise to remain in full force and effect.

The aggregate liability of the Surety hereunder to all persons shall in no event exceed the sum of ONE THOUSAND DOLLARS (\$1,000.00).

This bond is continuous and may be terminated at any time by the Surety upon sending notice, in writing, by registered mail, to the North Dakota Department of Health, Bismarck, North Dakota, and to the Principal at the address stated on this bond, and at the expiration of thirty (30) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety thereon shall be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this _____ day of _____, 19____.

-> If an officer of the surety company will countersign the bond (usually done at the home office), they sign here.

-> If a resident agent will countersign it, they sign here. Attach a copy of the resident agent's Power of Attorney.

Countersigned

By _____
North Dakota Resident Agent

[Pumper owner(s) or officer(s) sign here]

Principal

By _____
Surety

ACKNOWLEDGMENT OF PRINCIPAL IF AN INDIVIDUAL OR FIRM

STATE OF NORTH DAKOTA)
: SS.

County of _____)

On this _____ day of _____, 19____, before me, a notary public within and for said County and State, personally appeared [Name of Pumper owner or officer who signed above], known to me to be the person who is described in and who executed the within instrument, and acknowledged to me that he executed the same.

(Notary's seal to be attached)

The pumpers signature must be notarized. If the pumping business is not a corporation, use this notary statement to notarize the owner's signature.

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL IF A CORPORATION

STATE OF NORTH DAKOTA)
)
 : SS.
County of _____)

On this _____ day of _____, 19_____, before me, a notary public within and for said County and State, personally appeared [Name of officer who signed above] , known to me to be the [That person's corporate position] of the Corporation that is described in and that executed the within instrument, and acknowledged to me such Corporation executed the same, thereunto duly authorized.

(Notary's seal to be attached)

If the pumping business is a corporation, use this notary statement to notarize the officer's signature.

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF SURETY (By Corporate Officer)

STATE OF NORTH DAKOTA)
)
 : SS.
County of _____)

On this _____ day of _____, 19_____, before me, a notary public within and for said County and State, personally appeared [Name of the surety company's agent who signed above as "Surety"] , known to me to be the aforesaid officer of Surety, and acknowledged to me that such Corporation executed the same.

(Notary's seal to be attached)

The surety's signature must also be notarized. If an officer of the company countersigned the bond, use this notary statement to notarize the signature.

Notary Public, _____ County, ND
My commission expires _____

ACKNOWLEDGMENT OF SURETY (By an Attorney-in-Fact)

STATE OF NORTH DAKOTA)
)
 : SS.
County of _____)

On this _____ day of _____, 19_____, before me, a notary public within and for said County and State, personally appeared [Name of surety company's agent who signed above as "ND Resident Agent"] , known to me to be the person who is described in and whose name is subscribed to the within instrument as the attorney-in-fact of [Name of the surety company] and acknowledged to me that he subscribed the name of the [Name or type of business of the surety company] thereunto as Surety and his own name as attorney-in-fact.

(Notary's seal to be attached)

If the bond was countersigned by a North Dakota resident agent, use this notary statement to notarize the signature.

Notary Public, _____ County, ND
My commission expires _____