



MEDINA COUNTY HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION  
 4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256  
 (330)723-9523 Toll Free (888) 723-9688 FAX (330) 723-9650  
[www.medinahhealth.org](http://www.medinahhealth.org)

## HOUSEHOLD SEWAGE INSTALLATION BOND

BOND #

KNOW ALL MEN BY THESE PRESENT,

That we, the undersigned \_\_\_\_\_ as Principal, and \_\_\_\_\_ as Surety, are hereby held and firmly bound unto the Medina County Health Department as Oblige in the penal sum of Twenty-Five Thousand Dollars (\$25,000.00) for the payment of the penal sum set forth above, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The condition of the obligation above is such that whereas the above named Principal has made application to the Medina County Health Department for a license to carry on a business as a registered household sewage disposal system installer in the County of Medina, State of Ohio, for the year, **2012**, the provisions of such registration requiring that the Principal and all agents and employees representing the Principal do faithfully abide by the provisions of Chapter 29 of the Medina County Sanitary Code and all acts amendatory of it and supplementary to it now and subsequently enacted, in the installation of household sewage disposal systems.

Now if the said Principal shall well and faithfully do and perform all household sewage disposal system installations pursuant to Chapter 29 of the Medina County Sanitary Code, as required by his registration to be done and performed, and shall pay all lawful claims of the Medina County Health Department that may become due and owing to the District by virtue of the provisions of Chapter 29 of the Medina County Sanitary Code or any violations thereof, and shall further pay all lawful claims of persons for whom it has undertaken the installation of a household sewage disposal system, based on said registration, and failed to properly install such pursuant to Chapter 29 of the Medina County Sanitary Code, the undersigned agreeing and assenting that this undertaking shall be for the benefit of any person or persons for whom the Principal undertakes the installation of a household sewage disposal system as well as the Oblige herein, then this obligation shall be void. Otherwise, the same shall remain in full force and effect, being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated, Twenty-Five Thousand Dollars (\$25,000.00).

This bond is further subject to the specific provisions set forth hereafter:

- a) Any person who sustains an injury covered by this bond may, in addition to any other remedy that he or she may have, bring an action in his or her own name on this bond for the recovery of any damages sustained by such person; provided, however, that no such action may be brought after the expiration of two (2) years from and after the date the act or default complained of may have occurred.
- b) The total aggregate liability of the Surety shall be no more than Twenty-Five Thousand Dollars (\$25,000.00).
- c) The Surety may cancel this bond and be relieved of further liability under this bond by delivering thirty (30) days written notice to the Medina County Health Department; however, such cancellation will not affect any liability incurred or accrued under this bond prior to the termination of the thirty (30) day period.
- d) In the event either the Principal or the Surety under this bond is served with notice of any action commenced against the Principal or Surety under the bond, the Principal and Surety as each is served with notice of action must respectively and immediately give written notice of the filing of the action to the Medina County Health Department.

This bond is effective on \_\_\_\_\_ / / \_\_\_\_\_, and will expire on \_\_\_\_\_ **12/31/2012** \_\_\_\_\_.

**IN WITNESS WHEREOF**, the parties have executed this instrument at the offices of the Medina County Health Department, 4800 Ledgewood Drive, Medina, Ohio on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal/Installer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Surety/Insurance Company      Attorney-in-Fact

\_\_\_\_\_  
Date

**ACCEPTANCE**

\_\_\_\_\_  
Signature of Health Commissioner or  
designated representative

\_\_\_\_\_  
Date