



MONITORING WELL CONTRACTOR BOND
 NORTH DAKOTA BOARD OF WATER WELL CONTRACTOR
 SFN 61544 (8/2023)

Bond Number

**WELL DRILLER
 PRINCIPAL***

Name		
Address	City	ZIP Code
Name		
Address	City	ZIP Code

**BONDING COMPANY
 SURETY**

*** If more than one PRINCIPAL is to be covered under this bond, please attach a separate sheet indicating the names and addresses of the additional certified water well drillers.**

We, the above named PRINCIPAL and SURETY are bound to the State of North Dakota in the penal sum of two thousand dollars (\$2,000.00), for the payment of which we bind ourselves, jointly and severally, by this document.

The condition of the above obligation is that the PRINCIPAL has applied for a certificate to engage for hire in the water well construction business under North Dakota Century Code Chapter 43-35.

NOW THEREFORE, if the PRINCIPAL performs any work done under the certificate in conformity with all water well contracts undertaken by the PRINCIPAL and all applicable laws of the State of North Dakota, including all rules enacted by the North Dakota Department of Health and the North Dakota Board of Water Well Contractors then this obligation is void, otherwise it remains in full force and effect.

The aggregate liability of the SURETY to all people under this bond must not exceed \$2,000.

The bond is continuous, but may be terminated at any time by the SURETY by sending written notice by certified mail to the North Dakota State Board of Water Well Contractors, 1200 Memorial Highway, Bismarck, North Dakota 58504 and to the PRINCIPAL at the address stated on this bond. This bond terminates and the SURETY is relieved from any liability for any acts or omissions of the PRINCIPAL 30 days after the notice is mailed.

This Section To Be Completed By PRINCIPAL
 Acknowledgment of PRINCIPAL

This Section To Be Completed By SURETY
 Acknowledgment of SURETY (Corporate Officer)

State	County
Signed and sworn to (or affirmed) before me on	Date
Name(s) of individual(s) Making Statement	
Signature of PRINCIPAL	
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	
Affix Notary Stamp	

State	County
Signed and sworn to (or affirmed) before me on	Date
Name(s) of individual(s) Making Statement	
Signature and Title of Person Signing for SURETY	
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	
Affix Notary Stamp	

Countersigned by North Dakota Resident Agent of SURETY: Name/Signature		
Address		
City	State	ZIP Code