

STATE OF IDAHO
SUBSURFACE SEWAGE DISPOSAL INSTALLER BOND

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____ As Principal, and
_____ (name of Surety company), with its principal office at
_____(provide surety company address)_____, as Surety, are held
and firmly bound unto the STATE OF IDAHO, DIRECTOR, DEPARTMENT OF ENVIRONMENTAL
QUALITY OR HIS DESIGNEE, As Obligee, in the sum of _____ (\$_____), for
the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors
and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS _____ day of _____, 20 _____.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS Principal is desirous of obtaining and
retaining a license from the DIRECTOR, DEPARTMENT OF ENVIRONMENTAL QUALITY, OR HIS
DESIGNEE OF THE STATE OF IDAHO, Obligee, to carry on the business as a Subsurface Sewage Disposal
System Installer, in all counties of the State of Idaho commencing on the _____ day of _____, 20 _____.

NOW THEREFORE, If Principal shall, during the period commencing on the aforesaid date, faithfully observe and
honestly comply with such Ordinance, Rules and Regulations, and any Amendments thereto, as require the
execution of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full
force and virtue.

PROVIDED HOWEVER, that the aggregate liability of the Surety for all breaches of the conditions of this bond, whether occurring
during the period of the original license or any and all renewals thereof, shall, in no event, exceed the sum of this bond.

THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license issued
to the Principal above named, but not beyond December 31, 20_____, or sixty days after receipt by the Obligee of a written notice
signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and cancelled. Provided
further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such
termination and that the maximum liability of the Surety on the bond, regardless of the number of claims filed against the bond shall not
exceed the sum of _____ (\$_____) Dollars.

This bond may be extended for a further term by the issuance of a Continuation Certificate signed by the Surety and mailed to the
District Health Office at the following Address.

Cancellation notice will be mailed to the District Health Office at:

_____(See back of form for list of office addresses) _____

Principal

(name of Surety company)

COUNTERSIGNED:

Idaho Resident Agent

By: _____
Attorney-in-fact

IDAHO PUBLIC HEALTH DISTRICTS

Panhandle District Health Department

2195 Ironwood Court
Coeur d'Alene, ID 83814
208-667-9513 Fax 765-4309

Counties: Benewah,
Bonner, Boundary, Kootenai,
Shoshone

North Central District Health Department

215 10th Street
Lewiston, ID 83501
208-799-0353 Fax 799-0349

Counties: Clearwater,
Idaho, Latah, Lewis, Nez Perce

Southwest District Health Department

920 Main Street
Caldwell, ID 83605
208-455-5400 Fax 454-7722

Counties: Adams, Canyon,
Gem, Owyhee, Payette,
Washington

Central District Health Department

707 N. Armstrong Place
Boise, ID 83704
208-327-7499 Fax 327-7113

Counties: Ada, Boise,
Elmore, Valley

South Central District Health Department

1020 Washington St. North
Twin Falls, ID 83301-3156
208-734-5900 Fax 734-9502

Counties: Blaine, Camas,
Cassia, Gooding, Jerome,
Minidoka, Lincoln, Twin Falls

Southeastern District Health Department

1901 Alvin Ricken Dr.
Pocatello, ID 83201
208-239-5270 Fax 234-7169

Counties: Bannock, Bear Lake,
Bingham, Butte, Caribou,
Franklin, Oneida, Power

District 7 Health Department

254 "E" Street
Idaho Falls, ID 83402
208-523-5382 Fax 525-7063

Counties: Bonneville, Clark,
Custer, Fremont, Jefferson,
Lemhi, Madison, Teton