



ENVIRONMENTAL HEALTH DIVISION

2120 Diamond Blvd., Suite 200

Concord, CA 94520

Phone: (925) 692-2500

Fax: (925) 692-2504

www.cchealth.org/eh/

PERFORMANCE BOND INFORMATION

RE: Approved Well Driller Requirements

To Whom It May Concern:

- You/your company does not possess a valid C-57 Contractors License in the State of California. Submit proof of possession of a current C-57 Contractor's License.
- You must submit a Performance Bond in one of the following forms:
 - a. A certificate of deposit in the amount of \$5,000 made payable to Contra Costa County.
 - b. A certified check in the amount of \$5,000 made payable to Contra Costa County.
 - c. A cashier's check in the amount of \$5,000 made payable to Contra Costa County.
 - d. A performance Bond in the amount of \$5,000 by your insurance carrier with Contra Costa County as beneficiary. The carrier is to supply the policy number and expiration date.

Each of the well driller requirements must be satisfied for a drilling company to remain on Contra Costa County's list of Approved Well Drillers. This Division must receive written verification on company letterhead showing compliance to all well driller requirements prior to the issuance of permits.

Please contact this office at (925) 692-2500 should you have any questions.

Bond Number: _____

Premium: _____

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENT that

DRILLER:	ADDRESS:
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As Principal, hereinafter called Contractor and _____

_____ a corporation duly organized under the laws of the State of _____ as Surety, hereinafter called Surety, are held and firmly bound unto CONTRA COSTA HEALTH SERVICES, 2120 Diamond Blvd., Suite 200, Concord, California 94520 as Obligee, hereinafter called OWNER, in the amount of FIVE THOUSAND DOLLARS AND NO/1000 (\$5,000.00) for the payment whereof Contractor and Surety bind themselves, their heirs, executors, administrators and assigns jointly and severally, firmly by these present.

WHEREAS, Contractor has entered into a contract with Owner for _____

Between _____ and _____

Signed and sealed this _____ day of _____, 20____.

Principal

By: _____

By: _____

Attorney-in-Fact

Expiration date of Bond: _____