

STATE OF WEST VIRGINIA  
 BUREAU FOR PUBLIC HEALTH/ENVIRONMENTAL ENGINEERING DIVISION  
 CAPITOL AND WASHINGTON STREETS, 1 DAVIS SQUARE, SUITE 200  
 CHARLESTON, WEST VIRGINIA 25301  
 BOND COVERAGE REGISTRATION FOR  
 CERTIFIED WATER WELL DRILLER

DATE \_\_\_\_\_

WATER WELL CONTRACTING COMPANY:

(name) \_\_\_\_\_

(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

(telephone number) (\_\_\_\_\_) \_\_\_\_\_  
 (area code)

CERTIFIED WATER WELL CONTRACTOR: (name) \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

CERTIFIED WATER WELL CONTRACTOR IS COVERED BY: (circle one of the following)

BOND (if bond, attach completed STATE BOND FORM)

IRREVOCABLE LETTER OF CREDIT (attach) Number \_\_\_\_\_

CERTIFIED WATER WELL DRILLERS EMPLOYED BY CONTRACTOR:

(please indicate certificate numbers)

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

DRILLERS WILL BE COVERED BY THIS BOND UNTIL THE STATE HAS BEEN NOTIFIED IN WRITING OF TERMINATION OF EMPLOYMENT.