

RESOLUTION APPROVING SEWER AND WATER BUILDERS LICENSE FOR BONO EXCAVATING LLC, SEWA

WHEREAS, in accordance with the Ashtabula County Sewer and Water regulations, the following Sewer and Water Builders' License has been presented to the Board for approval, to-wit:

Purpose: Constructing all sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water services thereto in the Ashtabula County Sewer and Water District.

Bond: \$10,000.00

Bond Term: Retroactive to January 1, 2025 thru December 31, 2025

Contractor: Bono Excavating LLC 116 B Meridian Rd Youngstown Ohio 44509

NOW THEREFORE BE IT RESOLVED, by the Board of Commissioners of Ashtabula County, Ohio that the Sewer and Water Builders License, as noted above, is approved in accordance with the copy on file in this office.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2025-226

May 06, 2025

RESOLUTION APPROVING SEWER AND WATER BUILDERS LICENSE FOR BONO EXCAVATING LLC, SEWA

Upon the motion of Kathryn L. Whittington, seconded by Casey R. Kozlowski.

VOTE:

J.P. Ducro IV

Aye

Casey R. Kozlowski

Aye

Kathryn L. Whittington

Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.

Lisa Hawkins

Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

2025

APPLICATION FOR SEWER AND WATER BUILDER'S LICENSE

Ashtabula County Department of Environmental Services

Date: 3/27/2025

The undersigned does hereby apply to the Ashtabula County Board of Commissioners for a SEWER AND WATER BUILDER'S LICENSE for the purpose of constructing all sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water services thereto in the Ashtabula County Sewer and Water District in accordance with the regulations and specifications of the Ashtabula County Department of Environmental Services. Failure of the sewer and water builder to answer any of the following questions, comply with any rules and regulations, or the direct orders of the Sanitary Engineer, his duly authorized assistants or inspectors shall be deemed just cause for the non-issuance and/or revocation of the Sewer and Water Builder's License. Falsification of this form, or any negligence under licensure, may result in legal action in accordance with Sections 6117 and 6103 of the Ohio Revised Code.

1. Business Name Bono Excavating LLC.
2. Owner's Name CHRISTINE BONAMASE
3. Business Address 11638 Meridian Rd.
YOUNGSTOWN OHIO 44509
4. Home Address 2824 VERON Lane
Twinsburgh OH 44087

5. Primary Telephone Number 330-333-3200, 330-233-0619
6. Email susanbonoexcavating@gmail.com (for correspondence only)
7. Employer Tax Identification Number 92-1403816
8. Number of years licensed by Ashtabula County Sanitary Engineer 7 yrs.
UNDER STARR EXCAVATING

**2025 SEWER AND WATER
BUILDER'S LICENSE APPLICATION FORM**

9. Years of experience constructing sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water line services. 25 years

10. Percentage of work pertinent to construction of sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water line services. 75 %

11. Cities, Villages or Townships in which Applicant has performed work during the past two (2) years and the official, preferably an engineer, having personal knowledge of the Applicant's workmanship and character.

AREA	PERSON	OFFICIAL CAPACITY	PHONE	TYPE OF WORK PERFORMED
Cleveland	JAMES MILLER	CITY INSPECTOR	216 857-1635	Sanitary/Storm
Twinsburg	JOHN DONE	BLO DEPT. INSPECTOR	330 486-7116	Sanitary/Storm
Oakwood Village	ANTHONY	CCDPW	216 443-8209	Sanitary/Storm
Cuyahoga	TIM DONELON	CC INSPECTOR	440 728 0670	Sanitary/Storm

12. Equipment owned or leased by Applicant for the construction of sewers and water lines.

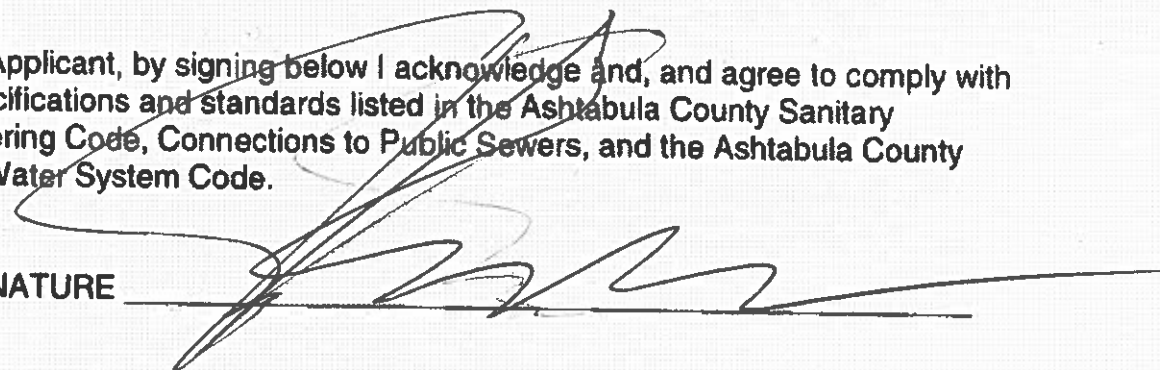
TYPE OF EQUIPMENT (MAKE & MODEL)	LEASED/OWNED (L or O)
JD 350 EXCAVATOR	O
Doosan 225 EXCAVATOR	O
SK 205 Kobelco EXCAVATOR	O
- CASE SK10 Steer	O
D6X - DOZER	O
D39 - DOZER	O

Names of Applicant's employees normally utilized as pipe layers and level of experience of each. Attach additional sheets if necessary.

NAME	YEARS OF EXPERIENCE
JOHNNY BUCKNER	20+
FRANK KOSTELAK	20+
Supv. SCOTT PENAMPSE	38+

As the Applicant, by signing below I acknowledge and, and agree to comply with the specifications and standards listed in the Ashtabula County Sanitary Engineering Code, Connections to Public Sewers, and the Ashtabula County Public Water System Code.

SIGNATURE _____

A large, stylized handwritten signature in black ink is written over a horizontal line. The signature is highly cursive and difficult to decipher, but it appears to be the name of the applicant.

**Ashtabula County Dept. of Environmental Services
2025 Sewer & Water Builder's License AFFIDAVIT**

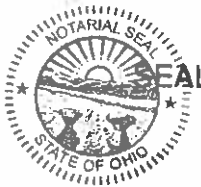
I/We hereby certify that all outstanding bills for labor and materials for the previous years have been paid in full. I/We further certify that all outstanding Ashtabula County property taxes, personal property taxes, and any other Ashtabula County bills for the previous years have been paid in full. I/We further hereby certify that I/we are not currently involved in any litigation, which affects Ashtabula County, nor have I/we been legally convicted of violations of Ohio Revised Code 6103.29 or 6117.45 *et seq.* It is further agreed that my/our license will not be issued if any of the above items are outstanding relative to any previous company, corporation, partnership, individual, etc., of which I/we were associated with or whom I/we are now associated with. And, it is further agreed that I/we are not, nor is any shareholder, partner, person with ownership interest, employee or worker who has held a license in the past, currently in less than good standing with Ashtabula County and its departments. I/We further agree that a separate Ashtabula County Dept. of Environmental Services sewer or water installation permit shall be required on ALL main lines to be constructed in the public right-of-way and/or an Ashtabula County dedicated easement. I/We also agree that all inspection deposits shall be kept current and shall not fall in arrears. Any of the listed above shall be cause to deny the issuance or revocation of any license. The name and signature listed below attest and agree with said denial and/or immediate revocation of an existing Ashtabula County Dept. of Environmental Services Sewer & Water Builder's License.

Bono Excavating LLC
Company Name (please print)

Scott Bonamase
President Name (please print)

[Signature]
President's Signature

Sworn to and subscribed before me, a notary public, this 1 day of
April, 2025 at the City of Youngstown,
County of Mahoning, and State of Ohio.



KAREN GARCIA
Notary Public, State of Ohio
My Commission Expires
January 03, 2029

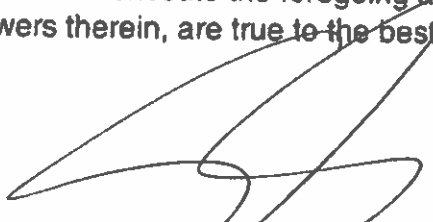
[Signature]
Notary Public

My Commission Expires: 1/3/25

2025 SEWER AND WATER
BUILDER'S LICENSE APPLICATION
FORM VERIFICATION

Scott Bonamase, being first duly sworn, says that they are the officer or person duly authorized to execute the foregoing application, and that the statements made and answers therein, are true to the best of his knowledge.

SIGNATURE OF APPLICANT



TITLE

Pres. Co.

COMPANY NAME

Bone Excavating LLC

Sworn to and subscribed in my presence this 1 day of April,
2025, City of Yangstown, County of Mahoning,
State of Ohio.



KAREN GARCIA
Notary Public, State of Ohio
My Commission Expires
January 03, 2029

Karen Garcia
Notary Public

My Commission Expires: 1/3/29

Commissioner / Date

[Signature] / 4/23/25
Ashtabula County Prosecuting Attorney / Date

Commissioner / Date

Commissioner / Date

Ashtabula County Sanitary Engineer / Date

2025 SEWER AND WATER
BUILDER'S LICENSE APPLICATION
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SIGNATURE OF APPLICANT

[Handwritten Signature]

TITLE

Pres/COO

COMPANY NAME

Bone Excavating LLC

Sworn to and subscribed in my presence this 1 day of April,
2025, City of Youngstown, County of Mahoning,
State of Ohio.



KAREN GARCIA
Notary Public, State of Ohio
My Commission Expires
January 03, 2029

Karen Garcia
Notary Public

My Commission Expires: 1/3/29

Commissioner / Date

[Signature] / 4/23/25
Ashtabula County Prosecuting Attorney / Date

Commissioner / Date

[Signature] 4/10/25
Ashtabula County Sanitary Engineer / Date

Commissioner / Date

****Please use this BOND FORM provided- Continuation forms will NOT be accepted.**

**Ashtabula County Dept. of Environmental
Services 2025 Sewer & Water Builder's License
BOND # 1924269**

KNOWN ALL MEN BY THESE PRESENTS:

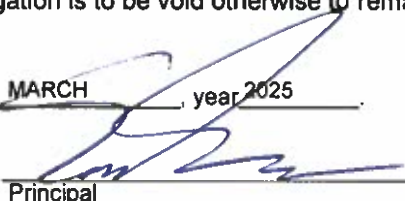
That I/We BONO EXCAVATING, LLC, as Principal and FEDERATED MUTUAL INSURANCE COMPANY as Surety, are held and firmly bound unto the County of Ashtabula, State of Ohio, in the sum of Ten Thousand Dollars (\$10,000.00) good and lawful money of the United States, to be paid to the County of Ashtabula, for which payment well and truly made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents, for a term that begins on March 14, 2025 and ends on December 31 of the same year.

WHEREAS, said BONO EXCAVATING, LLC Principal, has this day been granted a sewer and water builder's license by the County Commissioners of Ashtabula in accordance with the provisions of a Resolution Ashtabula County Commissioners Journal, and under the terms and conditions set forth in the Standard Specification for the Construction of Sewerage Improvements in Ashtabula County, duly adopted by the Commissioners of Ashtabula County, Ohio.

NOW, THEREFORE, the condition of this obligation is such that if the said BONO EXCAVATING, LLC Principal, shall at all times hereafter as sewer and water builder under said license, well and truly perform and discharge the duties imposed upon him/her by said Standard Specifications or any amendment thereto, and shall save said County harmless from all damages that may arise from his negligence, or the negligence of anyone in his employ, including the failure to fully restore property in kind, and shall conform to and abide by THE ASHTABULA COUNTY SANITARY ENGINEERING CODE, THE OHIO SANITARY CODE OF THE STATE OF OHIO DEPARTMENT OF HEALTH AND OF THE PUBLIC HEALTH COUNCIL OF OHIO AND ALL REGULATIONS ISSUED THEREUNDER as provided by REVISED CODE, TITLE 37 and such other requirements as said County may make in relation to plumbing and to the direction of the Sanitary Engineer for said County, then this obligation is to be void otherwise to remain in full force and effect.

Signed, sealed and dated this 14TH day of MARCH, year 2025.

SEAL


Principal

Sarah Dwinnell
Surety SARAH DWINNELL, ATTORNEY-IN-FACT

Board of Ashtabula County Commissioners

Approved as to Legal Form: Ashtabula County, Ohio

Commissioner / Date

April 22 / 4/23/25
Ashtabula County Prosecuting Attorney / Date

Commissioner / Date

Commissioner / Date

Ashtabula County Sanitary Engineer / Date

****Please use this BOND FORM provided- Continuation forms will NOT be accepted.**

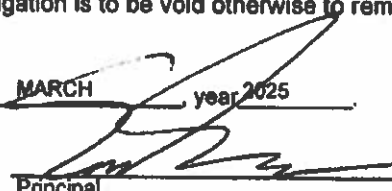
**Ashtabula County Dept. of Environmental
Services 2025 Sewer & Water Builder's License
BOND # 1924269**

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Signed, sealed and dated this 14TH day of MARCH year 2025


Principal

SEAL

Sarah Dwinnell
Surety SARAH DWINNELL, ATTORNEY-IN-FACT

Board of Ashtabula County Commissioners

Approved as to Legal Form: Ashtabula County, Ohio

Commissioner / Date

 4/23/25
Ashtabula County Prosecuting Attorney / Date

Commissioner / Date

 4/10/25
Ashtabula County Sanitary Engineer / Date

Commissioner / Date

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That FEDERATED MUTUAL INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Minnesota, and having its principal office in the City of Owatonna, State of Minnesota, does hereby constitute and appoint:

SARAH DWINNELL of the City of OWATONNA State of MINNESOTA its true and lawful attorney for the following purposes:

To sign its name as surety to, and to execute, affix the seal, acknowledge and deliver any and all surety bonds and penalties not exceeding:

FIVE THOUSAND DOLLARS (\$5,000) EACH

BONO EXCAVATING, LLC YOUNGSTOWN, OH

The execution of such bonds or undertakings in pursuance of these presents shall be binding upon the Company as if they had been executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney granted by Federated Mutual Insurance Company shall terminate when the designee ceases to be:

- 1) Employed by Federated Mutual Insurance Company or
- 2) Employed by Federated Mutual Insurance Company in a job for which such Power of Attorney is required.

IN WITNESS WHEREOF, the said FEDERATED MUTUAL INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its Executive Vice President and Assistant Secretary this the 21st day of December, 2022.

FEDERATED MUTUAL INSURANCE COMPANY

BY Sean Pick
Executive Vice President

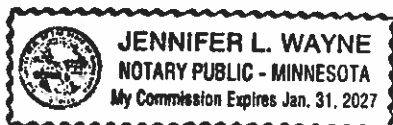
and BY Jonathan R. Hanson
Assistant Secretary

(SEAL)

STATE OF MINNESOTA
COUNTY OF STEELE

On this 21st day of December, 2022 personally appeared before me, the undersigned notary public, Sean G. Pick and Jonathan R. Hanson to me personally known, who, each being duly sworn by me, did say that they are respectively the Executive Vice President and Assistant Secretary of the FEDERATED MUTUAL INSURANCE COMPANY and that the seal affixed to this instrument is the corporate seal of said Corporation and that this instrument was signed and sealed of behalf of said Corporation by authority of its Board of Directors and said Sean G. Pick and Jonathan R. Hanson acknowledge said instrument to be the free act and deed of said corporation.

(SEAL)



Jennifer L. Wayne



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER	
	PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446-4664
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: FEDERATED MUTUAL INSURANCE COMPANY		13935
INSURED BONO EXCAVATING, LLC 116B S MERIDIAN RD YOUNGSTOWN, OH 44509-2640	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES


CERTIFICATE NUMBER: 26

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	1912117	11/14/2024	11/14/2025	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS & COMPIOP ACC	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1912117	11/14/2024	11/14/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per Person)	
							BODILY INJURY (Per Accident)	
							PROPERTY DAMAGE (Per Accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION: _____	N	N	1912121	11/14/2024	11/14/2025	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	1912117	11/14/2024	PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE EA EMPLOYEE	\$1,000,000
							E.L. DISEASE POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)
 STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) OH

CERTIFICATE HOLDER ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES PO BOX 520 JEFFERSON, OH 44047-0520	28 0	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE 

RIDER

TERRORISM RISK INSURANCE ACT POLICYHOLDER DISCLOSURE NOTICE

Losses for certified acts of terrorism, as defined by the Terrorism Risk Insurance Act, would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States pays 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your premium that is attributable to coverage for certified acts of terrorism is \$0.00.

RECEIPT DATE 4.7.25 No. 382243

RECEIVED FROM Bono Excavating LLC \$ 100.00

2025 water & Sewer License DOLLARS

FOR RENT 1/2 water & 1/2 Sewer

ACCOUNT		<input type="radio"/> CASH
PAYMENT	<u>1408</u>	<input checked="" type="radio"/> CHECK
BAL. DUE		<input type="radio"/> MONEY ORDER
		<input type="radio"/> CREDIT CARD

FROM _____ TO _____

BY MH 3-11

PNC Bank, N.A. 001

1408

BONO EXCAVATING LLC 01-23
116 B SOUTH MERIDIAN ROAD
YOUNGSTOWN, OH 44509

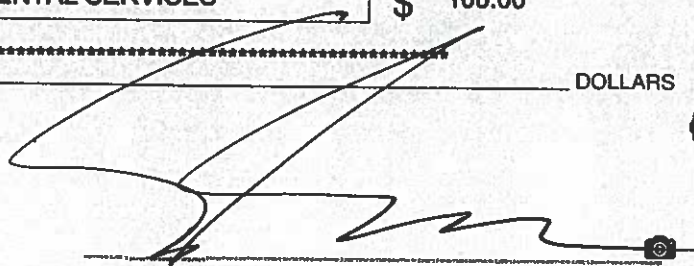
8-9/430
383
CHECK AMOUNT

03/28/2025

PAY TO THE ORDER OF ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES \$ **100.00

One hundred and 00/100 DOLLARS

ASHTABULA COUNTY DEPARTMENT OF ENVIRO
P.O. BOX 520
JEFFERSON, OH 44047


AUTHORIZED SIGNATURE

MEMO

⑈001408⑈ ⑆043000096⑆ 1079298878⑈