



Public Health
 Lake Region District Health Unit

AQUATIC FACILITY APPLICATION

Environmental Health Division
 Lake Region District Health Unit
 524 4th Avenue NE – Unit 9
 Devils Lake, ND 58301
 701.662.7035

The undersigned is familiar with provisions of the Swimming Pool/Aquatic Facility Rules and Regulations as pertaining to the operation of a swimming facility in Ramsey, Benson, Eddy, Pierce, Rolette, Towner, or Cavalier Counties, North Dakota. Failure to comply with these regulations may result in the cancellation of this license. The undersigned also certifies that the facility for which application is made will be operated in compliance with the requirements of the above-mentioned statute and rules. **Before operating this facility you must contact Lake Region District Health Unit at 701.662.7035.**

This is a new facility This is a change in ownership

Name of Facility			
Name of Owner		Facility Telephone Number	
Name of Operator/Manager(s)		Operator Telephone Number(s)	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
Pool Operating Dates			
Pool Operating Hours			
Number of pools _____, spas _____, and/or wading pools _____			
Source of Water Supply: _____ Municipal _____ Private _____ Rural			
Type of Sewage Disposal System: _____ Municipal _____ Private _____ Rural			
IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:			
Previous Facility Name		Previous Owner	Previous License Number

License Fee: \$100.00 for seasonal or \$200.00 for year round aquatic facilities.

Send application and license fee to:

Lake Region District Health Unit
 Environmental Health Division
 524 4th Ave NE – Unit 9
 Devils Lake, ND 58301
 Telephone: 701.662.7035

 Signature of Owner/Manager

 Date Signed

For Accounting Use Only:

Date Received: _____
Amount Received: \$ _____
Cash, MO or CK #: _____

Environmental Health Use Only

Approved: _____	Hold: _____
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