



**Public Health**  
 Lake Region District Health Unit

# AQUATIC FACILITY APPLICATION

Environmental Health Division  
 Lake Region District Health Unit  
 524 4<sup>th</sup> 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			
<b>IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:</b>			
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 4<sup>th</sup> 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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