



Public Health
Prevent. Promote. Protect.



Central Valley Health District
Environmental Health

SWIMMING FACILITY APPLICATION

The undersigned is familiar with provisions of the Central Valley Health District Regulation #1 as pertaining to the operation of a swimming facility in 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 Central Valley Health District at 701.252.8130.**

PLEASE PRINT LEGIBLY

This is a new facility This is a change in ownership

Name of Facility		Email Address	
Name of Owner		Telephone Number	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
Number of pools _____, spas _____, and/or wading pools _____			
Source of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Rural			
Type of Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> 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: \$150.00 year round facility, \$75.00 seasonal facility

Send application and license fee to:

Central Valley Health District
Environmental Health Division
122 2nd St NW
Jamestown, ND 58401
Telephone: 701.252.8130

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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