

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268

MINOT ND 58702-1268

PHONE (701) 852-1376 FAX (701) 852-5043

SWIMMING POOL AND SPA LICENSE APPLICATION

NAME OF FACILITY		NAME OF OWNER			
FACILITY ADDRESS		CITY		ZIP CODE	
MAILING ADDRESS		CITY		STATE	ZIP CODE
FACILITY PHONE NUMBER			OWNER PHONE NUMBER		
THIS FACILITY HAS ON PREMISES (CIRCLE ALL THAT APPLY): SWIMMING POOL WADING POOL SPA PLUNGE POOL DIVING POOL TRAINING POOL SECOND SWIMMING POOL THIRD SWIMMING POOL INTERACTIVE WATER FOUNTAIN					
NAME OF CERTIFIED POOL OPERATOR (INCLUDE COPY OF CERTIFICATION)				DESIGNATED RATE OF FLOW (IN GPM)	
WATER SOURCE MUNICIPAL PRIVATE RURAL			SEWER SYSTEM MUNICIPAL PRIVATE		
SQUARE FEET OF SURFACE AREA		GALLONAGE	FILTER TYPE SAND CARTRIDGE DIATOMACEOUS EARTH		
FILTER SIZE (IN SQUARE FEET)			DISINFECTION MEDIUM (LIST TYPE; GAS, DICHLOR, ETC.)		

YOU MUST SUBMIT A COPY OF THE POOL BLUEPRINTS AND EQUIPMENT LIST WITH A PLAN REVIEW APPLICATION PRIOR TO LICENSURE; YOU MUST SUBMIT A PLUMBING CERTIFICATE AND ELECTRICAL CERTIFICATE WITH THIS APPLICATION

YOU ALSO NEED TO INCLUDE A COPY OF THE REGISTRATION CERTIFICATE FOR YOUR CERTIFIED POOL OPERATOR.

FAILURE TO INCLUDE THESE DOCUMENTS WILL RESULT IN THE RETURN OF YOUR APPLICATION.

OPERATES LESS THAN 6 MONTHS OF THE YEAR:.....	\$140.00
OPERATES MORE THAN 6 MONTHS OF THE YEAR:	
1 BODY OF WATER:.....	\$155.00
2 BODIES OF WATER:.....	\$185.00
3 BODIES OF WATER:.....	\$225.00
4 BODIES OF WATER:.....	\$255.00

SEND APPLICATION, ASSOCIATED DOCUMENTS AND LICENSE FEE TO:

**FIRST DISTRICT HEALTH UNIT
PO BOX 1268
MINOT ND 58702-1268**

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

REVISED 03/2023

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE "SWIMMING POOL AND SPA RULES AND REGULATIONS OF THE FIRST DISTRICT HEALTH UNIT" AND THAT THE ABOVE LISTED POOLS AND/OR SPAS SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:

SIGNATURE OF OWNER

DATE

EHP APPROVAL: