Western Plains
PUBLIC HEALTH
Dedicated to Healthier Communities
GRANT • MERCER • MORTON • OLIVER • SIOUX

403 Burlington St SE
Mandan, ND 58554
701.667.3370
westernplainsph.org
eh@westernplainsph.org

AQUATIC VENUE LICENSE APPLICATION

APPLICATION PLAN REVIEW FEE: $100

SEASONAL POOL ANNUAL FEE: $125 YEAR ROUND POOL ANNUAL FEE: $150

OWNER		
NAME	TELEPHONE NUMBER	
MAILING ADDRESS	EMAIL	
FACILITY		
NAME	TELEPHONE NUMBER	
ADDRESS	CITY/STATE	ZIP
MAILING ADDRESS	CITY/STATE	ZIP
EMAIL	MANAGER	
MANAGER EMAIL	MANAGER PHONE NUMBER	
CERTIFIED POOL OPERATOR (Please attach CPO certification)		

POOL CHARACTERISTICS	
SQUARE FOOTAGE	**BATHER CAPACITY**
SPA/WHIRLPOOL:	one bather per 10sq ft:
INDOOR POOL:	one bather per 24sq ft:
OUTDOOR POOL:	≥5ft deep, one bather per 27sqft ≤5ft, one bather per 15sq ft
TOTAL SQUARE FOOTAGE:	TOTAL BATHER CAPACITY:
POOL VOLUME:	RECIRCULATION FLOW RATE:

PLEASE SUBMIT ALL PLANS AND SPECIFICATIONS

I have read and understand the requirements as detailed in the Western Plains Public Health's Practices and Standard Operating Procedures for Public and Semi-Public Aquatic Venues and agree to the terms and requirements for an Aquatic Venue Establishment. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. **Western Plains Public Health's Aquatic Venue Code as well as an online payment link can be found at: https://www.westernplainsph.org/aquatic-venue-license-inspection-program**	
SIGNATURE	DATE

FOR OFFICE USE ONLY			
REVIEWED BY	DATE PAID	CASH/CHECK #/CC	AMOUNT

revised Sept 2025