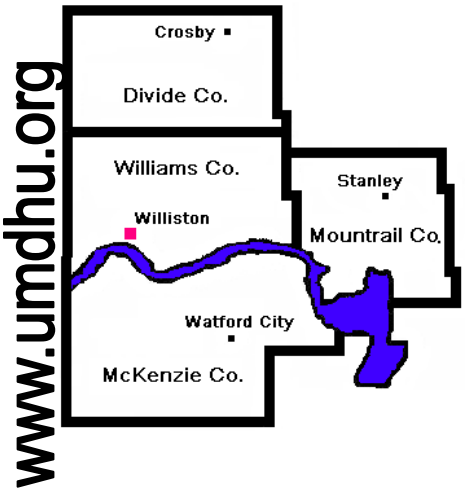

www.umdhu.org

Upper Missouri District Health Unit

"Your Public Health Professionals"

DIVIDE COUNTY
Divide Co. Courthouse
P.O. Box 69
300 Main St. N
Crosby, ND 58730
Phone 701-965-6813
Fax 701-965-6814

MCKENZIE COUNTY
Northern Plains Building
P.O. Box 1066
109 W 5th St.
Watford City, ND 58854
Phone 701-444-3449
Fax 701-842-6985

MOUNTRAIL COUNTY
Memorial Building
P.O. Box 925
18 2nd Ave SE
Stanley, ND 58784
Phone 701-628-2951
Fax 701-628-1294

WILLIAMS COUNTY
110 W. Bdwy, Ste 101
Williston, ND 58801-6032
Phone 701-774-6400
Fax 701-577- 8536
Toll Free 1-877-572-3763

Pool License Application

Please print legibly. All areas must be completed. Failure to do so will result in the return of your application.

Name of Establishment		Previous License #	
Name of Owner		Telephone #	
Mailing Address	City	State	Zip Code
Establishment Address	City	State	Zip Code

If this is a change in ownership, provide name of former establishment and owner:

Source of water supply: ☐ Municipal ☐ Private ☐ Rural

Type of sewage disposal system: ☐ Municipal ☐ Private

Schedule of License Fees

Seasonal Pool License	$150.00
Pools open year around	$325.00

Send application & license fee to:

Upper Missouri District Health Unit
110 W Broadway Suite 101
Williston, ND 58801

I have read and understand UMDHU regulations.

Signature of owner/manager: _____

Date: _____