

## INSTRUCTIONS FOR LICENSE APPLICATION

### 1. Complete the Application

The application must be completed in its entirety (Section 1 and Section 2). Incomplete applications will not be processed and will be returned to the applicant, which may delay review and could result in denial of licensure.

### 2. Submit Application Materials

Submit all required application documents to Central Valley Health District's Environmental Health Department (hereafter referred to as "the Department") at least **30 days prior** to beginning construction and/or operation. Applications may be submitted using one of the following methods:

**Mail or Deliver to:** Central Valley Health District  
Environmental Health Department  
122 2<sup>nd</sup> St NW  
Jamestown, ND 58401

**Email:** [eh@centralvalleyhealth.org](mailto:eh@centralvalleyhealth.org)  
**Fax:** 701-252-8137

### 3. Application Review and Fees

The applicant will be contacted to confirm receipt of the application and provided with information regarding the review process and applicable fees. The current CVHD Environmental Health Fee Schedule is available online at <https://centralvalleyhealth.org/eh/>.

Note: New, remodeled, and/or change of use facilities will be assessed Facility Application and Facility Licensure fees. Change of ownership (no change of services, staff, or remodel) will only be assessed the Change of Ownership fee.

### 4. Plan Changes

Changes to submitted plans may require an additional review. Changes made without prior approval may void the application. The applicant must notify the Department of any modifications to layout, equipment, process flow, or submitted documents.

### 5. Licensure and Pre-Operational Requirements

A license will not be issued until a pre-operational or change-of-ownership inspection has been completed, and the facility is in compliance. Prior to operation, the facility must also be registered with the North Dakota Secretary of State by calling 701-328-2900.

## PLAN REVIEW PROCESS

#### • Plan Review Timeline

Plan review will begin upon receipt of a complete application and required fee. Allow up to 30 business days for review. Incomplete or missing information may delay the review process. Written notification of approval or required revisions will be provided within this timeframe.

#### • Approval of Changes

Changes to the facility layout, equipment, process flow, or submitted documents must be approved by the Department prior to implementation. Unapproved changes may void the plan review submission and require resubmittal and additional review.

## PLAN REVIEW PROCESS (CONTINUED)

- **Additional Approvals**

Approval by the Department does not constitute approval from other regulatory agencies. The applicant is responsible for obtaining all required local and state approvals, including but not limited to Building, Zoning, Fire, Electrical, and Structural permits. It is recommended that local planning and zoning approval be obtained prior to submitting plans to the Department. Additional agency approvals may be required. Documentation must be submitted prior to final license approval, including but not limited to:

Local Building Code Authority	Contact your city or county for a building permit, building inspection or occupancy certificate.
ND Secretary of State	Register your business at <a href="https://sos.nd.gov/business/business-services">sos.nd.gov/business/business-services</a> or call 701-328-2900.
ND State Tax Commissioner	Apply for state tax ID number at <a href="https://nd.gov/tax/businesses">nd.gov/tax/businesses</a> or call 701-328-1241.
ND Attorney General	Apply for a liquor license at <a href="https://attorneygeneral.nd.gov">attorneygeneral.nd.gov</a> or call 701-328-2210.
ND State Fire Marshal	Request a fire inspection from the state or local fire authority at <a href="https://firemarshal.nd.gov">firemarshal.nd.gov</a> or call 701-328-5555.
ND State Plumbing Board	Request a plumbing certification or proof of licensed installation at <a href="https://ndplumbingboard.gov">ndplumbingboard.gov</a> or call 701-238-9977.
ND State Electrical Board	Request an electrical certificate or proof of licensed installation at <a href="https://ndseb.com">ndseb.com</a> or call 701-328-9522.
ND Dept of Environmental Quality	Submit water and wastewater system plans for approval to Division of Municipal Facilities at <a href="https://deg.nd.gov/MF">deg.nd.gov/MF</a> or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact the Department for permit requirements.

For questions or assistance, please contact Central Valley Health District's Environmental Health Department at 701.252.8130 or email [eh@centralvalleyhealth.org](mailto:eh@centralvalleyhealth.org).

## AQUATIC FACILITY: APPLICANT CHECKLIST

This checklist serves as a guide for aquatic facility applicants and includes a listing of documentation that may be required with the submission of the application.

### NEW/REMODELED/CHANGE OF USE FACILITY

- Section 1 & 2
- Design Drawings, Plot Plan, Flow Diagrams (to scale)  
(Must include: facility, venue, equipment room, chemical storage space, hygiene facility, and lighting.)
- Local Building Inspection\*
- Fire Inspection
- Emergency Response Plan
- Signage
- Daily Preventative Maintenance Inspection Checklist
- Certified Pool Operator Certificate(s)

#### OTHER DOCUMENTS (IF APPLICABLE)

- Plumbing Certificate
- Electrical Certificate
- Private Source Water Supply Testing Results
- Private Sewage Disposal Witten Approval/Permit
- Employee Illness and Injury Policy
- Food Menu

### FOR EACH AQUATIC VENUE:

- Aquatic Venue Design Compliance Form (Attachment 1)
- Aquatic Venue Hydraulic Analysis Summary (Attachment 2)
- Aquatic Venue Recirculation System Equipment Summary (Attachment 3)
  - Specification sheets for all equipment listed on Attachment 3
  - Proof of NSF certification for all equipment listed on Attachment 3

### CHANGE OF OWNERSHIP ONLY (Includes facilities with same services and staff with no remodel.)

- Section 1
- Emergency Response Plan

\*NOTE: Each jurisdiction has different building inspection processes. Consult with your local jurisdiction to determine the necessary inspection requirements.

**SECTION 1: AQUATIC FACILITY AND OWNER INFORMATION****TYPE OF OWNERSHIP**

- New business/newly built business or new construction
- Change in ownership of a currently licensed business with no changes to service offered and no remodel
- Existing Owner/Change in ownership of a currently licensed business with remodel, renovation, or changes to service offered

**CHANGE OF OWNERSHIP**

Previous Business Name:	Previous Owner Name:	Change in Ownership Effective Date:
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**FACILITY INFORMATION**

Facility Name:	Facility Email Address:	Facility Telephone Number:	
Facility Physical Address:	City:	State:	Zip Code:
Facility Mailing Address: (if different from above)	City:	State:	Zip Code:
Estimated Opening Date	Facility Operation Plan: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal		
If seasonal, list months of operation: <input type="checkbox"/> N/A	What are the planned hours of operation? (include days and times)		

**OWNER INFORMATION**

Owner Name:	Email Address:	Telephone Number:	
Mailing Address:	City:	State:	Zip Code:

I acknowledge that I have reviewed [Central Valley Health District Rule #1 for Aquatic Facilities](#) governing the operation of aquatic facilities in North Dakota. I certify that the facility for which this application is made will be operated in compliance with all applicable statutes, rules, and regulations.

Owner/Designee Signature	Date
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**LICENSE EXPIRES DECEMBER 31<sup>ST</sup> OF EACH YEAR**

**SECTION 2: PLAN REVIEW**

The requirements outlined in this document are consistent with Central Valley Health District Rule #1 for Aquatic Facilities. The Central Valley Health District Board of Health has the authority to enforce these rules in accordance with North Dakota Century Code Chapter 23-35-08. Change of ownership facilities do not need to complete Section 2.

**PROJECT INFORMATION**

**CONSTRUCTION, REMODEL, CONVERSION, RENOVATION ESTIMATIONS**

Project Start Date:	Estimated Completion Date:
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**POINT OF CONTACT INFORMATION**

**CONTACT #1**

Role: <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:		Telephone Number:	

**CONTACT #2**

Role: <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:		Telephone Number:	

**CONTACT #3**

Role: <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:		Telephone Number:	

**CONTACT #4**

Role: <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:		Telephone Number:	

**CONTACT #5**

Role: <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:		Telephone Number:	

## SECTION 2: PLAN REVIEW (CONTINUED)

### A. **Submit Design Drawings, Plot Plan, Flow Diagrams (to scale).**

Designate areas of use on the plan including but not limited to:

- Facility and Venue entrances and exits, equipment room, chemical storage space, hygiene facility, and lighting of facility, bathhouse area, storage, restrooms, employee area, maintenance area, chemical storage, refuse areas (interior/exterior), viewing area, and pool deck area.

### B. **Submit the appropriate documents for each Aquatic Venue including:**

- Attach Aquatic Venue Design Compliance Form (Attachment 1)
- Attach Aquatic Venue Hydraulic Analysis Summary (Attachment 2)
- Attach Aquatic Venue Recirculation System Equipment Summary (Attachment 3)
  - Specification sheets for all equipment listed on Attachment 3
  - Proof of NSF certification for all equipment listed on Attachment 3
  - Additionally include list for other equipment (examples include lifesaving and lesson equipment, etc.)

### C. **Plan Review Checklist**

Complete Section 2 and submit with application and requested documents.

## INSTRUCTIONS FOR CONSTRUCTION

Reference: Central Valley Health District Rule # 1 Aquatic Facilities – Section VII Construction

Aquatic facility construction plans shall show in detail that they will conform to the current Model Aquatic Health Code and relevant laws, ordinances, rules, and regulations to protect the health and safety of the facility's bathers and patrons. Aquatic facilities shall also comply with any federal, state, and/or local requirements affecting aquatic facilities, including but not limited to the following:

- All aquatic facilities serving the public shall meet the requirements of the Americans with Disabilities Act.
- All aquatic facilities and venue equipment shall be installed and valved in accordance with the North Dakota State Plumbing Code.
- Aquatic facility wastewater, including aquatic venue wastewater such as backwash water, shall be disposed of in accordance with local requirements.
- Electrical wiring and systems, electrical equipment, and associated equipment shall preserve compliance with the National Electric Code or with applicable local codes.

All plans shall be prepared by a design professional who is registered or licensed to practice their respective design profession as defined by the state or local laws governing professional practice within the jurisdiction in which the project is to be constructed.

All plans shall be signed by the design professional and include a statement of design compliance with this regulation.

All construction plans shall include the following statements:

- "The proposed aquatic facility and all equipment shall be constructed and installed in conformity with the approved plans and specifications or approved amendments," and
- "No substantial alteration, changes, additions, or equipment not specified in the approved plans can be made or added until the plans for such substantial alteration, changes, additions, or equipment are submitted to and approved by the adopting authority."

The approval by the adopting authority is independent of all other required approvals such as Building, Zoning, Fire, Electrical, Structural, and any other approvals as required by local or state law, and the applicant must separately obtain all other required approvals and permits.

**SECTION 2: PLAN REVIEW (CONTINUED)**

**FACILITY INFORMATION**

**1. OPERATIONS**

Will night swimming be offered at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Will the facility maintain the following records:			
Equipment name and model number, manufacturer and contact information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Manufacturer's equipment/operator manual and any service-related materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Inspection, maintenance, and date of services records regarding equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Local vendor/supplier and technical representative contact information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Maintenance replacement or service dates and details?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**2. AQUATIC VENUE(S)**

An aquatic venue refers to each individual body of water located at the aquatic facility. Facilities must complete and submit the following for each aquatic venue:

- Aquatic Venue Design Compliance Form (Form 1)
- Aquatic Venue Hydraulic Analysis Summary (Form 2)
- Aquatic Venue Recirculation System Equipment Summary (Form 3)
  - Specification sheets for all equipment listed on Aquatic Venue Recirculation Equipment System
  - Proof of NSF certification for all equipment listed on Form 3

**AQUATIC VENUE #1**

Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>

**AQUATIC VENUE #2**

Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>

**AQUATIC VENUE #3**

Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>

\*Complete additional sheet(s) on page 13 to include all aquatic venue information, if necessary.

**3. EMPLOYEES**

Will the facility have a Certified Pool Operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are certified lifeguards required for the type of aquatic venues featured at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If YES, will certified lifeguards always be present when aquatic venue is open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a suitable area for storage of employee belongings and changing area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

\*Include Certified Pool Operator certificate(s).

**SECTION 2: PLAN REVIEW (CONTINUED)**

**4. EQUIPMENT**

Will the facility provide water equipment for customers to use? (i.e. life jackets, kick boards, goggles, water toys, etc.)  Yes  No  N/A  
 If YES, please list provided equipment:

**5. Communication Equipment**

Will the facility have working communication equipment to utilize in an emergency?  Yes  No  N/A  
 If YES, please list the available equipment:

Is there a working telephone or other hard-wired communication device available that can dial emergency personnel (9-1-1)?  Yes  No  N/A

If YES, is the emergency communication device visible and accessible?  Yes  No  N/A

Are the dialing instructions and facility address posted near the device?  Yes  No  N/A

Where is the emergency communication device located?

**6. First Aid Equipment**

Will the facility have a first aid kit?  Yes  No  N/A

Included first aid kit supplies: (select all that apply)

- First aid guide  Absorbent compress  Adhesive bandages  Adhesive tape  Sterile pads
- Disposable gloves  Scissors  Elastic Wrap  Emergency blanket  Bloodborne pathogen spill kit
- Resuscitation mask with one-way valve

**7. Safety Equipment**

Will the facility have safety equipment?  Yes  No  N/A

Included safety equipment supplies: (select all that apply)

- Backboard with health immobilizer and straps  Rescue throwing device  Reach pole  Rescue tube

Is there a lifeguard chair or stand?  Yes  No  N/A

**8. Signage**

Will the facility rules be posted?  Yes  No  N/A

Is a CPR poster posted?  Yes  No  N/A

Is there signage indicating where the chemical storage is located?  Yes  No  N/A

\*Provide a copy of the facility rules and chemical storage with the application.

**9. FACILITY PRACTICES**

Does the facility have an Emergency Response Plan?  Yes  No  N/A

Does the facility have an Employee Illness and Injury Policy?  Yes  No  N/A

In the case of an incident (including injury, communicable disease, or rescue) will the facility provide the incident report to the Department?  Yes  No  N/A

Note: To learn more about incident reporting, review [CVHD Aquatics Facilities: Appendix D.](#)

Does the facility have a Bodily Fluid Contamination Response Plan?  Yes  No  N/A

NOTE: To learn more about bodily fluid response, review [CVHD Aquatics Facilities: Appendix A-C.](#)

Does the facility have a Daily Preventative Maintenance Inspection Checklist?  Yes  No  N/A

Will the facility offer food and/or drinks?  Yes  No  N/A

NOTE: The facility may be required to complete [CVHD Food Service Application.](#)

\*Include Emergency Response Plan, Employee Illness and Injury Policy, Daily Preventative Maintenance Inspection Checklist, and Food and Drink Menu(s).

**SECTION 2: PLAN REVIEW (CONTINUED)**

**10. PHYSICAL FACILITIES**

Are floors, walls, and ceilings smooth easily cleanable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are lights shielded/shatterproof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Will there be food or drink offered at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**11. Sink Facilities**

Is there a mop/service sink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**12. Water Supply**

Is the water sourced from a city or public system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the water sourced from a private system (i.e., private well water)? If YES, a copy of the most recent bacteria and nitrate/nitrite water test will be required. <u>View well water testing information.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a water drinking fountain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**13. Sewage Disposal**

Is sewage disposal through a city or public system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is sewage disposal through a private system? If YES, a copy of the written approval or permit will be required. <u>View onsite septic system information.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**14. Plumbing**

Is all plumbing work installed to code? If YES, attach certificate or proof of licensed installation. If NO, explain in detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do all drains have entrapment prevention that adheres to the requirements of the Virginia Graeme Baker Pool and Spa Safety Act (VGB Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**15. Restrooms**

Are the number of restrooms and their location to code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there covered waste receptacle in the female restroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the handwashing facilities equipped with hot/cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the doors tight fitting and self-closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a diaper changing station(s) available in all male/female/unisex restroom(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**16. Pest Control Management Program**

Are all outside doors self-closing and rodent proof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? If applicable, what pest control method will be used? (select all that apply) <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is pest control management contractor planned? If YES, list contractor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is area around building clear of unnecessary brush, litter, and other harborage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all pipes and electrical conduit chases be sealed to prevent pests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**SECTION 2: PLAN REVIEW (CONTINUED)**

**17. Refuse, Recyclables, and Returnables**

Do all garbage or refuse containers have lids for when not in continuous use?  Yes  No  N/A

Will a dumpster(s) or compacter be used outside?  Yes  No  N/A

If YES, number of dumpsters: \_\_\_\_\_ Frequency of pick up: \_\_\_\_\_

How will refuse containers and floor mats be cleaned:

If facility is recycling where will recycling be taken to/picked up by?

**18. Laundering**

Is laundering provided on-site?  Yes  No  N/A

If YES, how will you store dirty and clean linens? *(include laundering location on drawing)*

**19. CHEMICALS**

Is an EPA registered disinfectant being utilized in hygiene facility areas?  Yes  No  N/A

Will chemicals be used in accordance with the manufacturer's instructions?  Yes  No  N/A

List type(s) of chemicals and where to be used:

Name of chemical:	Descriptions of use:

Do any of the aquatic venues have secondary disinfection?  Yes  No  N/A

If YES, list the disinfection method:

Will cyanuric acid be used?  Yes  No  N/A

Are all treatment chemical certified, listed, and labeled to either NSF/ANSI Standard 50 or NSF/ANSI Standard 60 by an ANSI-accredited certification organization and/or have an EPA FIFRA registration?  Yes  No  N/A

Is each aquatic venue equipped with approved automatic chemical feeding equipment for controlling pH and disinfectant levels?  Yes  No  N/A

If YES, are all chemical feeding system components installed and interlocked to ensure the chemical feed cannot operate with the recirculation system is low and/or in no-flow circumstances?  Yes  No  N/A

**SECTION 2: PLAN REVIEW (CONTINUED)**

**CHEMICALS (continued)**

Does the facility have a Water quality testing devices(s)/kit(s) that are certified, listed, and labeled to NSF/ANSI 50 by an ANSI accredited certification organization?  Yes  No  N/A  
Test kit manufacturer:  
Test kit model number:

Will the facility conduct microbiological testing?  Yes  No  N/A  
If YES, what lab will be used:

**20. Poisonous or Toxic Materials**

Will only poisonous or toxic materials necessary for the operation of the facility be allowed, be clearly labeled, and will they be stored to prevent contamination?  Yes  No  N/A

**ADDITIONAL INFORMATION**

Include any additional information relevant to facility not elsewhere included:

**SECTION 2: PLAN REVIEW (CONTINUED)**

**ACKNOWLEDGEMENTS**

Please acknowledge the following statements by initializing in the space provided:

\_\_\_\_\_ Should any imminent health hazard risks such as: fire, flood, sewer back-up, interruption of electrical or water service, insect or rodent infestation occur in the facility, the facility will contact the Department as soon as feasible for guidance for business closure or ongoing operation.

\_\_\_\_\_ Licenses are non-transferable and expire December 31<sup>st</sup> of each year. If you are selling your business, the new owner must contact Department for plan review and licensure. If the facility requires updates to meet current health code, updates will need to take place prior to the new licensure.

\_\_\_\_\_ Certain public aquatic venues are required to comply with accessibility requirements under the Americans with Disabilities Act (ADA). It is the responsibility of the applicant proposing to construct an aquatic venue to determine the extent to which the requirements of the ADA apply or whether the proposed facility is exempt from ADA requirements.

In reviewing your application for the construction of an aquatic venue, the Central Valley Health District Environmental Health Department will not evaluate the presence or absence of ADA accessibility features. Further, CVHD will not seek proof that the applicant has satisfied ADA requirements or obtained an exemption. Approval of construction plans by CVHD does not imply that the aquatic venue, as designed or constructed, complies with ADA requirements.

By signing this form, you acknowledge that CVHD has advised you of the above. You further agree that should the enforcing agency determine in the future that the facility is not compliant with the ADA, any penalties or costs to correct deficiencies will not be the responsibility of CVHD.

I understand that plan approval does not constitute compliance with state or local licensing requirements and does not authorize operation or occupancy of an aquatic facility. Approval of plans is not the issuance of a license and does not represent endorsement of the completed structure or equipment. I understand that a pre-operational inspection is required to determine compliance with laws governing aquatic facilities and to grant final license approval prior to operation.

I certify that the information submitted is accurate and understand that any deviation from the approved plans without prior written approval from Central Valley Health District's Environmental Health Department may void this plan review submission.

Owner/Designee Signature	Date
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**(OPTIONAL) Instructions:** Utilize this page to include additional aquatic venue information that did not fit on page

**21. AQUATIC VENUE(S)**

An aquatic venue refers to each individual body of water located at the aquatic facility. Facilities must complete and submit the following for each aquatic venue:

- Aquatic Venue Design Compliance Form (Form 1)
- Aquatic Venue Hydraulic Analysis Summary (Form 2)
- Aquatic Venue Recirculation System Equipment Summary (Form 3)
  - Specification sheets for all equipment listed on Aquatic Venue Recirculation Equipment System
  - Proof of NSF certification for all equipment listed on Form 3

<b>AQUATIC VENUE #4</b>
Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>AQUATIC VENUE #5</b>
Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>AQUATIC VENUE #6</b>
Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>AQUATIC VENUE #7</b>
Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>AQUATIC VENUE #8</b>
Type: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Lazy River <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other Interactive Water Play <input type="checkbox"/> Other:
Pool Type: <input type="checkbox"/> N/A <input type="checkbox"/> Activity <input type="checkbox"/> Diving <input type="checkbox"/> Landing <input type="checkbox"/> Skimmer <input type="checkbox"/> Surf <input type="checkbox"/> Therapy <input type="checkbox"/> Wading <input type="checkbox"/> Wave <input type="checkbox"/> Other:
Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination
Features: <input type="checkbox"/> Diving Board <input type="checkbox"/> Water Slide <input type="checkbox"/> Drop Slide <input type="checkbox"/> Pool Slide <input type="checkbox"/> Other:
Does the aquatic venue have a movable floor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>

\*Copy this page if additional sheets are needed.