NEBRASKA
Good Life. Great Resources.
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

NDWEE SWIMMING POOLS
245 Fallbrook Blvd, Suite 100, Lincoln NE 68521
Phone: 402-471-2186 – FAX: 402-471-2909
Email: DWEE.ECMupload@nebraska.gov
24-Hour Emergency Contact #402-525-6601

APPLICATION TO OPERATE A SWIMMING POOL

Pool Name:				
Pool Physical Address:	Street:			
	City:		State: NE	Zip Code:
Pool Telephone:		County:		

Owner's Name:				
Owner's Mailing Address:	Street:			
	City:		State:	Zip Code:
Owner's Telephone:		Owner's Email Address:		

Directions to Pool Address:

Please check the appropriate box(s) below:

☐ Municipally / Governmentally Owned (Class A)
☐ Apartments / Condominiums / Hotels / Motels (Class B)
☐ Health Club / Fitness Center / Community Center (Class F)

Facility Type:	☐ Pool	☐ Spa
☐ Wading Pool	☐ Spray Park	☐ Special Purpose Pool
Facility Location:	☐ Indoor	☐ Outdoor

Contact the Department at 402-471-2186 for appropriate permit fee.

Class A pools must have a Nebraska swimming pool operator on-site. Class B and Class F pools must have a Nebraska swimming pool operator available within 60 minutes (see rules and regulations).

I have read Title 178 NAC 2 and will comply with these regulations.

_____   _____ _____
Signature   **Title**   **Date**

If the pool is NOT owned by an individual, please list the owner.

_____

If the pool is owned by an individual, complete the Attestation Form on page 2.

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with <u>Neb. Rev. Stat.</u> §§4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: **_____**, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

_____
Print Name (first, middle, last)

_____   _____
Signature   **Date**