



NDEE SWIMMING POOLS
PO Box 98922, Lincoln, NE 68509-8922
Phone: 402-471-0903 – FAX: 402-471-2909
Email: ndee.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:		
<input type="checkbox"/> Municipally / Governmentally Owned (Class A)		
<input type="checkbox"/> Apartments / Condominiums / Hotels / Motels (Class B)		
<input type="checkbox"/> Health Club / Fitness Center / Community Center (Class F)		
Facility Type:	<input type="checkbox"/> Pool	<input type="checkbox"/> Spa
<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Spray Park	<input type="checkbox"/> Special Purpose Pool
Facility Location:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor

Contact the Department at 402-471-0903 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
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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 Neb. Rev. Stat. §§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