NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

DHHS SWIMMING POOLS
PO Box 98922, Lincoln, NE 68509-8922
Phone: 402-471-0903 – FAX: 402-471-6436
Email: DHHS.drinkingwater@nebraska.gov

SWIMMING POOL/SPA CORRECTIVE ACTION REPLY FORM

The facility you operate was found to be in violation of the Nebraska Swimming Pool Act. To protect the health and safety of the public, the Nebraska Department of Health and Human Services required immediate closure of the permitted facility.

You must complete this Corrective Action Reply Form and <u>return it to the Department prior to re-opening the pool.</u>

Please Type or Print Clearly

Name of Pool/Spa:			Permit Number:
Pool Address:	Street:		
	City:	State: NE	Zip:
Date Pool/Spa Re-opened:			

Certified Pool Operator(s)	Certificate Number

Description of Corrective Action must be provided (use additional pages if necessary):

Report Made By (Print Name): _____

_____ _____

Signature Date