

Signature

NDEE SWIMMING POOLS PO Box 98922, Lincoln, NE 68509-8922 Phone: 402-471-0903 – FAX: 402-471-2909 Email: ndee.ecmupload@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 Environment and Energy 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 Permit Number: Name of Pool/Spa: Street: Pool Address: State: NE Zip: City: 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): _

Date