



Two Rivers Public Health Department

ATTN: Swimming Pool Program

516 W 11th St, Suite 108B, Kearney, NE 68845

(888) 669-7154 | eh@trphd.ne.gov

SWIMMING POOL LOCAL PERMIT APPLICATION

Pool Information

Name:

Physical Street Address:

City:

Zip:

Telephone:

NDEE Permit # (see page 2 for more information):

Pool Type

Class A- Municipal/Government

Class B- Apartment, Condo, Hotel/Motel

Class C- Spa/Hot Tub/Whirlpool

Class D- Wading Pool with <24" depth

Class E- Spray Park

Class F- Health Club/Fitness Center

Pool Location

Indoor

Outdoor

Primary Sanitizer Type

Chlorine

Saline

Ozone

Ultraviolet (UV)

Owner Information

Is this pool owned by an individual or entity?

Email Address:

Individual

Entity

Name of Owner/Entity:

Mailing Address:

Same As Above

Different Mailing (please list below)

Street:

City:

Zip:

Instructions on Pool Access/Directions:

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Operator Information

Please list the name and NDEE Pool Operator certification number for pool operators who maintain or are responsible for this pool. Class A operators must be present at all times during operation and Class B/ Class F operators must be available within 60 minutes of pool.

Name (first and last)	Certification #

Attestation and Understanding

By signing this form, I understand and have read Nebraska Title 178 NAC 2 (Design Construction, Operation, and Maintenance of Public Swimming Pools).

Two Rivers Public Health Department (TRPHD) and Nebraska Department of Environment and Energy (NDEE) have agreed to a regulatory Interlocal Agreement that allows Two Rivers and designated staff to conduct swimming pool inspections, initiate closures for closure items, request completion of corrective action forms, and be notified of drownings and near drownings.

All inspection reports conducted and completed by TRPHD will be sent to NDEE within 15 calendar days of regular inspections and the same day for drowning/near drowning inspections. If closure actions are taken against the pool, the pool and its owner are obligated to submit corrective action forms, drowning/near drowning notifications, and other communications regarding pool operations to both NDEE and TRPHD.

The pool or spa outlined in this application shall not operate unless a valid operation permit is issued from both NDEE and TRPHD. By signing this form, I understand that I should already have a NDEE permit for the above swimming pool described, and that I need to prominently display both agency’s permits once received.

Name and Position:

Date

Fee Schedule:

Fees will be evaluated based on the number of permits at a single establishment. The fees are outlined below:
Municipal/Government Owner: \$200 permit fee for 1st permit, then additional \$150 for other permits at same address
All other pools/private/non-profit owners: \$300 permit fee for 1st permit, then additional \$150 for other permits at same address

An invoice will be issued within 10 days of receipt of this application. Payment may be remitted by check or by using a credit card at our physical office location and must be paid within 30 days of receipt.