Swimming Pool & Spa

Notification of Completion & Request for Inspection

Mail to: Iowa Department of Inspections, Appeals, & Licensing

ATTN: Swimming Pool & Spa Program

6200 Park Ave., STE 100 Des Moines, Iowa 50321

Or email: Pools@dia.iowa.gov

Submit at least 15 days prior to the scheduled opening

641—15.5d: The owner of a newly constructed or reconstructed swimming pool, or the owner's designated representative, shall notify the department in writing at least 15 business days prior to opening the swimming pool.

Project completion may be verified by county inspectors prior to scheduling.

Project		
Name:		
Address:		City:
County:	Scheduled Opening Date:	
Facility Owner		
Contact Name:		
Contact Telephone:		
Contact Email:		
Certified Pool Operator		
Name:	Certification #	#:
Contact Telephone:		
Contact Email:		

Please note: Outdoor pools will only be inspected during the months of April through October.

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Inspection Fees

641—15.12(3) The inspection agency shall bill the owner of a facility upon completion of an inspection. Inspection fees are due upon receipt of a notice of payment due.

Swimming Pool(s) & Spa(s) Type Inspecti	on Fee
Swimming pool or leisure river, surface area less than 1,500 ft ²	\$170
Swimming pool or leisure river, surface area 1,500 ft² or greater	\$270
Wave pool	\$270
Water slide & Plunge Pool	\$270
Spa	\$170
Wading pool less than or equal to 500 ft ²	\$50
Wading pool greater than 500 ft²	\$90
Residential swimming pool used for commercial purposes	\$50

Water Slides Inspecti	on Fee
Each additional water slide into a plunge pool	\$75
Water slide into a swimming pool	
Each additional water slide into a swimming pool	\$75

Certification & Signature

☐ Each recirculation pump, filter, chemical fee thermometer, and pool heater (where applic	d system, automatic chemical controller, flow meter, cable) are operational.
\square The required plumbing fixtures are installed	and operational.
\square The pool and/or spa enclosure including gate	es/doors is complete.
\square The decks and the associated pool and deck	lighting are complete and operational.
Signature of Owner/Authorized Representative	Date