Swimming Pool Notification of Completion | Request for Inspection

Submit at least 15 days prior to the scheduled opening

Project completion may be verified by county inspectors prior to scheduling

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

Swimming Pools Program 6200 Park Ave, STE 100 Des Moines, Iowa 50321

Or: env.health@dia.iowa.gov

Project			
Name:			
Address:		City:	
County:	Scheduled Opening	ng Date:	
Owner Contact Name:			
Contact Telephone:			
Contact Email:			
Certified Pool Operator Name:		tification #:	
	Cert	unication #.	
Contact Telephone:			
Contact Email:			
	e requirement under	d and submitted at least 15 days prior to r 15.5(1)"d" so that the department may g date.	the
*Please note: Outdoor pools will	only be inspected	during the months of April through O	ctober.
I certify that the construction is com	nplete and the swin	mming pool and/or spa is ready to ope	n includir
☐ Each recirculation pump, filt thermometer, and pool heat		ystem, automatic chemical controller, fl le) are operational.	ow meter,
☐ The required plumbing fixtu	res are installed and	d operational.	
☐ The pool and/or spa enclosu	ure including gates/d	doors is complete.	
☐ The decks and the associate	ed pool and deck ligh	thting are complete and operational.	