



## 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](mailto: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	Inspection Fee
Swimming pool or leisure river, surface area less than 1,500 ft <sup>2</sup>	\$170
Swimming pool or leisure river, surface area 1,500 ft <sup>2</sup> or greater	\$270
Wave pool	\$270
Water slide & Plunge Pool	\$270
Spa	\$170
Wading pool less than or equal to 500 ft <sup>2</sup>	\$50
Wading pool greater than 500 ft <sup>2</sup>	\$90
Residential swimming pool used for commercial purposes	\$50

Water Slides	Inspection Fee
Each additional water slide into a plunge pool	\$75
Water slide into a swimming pool	\$175
Each additional water slide into a swimming pool	\$75

### Certification & Signature

Have there been any deviations from the original sealed plans, specifications, and/or equipment?

☐ Yes ☐ No

If Yes, what changes have been made?

☐ **Equipment**

Attach the installation/user manual for each revised piece of equipment

☐ **Structural or Other**

Describe the changes in the field below; attach a copy of your revised plans.

By signing, I certify that the construction is complete and the swimming pool and/or spa will be ready to open by the coordinated inspection date, including:

- ☐ Each recirculation pump, filter, chemical feed system, automatic chemical controller, flow meter, thermometer, and pool heater (where applicable) is operational.
- ☐ The required plumbing fixtures are installed and operational.
- ☐ The pool and/or spa enclosure, including gates/doors, is complete.
- ☐ The decks and the associated pool and deck lighting are complete and operational.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Date