



# Notification of Completion Request for Inspection

**Submit at least 15 days prior to scheduled opening.**

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

**Submit to:** Iowa Department of Public Health  
Swimming Pool Program  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319  
or  
Email: john.kelly@idph.iowa.gov

Project	
Name:	
Address:	
City:	County:
Owner	
Contact Name:	
Contact Telephone:	
Contact Email:	
Certified Pool Operator	
Name:	Certification #:
Contact Telephone:	
Contact Email:	

This written notification of completion shall be completed and submitted at least 15 days prior to the scheduled opening in fulfillment of the requirement under 15.5(1)"d" so that the department may schedule and complete an inspection prior to the opening date.

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

**Scheduled Opening Date:** \_\_\_\_\_

- I certify that the construction is complete and the swimming pool and/or spa is ready to open including:
  - Each recirculation pump, filter, chemical feed system, automatic chemical controller, flow meter, thermometer, and pool heater (where applicable) are 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 is complete and operational.

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

**Date:** \_\_\_\_\_