



Request to Waive the Requirement for Certified Plans and Specifications

(For chemical feed system changes, replacement of pumps, or filters ONLY)

Return to: Iowa Department of Public Health
Swimming Pool Program
321 East 12th Street
Des Moines, IA 50319
Phone: (515) 281-8722
Fax: (515) 281-4529

This form shall be completed by the facility owner or the facility owner's authorized representative.

Owner Name:			
Owner Address:			
City:	State:	Zip:	
Facility Name:			
Facility Address:			
City:	State: IA	Zip:	County:
Authorized Representative (print):			
Contact Phone:		Contact Email:	
<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	Surface Area (ft ²):	Volume (gal):
Scope of work limited to:			
<input type="checkbox"/> Chemical Feed	<input type="checkbox"/> Pump	<input type="checkbox"/> Filter	
Registration Number (if previously registered):			

- I request that the department waive, as allowed under 15.5(2)"a", the requirement for plans and specifications to be sealed and certified by an engineer or architect licensed in Iowa.
- I certify that the project is limited to the addition or replacement of a chemical feed system, including a disinfection system, or a simple replacement of a filter or pump or both.
- I assume full responsibility for ensuring that the reconstruction complies with the Iowa Swimming Pool and Spa (Chapter 15) rules and with any other applicable federal, state and local laws, rules, and ordinances.
- I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

Signature of Owner/Authorized Representative: _____

Date: _____

FOR DEPARTMENT USE ONLY		
Construction Application Received: _____	Waived: _____	Denied: _____