



Swimming Pool/Spa New Registration Form

Iowa Department of Public Health

Swimming Pool & Spa Program

321 E 12th Street, Des Moines, Iowa 50319-0075

Complete online at: <http://idph.iowa.gov/regulatory-programs/swimming-pools>

- A non-refundable fee of \$35 for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility, must be included in the form of a check or money order.
- Make check/MO payable to: Iowa Department of Public Health and send to address above.
- Sign and date form at the bottom of second page. Incomplete forms will be returned.

Facility Information				Owner/Representative Information			
Name of Facility				Name of Corporation, Organization or Individual			
Contact Person				Contact Person			
Address				Address			
City		State IA	Zip	City		State	Zip
Telephone		Fax		Telephone		Fax	
E-mail				E-mail			
County where facility is located:							
Type of Owner (check one): <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Health Club <input type="checkbox"/> Country Club <input type="checkbox"/> Condominium/Homeowner Assoc. <input type="checkbox"/> Apartment <input type="checkbox"/> Camp <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other*							
*If other, explain:							
Email all correspondence to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner							

Certified Pool Operator (CPO)		
Name	Certification Number	Expiration

Individual Swimming Pool, Spa, Waterslide, etc. Information				
#1	<input type="checkbox"/> Pool 1,500 ft ² or greater (A)	<input type="checkbox"/> Pool less than 1,500 ft ² (B)	<input type="checkbox"/> Wading Pool (C)	<input type="checkbox"/> Outdoor (1)
	<input type="checkbox"/> Waterslide (D)	<input type="checkbox"/> Wave Pool (E)	<input type="checkbox"/> Spa (F)	<input type="checkbox"/> Splash Pad (G)
Pool or Spa:	Surface Area (ft ²):	Volume (gal):		
Water Slide:	Length (ft)	Location:		
	Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume	Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride		
	Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out			
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation:		
If seasonal provide opening and closing dates:				

#2	<input type="checkbox"/> Pool 1,500 ft ² or greater (A) <input type="checkbox"/> Pool less than 1,500 ft ² (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa: Surface Area (ft ²): _____ Volume (gal): _____		
Water Slide: Length (ft) _____ Location: _____		
Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride		
Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation: _____
If seasonal provide opening and closing dates: _____		

#3	<input type="checkbox"/> Pool 1,500 ft ² or greater (A) <input type="checkbox"/> Pool less than 1,500 ft ² (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa: Surface Area (ft ²): _____ Volume (gal): _____		
Water Slide: Length (ft) _____ Location: _____		
Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride		
Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation: _____
If seasonal provide opening and closing dates: _____		

#4	<input type="checkbox"/> Pool 1,500 ft ² or greater (A) <input type="checkbox"/> Pool less than 1,500 ft ² (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa: Surface Area (ft ²): _____ Volume (gal): _____		
Water Slide: Length (ft) _____ Location: _____		
Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride		
Ends in <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation: _____
If seasonal provide opening and closing dates: _____		

#5	<input type="checkbox"/> Pool 1,500 ft ² or greater (A) <input type="checkbox"/> Pool less than 1,500 ft ² (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa: Surface Area (ft ²): _____ Volume (gal): _____		
Water Slide: Length (ft) _____ Location: _____		
Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride		
Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation: _____
If seasonal provide opening and closing dates: _____		

If more than 5 information blocks are needed make copies of this page.

Owner/Representative

Name (please print) _____

Signature _____ Date _____