



Swimming Pool/Spa New Registration Form

Iowa Department of Public Health
 Swimming Pool & Spa Program
 321 E 12th Street, Des Moines, Iowa 50319-0075

- 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) | | <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: | | | |

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| #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: _____ | | |

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| #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: _____ | | |

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| #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: _____ | | |

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| #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 _____