



Newton Environmental Health Services

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Swimming Pool Plan Review Check Sheet

Pool Company's Name _____

Pool Company's Address _____

Pool Owner's Name _____

Pool Owner's Address _____

Pool Address _____

Subdivision Name _____

Phase, Section or Unit _____, Block _____, Lot Number _____

Pool Size _____

Automatic Chlorinator _____

Gallons _____

Life Rope and Float _____

Depth _____

Safety Suction Grate _____

Coping _____

Self-closing Gate _____

Ladders _____

*Drainage _____

Diving Board _____

Skimmers _____

Is this property serviced by a septic tank system? _____

*Remarks: All drainfield from the swimming pool must be underground. Do not drain pool water onto the ground surface or into a drainage ditch.

Plans Reviewed By _____ Title _____ Date _____