

# BUILDER CHECK LIST: POOL INSPECTIONS

	□ ALL DOCUMENTS RECEIVED						
	☐ COMPLETED APPLICATION						
	☐ HOA APPROVAL LETTER						
	☐ FULL PROJECT PLUMBING PLANS						
	☐ DEPOSIT CHECK PAYABLE TO THE MUD DISTRICT *please include						
	the project address in the memo*						
	☐ INSPECTIONS CHECK PAYABLE TO THE MUD DISTRICT *please						
	include the project address in the memo*						
0	WAIT FOR APPROVAL TO START- UPON APPROVAL OF PLANS,						
	CONSTRUCTION MAY BEGIN						
<u>S</u> 1	tarting construction without receipt of the green light notification will result in a						
	tarting construction without receipt of the green light notification will result in a						
	tarting construction without receipt of the green light notification will result in a 50 fine.						
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\$23	tarting construction without receipt of the green light notification will result in a 50 fine.  SCHEDULE PREGUNITE INSPECTION 48 BUSINESS HOURS IN ADVANCE VIA EMAIL  SCHEDULE FINAL INSPECTION 48 BUSINESS HOURS IN ADVANCE VIA EMAIL						
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Please ensure all requests are sent to: <u>builderservices@municipalops.com</u>

Please ensure all documents are mailed to:

**MOC (Municipal Operations Consulting)** 

151 Trinity Hills Dr Austin, Tx 78737

# Hays County Water Control & Improvement Districts Number 1 & 2

c/o Municipal Operations & Consulting

151 Trinity Hills Dr Austin. Tx 78737

In-Ground Pool Construction Request

Please note that pools must drain onto a greenbelt if applicable or into the Hays WCID

No. 1 and 2(collectively "Hays WCID") storm drainage system. No pools may drain into
the Hays WCID sewer system.

Access to your backyard through a Belterra greenbelt is strictly prohibited. Any access through or damage to greenbelt property is subject to fines through Hays WCID.

\*Please sign here to indicate you have read and understand the greenhelt restrictions

This form must be submitted along with a copy of the HOA architectural approval letter, and a complete set of plumbing plans. A deposit of \$3,500.00 and inspection fees of \$500.00 (this includes the costs of 2 inspections). Note: If more inspections are required, there will be an extra \$250.00 per inspection and deducted from your deposit. We request these checks separately as the deposit is refundable, either in part or whole, checks are made payable to <a href="Hays County">Hays County</a> WCID. The deposit will be refunded upon final inspection of the pool less the cost of any fines or repair costs to District property according to the Rules and Regulations of Hays WCID. PLEASE NOTE THAT PAYMENT AND ALL DOCUMENTS MUST BE RECEIVED AND APPROVED BEFORE CONSTRUCTION BEGINS.

Applicant Name:		Date:
Property Address:		
Applicant Preferred Method of Contact	ct:	
Contractor's Name:		
Address:		
Contact Person:	Contact Phone Number:	
Applicant's email:	Pool Builder's email:	

The homeowner is responsible for contacting MOC for necessary inspections. Failure to schedule an inspection may result in work stoppage and the possibility of redesigning the pool if it does not comply with the approved specifications. When ready for an inspection, submit your request to <a href="mailto:builderservices@municipalops.com">builderservices@municipalops.com</a> Please include the address, type of inspection (pre-pour or final), requested date for inspection, and a contact number in case the inspector has any questions.

HAYS WCID Pool Farm REV 06-09-23 doc

#### **District Requirements:**

\*\*\*All new pools require an automatic or solar cover to be installed and must show proof to schedule inspections

\*\*\*All pools must be filled by a 3rd party source, proof required showing water will be trucked in.

\*Please initial here to indicate you have read and understand the district requirements.

### Description of required inspections are:

<u>Initial Inspection</u> — The first inspection by MOC is required once the pool has been dug, forming built, and plumbing installed prior to the pool being poured. The inspection includes the backflow and pool drainage systems, which must comply with the Rules and Regulations of Hays WCID. The plumbing must be completed and open for inspection. If the inspection fails, the homeowner will be responsible for correcting the problems and requesting a re-inspection, which will be conducted at an additional charge of \$75. Failure to re-schedule a failed inspection will result in a \$250 fine.

When the pool passes the initial inspection, the homeowner will receive written notice from MOC to continue construction. Notification will be sent within 48 hours via e-mail. Work cannot proceed until approval has been received.

<u>Final Inspection</u> — When the pool project has been completed, MOC will conduct a final inspection to determine if the pool has been built according to the approved specifications.

\*\*please note, if backflow device is installed on project, a completed TCEQ Backflow Prevention Assemble Test and Maintenance Report is required to be submitted <u>prior</u> to scheduling a final inspection.

Starting Construction before approval from the HOA & HAYS WCID will result in a \$250.00 fine.

Missed inspections will result in a \$250 fine.

Failure to schedule an inspection may result in forfeiture of the remainder of the \$3,500 deposit.

## **HAYS WCID 1 AND 2 POOL APPLICATION CHECKLIST**



Check One	Please provide the type of Backflow protection device used when required and show					
Auto Fill	location of device on plans:					
Manual Fill Line						
Garden Hose to be used						
Pool overflow drain line	Show location & direction of drainage on plans					
Plumbing	Show piping layout on plans					
Direction of drainage in yard	Provide flow direction on plans					
Are there any upgrades that will require modifications to household	If yes, please specify:					
plumbing? (Outdoor kitchen w/sink, shower, irrigation, etc)						
Yes No						
Is there a pool waste line (backwash)?	If yes, specify to where the water will terminate:					
Yes No						
Where is the property access point for pool contractors?	Please specify or show on plans:					
Are erosion control measures needed? (Inlet protectors, silt fencing, mulch	If yes, state what will be installed and where:					
worms, etc.)						
Yes No						
Have arrangements been made for construction materials drop off?	Materials are NOT allowed in the street or to block district property (walking					
	trails, facility entrances, etc.). All materials must be contained by silt fencing to					
Yes No	ensure no erosion goes into stormwater system. Storm Inlets downhill must be					
	protected. Expect fines if non-compliant.					
**ACCESS TO PROPERTY THROUGH A BELTERRA GREENBELT IS STRICTLY PROHIBITED**						
ANY ACCESS THROUGH OR DAMAGE TO GR	EENBELT PROPERTY IS SUBJECT TO FINES BY HAYS WCID					

#### BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PW	/S:		WIREVE						TEIMIVEE RE	OKI	
PWS I.D. #											
MAILING AD	DRESS										
CONTACT PE											
LOCATION O											
The backflow	prevention a	issem	ably detailed	d belo	w has	s been tes	ted a	ınd maintaine	ed as required by	y Commission	
regulations and	l is certified to	be c	perating wit	thin ac	ceptab	le paramet	ers.		·		
<ul><li>Double On Pressure</li><li>Manufacturer:</li><li>Model Number</li></ul>	r: Main	DCV lker ( B B	(RPBA) (A) (PVB) (ypass: ypass:		Red Dou Spil Size BPA	luced Press able Check Il-Resistant Main A Location	sure P -Dete t Pres s:	ector (DCVA- sure Vacuum Bypass: _	ctor (RPBA-D) D) Breaker (SVB)	Type II □ Type II □	
Reason for test	: New □	— <sub>-</sub>	Existing $\Box$	– Rer	olacem	ent 🗆	Ole	d Model/Seria	ıl #:		
Is the assembly Is the assembly	installed in a	ccore	dance with n	nanufa	cturer	recommen			l codes? Yes □ Yes □	No □ No □	
TEST RESULT	Reduced Pressure Principle As				Assembly (RPBA)			Type II Assembly	Spill-Resistar	Pressure Vacuum Breaker (PVB) and Spill-Resistant Pressure Vacuum Breaker (SVB)	
PASS	Double Check	Valve	Assembly (DO	Kellel			Air Inlet	Check Valve			
FAIL 🗆					Valve		Bypass Check				
	1st Check		2nd Check	***					Opened at	Held at	
<b>Initial Test</b>	Held at p	sid	Held at		Open psid	ed at	Hel	d at psid	psid Did Not Open □	psid	
Date: Time	Closed tight Leaked		Closed tight Leaked		Did not open			sed Tight □	Did it fully open (Yes □/No □)	Leaked □	
Repairs &	Main:	_			Diu	iot open 🗆	Lca	ikeu 🗆			
Materials Used**	Bypass:										
Test After	Held at p	sid	Held at	Op				d at	Opened at	Held at	
Repair			psid			psid	psid		psid	psid	
Date:	Closed tight						Closed tight □				
Time			Closed tight								
*	*** 2 <sup>nd</sup> check: nu	meric	reading require					Non Dat-1-1			
Differential pressure gauge used:				rotab	Potable   Non-Potable						
Make/Model:				SN: Date tested fo			accuracy:				
Remarks:											
Company Name:					Licensed Te	ester N	ame (Print/Type	):			
Company Address:					Licensed Tester Name (Signature):						
Company Phone #:					BPAT License #:						
					License Expiration Date:						

<sup>\*</sup> TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC Section 290.46(B)]
\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS