



## **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\*
- WAIT FOR APPROVAL TO START- UPON APPROVAL OF PLANS, CONSTRUCTION MAY BEGIN

**Starting construction without receipt of the green light notification will result in a \$250 fine.**

- ☐ SCHEDULE PREGUNITE INSPECTION 48 BUSINESS HOURS IN ADVANCE VIA EMAIL
- ☐ SCHEDULE FINAL INSPECTION 48 BUSINESS HOURS IN ADVANCE VIA EMAIL
- ☐ SEND OVER A COPY OF THE BACKFLOW REPORT (IF APPLICABLE)
- ☐ REQUEST FOR DEPOSIT REFUND (CAN TAKE 4-6 WEEKS TO BE RETURNED)

**Please ensure all requests are sent to: [builderservices@municipalops.com](mailto:builderservices@municipalops.com)**

**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.**

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 \$2,000.00 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 **Hays County 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: \_\_\_\_\_

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 [builderservices@municipalops.com](mailto:builderservices@municipalops.com) **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.**

**Description of required inspections are:**

**Initial Inspection** — 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.

**Final Inspection** — 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 prior 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 \$2,000 deposit.**

## HAYS WCID 1 AND 2 POOL APPLICATION CHECKLIST



<p style="text-align: center;">Check One</p> <p>Auto Fill</p> <p>Manual Fill Line</p> <p>Garden hose to be used</p>	Please provide the type of Backflow protection device used when required and show location of device on plans:
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
<p>Are there any upgrades that will require modifications to household plumbing? (Outdoor kitchen w/sink, shower, irrigation, etc)</p> <p style="text-align: center;">Yes                      No</p>	If yes, please specify:
<p>Is there a pool waste line (backwash)?</p> <p style="text-align: center;">Yes                      No</p>	If yes, specify to where the water will terminate:
Where is the property access point for pool contractors?	Please specify or show on plans:
<p>Are erosion control measures needed? (Inlet protectors, silt fencing, mulch worms, etc.)</p> <p style="text-align: center;">Yes                      No</p>	If yes, state what will be installed and where:
<p>Have arrangements been made for construction materials drop off?</p> <p style="text-align: center;">Yes                      No</p>	<b>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 ensure no erosion goes into stormwater system. Storm Inlets downhill must be protected. Expect fines if non-compliant.</b>
<p><b>**ACCESS TO PROPERTY THROUGH A BELTERRA GREENBELT IS STRICTLY PROHIBITED**</b></p> <p><b>ANY ACCESS THROUGH OR DAMAGE TO GREENBELT PROPERTY IS SUBJECT TO FINES BY HAYS WCID</b></p>	

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: \_\_\_\_\_  
PWS I.D. # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
LOCATION OF SERVICE: \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by Commission regulations and is certified to be operating within acceptable parameters.

### TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA)

- ☐ Reduced Pressure Principle (RPBA)     ☐ Reduced Pressure Principle-Detector (RPBA-D)     Type II ☐  
☐ Double Check Valve (DCVA)     ☐ Double Check-Detector (DCVA-D)     Type II ☐  
☐ Pressure Vacuum Breaker (PVB)     ☐ Spill-Resistant Pressure Vacuum Breaker (SVB)  
Manufacturer: Main \_\_\_\_\_ Bypass: \_\_\_\_\_ Size Main \_\_\_\_\_ Bypass: \_\_\_\_\_  
Model Number: Main \_\_\_\_\_ Bypass: \_\_\_\_\_ BPA Locations: \_\_\_\_\_  
Serial Number: Main \_\_\_\_\_ Bypass: \_\_\_\_\_ BPA Serves: \_\_\_\_\_  
Reason for test: New ☐ Existing ☐ Replacement ☐ Old Model/Serial #: \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes ☐ No ☐

Is the assembly installed on a non-potable water supply (auxiliary)? Yes ☐ No ☐

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)		Type II Assembly	Pressure Vacuum Breaker (PVB) and Spill-Resistant Pressure Vacuum Breaker (SVB)		
<b>PASS</b> <input type="checkbox"/>  <b>FAIL</b> <input type="checkbox"/>	Double Check Valve Assembly (DCVA)		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1st Check	2nd Check ***			Opened at ____ psid Did Not Open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> )	Held at ____ psid  Leaked <input type="checkbox"/>
<b>Initial Test</b>  Date: ____ Time ____	Held at ____ psid  Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid  Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid  Did not open <input type="checkbox"/>	Held at ____ psid  Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		
Repairs & Materials Used**	Main:  Bypass:					
<b>Test After Repair</b>  Date: ____ Time ____	Held at ____ psid  Closed tight <input type="checkbox"/>	Held at ____ psid  Closed tight <input type="checkbox"/>	Opened at ____ psid	Held at ____ psid  Closed tight <input type="checkbox"/>	Opened at ____ psid	Held at ____ psid

\*\*\* 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable <input type="checkbox"/>	Non-Potable <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy: _____

Remarks: \_\_\_\_\_

Company Name:		Licensed Tester Name (Print/Type):	
Company Address:		Licensed Tester Name (Signature):	
Company Phone #:		BPAT License #: _____ License Expiration Date: _____	

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC Section 290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

TCEQ-20700 (Revision 04-04-2019)

**The above is certified to be true at the time of testing.**