

BUILDER PACKET

WATER TAPS, INSPECTIONS, SERVICE APPLICATION & INFORMATION

FOR

**MONTGOMERY COUNTY
MUNICIPAL UTILITY DISTRICT No. 180**



MUNICIPAL
DISTRICT
SERVICES

Montgomery County Municipal Utility District No. 180

406 W Grand Parkway S, Suite 260 | Katy, TX 77494

Main 281-290-6500 | Fax 281-392-3643 | Builder Services 281-290-6500-Option 3 | bldrservices@mdswater.com

Dear Home Builder,

Welcome to **MONTGOMERY COUNTY MUNICIPAL UTILITY DISTRICT NO. 180** (The District). The District provides water and sewer services for its customers including setting water taps, performing inspections, making repairs to damaged facilities and billing for monthly water and sewer usage. We also have certain requirements of builders and this packet should explain those and the process to obtain service.

Enclosed, you'll find a Process Flowchart, a list of required inspections and their descriptions and an application for utility service for your completion.

We will need the following before services can be provided:

1. **Utility Service Application**
2. **Site Plan**
3. **Payment**

Please remit payment to:

MONTGOMERY COUNTY MUNICIPAL UTILITY DISTRICT NO. 180
406 W GRAND PARKWAY S, STE 260
KATY, TX 77494

Once we receive your payment, site plan, and completed forms, we will schedule our first pre-facility lot inspection to make sure all of the District's facilities (valves, manholes, fire hydrants, storm sewer inlets, etc.) on your lot are in good condition.

Please do not initiate any deliveries of material, lot grading or earth movement, or other activity until this pre-facility lot inspection is completed.

As building proceeds, please call us at **281-290-6500** option 3 or email bldrservices@mdswater.com to schedule subsequent inspections as required.

Note: Based on our experience and recommendation, **tankless water heaters** should be set to a maximum temperature of 120 degrees Fahrenheit. Higher temperatures may lead to sediment buildup in plumbing fixtures. Please follow the local plumbing code on water temperature limitations.

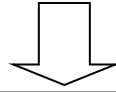
Montgomery County Municipal Utility District No. 180

406 W Grand Parkway S, Suite 260 | Katy, TX 77494

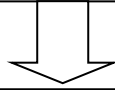
Main 281-290-6500 | Fax 281-392-3643 | Builder Services 281-290-6500-Option 3 | bldrservices@mdswater.com

THE PROCESS

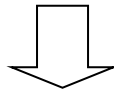
Obtain current fees for tap and inspections by calling 281-290-6500 Option 3.



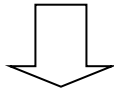
Complete and mail the Utility Service Application, Site Plans and remit payment to:
MONTGOMERY COUNTY MUD No. 180
406 W GRAND PARKWAY S, SUITE 260
KATY, TX 77494



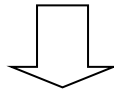
Pre-Construction Lot Inspection should be performed prior to commencement of building. Any damages found will be noted.



Commence building. Plumbing Contractor calls, 281.290.6500 option 3, to schedule Sewer Inspection as needed.



Construction Manager/Builder Representative calls to schedule Customer Service and Builder Final Lot Inspection performed. Any damages to District facilities will be repaired and charged to the Builder and deposit may be forfeited.



Once **all** inspections are performed and passed, water service will transfer to home buyer and deposit will be returned. Please note that the home buyer will not be able to obtain water service account in their name until all inspections are completed.

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RESIDENTIAL TAPPING & INSPECTIONS FEES

Fees as of **September 20, 2023**, are as follows: (Please note that fees may change.) Verify current fees by calling us at 281-290-6500 opt 3:

| | |
|--------------------------|------------|
| One-Time Builder Deposit | \$2,000.00 |
|--------------------------|------------|

TAP & METER COST

| | |
|--------------------------|------------|
| 5/8 X 3/4" Tap and Meter | \$1,500.00 |
|--------------------------|------------|

| | |
|--------------------------|------------|
| 3/4 X 3/4" Tap and Meter | \$1,500.00 |
|--------------------------|------------|

| | |
|------------------|--------|
| 1" Tap and Meter | Quoted |
|------------------|--------|

INSPECTIONS

| | |
|-------------------------|---------|
| Pre-Facility Inspection | \$55.00 |
|-------------------------|---------|

| | |
|------------------|---------|
| Sewer Inspection | \$55.00 |
|------------------|---------|

| | |
|-----------------------------|---------|
| Customer Service Inspection | \$65.00 |
|-----------------------------|---------|

| | |
|--------------------------|---------|
| Post Facility Inspection | \$55.00 |
|--------------------------|---------|

Total Cost Per Meter Size

(to include all fees except the One-Time Builder Deposit)

| | |
|----------------------------------|-------------------|
| Total cost for 5/8 x 3/4" | \$1,730.00 |
|----------------------------------|-------------------|

| | |
|----------------------------------|-------------------|
| Total cost for 3/4 x 3/4" | \$1,730.00 |
|----------------------------------|-------------------|

*See the following description for each inspection and what is required to pass inspections. Initial service to the Builder is considered temporary. Until all inspections have been completed and necessary certifications submitted, service cannot be transferred out of the builder's name. Backflow prevention test certification must be provided as required by TCEQ Rules and the District's Rate Order by the builder for any testable device.

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DISTRICT INSPECTIONS

| | |
|---|--|
| PRE-BUILDER LOT INSPECTION- | Performed before all construction work begins. This inspection includes certification of the integrity of all District utilities including hydrants, blow offs, valve boxes, cleanouts, manholes and debris in storm sewer inlets. Builder is not responsible for any damages that may have occurred prior to the commencement of any construction or activity on the lot. |
| SANITARY SEWER INSPECTION- | Performed after all sewer line work is completed, from the structures' foundation to the District's sewer main or wye, prior to backfilling. Sewer inspections are also performed any time a customer replaces or reroutes their sewer line. These inspections should be ordered by the plumbing contractor only. |
| CUSTOMER SERVICE INSPECTION- | Performed after all construction work is completed, this inspection includes verification of the proper installation of any necessary backflow prevention device and. or air gap necessary to eliminate potential cross-connections. Also performed when the District becomes aware of any plumbing modifications that are made, or when the District has reason to believe that a cross connection exists. |
| BACKFLOW INSPECTION- | (Residential & Customer applications) – Performed if the backflow test report is not available when the Customer Service Inspection is performed and or at the builders' request . The completed field copy of the backflow test report must be provided for all testable devices and available prior to or onsite when the Customer Service Inspection is performed |
| GREASE TRAP INSPECTION/OIL SEPARATOR INSPECTION- | (Commercial applications)-- Performed after grease trap or oil-separator is set and Prior to backfilling, this inspection includes verification of proper inlet and outlet connections, internal tees with drops, baffle wall(s), and transfer pipe(s),size, and sample well. Grease traps and oil separators are also inspected on a monthly basis to insure that the trap is being maintained per the District's Rate Order. |
| STORM SEWER INSPECTION- | (Commercial applications)-- Performed at the tie-in (manhole or inlet) of existing or modified facilities, prior to back filling. |
| SWIMMING POOL INSPECTION- | Performed after the drains have been installed to verify the proper connection has been made. Filter backwash piping connections will be made to the sanitary sewer system. Also includes verification of the proper installation of any necessary backflow prevention device and\or air gap necessary to eliminate potential cross-connections. |
| BUILDER FINAL INSPECTION- | Performed after all construction work is completed and contractor is prepared to transfer service to the owner, this inspection includes certification of the integrity of all District utilities including meter assemblies, meter boxes, hydrants, blow offs, valve boxes, cleanouts, manholes and debris in storm sewer inlets. Builder is responsible for any damages that may have occurred during construction. |

Inspections require a minimum 24 hour notice and may be phoned in at 281-290-6500 option 3 (Builder Services Department) between 8:00AM and 5:00PM or emailed to bldrservices@mdswater.com Inspections are performed Monday thru Friday. Sewer Inspections are same day when received by 9:00AM.

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UTILITY SERVICE APPLICATION

*Please submit this Application with Payment made payable to
Montgomery County Municipal Utility District No. 180*

TYPE OF SERVICE: ☐ **RESIDENTIAL** ☐ **COMMERCIAL** ☐ **IRRIGATION**

Service Address

Lot**Block****Section**

Name of Subdivision

Name of Applicant/Builder or Business Name**Telephone**

Mailing Address

Builder E-mail Address

Name of Plumbing Contractor**Telephone****MPL#**

Meter Size Requested: ☐ 3/4"x 5/8" ☐ 3/4"x 3/4" ☐ 1" ☐ Other (specify) _____

Type of Material to be Used: ☐ PVC ☐ ABS ☐ VC ☐ CI

Will an Irrigation System be Installed: ☐ YES ☐ NO

Name of Irrigation Contractor**Telephone****License#**

Will a Swimming Pool be Installed: ☐ YES ☐ NO

Name of Pool Contractor**Telephone**

- Applicant to attach site plans, showing proposed location of building and underground utilities.
- Commercial applicants must submit a copy of the Civil Drawings and Plumbing plans.
- Applicant acknowledges responsibility for all required inspections including sanitary sewer inspections. Account will not be transferred until all inspections are complete.
- Applicant acknowledges that failure to comply with the District's rules and regulations governing the District's facilities will result in fines or penalties as may be imposed by the Board of Directors of this District.
- Applicant acknowledges responsibility for the cost of site restoration on following water tap installation

Date

Applicant Signature

Applicant Name

For District's Use Only

Sanitary Connection☐ F/E ☐ R/E ☐ S/E☐ Wye☐ Stack☐ Lateral☐ Saddle☐ Manhole

Date of Inspections

1st**2nd****3rd**

Inspector

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

| | |
|----------------------|--|
| NAME OF PWS: | |
| PWS ID#: | |
| PWS MAILING ADDRESS: | |
| PWS CONTACT PERSON: | |
| ADDRESS 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):

| | | | | | |
|--------------------------|-----------------------------------|--------------------------|---|---------|--------------------------|
| <input type="checkbox"/> | Reduced Pressure Principle (RPBA) | <input type="checkbox"/> | Reduced Pressure Principle-Detector (RPBA-D) | Type II | <input type="checkbox"/> |
| <input type="checkbox"/> | Double Check Valve (DCVA) | <input type="checkbox"/> | Double Check-Detector (DCVA-D) | Type II | <input type="checkbox"/> |
| <input type="checkbox"/> | Pressure Vacuum Breaker (PVB) | <input type="checkbox"/> | Spill-Resistant Pressure Vacuum Breaker (SVB) | | |

| | | | | | |
|----------------|-------|---------|---------------|-------|---------|
| Manufacturer: | Main: | Bypass: | Size: | Main: | Bypass: |
| Model Number: | Main: | Bypass: | BPA Location: | | |
| Serial Number: | Main: | Bypass: | BPA Serves: | | |

| | | | | | |
|---|------------------------------|-----------------------------------|--------------------------------------|--------------------|--|
| Reason for test: | New <input type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input type="checkbox"/> | Old Model/Serial # | |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the assembly installed on a non-potable water supply (auxiliary)? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

*** 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: | |

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

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

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS