



Control Number: 43050




Item Number: 1

Addendum StartPage: 0

43050

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	Texas Commission on Environmental Quality Registration of Submetered OR Allocated Utility Service		This Box for TCEQ Use Only	
			2011 SEP 08 AM 10:12 Date: PUBLIC UTILITY COMMISSION By: FILING CLERK	
	This Box for TCEQ Use Only			
CUSTOMER REFERENCE NUMBER		REGULATED ENTITY REFERENCE NUMBER		
CN(9 digits)	N/A	RN(9 digits)	N/A	
Send a completed Core Data Form (TCEQ-10400) with this registration.				
PROPERTY OWNER (Customer on TCEQ-10400)				
Name	FOUNDERS PEAK, LP			
Do <u>not</u> enter the name of the owner's contract manager, management company, or billing company.				
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED (Regulated Entity on TCEQ-10400)				
Name	GRAND ESTATES @ FOUNDERS PARK			
<input checked="" type="checkbox"/> Apartment Complex	<input type="checkbox"/> Condominium	<input type="checkbox"/> Manufactured Home Rental Community	<input type="checkbox"/> Multiple-Use Facility	
If applicable, describe the "multiple-use facility" here:		N/A		
INFORMATION ON UTILITY SERVICE				
Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Submetered OR	<input type="checkbox"/> Allocated ★★ ★
Name of utility providing water/wastewater		CITY OF DALLAS		
Date submetered or allocated billing begins (or began)		2006 Required		
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.				
<input checked="" type="checkbox"/> Not applicable, because		<input checked="" type="checkbox"/> Bills are based on the tenant's actual submetered consumption		
<input type="checkbox"/> There are <u>neither</u> common areas <u>nor</u> an installed irrigation system				
<input type="checkbox"/> All common areas and the irrigation system(s) are metered or submetered: We deduct the actual utility charges for water and wastewater to these areas then allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property has an installed irrigation system that is <u>not</u> separately metered or submetered: We deduct <input type="text"/> percent (we deduct at least 25 percent) of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property has an installed irrigation system(s) that <u>is/are</u> separately metered or submetered: We deduct the actual utility charges associated with the irrigation system(s), then deduct at least 5 percent of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property does <u>not</u> have an installed irrigation system: We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, and then allocate the remaining charges among our tenants.				
★ ★ ★ IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM ★ ★ ★				
Send BOTH this form 10363 and the TCEQ Core Data 10400 form by fax to: 512/239-6972		OR	By mail to: TCEQ, Utilities & Districts Section, MC 153 PO Box 13087 Austin, TX 78711-3087	
If you need help completing this form, call the Utilities & Districts Section at 512-239-4691. Additional information about submetering and allocation billing is available at the following <u>Website</u> "1". If you need help completing the Core Data Form call our Central Registry Program at 512-239-5175 or visit the following <u>Website</u> "2".				

1. <http://www.tceq.texas.gov/utilities/submeter.html>2. http://www.tceq.texas.gov/permitting/central_registry/



Print Form

Reset Form

TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)			
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Registration of Submetered Utility Service</u>			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN <u>N/A</u>		RN <u>N/A</u>	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		<u>08/27/2014</u>		<u>N/A</u>	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following.					
<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Operator		<input type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant	
				<input type="checkbox"/> Other: _____	
7. General Customer Information					
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)				<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.					
8. Type of Customer:					
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> General Partnership		<input checked="" type="checkbox"/> Limited Partnership	
				<input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)				If new Customer, enter previous Customer below	
<u>FOUNDERS PEAK, LP</u>				End Date: _____	
10. Mailing Address:					
<u>4582 S. ULSTER ST.</u>					
<u>SUITE 1200</u>					
City		State		ZIP	ZIP + 4
<u>DENVER</u>		<u>CO</u>		<u>80237</u>	
11. Country Mailing Information (if outside USA)				12. E-Mail Address (if applicable)	
				<u>MKUBIK@GRANDPEAKS.COM</u>	
13. Telephone Number		14. Extension or Code		15. Fax Number (if applicable)	
<u>(720) 889-9200</u>		<u>210</u>		<u>(303) 991-3143</u>	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)		18. DUNS Number (if applicable)	
<u>36-4593660</u>		<u>32035121600</u>		<u>0800705221</u>	
19. TX SOS Filing Number (if applicable)					
20. Number of Employees					
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher					
21. Independently Owned and Operated?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)			
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)			
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
<u>GRAND ESTATES AT FOUNDER PARK</u>			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	1409 N. ZANG BLVD					
	City	DALLAS	State	TX	ZIP	75203
					ZIP + 4	
25. Mailing Address:	4582 S. ULSTER ST.					
	SUITE 1200					
	City	DENVER	State	CO	ZIP	80237
					ZIP + 4	
26. E-Mail Address:	MKUBIK@GRANDPEAKS.COM					
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
(720) 889-9200	210		(303) 991-3143			
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)	33. Secondary NAICS Code (5 or 6 digits)			
N/A	N/A	N/A	N/A			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)						
MULTI-FAMILY HOUSING						

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	N/A					
36. Nearest City	County	State	Nearest ZIP Code			
DALLAS	DALLAS	TX	75203			
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
32	45	40.89	96	49	09.43	

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input checked="" type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

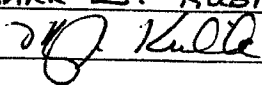
SECTION IV: Preparer Information

40. Name:	MARK J. KUBIK		41. Title:	MANAGING AGENT	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(720) 889-9200	210	(303) 991-3143	MKUBIK@GRANDPEAKS.COM		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	GRAND PEAKS PROP. MGMT, INC.		Job Title:	MANAGING AGENT	
Name (In Print):	MARK J. KUBIK			Phone:	(720) 889-9210
Signature:				Date:	8/27/14