

Control Number: 43471




Item Number: 1

Addendum StartPage: 0

House Bill (HB) 1600 and Senate Bill (SB) 567 83rd
Legislature, Regular Session, transferred the functions
relating to the economic regulation of water and sewer
utilities from the TCEQ to the PUC effective
September 1, 2014.

43471

RECEIVED

	Texas Commission on Environmental Quality Registration of Submetered OR Allocated Utility Service		2014 OCT 15 PM 1:28 This Box for TCEQ Use Only	
			Registration No. S	
			Date:	
This Box for TCEQ Use Only				
CUSTOMER REFERENCE NUMBER CN(9 digits)			REGULATED ENTITY REFERENCE NUMBER RN(9 digits)	
Send a completed Core Data Form (TCEQ-10400) with this registration.				
PROPERTY OWNER (Customer on TCEQ-10400)				
Name <u>Milano Apartments</u>				
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				
<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:				
INFORMATION ON UTILITY SERVICE				
Tenants are billed for <input type="checkbox"/> Water <input type="checkbox"/> Wastewater <input checked="" type="checkbox"/> Submetered OR <input type="checkbox"/> Allocated ★★★				
Name of utility providing water/wastewater				
Date submetered or allocated billing begins (or began) <input type="checkbox"/> Required				
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.				
<input type="checkbox"/> Not applicable, because <input 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 checked="" 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 Website "1". If you need help completing the Core Data Form call our Central Registry Program at 512-239-5175 or visit the following Website "2".				

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



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-6175.

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 type="checkbox"/> Yes <input type="checkbox"/> No		RUBS Utility Service	
3. Customer Reference Number (If issued)		4. Regulated Entity Reference Number (If issued)	
CN		RN	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)							
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 type="checkbox"/> Operator		<input checked="" 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 checked="" 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"/> Other Government		<input type="checkbox"/> General Partnership		<input 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 End Date:							
HMP Houston Milano, LP							
10. Mailing Address:							
Milano Apartments							
2500 Woodland Place Dr							
City		Houston		State		TX	
ZIP		77077		ZIP + 4			
11. Country Mailing Information (If outside USA)							
12. E-Mail Address (If applicable)							
milanomanager@sunridgeapts.net							
13. Telephone Number							
14. Extension or Code							
15. Fax Number (If applicable)							
16. Federal Tax ID (9 digits)							
17. TX State Franchise Tax ID (11 digits)							
18. DUNS Number (If applicable)							
19. TX SOS Filing Number (If applicable)							
20. Number of Employees							
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input 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)			
HMP Houston Milano, LP			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Milano Apartments						
	2500 Woodland Place Dr						
25. Mailing Address:	City	Houston	State	TX	ZIP	77077	ZIP + 4
	Milano Apartments						
	2500 Woodland Place Dr						
	City	Houston	State	TX	ZIP	77077	ZIP + 4
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
() -			() -				
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)			
6513		53110					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Apartments							

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

35. Description to Physical Location:							
36. Nearest City	County		State		Nearest ZIP Code		
			TX				
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permit/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 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:

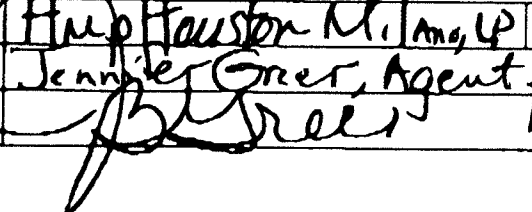
SECTION IV: Preparer Information

40. Name:	41. Title:	
42. Telephone Number	43. Ext./Code	44. Fax Number
() -		() -
45. E-Mail Address		

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:	Hamp Houston Milano, LP	Job Title:	Property Manager
Name (in Print):	Jennifer Greer, Agent for Owner	Phone:	(281) 752-0752
Signature:		Date:	9/2/14