

Control Number: 43472



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.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Registration of Submetered or Allocated Utility Service

43472

This Box for TCEQ Use Only
Registration No. S
Date: 2014 OCT -5 PM 1:28

This Box for TCEQ Use Only	
CUSTOMER REFERENCE NUMBER	REGULATED ENTITY REFERENCE NUMBER
CN (9 digits)	RN (9 digits)

Send a completed Core Data Form (TCEQ-10400) with this registration.

PROPERTY OWNER ("Customer" on TCEQ-10400)
Name AAL APARTMENTS LIMITED PARTNERSHIP

Do not 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 RESIDENCES IN ALEXIA AUBURN LAKES
<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 checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Wastewater <input type="checkbox"/> Both	These bills are <input checked="" type="checkbox"/> Submetered <input type="checkbox"/> Allocated**
Name of utility providing water/wastewater MID NORTH TARRANT	
Date submetered or allocated billing begins (or began) AUGUST 29, 2014	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 neither common areas nor an installed irrigation system.	OR
<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 not separately metered or submetered. We deduct _____ percent (which is equal to or greater than 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 is/are 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 not have an installed irrigation system. We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.		

** IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE 2 OF THIS FORM.

Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239-6190	OR by mail to: Utilities & Districts Section, MC-153 TCEQ PO Box 13087 Austin, TX 78711-3087
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- If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. You can find additional information about submetered and allocated billing at www.tceq.state.tx.us/permitting/waterperm/ud/submeter.html.
- If you need help completing the TCEQ's Core Data Form, call our Central Registry Program at 512/239-5175. You can also find instructions for completing this form at www.tnrc.state.tx.us/permitting/projects/cr/10400-inst.pdf.



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

Follow this link to search
for CN or RN numbers in
Central Registry**

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 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 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 End Date:			
AAL APARTMENTS LIMITED PARTNERSHIP			
10. Mailing Address:			
6000 W RANFORD ROAD			
ATTN: LEASING OFFICE			
City SPRING State TX ZIP 77389 ZIP + 4			
11. Country Mailing Information (if outside USA)			
12. E-Mail Address (if applicable) ALEXANDER@AALAPARTMENTS.COM			
13. Telephone Number 14. Extension or Code 15. Fax Number (if applicable)			
(281) 351-2711 (832) 498-7583			
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)			
EC-044238-1			
20. Number of Employees 21. Independently Owned and Operated?			
<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 <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)			
AAL APARTMENTS LIMITED PARTNERSHIP (CREATED BY ALEXANDER@AALAPARTMENTS.COM)			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	1000 W KANFORD ROAD						
	ATTN: LEASING OFFICE						
	City	State	TX	ZIP	75125	ZIP + 4	
25. Mailing Address:	SAME AS ABOVE						
	City		State		ZIP		ZIP + 4
26. E-Mail Address:	NEVNA@LINCOLNPROPERTYCOMPANY.COM						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(281) 351-2711			(832) 698-2470				
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)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
MULTIFAMILY RESIDENTIAL							

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		
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 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 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:

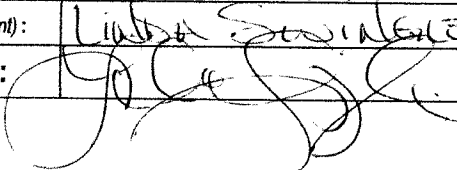
SECTION IV: Preparer Information

40. Name:	Linda Swindle	41. Title:	BUSINESS MANAGER
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 351-2711		(832) 698-2470	NEVNA@LINCOLNPROPERTYCOMPANY.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:	LINCOLN PROPERTY COMPANY	Job Title:	BUSINESS MANAGER
Name (In Print):	Linda Swindle	Phone:	(281) 351-2711
Signature:		Date:	8/26/2014