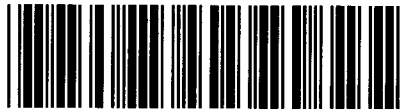


Control Number: 43704



Item Number: 157

Addendum StartPage: 0



Owner update

RECEIVED

SAP 2150 CO 6-12-14-SAP

TCEQ Use Only
43704

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		TCEQ Letter Approving Change in Billing Method	
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN		RN 103997003	

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 <u>one</u> of the following:			
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
		<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"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Government		<input checked="" type="checkbox"/> Limited Partnership	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> End Date:			
BMEF San Marin LP Limited Partnership ✓			
c/o Berkshire Property Advisors			
1 Beacon Street, Suite 1500			
City Boston		State MA	
ZIP 02108		ZIP + 4 3107	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(617) 646-2300			
		15. Fax Number (if applicable)	
		(617) 646-2370	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
32-035883		32046001882	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		0801519771	
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 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 type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input checked="" 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)			
San Marin Apartments			

157

24. Street Address of the Regulated Entity: (No P.O. Boxes)	3625 Duval Road							
	City	Austin	State	TX	ZIP	78759	ZIP + 4	3547
25. Mailing Address:								
	City		State		ZIP		ZIP + 4	
26. E-Mail Address:								
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(512) 490-6511				(512) 490-6512				
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.)								
Multi-family housing								

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

35. Description to Physical Location:	see attached Exhibit A					
36. Nearest City	County		State		Nearest ZIP Code	
Austin	Travis		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 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:

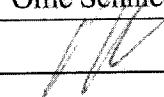
SECTION IV: Preparer Information

40. Name:	Ward McCarthy	41. Title:	National Contracts Associate
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(678) 405-6491		(770) 587-5138	ward.mccarthy@bpadv.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:	BMEF San Marin L.P.	Job Title:	V.P. Financial Operations
Name (In Print):	Ollie Schniederjans	Phone:	(678) 405-4833
Signature:		Date:	6/12/2014