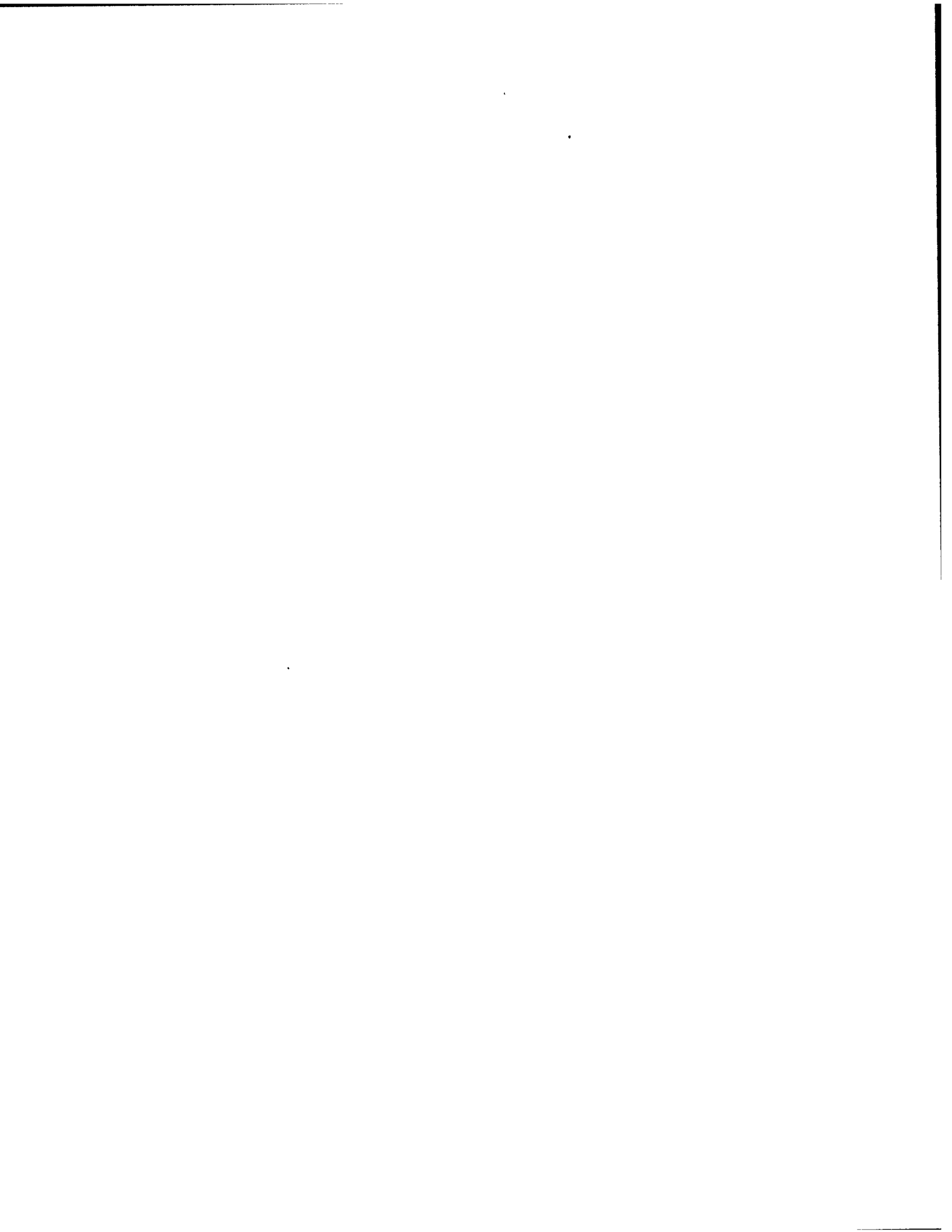


Control Number: 43704




Item Number: 182

Addendum StartPage: 0

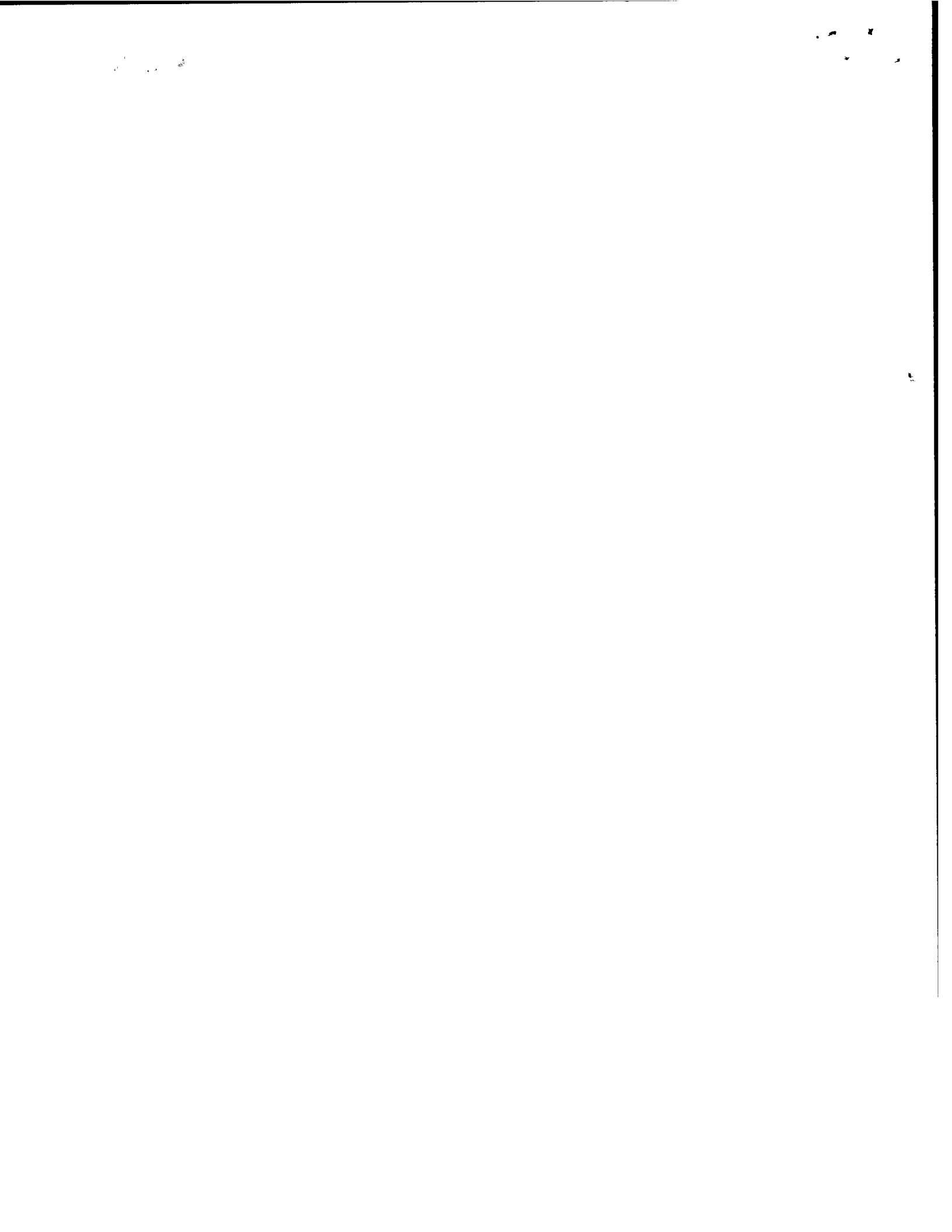


SAP 6542 43704 ✓  
8-13-14 CO

 <p><b>Texas Commission on Environmental Quality</b> Registration of Submetered OR Allocated Utility Service</p>	This Box for TCEQ Use Only		
	Registration No. S	6542	
	Date:	8-13-14	By: DR
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.			
<b>PROPERTY OWNER</b> (Customer on TCEQ-10400)			
Name			
Do <b>not</b> enter the name of the owner's contract manager, management company, or billing company.			
<b>NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED</b> (Regulated Entity on TCEQ-10400)			
Name	Highpoint at Cypresswood		
<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:			
<b>INFORMATION ON UTILITY SERVICE</b>			
Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Submetered <b>OR</b> <input type="checkbox"/> Allocated ★★★
Name of utility providing water/wastewater	City of Austin		
Date submetered or allocated billing begins (or began)	8/15/14	Required	
<b>METHOD USED TO OFFSET CHARGES FOR COMMON AREAS</b> 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 <b>neither</b> common areas <b>nor</b> 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 <b>not</b> 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 checked="" type="checkbox"/>	This property has an installed irrigation system(s) that <b>is/are</b> 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 <b>not</b> 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.		
<b>★★★IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM ★★★</b>			
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".			

- <http://www.tceq.texas.gov/utilities/submeter.html>
- [http://www.tceq.texas.gov/permitting/central\\_registry/](http://www.tceq.texas.gov/permitting/central_registry/)

182





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 checked="" type="checkbox"/> No			
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 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 checked="" 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 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 Government		<input checked="" type="checkbox"/> Limited Partnership	
<input type="checkbox"/> General 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:			
SL, Cypresswood, LP			
10. Mailing Address:			
1020 NE Loop 410, Suite 700			
City		SAN ANTONIO	
State		TX	
ZIP		78209	
ZIP + 4		1220	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		cduty@embreydc.com	
13. Telephone Number		14. Extension or Code	
( 281 ) 807-6800			
15. Fax Number (if applicable)			
( 281 ) 807-6800			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
46-186920		XT464281	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
32049670626		801696849	
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 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)			
Highpoint at Cypresswood			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	13920 Mandolin Dr.						
	City	Houston	State	TX	ZIP	77070	ZIP + 4
25. Mailing Address:	1020 NE LOOP 410						
	SUITE 700						
City	SAN ANTONIO	State	TX	ZIP	78209	ZIP + 4	1220
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
( 210 ) 826-3675			( 281 ) 826-3661				
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.)							

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 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:

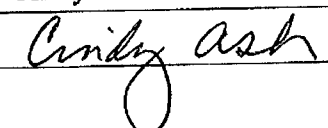
#### SECTION IV: Preparer Information

40. Name:	Brenda G. Cones	41. Title:	Regional Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 210 ) 804-5236		( 210 ) 826-3661	bcones@embreydc.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:	Embrey Management Services	Job Title:	Regional Manager
Name (In Print):	Cindy Ash	Phone:	( 210 ) 804-5233
Signature:		Date:	8/7/2014