



Control Number: 43704



Item Number: 187

Addendum StartPage: 0

43704 ✓

SAP 6546 8-13-14 Co



**Texas Commission on Environmental Quality**  
 Registration of Submetered OR Allocated Utility Service

This Box for TCEQ Use Only			
Registration No	S	6546	
Date:	8-13-14	By:	DL

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 Austin Domain Residential, LP

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 The Kenzie at the Domain

Apartment Complex     Condominium     Manufactured Home Rental Community     Multiple-Use Facility

If applicable, describe the "multiple-use facility" here:

**INFORMATION ON UTILITY SERVICE**

Tenants are billed for  Water  Wastewater     Submetered OR  Allocated ★★★

Name of utility providing water/wastewater \_\_\_\_\_ City of Bedford

Date submetered or allocated billing begins (or began) \_\_\_\_\_ Required

**METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.**

- Not applicable, because \_\_\_\_\_ Bills are based on the tenant's actual submetered consumption
- There are neither common areas nor an installed irrigation system

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.

This property has an installed irrigation system that is not separately metered or submetered:

We deduct \_\_\_\_\_ 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.

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

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, 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 \_\_\_\_\_ OR \_\_\_\_\_ By mail to: TCEQ, Utilities & Districts Section, MC 153  
 TCEQ Core Data 10400 form by \_\_\_\_\_ PO Box 13087  
 fax to 512/239-6972 \_\_\_\_\_ 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/)

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**SIGNATURE ADDENDUM**

**TO**

**TCEQ Core Data Form**

**with**

**Texas Commission on Environmental Quality**

**(for the benefit of The Kenzie Apartments, Austin, Texas)**

**Dated: July 31, 2014**

**On behalf of The Kenzie Apartments**

**Owner:**

Austin Domain Residential, LP, a Texas limited partnership

By: Milestone Management TRS, Inc , a Delaware corporation,  
its Authorized Managing Agent

By:



Steve Lumberti  
Vice President & COO



# TCEQ Core Data Form

TCEQ Use Only

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 <i>(If other is checked please describe in space provided)</i>		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization <i>(Core Data Form should be submitted with the program application)</i>		
<input type="checkbox"/> Renewal <i>(Core Data Form should be submitted with the renewal form)</i>	<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: <i>(ex. Title V Application, Waste Transporter Application, etc.)</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Customer Reference Number <i>(if issued)</i>	Follow this link to search for CN or RN numbers in Central Registry"	4. Regulated Entity Reference Number <i>(if issued)</i>
CN		RN

## SECTION II: Customer Information

5. Effective Date for Customer Information Updates <i>(mm/dd/yyyy)</i>		7/21/2014	
6. Customer Role <i>(Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only one of the following:</i>			
<input checked="" type="checkbox"/> Owner	<input 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 Legal Name <i>(Verifiable with the Texas Secretary of State)</i>		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change"	
<b>**If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.</b>			
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 <i>(If an individual, print last name first. ex: Doe, John)</i>		<i>If new Customer, enter previous Customer below</i>	
Austin Domain Residential, LP		End Date:	
10. Mailing Address:			
1601 Elm Street			
Suite 4900			
City	Dallas	State	TX
ZIP	75201	ZIP + 4	
11. Country Mailing Information <i>(if outside USA)</i>		12. E-Mail Address <i>(if applicable)</i>	
13. Telephone Number		14. Extension or Code	
( 214 ) 561-1200			
15. Fax Number <i>(if applicable)</i>			
16. Federal Tax ID <i>(9 digits)</i>	17. TX State Franchise Tax ID <i>(11 digits)</i>	18. DUNS Number <i>(if applicable)</i>	19. TX SOS Filing Number <i>(if applicable)</i>
800834094	32048154424		801606360
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 <i>(If "New Regulated Entity" is selected below this form should be accompanied by a permit application)</i>	
<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" <i>(See below)</i>	
<b>**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information</b>	
23. Regulated Entity Name <i>(name of the site where the regulated action is taking place)</i>	
The Kenzie at the Domain	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	3201 Esperanza Crossing						
	City	Austin	State	TX	ZIP	78758	ZIP + 4
25. Mailing Address:	3201 Esperanza Crossing						
	City	Austin	State	TX	ZIP	78758	ZIP + 4
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (If applicable)				
( 512 ) 836-1100			( ) -				
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 Apartment Community							

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	
Austin	Travis		TX		78758	
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:	Ann Cashion	41. Title:	Contract Administrator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(214) 561-1265		(214) 561-1365	acashion@milestone-mgt.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:				Job Title:		
Name (In Print):				Phone:	( ) -	
Signature:	See Signature Addendum			Date:	7/21/2014	