



Control Number: 43704



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43704 ✓

*Admin update*

*SAP 6156 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	6156		
Date:	8-13-14	By:	DR

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER	REGULATED ENTITY REFERENCE NUMBER
CN(9 digits) 604278754	RN(9 digits) 106629082

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

PROPERTY OWNER (Customer on TCEQ-10400)

Name Azure Hollister 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 Wynhaven at Hollister 7740 W. Little York Rd. Houston 77040

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 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
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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.html>
2. [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 Wynhaven at Hollister at the Park Apartments, Houston, Texas)**

**Dated: July 31, 2014**

**On behalf of Wynhaven at Hollister Apartments**

**Owner:**

Azure Hollister LP, a Delaware limited partnership

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

By:

  
Steve Lambert  
Vice President & COO



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 Transportor 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 106629082	

## SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		7/21/2014	
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 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"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> Federal 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	
Azarc Hollister LP		CN604278754	
End Date.			
10. Mailing Address:			
152 West 57 <sup>th</sup> Street			
22 <sup>nd</sup> Floor			
City		New York	
State		NY	
ZIP		10019	
ZIP + 4			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
( 214 ) 561-1200			
15. Fax Number (if applicable)			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
453948900		32054416550	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		0802013855	
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 type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input checked="" 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)			
Wynhaven at Hollister			

24. Street Address of the Regulated Entity: (No P.O. Boxes)							
	City		State		ZIP		ZIP + 4
25. Mailing Address:							
	City		State		ZIP		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)			
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 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:				Date:	7/21/2014	

See Signature Addendum