



Control Number: 43704



Item Number: 194

Addendum StartPage: 0

43704 ✓

Owner update

SAP 6351 8-13-14 CD



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

This Box for TCEQ Use Only

Registration No. S 6351

Date: 8-13-14 By: DR

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits) N/A

RN(9 digits) 106993439

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

PROPERTY OWNER (Customer on TCEQ-10400)

Name SHF I Strata, LLC

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 Icon at Ross

X Apartment Complex X Condominium X Manufactured Home Rental Community Multiple-Use Facility

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

INFORMATION ON UTILITY SERVICE

Tenants are billed for X Water X Wastewater X Submetered OR Allocated \*\*\*

Name of utility providing water/wastewater City of Dallas

Date submetered or allocated billing begins (or began) 04/13/2012 Required

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

X Not applicable, because X 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

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/

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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 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 checked="" type="checkbox"/> Other <b>Change to Registration</b>	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Registration of Submetered Utility Service	
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CNN/A		RN 106993439	

## SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		06/06/2014	
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 type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" 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**	
<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 type="checkbox"/> Limited Partnership	
		<input checked="" type="checkbox"/> Other: <b>Limited Liability Corp.</b>	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
SHF I Strata, LLC ✓		RHDFJ Partners DBA Icon at Ross	
		End Date: 06/06/2014	
10. Mailing Address:			
8110 East Union Ave.			
Ste. 200			
City Denver		State CO	
ZIP 80237		ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number (303) 238-4100		14. Extension or Code	
		15. Fax Number (if applicable) (303) 283-4265	
16. Federal Tax ID (9 digits) 260136283		17. TX State Franchise Tax ID (11 digits) N/A 32053717396	
		18. DUNS Number (if applicable) N/A	
		19. TX SOS Filing Number (if applicable) N/A 80168395	
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 checked="" 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)			
<b>**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.</b>			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Icon at Ross			

24. Street Address of the Regulated Entity: <i>(No P.O. Boxes)</i>	1707 Hall Street						
	City	Dallas	State	TX	ZIP	75204	ZIP + 4
25. Mailing Address:	1707 Hall Street						
	City	Dallas	State	TX	ZIP	75204	ZIP + 4
26. E-Mail Address:	mandi.buchanan@simpsonhousing.com						
27. Telephone Number	28. Extension or Code		29. Fax Number <i>(if applicable)</i>				
(214 ) 370-3933			(214 ) 370-3973				
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)			
N/A	N/A	N/A		N/A			
34. What is the Primary Business of this entity? <i>(Please do not repeat the SIC or NAICS description.)</i>							
Multi-family Residential Housing							

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

35. Description to Physical Location:	N/A				
36. Nearest City	County	State	Nearest ZIP Code		
Dallas	Dallas	TX	75204		
37. Latitude (N) In Decimal:	N/A		38. Longitude (W) In Decimal:	N/A	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
N/A	N/A	N/A	N/A	N/A	N/A

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:	Ashley Velasquez, Minol USA		41. Title:	Compliance Analyst	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(972 ) 386-6611	129	( ) -	avelasquez@minolusa.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:	Simpson Prop Grp	Job Title:	Rd mgr.
Name <i>(In Print)</i> :	Mandi Buchanan		Phone: 214-49-7196
Signature:			Date: 7/25/14