

Control Number: 43704



Item Number: 195

Addendum StartPage: 0



AUG. 27 2014 8:15AM

Texas Commission on Environmental Quality

Registration of Submetered OR Allocated Utility Service

This No. 3080 P. 2
Registration No. S 6573
Date: 8-28-14 By: DA

This Box for TCEQ Use Only **SAP 6573 8-28-14 CO**

CUSTOMER REFERENCE NUMBER CN(9 digits) 601164924
REGULATED ENTITY REFERENCE NUMBER RN(9 digits) 106631476 **43704**

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

PROPERTY OWNER (Customer on TCEQ-10400)

Name **Camden Property Trust**

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 **Camden LaFrontera**

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 Round Rock

Date submetered or allocated billing begins (or began) 2014 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 TCEQ Core Data 10400 form by fax to: 512/239-6972
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 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 (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-10363-Registration of Submetered or Allocated Utility Service Form	
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry	4. Regulated Entity Reference Number (if issued)
CN 601164924		RN 106631476

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"/> 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 (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 checked="" 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 type="checkbox"/> Other:
9. Customer Legal Name (If an individual, print last name first, ex. Doe, John) <small>If new Customer, enter previous Customer below.</small> End Date:			
Camden Property Trust			
11. Greenway Plaza			
10. Mailing Address: Suite 2400			
City	Houston	State	TX
ZIP	77046	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		cpaul@camdenliving.com	
13. Telephone Number		14. Extension or Code	15. Fax Number (if applicable)
(713) 354-2500		2563	(713) 354-2960
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
766088377	17660883772		
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 checked="" 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)			
Camden LaFrontera			

24. Street Address of the Regulated Entity (No P.O. Boxes)		1401 HESTERS CROSSING RD.					
City	ROUND ROCK	State	TX	ZIP	78681	ZIP + 4	
25. Mailing Address		11 GREENWAY PLAZA SUITE 2400					
City	HOUSTON	State	TX	ZIP	77046	ZIP + 4	
26. E-Mail Address		cpaul@camdenliving.com					
27. Telephone Number		28. Extension or Code		29. Fax Number (if applicable)			
(713) 354-2500		(512) 255-5353		2563		(713) 354-2960	
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)	
6531				531110			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Multi-Family Residence							

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

35. Description to Physical Location:		Southwest Corner of Hesters Crossing and Sundance Pkwy					
36. Nearest City		County		State		Nearest ZIP Code	
Austin		Williamson		TX		78681	
37. Latitude (N) In Decimal		30.482083		38. Longitude (W) In Decimal		-97.692111	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	28	55.5	97	41	31.6		

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.

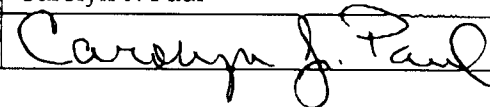
SECTION IV: Preparer Information

40. Name:	Carolyn Paul		41. Title:	Director of Revenue Accounting	
42. Telephone Number:	43. Ext./Code:	44. Fax Number:	45. E-Mail Address:		
(713) 354-2563		(713) 354-2960	cpaul@camdenliving.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:	Camden Property Trust		Job Title:	Director of Revenue Accounting	
Name (In Print):	Carolyn J. Paul		Phone:	(713) 354-2563	
Signature:			Date:	8/26/2014	