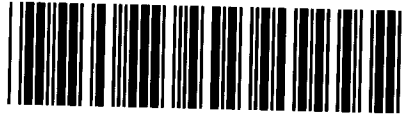



Control Number: 43704



Item Number: 198

Addendum StartPage: 0

SAP 6570 8-26-14 CO

 Texas Commission on Environmental Quality Registration of Submetered OR Allocated Utility Service	This Box for TCEQ Use Only		
	Registration No. S	6570	
	Date:	8-26-14	By:

This Box for TCEQ Use Only

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

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

PROPERTY OWNER (Customer on TCEQ-10400)

Name | 4300 Dunlavy Development, 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 | The Fairmont Museum District Apartments Phase II |

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 Houston |

Date submetered or allocated billing begins (or began) | 8/8/14 | 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

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 Website¹.
 If you need help completing the Core Data Form call our Central Registry Program at 512-239-5175 or visit the following Website².

1. <http://www.tceq.texas.gov/utilities/submeter.html>
2. http://www.tceq.texas.gov/permitting/central_registry/

METHOD USED TO ALLOCATE UTILITY CHARGES

Check the box or boxes that describe the allocation method used to bill tenants.

Occupancy method: The number of occupants in the tenant's dwelling unit is divided by the total number of

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occupants in all dwelling units at the beginning of the month for which bills are being rendered.

<input type="checkbox"/> Ratio occupancy method: The number of occupants in the tenant's dwelling unit is adjusted as shown in the table to the right. This adjusted value is divided by the total of these values for all dwelling units occupied at the beginning of the retail public utility's billing period.	Number of Occupants	Number of Occupants for Billing Purposes
	1	1.0
	2	1.6
	3	2.2
	>3	2.2 + 0.4 for each additional occupant

<input type="checkbox"/> Estimated occupancy method: The estimated occupancy for each unit is based on the number of bedrooms as shown in the table to the right. The estimated occupancy in the tenant's dwelling unit is divided by the total estimated occupancy in all dwelling units regardless of the actual number of occupants or occupied units.	Number of Bedrooms	Number of Occupants for Billing Purposes
	0 (Efficiency)	1
	1	1.6
	2	2.8
	3	4.0
>3	4.0 + 1.2 for each additional bedroom	

Occupancy and size of rental unit percent (in which no more than 50%) of the utility bill for water/wastewater consumption is allocated using the occupancy method checked above. The remainder is allocated according to either:

- the size of the tenant's dwelling unit divided by the total size of all dwelling units, OR
- the size of the space rented by the tenant of a manufactured home divided by the size of all rental spaces.

Submetered hot water:
 The individually submetered hot water used in the tenant's dwelling unit is divided by all submetered hot water used in all dwelling units.

Submetered cold water is used to allocate charges for hot water provided through a central system:
 The individually submetered cold water used in the tenant's dwelling unit is divided by all submetered cold water used in all dwelling units.

As outlined in the condominium contract. Describe:

Size of manufactured home rental space:
 The size of the area rented by the tenant divided by the total area of all the size of rental spaces.

Size of the rented space in a multi-use facility:
 The square footage of the space rented by the tenant divided by the total square footage of all rental spaces.



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 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 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"/> City Government	<input type="checkbox"/> County Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship- D.B.A	<input type="checkbox"/> State Government
<input type="checkbox"/> Other:	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)	
4300 Dunlavy Development, LLC	
If new Customer, enter previous Customer End Date.	
10. Mailing Address:	
101 Berkshire St.	
City	Bellaire
State	TX
ZIP	77401
ZIP + 4	
11. Country Mailing Information (if outside USA)	
12. E-Mail Address (if applicable)	
jem1818@comcast.net	
13. Telephone Number	
(713) 838-9082	
14. Extension or Code	
15. Fax Number (if applicable)	
(713) 838-0682	
16. Federal Tax ID (9 digits)	
455637976	
17. TX State Franchise Tax ID (11 digits)	
32048655313	
18. DUNS Number (if applicable)	
801634710	
19. TX SOS Filing Number (if applicable)	
20. Number of Employees	
<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	
21. Independently Owned and Operated?	
<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 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)	
The Fairmont Museum District Apartments Phase II	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	4310 Dunlavy St.						
	City	Houston	State	TX	ZIP	77006	ZIP + 4
25. Mailing Address:	101 Berkshire St.						
	City	Bellaire	State	TX	ZIP	77401	ZIP + 4
26. E-Mail Address:	jem1818@comcast.net						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(713) 838-9082							
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:	Eileen Marom	41. Title:	Member
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 838-9082		(713) 838-0682	jem1818@comcast.net

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:	4300 Dunlavy Development, LLC	Job Title:	Member
Name (In Print):	Eileen Marom	Phone:	(713) 838-9082
Signature:		Date:	8/20/2014

43704

SAP 6571 8.26.14 CO



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

This Box for TCEQ Use Only
Registration No. S 6571
Date: 8-26-14 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.

PROPERTY OWNER (Customer on TCEQ-10400)

Name 4300 Dunlavy Development, 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 The Fairmont Museum District Apartments Phase II

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 Houston

Date submetered or allocated billing begins (or began) 8/8/14 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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- 1. http://www.tceq.texas.gov/utilities/submeter.html
2. http://www.tceq.texas.gov/permitting/central_registry/

METHOD USED TO ALLOCATE UTILITY CHARGES

Check the box or boxes that describe the allocation method used to bill tenants.

Occupancy method: The number of occupants in the tenant's dwelling unit is divided by the total number of



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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		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 type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" 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 Regulated Entity Ownership		
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		
<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)		
4300 Dunlavy Development, LLC		If new Customer, enter previous Customer below
101 Berkshire St.		End Date:
10. Mailing Address:		
City	Bellaire	State TX
ZIP	77401	ZIP + 4
11. Country Mailing Information (if outside USA)		
12. E-Mail Address (if applicable)		
jem1818@comcast.net		
13. Telephone Number		
(713) 838-9082		
14. Extension or Code		15. Fax Number (if applicable)
		(713) 838-0682
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)
455637976	32048655313	
19. TX SOS Filing Number (if applicable)		
8016347110		
20. Number of Employees		
<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		
21. Independently Owned and Operated?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION III: Regulated Entity Information

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<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)	
The Fairmont Museum District Apartments Phase II	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	4310 Dunlavy St.						
	4300						
	City	Houston	State	TX	ZIP	77006	ZIP + 4
25. Mailing Address:	101 Berkshire St.						
	City	Bellaire	State	TX	ZIP	77401	ZIP + 4
26. E-Mail Address:	jem1818@comcast.net						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(713) 838-9082							
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:	Eileen Marom	41. Title:	Member
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 838-9082		(713) 838-0682	jem1818@comcast.net

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:	4300 Dunlavy Development, LLC	Job Title:	Member
Name (In Print):	Eileen Marom	Phone:	(713) 838-9082
Signature:		Date:	8/20/2014