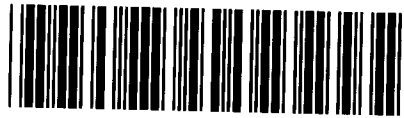


Control Number: 43704



Item Number: 218

Addendum StartPage: 0

43704 ✓

SAP 6553 8-15-14 CO



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Registration of Submetered or Allocated Utility Service

This Box for TCEQ Use Only
Registration No. S 6553
Date: 8-15-14 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 **American Dream Communities Stone Tree 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 **Timberstone LLC MHC**

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 Both These bills are Submetered Allocated**

Name of utility providing water/wastewater **City of Irving**

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. OR

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 (which is equal to or greater than 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, then allocate the remaining charges among our tenants.

** IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE 2 OF THIS FORM.

Send BOTH this form and the TCEQ Core Data Form by fax to: **512/239-6190** OR by mail to: **Utilities & Districts Section, MC-153
TCEQ
PO Box 13087
Austin, TX 78711-3087**

If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. You can find additional information about submetered and allocated billing at www.tceq.state.tx.us/permitting/waterperm/ud/submeter.html.

If you need help completing the TCEQ's Core Data Form, call our Central Registry Program at 512/239-5175. You can also find instructions for completing this form at www.tnrcc.state.tx.us/permitting/projects/cr/10400-inst.pdf.

RECEIVED
AUG 08 2014

UTILITIES & DISTRICTS
SECTION

218



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)

New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)

Renewal (Core Data Form should be submitted with the renewal form) Other

2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)

Yes No

3. Customer Reference Number (if issued) CN

Follow this link to search for CN or RN numbers in Central Registry**

4. Regulated Entity Reference Number (if issued) 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:

Owner Operator Owner & Operator

Occupational Licensee Responsible Party Voluntary Cleanup Applicant Other: _____

7. General Customer Information

New Customer Update to Customer Information Change in Regulated Entity Ownership

Change in Legal Name (Verifiable with the Texas Secretary of State) No Change**

****If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.**

8. Type of Customer:

Corporation Individual Sole Proprietorship- D.B.A

City Government County Government Federal Government State Government

Other Government General Partnership Limited Partnership Other: _____

9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) *If new Customer, enter previous Customer below* **End Date:**

American Dream Communities Stone Tree LLC

10. Mailing Address:

P.O. Box 140099

City: Dallas State: TX ZIP: 75214 ZIP + 4: _____

11. Country Mailing Information (if outside USA) **12. E-Mail Address** (if applicable)

13. Telephone Number (800) 590-1899 **14. Extension or Code** **15. Fax Number** (if applicable) (866) 364-0036

16. Federal Tax ID (9 digits) 453861288 **17. TX State Franchise Tax ID** (11 digits) 32045726711 **18. DUNS Number** (if applicable) **19. TX SOS Filing Number** (if applicable) 0801510436

20. Number of Employees

0-20 21-100 101-250 251-500 501 and higher

21. Independently Owned and Operated?

Yes 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)

New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information 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)

Timber Stone MHC

24. Street Address of the Regulated Entity: (No P.O. Boxes)	2000 Carl St Rd						
	City	Irving	State	TX	ZIP	75061	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)				
() 214-445-1965			() -				
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:	2000 Carl St.						
36. Nearest City	County			State		Nearest ZIP Code	
Irving				Tx		75061	
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:	Lizeth Chairez	41. Title:	Account Receivable
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(800) 590-1899	301	(866) 364-0036	lizethc@communitiesinfo.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:	American Dream Communities Stone Tree LLC	Job Title:	District Manager <i>Agent for Owner</i>
Name (In Print):	Tonya Peachee	Phone:	(800) 590-1899
Signature:	<i>[Signature]</i>	Date:	8/14/2014