



Control Number: 45522



Item Number: 730

Addendum StartPage: 0



Registration of Submetered OR Allocated Utility Service

NOTE: Please **DO NOT** include any person or protected information on this form (ex: tax identification #'s, social security #'s, etc.)

Date: **45522**
 By: _____
 Docket No. _____
 (this number to be assigned by the PUC after your form is filed)

PROPERTY OWNER: Do **not** enter the name of the owner's contract manager, management company, or billing company.

Name **Mansions at Lakeway**
 Mailing Address: **5313 Serene Hills Drive** City **Lakeway** State **TX** Zip **78738**
 Telephone# (AC) **512-692-7125** Fax # (if applicable) **936-647-1484**
 E-mail **manager@mansionslakeway.com**

NAME, ADDRESS, AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED

Name **Mansions at Lakeway**
 Mailing Address: **5313 Serene Hills Drive** City **Lakeway** State **TX** Zip **78738**
 Telephone# (AC) **512-692-7125** Fax # (if applicable) _____
 E-mail **manager@mansionslakeway.com**

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 **TARRANT COUNTY WCFD #17**

Date submetered or allocated billing begins (or began) **2/1/2016** 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 this form by mail with a total of (3) copies to:
 Filing Clerk, Public Utility Commission of Texas
 1701 North Congress Avenue
 P.O. Box 13326
 Austin, Texas 78711-3326

RECEIVED
 2016 MAY 17 PM 3:33
 PUBLIC UTILITY COMMISSION
 FILING CLERK

730

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

| | | |
|---|----------------------------|---|
| <input checked="" 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 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. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN | | RN |

SECTION II: Customer Information

| | | | |
|--|---|--|---|
| 4. General Customer Information | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | 02/01/2016 | |
| <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 or Texas Comptroller of Public Accounts) | | | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | |
| 6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John) | | If new Customer, enter previous Customer below: | |
| Manasions at Lakeway | | N/A | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| | | 364768801 | |
| 11. Type of Customer: | | | |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other: |
| 12. Number of Employees | | 13. 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 | |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check 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: | | | |
| 15. Mailing Address: | 5313 Serene Hills Drive | | |
| | City | Lakeway | State TX ZIP 78738 ZIP + 4 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | manager@mansionslakeway.com | |
| 18. Telephone Number | 19. Extension or Code | 20. Fax Number (if applicable) | |
| (512) 692-7125 | | (512) 692-7127 | |

SECTION III: Regulated Entity Information

| | |
|--|--|
| 21. 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 | |
| The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC). | |
| 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) | |
| Mansions at Lakeway | |

| | | | | | | | |
|--|-------------------------|---------|-------|----|-----|-------|---------|
| 23. Street Address of the Regulated Entity: (No PO Boxes) | 5313 Serene Hills Drive | | | | | | |
| | City | Lakeway | State | TX | ZIP | 78738 | ZIP + 4 |
| 24. County | | | | | | | |

Enter Physical Location Description if no street address is provided.

| | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| 25. Description to Physical Location: | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|

| | | | | | | | | |
|------------------|--|--|--|-------|--|--|--|------------------|
| 26. Nearest City | | | | State | | | | Nearest ZIP Code |
|------------------|--|--|--|-------|--|--|--|------------------|

| | | | | | |
|------------------------------|---------|---------|-------------------------------|---------|---------|
| 27. Latitude (N) In Decimal: | | | 28. Longitude (W) In Decimal: | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| | | | | | |

| | | | |
|---------------------------------|-----------------------------------|--|--|
| 29. Primary SIC Code (4 digits) | 30. Secondary SIC Code (4 digits) | 31. Primary NAICS Code (5 or 6 digits) | 32. Secondary NAICS Code (5 or 6 digits) |
| | | | |

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Multi-Family Apartments

| | | | | | | | |
|----------------------|-------------------------|---------|-------|----|-----|-------|---------|
| 34. Mailing Address: | 5313 Serene Hills Drive | | | | | | |
| | City | Lakeway | State | TX | ZIP | 78738 | ZIP + 4 |

| | | | | | | | |
|---------------------|-----------------------------|--|--|--|--|--|--|
| 35. E-Mail Address: | manager@mansionstakeway.com | | | | | | |
|---------------------|-----------------------------|--|--|--|--|--|--|

| | | |
|----------------------|-----------------------|--------------------------------|
| 36. Telephone Number | 37. Extension or Code | 38. Fax Number (if applicable) |
| (512) 692-7125 | | (512) 692-7127 |

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. See the Core Data Form instructions for additional guidance.

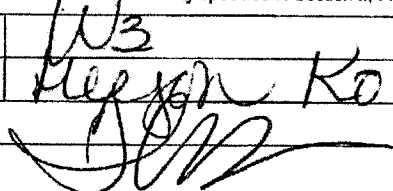
| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Emissions Inventory Air | <input type="checkbox"/> Industrial Hazardous Waste |
| <input type="checkbox"/> Municipal Solid Waste | <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"/> Storm Water | <input type="checkbox"/> Title V Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil |
| <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: | SARIN TRUELSON | | 41. Title: | ASSISTANT DIRECTOR |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address | |
| (512) 692-7125 | () | - | ASSISTANT@MANSIONS.LAKEWAY.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 6 and/or as required for the updates to the ID numbers identified in field 39.

| | | | |
|------------------|---|------------|------------------|
| Company: | W3 | Job Title: | Regional Manager |
| Name (In Print): | Hegeon Konterm | Phone: | 972-471-8700 |
| Signature: |  | Date: | 5/12/16 |