

Control Number: 45522



Item Number: 795

Addendum StartPage: 0

			1.07	L	Dat	te:			
R	egistratio	n of Submete	red OR	Allocated	By		IF &	57	
Utility Service						cket No		8-1-	
NOT	E: Please DO N	OT include any perse	on or protect	ted information of				gned by the	
PROPERTY OWNER : Do not enter the name of the owner's contract manage						IC after you			
DROPFRTY OW	NER: Do not er	nter the name of the o	owner's con	tract manager, n	nanageme	nt company	, or billing	company.	
Name Mansions S			D.	1, Apria 1 0					
	1316 Town Ce	nter Drive	City P	ugerville	St	ate TX	Zip	78660	
Telephone# (AC)	and the second		Fax # (i	f applicable)					
	—	nsionsstonehill com					ROLIDE		
NA	ME, ADDRES	S, AND TYPE OF P	ROPERTY	WHERE UTI	LITY SE	RVICE IS P	ROVIDE	ມ	
Name Mansions								78660	
Mailing Address:	1316 Town C	enter Drive		lugerville		tate TX	Zip	10000	
Telephone# (AC)	512-591-095	5	Fax # (i	f applicable)					
E-mail	manager@m	ansionsstonehill cor	<u>rı</u>		. 1 0	······································	M1	ple-Use Faci	lity
X Apartment Con	nplex Co	ondominium	Manufac	tured Home Re	ntal Con	nmunity		pie-Use raci	<u></u> y
If applicable, descri	ribe the "multi	ple-use facility" he	re:						
		INFORMA	TION ON	UTILITY SER	VICE	10D	X Al	located * *	*
Tenants are billed	for X Wat	and the second	ter	<u>i</u>	Subm	etered <u>OR</u>		IULAICU A A	
Name of utility pr	oviding water/	/wastewater				D			
D. I. stand	ar allocated bil	lling hegins (or beg	an)		1.	Required			
METHOD USED	TO OFFSET C	HARGES FOR CO	MMON AL	EAS Check of	one line	oniy.			
Not applicable		Bills are based or	ı the tenan	t's actual subm	eterea co	Jusumption	tom		
		There are <u>neithe</u>	r common	areas <u>nor</u> an in	stalled 11	rigation sys			
All common a	eas and the irr	rigation system(s) a	re metered	or submetered	l: 1 11		maining	charges amo	mø
We deduct the ac	tual utility cha	arges for water and	wastewate	r to these areas	then all	ocate the re	manning	Charges unit	' ** 8
1									,
This property	has an installe	d irrigation system	that is <u>not</u>	separately met		harron for 1	anter and	wastewater	
We deduct	percent	t (we deduct at leas	t 25 percer	it) of the utility	r's total c	narges for v	Water alle	1 11 40 40 11 11 11 1	
consumption, the	n allocate the	remaining charges	among out	tenants.		- auhmeter	ad.		
		1 · · · · · · · · · · · · · · · · · · ·	(a) that is/s	to constately II	netered C	or submeter	eu. -t 5 parce	ont of the uti	litv's
	4 . 414		th the 17710	ation system(s)	, uicii u	Luuce de rom	200 P	ants.	
total charges for	water and was	tewater consumption	on, then al	locate the renta	ining ch	arges amon	g our ten		
	4 4 1	and irright	ion averem						en
We deduct at lea	st 5 percent of	the retail public ut	ility's tota	charges for wa	ater and	wastewater	consum		
allocate the rema	ining charges	among our tenants.	•						
		SARE ALLOCATE		TIST ATSO CO	MPLET	E PAGE TW	O OF TI	HIS FORM 7	***
★★★IF UTIL	TY SERVICES	AKE ALLUCATE		001 1100 00			PU	RECEIVED	
Send this form b	y mail with a t	total of (3) copies to	J.				BLI	5	
Filing Clerk, Pul	one Utility Cor	mmission of Texas					FU	RE	
1701 North Con	gress Avenue						PUBLIC UTILITY COMMISSION		
P.O. Box 13326 Austin, Texas 78	711-3376					·····			
Austin, Texas 70	/11-3320						ER CO	AM 9:	
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			1 (CODM 1094	3) 10/27/14 Pag	e 1 of 2				
PUCT	Registration form fo	or Submetered or Allocated	I (FURIN 100	uj 10127,2∓ tag					r L
								7	95
								l	ı

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

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

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

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	n, 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 b	e submitted	with the p	rogram application.)			
Renewal (Core Data Form should be subr	nitted with the renewal for	rm) 🔲	Other					
2. Customer Reference Number (if issued)	Follow this link t	o search	3. Regulate	ed Entity Reference	Number (if issued)			
CN	for CN or RN nu	mbers in	RN					
SECTION II: Customer Information	<u>Central Reg</u>	<u>istry</u>						
4. General Customer Information 5. Effective Date for Customer Information Updates (mm/dd/yyyy)								
New Customer Update to Customer Information Change in Regulated Entity Ownership								
Change in Legal Name (Verifiable with the T	exas Secretary of State o	r lexas Con	nptroller of	on what is cur	rent and active with the			
The Customer Name submitted here in Texas Secretary of State (SOS) or Tex	nay be updated add (as Comptroller of F	Public Acc	counts (CPA).				
				stomer, enter previo	us Customer below:			
6. Customer Legal Name (If an individual, print las	it name first: e.g.: Doe, John	<u>''</u>						
Mansions Stone Hill II								
7. TX SOS/CPA Filing Number 8. TX	State Tax ID (11 digits)	giaj			10. DUNS Number (if applicable)			
47132911								
11. Type of Customer: Corporation	🗌 Indiv	vidual	Pa	rtnership: 🔲 Genera				
11. Type of Customer: Corporation Government: City County Federal State		ridual Proprietorsh	hip	Other:				
Government: City County Federal State	Other Sole	Proprietorsh	hip 🗌 13. Inder] Other: pendently Owned a				
Government: City County Federal State 12. Number of Employees 21-100 101-250 25	Other Sole i1-500 501 and hig	Proprietorsh her	hip 13. Inder Yes] Other: pendently Owned a	nd Operated?			
Government: City County Federal State	Other Sole i1-500 501 and hig	Proprietorsh her	hip 13. Inder Yes] Other: pendently Owned a	nd Operated?			
Government: City County Federal State 12. Number of Employees 21-100 101-250 25	Other Sole 1-500 501 and hig lates to the Regulated Entity Owned	Proprietorsh her listed on this r & Operator	hip 13. Indep	Other: pendently Owned a No se check one of the fo	nd Operated?			
Government: City County Federal State 12. Number of Employees 20-20 21-100 101-250 25 14. Customer Role (Proposed or Actual) - as it reliable	Other Sole i1-500 501 and hig ates to the Regulated Entity Owned	Proprietorsh her listed on this	hip 13. Indep	Other: pendently Owned a No se check one of the fo	nd Operated?			
Government: City County Federal State 12. Number of Employees 21-100 101-250 25 14. Customer Role (Proposed or Actual) - as it rel Owner Operator Occupational Licensee Responsible 1316 Town Center Drive	Other Sole i1-500 501 and hig ates to the Regulated Entity Owned	Proprietorsh her listed on this r & Operator	hip 13. Indep	Other: pendently Owned a No se check one of the fo	nd Operated?			
Government: City County Federal State 12. Number of Employees 101-250 25 14. Customer Role (Proposed or Actual) - as it rel Sowner Operator Occupational Licensee Responsible 15. Mailing 1316 Town Center Drive	Other Sole i1-500 501 and hig ates to the Regulated Entity Owned	Proprietorsh her listed on this r & Operator	hip 13. Indep	Other: pendently Owned a No se check one of the fo	nd Operated? bilowing:			
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Government: City County Federal State 12. Number of Employees 101-250 25 14. Customer Role (Proposed or Actual) - as it relevant Operator Owner Operator Occupational Licensee Responsible 15. Mailing 1316 Town Center Drive Address: City Pflogerville	Other Sole In-500	Proprietorsh her listed on this r & Operator tary Cleanup X ZII 17. E-Ma	hip 13. Indep 13. Indep Yes form. Pleas Applicant P 786 ail Addres	Other: pendently Owned a No se check one of the for t Other: S6() s (if applicable)	nd Operated? blowing: ZIP + 4			
Government: City County Federal State 12. Number of Employees 101-250 25 14. Customer Role (Proposed or Actual) - as it relevant - as it relevant Sowner Operator Occupational Licensee Responsible 15. Mailing 1316 Town Center Drive	Other Sole 1-500 501 and hig ates to the Regulated Entity Owner Party Volunt	Proprietorsh her listed on this r & Operator tary Cleanup X ZII 17. E-Ma manaqe	hip 13. Indep 13. Indep Yes form. Pleas Applicant P 786 ail Addres	Other: pendently Owned a No se check one of the for t Other: 66() s (if applicable) sionsstonehill.co	nd Operated? blowing: ZIP + 4			
Government: City County Federal State 12. Number of Employees 101-250 25 14. Customer Role (Proposed or Actual) - as it relevant Operator Owner Operator Occupational Licensee Responsible 15. Mailing 1316 Town Center Drive Address: City Pflogerville	Other Sole	Proprietorsh her listed on this r & Operator tary Cleanup X ZII 17. E-Ma manaqe	hip 13. Indep 13. Indep Yes form. Pleas Applicant P 786 ail Addres	Other: pendently Owned a No se check one of the for t Other: S6() s (if applicable)	nd Operated? blowing: ZIP + 4			
Government: City County Federal State 12. Number of Employees 21-100 101-250 25 14. Customer Role (Proposed or Actual) - as it rel Operator Operator Owner Operator Operator Occupational Licensee Responsible 15. Mailing 1316 Town Center Drive Address: City Pficerville 16. Country Mailing Information (if outside USA) Operation (if outside USA)	Other Sole 1-500 501 and hig ates to the Regulated Entity Owner Party Volunt	Proprietorsh her listed on this r & Operator tary Cleanup X ZII 17. E-Ma manaqe	hip 13. Indep 13. Indep Yes form. Pleas Applicant P 786 ail Addres	Other: pendently Owned a No se check one of the for t Other: 66() s (if applicable) sionsstonehill.co	nd Operated? blowing: ZIP + 4			

21. 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							
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 Stone Hill It							

23. Street Address of the Regulated Entity:	1316	6 Tow	n Center Driv	ve									
(No PO Boxes)	City	Plu	qerville		State	ТХ	ZIP		78660		ZIP +	4	
24. County													
		Ę	Enter Physical L	.ocat	ion Description	n if no street	address	is pr	ovided.				
25. Description to Physical Location:													
26. Nearest City								State				Nearest ZIP Cod	
					_								
27. Latitude (N) In Decim	al:					28. Lo	ngitude (W)	In Decir	nal:			
Degrees			s Sec		nds	Degrees	;			utes	Seco	nds	
						ļ							
						31. Primar	v NAICS	Cod	e	32. Set	condary NA	ICS Code	
29. Primary SIC Code (4 di	lits)	30.	Secondary SIC	Cod	de (4 digits) 51. Frittary (5 or 6 digits)					(5 or 6	digits)	•	
and a second													
33. What is the Primary Bu	siness	of this	entity? (Do no	ot repe	at the SIC or NAI	CS description.)						
Mutli-Family Apartme													
		6 Tow	n Center Drive										
34. Mailing		0.100				· <u> </u>		- -					
Address:								·····					
	City	/ Ph	ugerville		State	TX	ZIP		78660		ZIP	- 4	
35. E-Mail Address:	L	ma	nader@mansio	nsato	onehill com								
36. Teleph	one Nu	mber			37. Extens	ion or Code			38. Fa	ax Numbo	er (if appli	cable)	
(512) 59 - 0955					<u></u>		() -						
39. TCEQ Programs and ID Nu Form instructions for additional ge	nbers C			e in th	e permita/registral	tion numbers th	at will be a	fected	d by the up	dates subm	itted on this	form. See the Core D	
Dam Safety		Distrie	cts		Edwards Aquifer			Emissions Inventory Air			Industrial Hazardous Was		
[+-							1		
								Petroleum Storage Tank					
Municipal Solid Waste New Source Review Air			OSSF					<u> ' ''</u>	٠ <i>٠</i>				
											L	••••••••••••••••••••••••••••••••••••••	
Sludge Storm Water			Title V Air		ר 🗖	Tires			Used Oil				
	1												
Voluntary Cloanup		Wast	a Water		Wastewate	er Anriculture		Vater	Rights		Othe	r:	
Voluntary Cleanup Waste Water		-+	Wastewater Agriculture			Water Rights							
•	1						<u> </u>				Į		
SECTION IV: Prepare	r Infor	matic	n			7							
					<u> </u>		41. T	tle:					
40. Name: 1							_	45. E-Mail Address					
40. Name:	40	Eve In	`ode	T	AA Fay Numh	AF	45 E	Mail	Address				
40. Name: 42. Telephone Number	43.	Ext./C	Code		44. Fax Numb	ber	45. E	Mail	Address				

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: Manguns Stone full,	Job Title: RIGUNAL MG
Name (In Print): Helpha Ko-Herr	Phone: (1444-3-1512-591.0755
Signature:	Date: 5/1/10