



Control Number: 51721



Item Number: 106

Addendum StartPage: 0



Texas Commission on Environmental Quality

Registration of Submetered OR Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6490

Date: 7-25-14 By: JR

This Box for TCEQ Use Only SAP 6490 CO-7-25-14 SAP

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits)

2021 MAR 16 PM 12:12

RN(9 digits)

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

PROPERTY OWNER (Customer on TCEQ-10400)

Name MDC SPRING TRACE LP

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 Spring Trace Apartments

☒ 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 Timberlane U.D. #1-11-28415-00-255

Date submetered or allocated billing begins (or began) 3-2014 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 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 [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/

RECEIVED
JUN 26 2014

FAXED
6/20/14
[Signature]

106



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FORM TCEQ 10363	
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN		RN	

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

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		3-2014	
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 type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Government		<input checked="" type="checkbox"/> Limited Partnership	
9. Customer Legal Name (If an individual, print last name first. ex. Doe, John) If new Customer, enter previous Customer below End Date:			
MDC Spring Trace LP			
10. Mailing Address:			
SPRING TRACE APARTMENTS			
24505 ALDINE WESTFIELD ROAD			
City		SPRING	
State		TX	
ZIP		77373	
ZIP + 4			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		SPRINGTRACE@FDIMGT.COM	
13. Telephone Number		14. Extension or Code	
(281) 528-6000			
15. Fax Number (if applicable)			
(281) 528- 6004			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
76-0798459		32048641701	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		801634378	
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 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)			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	24505 ALDINE WESTFIELD ROAD						
	City	SPRING	State	TX	ZIP	77373	ZIP + 4
25. Mailing Address:	26303 OAKRIDGE DRIVE						
	City	SPRING	State	TX	ZIP	77380	ZIP + 4
26. E-Mail Address:		MFARMER@FDIMGT.COM					
27. Telephone Number		28. Extension or Code		29. Fax Number (if applicable)			
(281) 367 - 5222				(281) 367 - 1711			
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.)							
Senior Apartment Living (Apartments)							

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

35. Description to Physical Location:		same as above					
36. Nearest City		County		State		Nearest ZIP Code	
Spring		Harris		TX		77380	
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:	MICHELLE FARMER	41. Title:	DISTRICT SUPERVISOR
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 367 - 5222		(281) 367 - 1711	MFARMER@FDIMGT.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:	SPRING TRACE APARTMENTS	Job Title:	DISTRICT SUPERVISOR, AGENT FOR OWNER
Name (In Print):	Michelle Farmer	Phone:	(281) 367 - 5222
Signature:	Michelle Farmer as agent for owner	Date:	6/20/14