



Control Number: 51721




Item Number: 116

Addendum StartPage: 0

SAP 6255 CO

VDET

		RECEIVED Texas Commission on Environmental Quality 2013 MAR 15 PM 3:00 Registration of Submetered or Allocated Utility Service		This Box for TCEQ Use Only Registration No. S 6255 Date: 7-22-13 By: DL	
FIELD CLERK		This Box for TCEQ Use Only			
CUSTOMER REFERENCE NUMBER			REGULATED ENTITY REFERENCE NUMBER		
CN(9 digits)			RN(9 digits)		
<input checked="" type="checkbox"/> Send a completed Core Data Form (TCEQ-10400) with this registration.					
PROPERTY OWNER ("Customer" on TCEQ-10400)					
Name Bella Vista Texas Apartments LLC					
<input checked="" type="checkbox"/> Do <u>not</u> 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 Bella Vista Texas Apartments LLC					
<input checked="" type="checkbox"/> Apartment Complex		<input type="checkbox"/> Condominium		<input type="checkbox"/> Manufactured Home Rental Community	
<input type="checkbox"/> Multiple-Use Facility					
<input checked="" type="checkbox"/> If applicable, describe the "multiple-use facility" here:					
INFORMATION ON UTILITY SERVICE					
Tenants are billed for		<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Both these bills are	<input checked="" type="checkbox"/> Submetered
<input type="checkbox"/> Allocated **					
Name of utility providing water/wastewater City of Ft Worth					
Date submetered or allocated billing begins (or began) 7-22-13					
<input checked="" type="checkbox"/> Required					
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS <input checked="" type="checkbox"/> Check one line only.					
<input checked="" type="checkbox"/> Not applicable, because		<input checked="" type="checkbox"/> Bills are based on the tenant's actual submetered consumption			
		<input type="checkbox"/> There are <u>neither</u> common areas <u>nor</u> an installed irrigation system			
OR					
<input type="checkbox"/> 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.					
<input type="checkbox"/> This property has an installed irrigation system that is <u>not</u> separately metered or submetered. We deduct <input type="text"/> 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.					
<input type="checkbox"/> This property has an installed irrigation system(s) that <u>is/are</u> 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.					
<input type="checkbox"/> This property does <u>not</u> 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 TWO OF THIS FORM					
<input checked="" type="checkbox"/> Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239-6972					
by mail to: TCEQ, Utilities & Districts Section, MC-153 PO Box 13087 Austin, TX 78711-3087					
<input checked="" type="checkbox"/> If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. Additional information about submetered and allocated billing is available at the following site: http://www.tceq.texas.gov/utilities/submeter.html					
<input checked="" type="checkbox"/> 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 the following site: http://www.tceq.texas.gov/permitting/central_registry/					



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 checked="" type="checkbox"/> Yes <input 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)		N/A	
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"/> County Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
		<input checked="" type="checkbox"/> Other: Limited Liability Corp.	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Bella Vista Texas Apartments LLC		End Date:	
10. Mailing Address:		801 7/19/13	
8100 Old Denton Rd			
City	Ft Worth	State	TX
ZIP	76137	ZIP + 4	7548
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		bella.vista@michelsonrealty.com	
13. Telephone Number		14. Extension or Code	
(817) - 665-6064			
15. Fax Number (if applicable)			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
45-4937515		32048289501	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		80163774	
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)	
Bella Vista Apartments	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Same 8100 Old Denton							
	City	Ft Worth	State	TX	ZIP	76137	ZIP + 4	7548
25. Mailing Address:	Same							
	City		State		ZIP		ZIP + 4	
26. E-Mail Address:	Same							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)					
(817) 665 6664			() -					
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:	Same						
36. Nearest City	County		State		Nearest ZIP Code		
Ft Worth	Tarrant		TX		76137		
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:

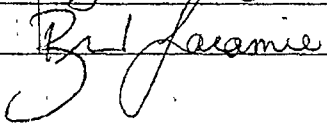
SECTION IV: Preparer Information

40. Name:	Brad Laramie	41. Title:	Area Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(314) 779-9353		() -	Laramie@michelsonrealty

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:	Bella Vista Texas Apartments LLC	Job Title:	
Name (In Print):	Brad Laramie	Phone:	(314) 779-9353
Signature:		Date:	7/15/17