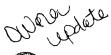
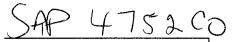
Control Number: 51721

Item Number: 1226

Addendum StartPage: 0





TEXAS COMMISSION ON ENVIRONMENTAL

QUALITY Registration of Submetered or Allocated Utility Service

This Box for	CEC			
Registration	No.	S	Ч	7

Date:By: 9-22-68

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	
Do <u>not</u> enter the name of the owner's contract man NAME AND TYPE OF PROPERTY WHERE UTILITY 10400)	SERVICE IS PROVIDED ("Regulated Entity" on TCEQ-
Name M. Falle Village	232
I A ALZIAN HOLE IAM	tured Home Rental Community
If applicable, describe the "multiple-use facility" here	re:
l	
	Soth These bills are 🗆 Submetered 📢 Allocated**
Name of utility providing water/wastewater	W.S.
Date submetered or allocated billing begins (or began METHOD USED TO OFFSET CHARGES FOR COMM	1,10
	d on the tenant's actual
□ Not applicable, because □ Bills are base submetered con	
□ There are <u>nei</u> t	<u>her</u> common areas <u>nor</u> an
installed irrigatio	· · · · · · · · · · · · · · · · · · ·
	are metered or submetered. We deduct the actual utility hen allocate the remaining charges among our tenants.
	n that is <u>not</u> separately metered or submetered. We er than 25 percent) of the utility's total charges for water and ing charges among our tenants.
deduct the actual utility charges associated with the	h(s) that <u>is/are</u> separately metered or submetered. We irrigation system(s), then deduct at least 5 percent of the sumption, then allocate the remaining charges among our
	on system. We deduct at least 5 percent of the retail public sumption, then allocate the remaining charges among our
** IF UTILITY SERVICES ARE ALLOCATED, YOU MUS	T ALSO COMPLETE PAGE 2 OF THIS FORM.
 Send BOTH this OR by mail to: Utilities & Distribution 	
form and the TCEQ TCEQ Core Data PO Box 13087	
Form by fax to: Austin, TX 7871 512/239–6190	1–3087

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.tceg.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.tceq.state.tx.us/permitting/projects/cr/10400-inst.pdf.

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METHOD USED TO ALLOCATE UTILITY CHARGES E 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.

Number of

1.0

1.6

2.2

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

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

- \mathcal{A} Occupancy and size of rental unit: <u>50 \mathcal{B} dercent</u> (which is equal to or greater 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 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.



ş 1

> RECEIVED TCEQ TCEQ TCEQ TCEQ TCEQ



For detailed instructions regarding completion units from, plane read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

_1. Re	eason for Submi	ssion (If other is checked please	describe in space provi	ided)	a se la presente de la constance en altra presente de la constance de la constance de la constance de la const
\boxtimes	New Permit, Re	egistration or Authorization (Core E	ata Form must be subr	nitted with th	e program application)
	Renewal (Cor	e Data Form must be submitted wit	h the renewal form)	Other	
2. At	tachments 😭 🖯	Describe Any Attachments: (e	x. Title V Application, Was	ste Transporte	r Application, etc.)
\boxtimes]Yes 🗌No	TCEQ - 10363			
3. Cu	istomer Referen	ce Number (if issued)	Follow this link to searc	ch 4. Reg	ulated Entity Reference Number (if issued)
CN	J		for CN or RN numbers Central Registry**		

SECTION II: Customer Information

5. Effective Date for	Customer Information Updates:		····				
6. Customer Role (P	roposed or Actual) - as it relates to the Re	egulated Entity	Visted on this form. Pl	ease chèck only	<u>one</u> of the foll	owing:	
Owner	🛛 Owner & Operator		olunteer Cleanup App				
7. General Custome	7. General Customer Information						
New Customer	🗌 Upda	ate to Custom	ner Information	🗌 Cha	nge in Regula	ated Entity Ow	nership
Change in Legal N	ame (Verifiable with the Texas Secret	tary of State))	<u>No C</u>	hange**		
**If "No Change" and	d Section I is complete, skip to Sec	tion III – Reg	gulated Entity Infor	mation.			-
8. Type of Customer	Sole Proprietorship-D.B.A	State	Government	Corporatio	1		
Individual	City Government	Federa	al Government	Limited Par	rtnership		
General Partnersh	ip 🔲 County Government	Other	Government	Other			
9. Cústomer Legal Name (If an individual, print last name first: ex: Doe, John)							
San Antonio Alterna	tive Housing Corp				<u> </u>		
10. Mailing	South Trinity						
				700	~~~	<u></u>	
	San Antonio		State TX	ZIP 782		ZIP + 4	
11. Country Mailing I	nformation (if outside USA)		12. E-Mail Add	lrešs (if applicab	le):		
13. Telephone Numb	er () (#.2000) (* 2000) (* 14.	. Extension	or Code 🧀 🗧	15. Fax I	Number (if aj	pplicable)	in the second
210-224-2349				210-2	48-9854	ļ	
16. Federal Tax ID (9		ு (11 digits)	18. DUNS Numb				r(ıf applicable)
74-2733508							1
20. Number of Emplo	yees	in the second	and the state of the second	21. Indeper	dently Own	ed and Opera	ted?
⊠ 0-20 □ 21-100	101-250 251-500	501 and high	gher		Yes	🗌 No	
TCEQ USE ONLY					.,]
							Verified 🗌

(Verified by)

SECTION III: Regulated Entity Information

22. General Regulated	Entity Info	irmation (If 'New Re	gulated Entity"	is selected below th	nis form should be a	ccompan	ied by a program application	ז)י
New Regulated Entit					Entity Information	🗌 No	Change** (See below notation)	
**If "NO CHANGE" is checke 23. Regulated Entity Na		• • • •	· · ·		ې دې د که مې و م کې بر	· ,	· · · · · · · · · · · · · · · · · · ·	~ ,
Mitchell Village	ane (name	or the site where the re	guiated action is	taking place)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
	400.01							
24. Street Address of	402 Gilm	lore						
the Regulated Entity:								
(<u>No P.O. Boxes)</u>	City Sar	n Antonio	State	TX ZI	P 78226		ZIP + 4	
and the second second Second second	Same							
25. Mailing Address:								
Address:	City		State	ZI	Ρ		ZIP + 4	
26. E-Mail Address:		.padier@capstonem		n			L	
27. Telephone Number			28. Extensio		29. Fax Number (if	applicable)		
210-433-1425					210-433-4108	;		
30. Primary SIC Code	را مایر رستی از ایش در	31. Secondary SI (4 digits)	C Code	32. Primary NAIC	CS Code	B. Secon	dary NAICS Code	
(À digits)	<u> </u>		an in the second second		<u> </u>	or 6 algits)		
34. What is the Primary	Business	of this entity? (Pl	ease do not repe	t the SIC or NAICS c	lescription.)		and which is the second s	5.0
Apartment Leasing								
Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.								
35. Description to Physical Location:								
36. Nearest City:	er te kop	Treatest for the	County:		State:		Nearest ZIP Code	. is _
					1		[

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

	0		U	
Dam Safety	Municipal Solid Waste	Petroleum Storage Tank	Used Oil	Wastewater Agriculture
Edwards Aquifer	New Source Review – Air	Stormwater	Utilities/Districts/PWS	Water Rights
Industrial Hazardous Waste	OSSF	🔲 Title V – Air	Waste Water	Other:
		f		

SECTION IV: Preparer Information

40. Name: Carol L. Kernic			. Title:	Critical Support Team Analyst
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Ma	il Address
(888) 376-3354	104	(512) 343-1676	carol@si	errabilling.com

SECTION V: Authorized Signature

46. By my signature below, I declare, 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 I, Field 9 and/or as required for the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Sierra Utility Billing Service	Job Title:	Critical Sup	port T	eam Analyst
Name(In Print) :	Carol L. Kernion		Pho	ne: (8	388) 376-3354 ex104
Signature:	and L'Elmon		Date	: 8	115/2008

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