



Control Number: 51721



Item Number: 1277

Addendum StartPage: 0

updated
name & customer

SAP 3685 CO

AMALGAMATED MANAGEMENT CORPORATION

9245 NORTH MERIDIAN STREET, SUITE 215
P.O. BOX 40879
INDIANAPOLIS, INDIANA 46240-0879
PHONE: (317) 844-8825
FAX: (317) 575-0850
E-MAIL: irr@rose-apartments.com

2007 JUN 29 AM 10:21

3710 RAWLINS STREET, SUITE 1380
DALLAS, TEXAS 75219-4217
PHONE: (214) 521-1383
FAX: (214) 521-1417
E-MAIL: jrose@amcpts.com
WEBSITE: www.myapartmenthome.com

☐ REPLY TO

☒ REPLY TO

March 13, 2008

VIA FAX (512) 239-6190
Number of Pages: 5

Utilities & District Section, MC-153
TCEQ
P.O. Box 13087
Austin, Texas 78711-3087

RE: Registration and Core Data Form for Crossings on Marsh

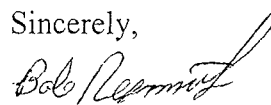
To Ms Taunton,

Enclosed, please find a completed 10363 and 10400 Forms for Crossings on Marsh. The property was just acquired by Irwin R. Rose & Company and is managed by Amalgamated Management Corporation. The property was allocating for water/sewer.

Crossings on Marsh – previous Jefferson Oaks Apartments-Registration No.S3685

Should you need any additional information, please give us a call at (214) 521-1383.

Sincerely,



Bob Nesmith
Agent for AMC

Cc: Amalgamated Management, Indianapolis, Indiana

RECEIVED
TCEQ
WATER SUPPLY DIV.
2008 MAR 26 PM 3 05

1277



**TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY** Registration of Submetered or
Allocated Utility Service

This Box for TCEQ Use Only

Registration No. **S 3685**

Date: By: **DR 4-1-08**

This Box for TCEQ Use Only

Admendment

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits)

RN (9 digits)

| Send a completed *Core Data Form* (TCEQB10400) with this registration

PROPERTY OWNER (A Customer@ on TCEQ-10400)

Name Irwin ROSE – Crossings, LLC

| 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 (A Regulated Entity@ on TCEQ-10400)

Name Crossings on Marsh previously know as Jefferson Oaks

☒ Apartment Complex ☐ Condominium ☐ Manufactured Home Rental Community ☐ Multiple-Use Facility

| If applicable, describe the AmultipleBuse facility@ here:

APARTMENT RENTALS

INFORMATION ON UTILITY SERVICE

Tenants are billed for ☐ Water ☐ Wastewater ☒ Both These bills are ☐ Submetered ☒ Allocated**

Name of utility providing water/wastewater SAN ANTONIO WATER SYSTEM

Date submetered or allocated billing begins (or began) 11/25/02

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

OR

☐ **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 25% percent (which is equal to or greater than 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 have an installed irrigation system.** We deduct at least 2 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 2 OF THIS FORM.**

| Send BOTH this form and the TCEQ Core Data Form by fax to 512/239B6190 **OR** by mail to Utilities & Districts Section, MC B153 TCEQ PO Box 13087 Austin, TX 78711B3087

| If you need help completing this form, call TCEQ=s Utilities & Districts Section at 512/239B4691 You can find additional information about submetered and allocated billing at www.tceq.state.tx.us/permitting/waterperm/ud/submeter.html



**TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY** Registration of Submetered or
Allocated Utility Service

This Box for TCEQ Use Only

Registration No. **S 3685**

Date: By. **DL 4-1-08**

This Box for TCEQ Use Only

Amendment

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits)

RN (9 digits)

| Send a completed *Core Data Form* (TCEQB10400) with this registration

PROPERTY OWNER (ACustomer@ on TCEQ-10400)

Name Irwin ROSE – Crossings, LLC

| 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 (ARegulated Entity@ on TCEQ-10400)

Name Crossings on Marsh previously know as Jefferson Oaks

X Apartment Complex G Condominium G Manufactured Home Rental Community G Multiple-Use Facility

| If applicable, describe the Amultipleuse facility@ here:

APARTMENT RENTALS

INFORMATION ON UTILITY SERVICE

Tenants are billed for G Water G Wastewater X Both These bills are G Submetered X Allocated**

Name of utility providing water/wastewater SAN ANTONIO WATER SYSTEM

Date submetered or allocated billing begins (or began) 11/25/02

Required.

METHOD USED TO OFFSET CHARGES FOR COMMON AREAS | Check one line only.

G Not applicable, because

G Bills are based on the tenant=s actual
submetered consumption,

G There are neither common areas nor an
installed irrigation system.

OR

G 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.

X This property has an installed irrigation system that is not separately metered or submetered. We deduct 25% percent (which is equal to or greater than 25 percent) of the utility=s total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.

G 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.

G This property does have an installed irrigation system. We deduct at least 2 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 2 OF THIS FORM.**

| Send BOTH this OR by mail to: Utilities & Districts Section, MC#153
form and the TCEQ
TCEQ Core Data PO Box 13087
Form by fax to: Austin, TX 78711#3087
512/239#6190

| 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.tceq.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 512/239B5175. You can also find instructions for completing this form at www.tceq.state.tx.us/permitting/projects/cr/10400-inst.pdf

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

☐ **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

☒ **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 (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 multiuse 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

TCEQ Use Only

If you have questions on how to fill out this form or about our Central Registry, please contact us at 512-239-5175

Individuals are entitled to request and review their personal information that the agency gathers on its forms
They may also have any errors in their information corrected To review such information, contact us at 512-239-3282

SECTION I: General Information																							
1. Reason for Submission <i>Example: new wastewater permit, IHW registration, change in customer information; etc.</i>																							
Change of ownership																							
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						(9 digits)		RN				(9 digits)											
SECTION II: Customer Information																							
5. Customer Role (Proposed or Actual) -- As It Relates to the Regulated Entity Listed on This Form																							
Please check <u>one</u> of the following:																							
<input type="checkbox"/>			Owner			<input type="checkbox"/>			Operator			<input checked="" type="checkbox"/>			Owner and Operator								
<input type="checkbox"/>			Occupational Licensee			<input type="checkbox"/>			Volunteer Cleanup Applicant			<input type="checkbox"/>			Other								
<input type="checkbox"/>			TCEQ Use Only			<input type="checkbox"/>			Superfund			<input type="checkbox"/>			PST			<input type="checkbox"/>			Respondent		
6. General Customer Information																							
<input type="checkbox"/>			New Customer						<input type="checkbox"/>			Change to Customer Information											
<input checked="" type="checkbox"/>			Change in Regulated Entity Ownership						<input type="checkbox"/>			No Change*											
*If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.																							
7. Type of Customer:			<input type="checkbox"/>			Individual			<input type="checkbox"/>			Sole Proprietorship - D.B.A.											
<input checked="" type="checkbox"/>			Partnership			<input type="checkbox"/>			Corporation			<input type="checkbox"/>			Federal Government								
<input type="checkbox"/>			State Government			<input type="checkbox"/>			County Government			<input type="checkbox"/>			City Government								
<input type="checkbox"/>			Other Government						<input type="checkbox"/>			Other											
8. Customer Name (If an individual, please print last name first)												If New Name, Enter Previous Name											
Irwin Rose- LLC																							
9. Mailing Address			P.O. Box 40879																				
			City			State			ZIP			ZIP + 4											
			Indianapolis			IN			46240			0879											
10. Country Mailing Information if outside USA						11. E-Mail Address if applicable																	
						irr@rose-apartments.com																	
12. Telephone Number				13. Extension or Code				14. Fax Number if applicable															
(317) 844-8825								(317) 575-0850															
15. Federal Tax ID (9 digits)				16. State Franchise Tax ID Number if applicable				17. DUNS Number if applicable (9 digits)															
26-212393																							
18. Number of Employees								19. 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 checked="" type="checkbox"/>	No										
SECTION III: Regulated Entity Information																							
20. General Regulated Entity Information																							
<input type="checkbox"/>			New Regulated Entity			<input type="checkbox"/>			Change to Regulated Entity Information			<input type="checkbox"/>			No Change*								
*If "No Change" and Section I is complete, skip to Section IV - Preparer Information.																							

Press the Tab Key to continue to page 2

TCEQ Core Data Form

TCEQ Use Only

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They may also have any errors in their information corrected To review such information, contact us at 512-239-3282

SECTION I: General Information

1. Reason for Submission *Example: new wastewater permit, IHW registration, change in customer information, etc*

Change of ownership

2. Attachments Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.)

☒ YES ☐ NO

3. Customer Reference Number-if issued

4. Regulated Entity Reference Number-if issued

CN

(9 digits)

RN

(9 digits)

SECTION II: Customer Information

5. Customer Role (Proposed or Actual) -- As It Relates to the Regulated Entity Listed on This Form

Please check one of the following:

Owner

Operator

☒

Owner and Operator

Occupational Licensee

Volunteer Cleanup Applicant

Other

TCEQ Use Only

Superfund

PST

Respondent

6. General Customer Information

New Customer

Change to Customer Information

☒ Change in Regulated Entity Ownership

No Change*

*If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.

7. Type of Customer:

Individual

Sole Proprietorship - D.B.A.

☒ Partnership

Corporation

Federal Government

State Government

County Government

City Government

Other Government

Other

8. Customer Name (If an individual, please print last name first)

If New Name, Enter Previous Name

Irwin Rose- LLC

9. Mailing Address

P.O. Box 40879

City

State

ZIP

ZIP + 4

Indianapolis

IN

46240

0879

10. Country Mailing Information if outside USA

11. E-Mail Address if applicable

irr@rose-apartments.com

12. Telephone Number

13. Extension or Code

14. Fax Number if applicable

(317) 844-8825

(317) 575-0850

15. Federal Tax ID (9 digits)

16. State Franchise Tax ID Number if applicable

17. DUNS Number if applicable (9 digits)

26-212393

18. Number of Employees

19. Independently Owned and Operated?

☒

0-20

21-100

101-250

251-500

501 and higher

Yes

☒

No

SECTION III: Regulated Entity Information

20. General Regulated Entity Information

New Regulated Entity

Change to Regulated Entity Information

No Change*

*If "No Change" and Section I is complete, skip to Section IV - Preparer Information.

Press the Tab Key to continue to page 2

21. Regulated Entity Name (If an individual, please print last name first)						
Crossings on Marsh						
22. Street Address (No PO Boxes)		18788 Marsh Lane				
		City		State	ZIP	ZIP + 4
		Dallas		TX	75287	
23. Mailing Address		3710 Rawlins Street				
		Suite #1380				
		City		State	ZIP	ZIP + 4
		Dallas		TX	75219 4217	
24. E-Mail Address:		bnesmith@amcpts.com				
25. Telephone Number		26. Extension or Code		27. Fax Number if applicable		
(214) 521-1383		104		(214) 521-1417		
28. Primary SIC Code (4 digits)	29. Secondary SIC Code (4 digits)	30. Primary NAICS Code (5 or 6 digits)		31. Secondary NAICS Code (5 or 6 digits)		
32. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description)						
Apartment Rentals						
Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.						
33. County	Dallas					
34. Description of Physical Location						
35. Nearest City		State		Nearest Zip		
Dallas		TX		75287		
36. Latitude (N)			37. Longitude (W)			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
38. TCEQ Programs In Which This Regulated Entity Participates Not all programs have been listed. Please add to this list as needed. If you don't know or are unsure, please mark "Unknown". If you know a permit or registration # for this entity, please write it below the program.						
<input type="checkbox"/>	Animal Feeding Operation	<input type="checkbox"/>	Petroleum Storage Tank	<input type="checkbox"/>	Water Rights	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Title V - Air	<input type="checkbox"/>	Wastewater Permit	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Industrial & Hazardous Waste	<input type="checkbox"/>	Water Districts	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Municipal Solid Waste	<input checked="" type="checkbox"/>	Water Utilities	<input type="checkbox"/>	Unknown	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	New Source Review - Air	<input type="checkbox"/>	Licensing - Types	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
SECTION IV: Preparer Information						
39. Name			40. Title			
Bob Nesmith			Agent for AMC			
41. Telephone Number		42. Extension or Code		43. Fax Number if applicable		
(214) 521-1383		104		(214) 521-1417		
44. E-mail Address:						