



Control Number: 51721



Item Number: 1295

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Owner update

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

SAP 3849 CO

This Box for TCEQ Use Only	
Registration No. S	<i>3849</i>
Date:By.	<i>DLT - 11-21-08</i>

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 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 *Edgewood*

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 Both These bills are Submetered Allocated**

Name of utility providing water/wastewater *City of Sealy*

Date submetered or allocated billing begins (or began) *3/8/07* 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 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, 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: **512/239-6190** OR by mail to: **Utilities & Districts Section, MC-153**
TCEQ
PO Box 13087
Austin, TX 78711-3087
- 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.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 512/239-5175. 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

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 multi-use facility:** The square footage of the space rented by the tenant divided by the total square footage of all rental spaces.



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 must be submitted with the program application)		
<input type="checkbox"/>	Renewal (Core Data Form must 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: _____			
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner	Owner & Operator	Volunteer Cleanup Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator	Responsible Party	Occupational Licensee	Other _____
7. General Customer Information			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Customer	Update to Customer Information	Change in Regulated Entity Ownership	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Change in Legal Name (Verifiable with the Texas Secretary of State)			No Change**
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual	City Government	Federal Government	Limited Partnership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Partnership	County Government	Other Government	Other _____
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Bill Doogan		End date: _____	
10. Mailing Address:			
DKH EDGewood Apartments LP			
9034 East Easter Place			
City Centennial		State CO	ZIP 80112
			ZIP + 4
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	15. Fax Number (if applicable)
16. Federal Tax ID (9 digits)	17. State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. SOS Filing Number (if applicable)
76-0456350			
20. Number of Employees			21. Independently Owned and Operated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0-20	21-100	101-250	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
251-500	501 and higher		No

TCEQ USE ONLY	Verified <input type="checkbox"/>
	(Verified by) _____

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a program application)

New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information No Change** (See below notation.)

**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)

Edgewood

24. Street Address of the Regulated Entity: (No P.O. Boxes)

1601 Highway 90 West

City Sealy State TX ZIP 77474 ZIP + 4

25. Mailing Address:

Same

City State ZIP ZIP + 4

26. E-Mail Address: edgewood@bhmanagement.com

27. Telephone Number 28. Extension or Code 29. Fax Number (if applicable)

979-885-7173 979-885-4556

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.)

Apartment Leasing

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

35. Description to Physical Location:

36. Nearest City: County: State: Nearest ZIP Code:

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"/> Municipal Solid Waste	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Wastewater Agriculture
<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> Stormwater	<input type="checkbox"/> Utilities/Districts/PWS	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> OSSF	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name: Carol L. Kernion 41. Title: Critical Support Team Analyst

42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address

(888) 376-3354 104 (512) 343-1676 carol@sierrabilling.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 Support Team Analyst
Name (In Print):	Carol L. Kernion	Phone:	(888) 376-3354 ex104
Signature:		Date:	10/30/08