



Control Number: 51721



Item Number: 140

Addendum StartPage: 0



Texas Commission on Environmental Quality

Registration of Submetered
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6282

Date: 8-1-13 By: OR7

SAP 6282 CO

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits) n/a

RN(9 digits) n/a

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

PROPERTY OWNER ("Customer" on TCEQ-10400)

Name S&H Realty Management

☒ 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 The Gates of Allen Station

☒ 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 Allen

Date submetered or allocated billing begins (or began) April 2007 ☒ 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 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, 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 and the TCEQ Core Data 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 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>

☒ 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/

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UTILITIES & DISTRICTS
SECTION



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.

AIR PERMITS DIVISION

SECTION I: General Information

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No n/a		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN n/a		RN n/a

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SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
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 checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input 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 Legal Name (Verifiable with the Texas Secretary of State)		<input 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.			
8. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship- D.B.A.
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Other: LLC
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Allen Station Apartments		LLC	
505 Exchange Pkwy		DLT ✓ 8/13	
10. Mailing Address:	City	State	ZIP
	Allen	Tx	75002
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)	
(214) - 383-5500	n/a	(214) - 383-5501	
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
45-3713544	32045468223	n/a	801500746
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 type="checkbox"/> Yes <input checked="" 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)	
Allen Station Apartments DBA The Gates of Allen Station	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	505 Exchange Pkwy ✓						
City	Allen	State	Tx	ZIP	75002	ZIP + 4	
25. Mailing Address:	505 Exchange Pkwy						
City	Allen	State	Tx	ZIP	75002	ZIP + 4	
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(214) - 383-5500			(214) - 383-5501				
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)			
n/a	n/a	n/a		n/a			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Residential Apartments							

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

35. Description to Physical Location:	n/a						
36. Nearest City	County		State		Nearest ZIP Code		
Allen	Collin		TX		75002		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
n/a							

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:	Jennifer Okland	41. Title:	Manager ✓
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(214) 383 5500	n/a	(214) 383 5501	Jennifer@thegatsotallenstation.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:	Allen Station Apartment	Job Title:	Manager ✓
Name (In Print):	Jennifer Okland	Phone:	(214) 383-5500
Signature:	jokland	Date:	July 17, 2013