Control Number: 51721

Item Number: 1545

Addendum StartPage: 0

·····

· ·
2021 JUL 19. PH 12:53 This Box for TCEQ Use Only
Texas Commission on Environmental Quality Registration No. 5 231
TCEQ Registration of Submetered OR Allocated Utility Service Date: 3-2414 By: DA
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)
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 Westwood apartments
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 X Waxer X Wastewater Submetered QR X Allocated $\star \star \star$
Name of utility providing water/wastewater SAWS
Date submetered or allocated billing begins (or began) 03/24/2014 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 <u>neither</u> common areas <u>nor</u> an installed irrigation system
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 <u>not</u> 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.
X 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, and then
allocate the remaining charges among our tenants.
\star \star if utility services are allocated, you must also complete page two of this form \star \star
Send BOTH this form 10363 and the OR By mail to: TCEQ, Utilities & Districts Section, MC 153
TCEQ Core Data 10400 form by PO Box 13087
fax ro: 512/239-6972 Austin, TX 78711-3087
If you need help completing this form, call the Utilities & Districts Section at 512-239-4691. Additional information about submetering and allocation billing is available at the following <u>Website</u> ³¹ .
If you need help completing the Core Data Form call our Central Registry Program at 512-239-5175 or visit the following
Website "2,
1. http://www.tceg.texas.gov/utilities/submeter.html

2. http://www.tccq.texas.gov/permitting/central_registry/

TCEQ-10363 (Rev 07/2012)

• 1

1545

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:		Number of Occupants for
	Number of Occupants	Billing Purposes
The number of occupants in the tenant's dwelling unit	1	1.0
is adjusted as shown in the table to the right. This	2	1.6
adjusted value is divided by the total of these values	3	2.2
for all dwelling units occupied at the beginning of the	>3	2.2 + 0.4 for each additional occupant
retail public utility's billing period.		

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

X Occupancy and size of rental unit 50% percent (in which no more 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 renant'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 hor water used in the tenant's dwelling unit is divided by all submetered hor 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 the size of 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-10363 (Rev 07/2012)

Page 2 of 2

1. Reason for Bubmission (if other is checked please describe in spree provided) M New Parmit, Ragistation of Authorization. (Core Date Form should be submitted with the program application) Renewal (Core Date Form Should be submitted with the new form) Other 2. Attachments Describe Any Attachments: (or. The V Application, Wester Transportar Application, etc.) Yes QNo Attachments 3. Clustomer Reference Number (If issued) Edizer the With the measure in Core and the submitted with the convertex of the following: SECTION II: Customer Information Attachments A Regulated Entity Reference Number (If issued) 5. Effective Date for Customer Information Updates (mmidd/yyyy) RN RN 9. Coustomer Reference Number (If issued) Regulated Entity Reference Number (If issued) Reserve A Operator 10. Coupelational Licensee Departor Operator Other: Regulated Entity Ownership 10. Coupelational Licensee Regulated Entity Couperator Operator Operator Operator 10. Coupelational Licensee Regulated Entity Information Change In Regulated Entity Ownership D.A 10. Change in Legal Name (Verifiable with the Texas Secretary of State) Image: A Departor Departor 10. Change in Cagal Name (Verifiable with the answer of a scice on Sop					
For dabled instructions egadding completion of this form, please read the Core Data Form Instructions or call 512 239-5175. SECTION 1: Ceneral Information I. Resear of Robinstalon (if Charle I chacked please describe in spreag provided) New Pormit, Registration or Authorization. (Core Data Form should be submitted with the program application.) Renewal (Core Data Form should be submitted with the program application, etc.) I. Resear for Stould be submitted with the annewal form) Charle I. Attachments: Describe Any Attachments: (ar. Tille V Application. Westo Transporter Application, etc.) I. Ves IXNo Scattomer Reference Number (If issued) C. N Collock this this tha based: I. RN SECTION II: Customer Information Updates (mmiddlyyyy) . S. Effective Date for Customer Information Updates (mmiddlyyyy) . S. Customer Role (Proposed or Actual) – est meters to the Regulated Entity (Information Occupational Licensee) Responsible Party Owner (Information Operator Querter & Operator Owner (Information Update to Customer Information Change In Regulated Entity Ownership Obcorpeditional Licensee Responsible Party Voluntary Cleanup Applicant Other: 7. Seneral Customer: Customer Information Change In Regulated Entity Ownership Obcorpeditional L					
For dabled instructions egadding completion of this form, please read the Core Data Form Instructions or call 512 239-5175. SECTION 1: Ceneral Information I. Resear of Robinstalon (if Charle I chacked please describe in spreag provided) New Pormit, Registration or Authorization. (Core Data Form should be submitted with the program application.) Renewal (Core Data Form should be submitted with the program application, etc.) I. Resear for Stould be submitted with the annewal form) Charle I. Attachments: Describe Any Attachments: (ar. Tille V Application. Westo Transporter Application, etc.) I. Ves IXNo Scattomer Reference Number (If issued) C. N Collock this this tha based: I. RN SECTION II: Customer Information Updates (mmiddlyyyy) . S. Effective Date for Customer Information Updates (mmiddlyyyy) . S. Customer Role (Proposed or Actual) – est meters to the Regulated Entity (Information Occupational Licensee) Responsible Party Owner (Information Operator Querter & Operator Owner (Information Update to Customer Information Change In Regulated Entity Ownership Obcorpeditional Licensee Responsible Party Voluntary Cleanup Applicant Other: 7. Seneral Customer: Customer Information Change In Regulated Entity Ownership Obcorpeditional L	TCEO Core Data Form				
SECTION I: General Information 1. Reason for Bubmission (if other is checked please describe in spines provided) Diver Perify Registration Autorization. (Core Data Form should be submitted with the program application) Diver Perify Registration Autorization. (Core Data Form should be submitted with the program application, etc.) Yes Rybo 3. Attachments Describe Any Attachments: (ax. The V Application, water Transporter Application, etc.) Yes Rybo 3. Clustomer Reference Number (If issued) Edite this this is asach CN Section Reference Number (If issued) St. Clustomer Information Contour Role Proposed or Actual) = st relies to the Seguided Entity lated on the form. Please check only one of the following: Bower Operator Owner & Operator Cocustomer Role Proposed or Actual) = st relies to the Seguided Entity lated on the formation Other: Cocustomer Information Change in Regulated Entity Owner & Operator Owner & Operator Bower Customer Operator Update to Customer Information Nachanger: Change in Legal Name (Verifiable with the Treas Sacriatry of State) Nachanger: Nachanger: Whow Customer Comparation Individual Bole Propriotoship- D.B.A City Government Compara					
Mew Permit, Registration of Authorization. (Core Data Form should be submitted with the program application) Renewal. (Core Data Form should be submitted with the renewal form) Other Image: Core Data Form should be submitted with the renewal form) Other Image: Core Data Form should be submitted with the renewal form) Other Image: Core Data Form should be submitted with the renewal form) Other Image: Core Data Form should be submitted with the renewal form) Other Image: Core Data Form should be submitted with the renewal form) A Regulated Entity Reference Number (if issued) Image: Core Data Form Should be submitted with the renewal form) A Regulated Entity Reference Number (if issued) Image: Core Data Form Should be submitted with the renewal form) RN SECTION II: Customer Information Updates (mm/dd/yyyy) Image: Customer Role (Proposed or Actual) - set reliates to the floating in Regulated Entity Information Image: Customer Role (Proposed or Actual) - set reliates to the floating in Regulated Entity Information Image: Customer Imformation Image: Customer Information Update to Customer Information Image: Customer Imformation Image: Customer Information Update to Customer Information Image: Customer Imformation Image: Customer Information Update to Customer Information Image: Customer Imformation	SECTION I: General Information				
Renewal Core Data Form should be submitted with the ranewal form) Other 2. Attachments Describe Any Attachments; (a: This V Application, Weste Transporter Application, etc.) [] Yes [] No 3. Caustomer Reference Number (If Jasued) Follow this iff's to search for O r N aumber. 4. Regulated Entity Reference Number (If Jasued) Renewal Count of the Information Count of the Information Updates (mm/ddyypy) 8. S. Effective Date for Customer Information Update (mm/ddyypy) 8. 8. S. Effective Date for Customer Information Update to Customer Applicant Other: [] Occupational Ucensee Responsible Party Voluntary Cleanup Applicant Other: [] Occupational Ucensee Responsible Party Voluntary Cleanup Applicant Other: [] Occupational Ucensee Responsible Party Voluntary Cleanup Applicant Other: [] Occupational Ucensee Responsible Party Voluntary Cleanup Applicant Other: [] Other Government [] Corporation Individual Bole Proprietorship D. B.A [] Other Government [] Corporation Individual Bole Proprietorship D. B.A [] Other Government [] Corearil Partnership [] Unit J Par					
2. Attachments Describe Any Attachments: (az Title V Application, etc.) □Yes [No 3. Gustomer Reference Number (If issued) Follow that link is search or Nn numbers in a control RN number in a control					
3. Customer Reference Number (If issued) Edbor the link to search 4. Regulated Entity Reference Number (If issued) CN Control Register)* RN SECTION II: Customer Information Updates (mm/ddyyyy) RN S. Effective Date for Customer Information Updates (mm/ddyyyy) RN S. Effective Date for Customer Information Updates (mm/ddyyyy) RN Customer Role (Proposed or Actual) – est initions to the Regulated Entity listed on this form. Please check only one of the following: Customer Role (Proposed or Actual) – est initions to the Regulated and the form. Please check only one of the following: Cover Operator X Owner & Operator Notomer (If issued) Customer Information Note Regulated Entity Information Change in Regulated Entity Ownerahlp Change in Legel Name (Verifiable with the Texes Sacretary of State) Na Change in Regulated Entity Information. R. Type of Customer: Corporation Individual Sole Propriatorship- D.B.A City Government Comparation Individual Sole Propriatorship- D.B.A City Government Comparation (If endowidue, pint last name first, ex. Dec. John) Integrituation Customer Legel Name (If endowidue, pint last name first, ex. Dec. John) Integrituation Customer Legel Name (If endowidue, pint last name first, ex. Dec. John) Integrowant Customer End Date: <td></td>					
CN ter CN or RN numbers In Cantal Registry** RN SECTION II: Customer Information Updates (mm/dd/yyyy) Imm/dd/yyyy) Imm/dd/yyyy) 6. Customer Role (Proposed or Actue) - es it middles to the <u>Regulated Entity</u> field on this form. Places oneck only one of the following: Imm/dd/yyyy) 9. Customer Role (Proposed or Actue) - es it middles to the <u>Regulated Entity</u> field on this form. Places oneck only one of the following: Imm/dd/yyyy) 6. Customer Role (Proposed or Actue) - es it middles to the <u>Regulated Entity</u> field on this form. Places oneck only one of the following: Imm/dd/yyyy) 6. Customer Closerstone Comparison Owner & Oparator Other: Imm/dd/yyyy) 7. General Customer Information Imm/dd/yyyy) Imm/dd/yyyy Imm/dd/yyyy) 8. New Customer Oparator Imm/dd/yyyy Imm/dd/yyyy) 9. Customer: Corporation Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble with the Texes Secretary of State) Imm/dd/yet Integen Name (Verifieble With Integen Name First Life Matters (Name First Paraton) Imm/dd/yet Integen Name (Verifieble With Intege					
SECTION II: Customer Information S. Effective Date for Customer Information Updates (mmiddlyyyy) 6. Customer Role (Proposed or Actual) - est it relates to the <u>Regulated Entity</u> listed on this form. Pieze check only one of the following: Owner Operator Occupational Licensee Responsible Party Voluntary Cleanup Applicant Other: C. General Customer Information Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State) No Change" "'ff "No Change" and Section II is complete, skip to Secretary of State) No Change" Chy Change " and Section II is complete, skip to Section III - Regulated Entity Information. Sole Proprietorship-D.B.A City Government Couporation Individual Sole Proprietorship-D.B.A City Government Couple Customer (if an individual print is at name first: ex. Dec. John) Other: 9. Customer Legal Name (if an individual print is at name first: ex. Dec. John) If and Customer Appartment's Leff 10. Mailing Address: City Gan Anton i O State TX Zitp 78253 Zitp 4 G42.1 11. Country Mailing Information (routake Usa) I2. E-Mail Address (if applicable) WeSt Wood @ diamon chimpst. Complete Site Site Site Site Site Site Site S	for CN or RN numbers in				
5. Effective Date for Customer Information Updates (mm/ddlyyyy) 6. Customer Role (Proposed or Actua) - es it relates to the Begulated Entity fisted on this form. Pleese check only one of the following: □Owner □ Oparator □Owner □ Oparator □Coupational Loansee □ Responsible Party □Vomer □ Oparator □Coupational Loansee □ Responsible Party □Vomer □ Oparator □Coupational Loansee □ Responsible Party □Vomer □ Opdate to Customer Information □Change in Legal Name (Verifiable with the Texas Secretary of State) □ No Change* □Note Change* and Section 1 is complete, skip to Section III - Regulated Entity Information. © Other Government □ Corporation □ Individual □ Other Government □ General Partnership ⊠ Limit J Partnership ○ Other Government □ General Partnership ⊠ Limit J Partnership Other: 9. Customer Legal Name (if on individuel, print lean name first er: Doe, John) If new Customer: anter provious Custom					
□Owner □Operator ☑ Owner & Operator □Occupational Licensee □ Responsible Party □ Voluntary Cleanup Applicant □Other: □ Change in Legal Name (Verifiable with the Texas Secretary of State) □ Na Change** □ Na Change** □ M* Wo Customer □ Operator □ Update to Customer information □ Change in Regulated Entity Ownership □ Change in Legal Name (Verifiable with the Texas Secretary of State) □ Na Change** □ Na Change** □ M* Wo Customer: □ Corporation □ Individual □ Sole Proprietorship- D.B.A □ City Government □ Contry Government □ State Government □ State Government □ Other Government □ Cantry Government □ State Trx Individual customer first: ac: Doe, John) If new Customer					
□Occupational Licensee □Responsible Party □Voluntary Cleanup Applicent □Other: 7. General Customer Information □ Change in Regulated Entity Ownership □Na Change in Regulated Entity Ownership □Name (Verifiable with the Texes Secretary of State) □ Na Change '' Na Change '' ''' "No Change '' and Section I is complete, skip to Section III - Regulated Entity Information. □ Na Change '' ''' "No Change '' □ Corporation □ Individual □ Sole Proprietorship- D.B.A □ City Government □ County Government. □ Federal Government. □ State Government. □ Other Government □ General Partnership ⊠ Limit J Partnership □ Other: 9. Customer Legal Name (If an individual, print last name first: az: Doe, John) If Individual Customer End Date: Westwood Apartments LP 10. Mailing If I // 39 Lule bora Road 11. Country Mailling Information (#outwide USA) 12. E-Mail Address (#applicable) LP / 2.1 11. Country Mailling Information (#outwide USA) 12. E-Mail Address (#applicable) LP / 4.2.1 13. Telephone Number 14. Extension or Code 15. Fax Number (#applicable) LP / 4.2.1 13. Telephone Number 14. Extension or Code <td< td=""><td></td></td<>					
New Customer Update to Customer Information Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State) No Change** ""If "No Change" and Section 1 is complete, skip to Section III - Regulated Entity Information. No Change** 8. Type of Customer: Corporation Individual Sole Proprietorship-D.B.A City Government Corporation Individual Sole Proprietorship-D.B.A City Government General Partnership Xi Limit J Partnership Other: 9. Customer Legal Name (If an individuel, pint leat neme first ex: Doe, John) If Daw Customer. Buller provious Customer End Date: West Wood Apartments LP Image: Customer (I an individuel, pint leat neme first ex: Doe, John) If Daw Customer. Buller provious Customer End Date: 10. Mailing Information (Foutate Usa) 12. E-Mail Address (Fepileable) Image: Customer (I applicable) 11. Country Mailing Information (Foutated Usa) 12. E-Mail Address (Fepileable) Image: Customer (I applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (I applicable) Image: Customer (I applicable) 14. Extension or Code 15. Fax Number (I applicable) 21. D. & & & & & & & & & & & & & & & & & &					
Change in Legal Name (Verifiable with the Texas Secretary of State) □ No Change** "If "No Change** and Section 11s complete, skip to Section 11s - Regulated Entity information. B No Change** 8. Type of Customer: □ Corporation □ Individual □ Sole Proprietorship-D.B.A □ City Government □ County Government □ Federal Government □ State Government □ Other Government □ General Partnership ⊠ Limit J Partnership □ Other: 9. Customer Legal Name (If an Individual, print last name first: ex: Doe, John) If name Customer: ander previous Customer End Pate: West-Wood Appartments L.P.					
"If "No Change" and Section 11s complete, skip to Section III - Regulated Entity Information. 8. Type of Customer: Corporation City Government County Government City Government County Government City Government General Partnership Mathematical County Government Federal Government Other Government General Partnership Nestwood Apartments L.P Nestwood Apartments L.P 10. Mailing 11/39 Address: City San Antonio State TX Vestwood Apartments L.P 11. Country Mailing Information (Fouride USA) 12. E-Meil Address (Fepplicable) Netwood Mathematical Resource 13. Telephone Number 14. Extension or Code 15. Fax Number (Fepplicable) 14. Extension or Code 15. Fax Number (Fepplicable) 15. Fax Number (Fepplicable) 19. TX 80S Filling Number (Feeplicable) 16. Heightee Entity Information (Fouride USA) 18. DUNB Number(Feeplicable) 17. TX State Franchise Tax ID (redge) 18. DUNB Number(Feeplicable) 18. Fax Number of Employees 21. Independentity Owned and Operated? 20. Number of Employees					
8. Type of Customer: □ Corporation □ Individual □ Sole Proprietorship- D.B.A □ City Government □ County Government □ Faderal Government □ State Government □ Other Government □ General Partnership ⊠ Limit J Partnership □ Other: 9. Customer Legal Name (<i>if an individual, print last name first: ex: Doe, John</i>) <i>Il naw Customer, anier previous Customer</i> End Date: 9. Customer Legal Name (<i>if an individual, print last name first: ex: Doe, John</i>) <i>Il naw Customer, anier previous Customer</i> End Date: 9. Customer Legal Name (<i>if an individual, print last name first: ex: Doe, John</i>) <i>Il naw Customer, anier previous Customer</i> End Date: 9. Customer Legal Name (<i>if an individual, print last name first: ex: Doe, John</i>) <i>Il naw Customer, anier previous Customer</i> End Date: 9. Customer Legal Name (<i>if an individual, print last name first: ex: Doe, John</i>) <i>Il naw Customer, anier previous Customer, anier, anier previous Customer, anier, </i>					
□ City Government □ County Government □ Federal Government □ State Government □ Other Government □ General Partnership ⊠ Limit J Partnership □ Other: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 9. Customer Legal Name (If en individuel, print leat neme first: ex: Doe, John) Inaw Customer: enler previous Customer End Date: 10. Mailing Individuel print leat neme first: ex: Doe, John) New State Tx ZIP 78253 ZIP 4 G421 11. Country Mailling Information (# outside USA) 12. E-Mail Address (# epplicable) West Mood @ Jonnor climat. Customer General Pagilicable) (210) GBB – 9444 NA (210) BBB – 9447 <t< td=""><td></td></t<>					
9. Customer Legal Name (II an individuel, print last name first: ex: Doe, John) If new Customer, enter previous Customer End Date: Westwood Apartments L.P. III 139 III 139 Cule bra Road 10. Mailing Address: City San Antonio State TX ZIP 78253 ZIP +4 G42.1 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# epplicable) IVestwood @ diamondmat. Com 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 14. Federal Tax ID (# outside USA) 18. DUNB Number(# applicable) 19. TX State Franchise Tax ID (# outside USA) 14. Federal Tax ID (# outside USA) 18. DUNB Number(# applicable) 19. TX State Franchise Tax ID (# outside USA) 20. Number of Employees 21. Independently Owned and Operated? 20. Number of Employees 21. Independently Owned and Operated? 20. O 21:100 101-250 251-500 501 and higher If Yes No SECTION III: Regulated Entity Information (# New Regulated Entity is selected below this form should be accompanied by a permil application) Xeequated Entity Update to Regulated Entity information. No Change** (See below) "* No CHANGE* is checked					
2. Outstante is a minimum of a minimum of a ballow, outing below End Date: Westwood Apartments LP 11/39 Quile bra Road 10. Mailing Address: City San Antonio State TX ZIP 78253 ZIP +4 6421 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# applicable) 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 14. Federal Tax ID (# outside USA) 18. DUNS Number(# 200) 19. TX 805 Filing Number (# applicable) 21.0) 688 - 9444 Na (210) 688 - 94447 16. Federal Tax ID (# objets) 17. TX State Franchise Tax ID (# objets) 19. TX 805 Filing Number (# applicable) 20. Number of Employees 21. Independently Owned and Operated? 20. Number of Employees 21. Independently Owned and Operated? 20. Ocol 21-100 101-260 251-500 501 and higher 22. General Regulated Entity Information We Regulated Entity Information No 22. General Regulated Entity Information (# New Regulated Entity Name Update to Regulated Entity information No Change** (See below) 23. R	Other Government General Partnership Ki Limit J Partnership Other:				
Westwood Apartments LP 10. Mailing Address: 11. Country Mailing Information (# outside USA) 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (if applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (if applicable) (210) 688 - 9444 NA (210) 16. Federal Tax ID (# digite) 17. TX State Franchise Tax D (# digite) 18. Federal Tax ID (# digite) 17. TX State Franchise Tax D (# digite) 18. Federal Tax ID (# digite) 19. TX 80S Filling Number (# applicable) 20. Number of Employees 21. Independently Owned and Operated? 20. 20 21-100 101-250 251-500 501 and higher 21 Yes 20. General Regulated Entity Information 21. General Regulated Entity Information 22. General Regulated Entity Information 23. Regulated Entity Name (neme of the alte where the regulated Entity Name 24. O CHANGE* is checked and Section II is complete, skip to Section IV, Preparer Information.					
10. Mailing Address: 11/39 Cullebra Road 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# epplicable) 21P 78253 21P +4 6421 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# epplicable) Westwood @ diamondmat. Com 13. Telephone Number 14. Extension or Code 15. Fax Number (if epplicable) (210) 688 - 9444 NA (210) 688 - 94447 16. Federal Tax ID (# digits) 17. TX State Franchise Tax ID (# digits) 18. DUNB Number(# explicable) 19. TX 803 Filling Number (# explicable) 45 - 309 06 13 32044852492 20. Number of Employees 21. Independently Owned and Operated? X 0-20 21.100 101-250 251-500 601 and higher Xes No SECTION III: Regulated Entity Information 12. General Regulated Entity Information (# New Regulated Entity "Is selected below this form should be accompanied by a permil application) Xew Regulated Entity Update to Regulated Entity Information No Change** (See below) ""NO CHANGE" is checked and Section 11s complete, skip to Section IV, Preparer Information. Xegulated Entity Name (neme of the site where the regulated action is taking piece)					
Address: City San Antonio State TX ZIP 78253 ZIP +4 6421 11. Country Mailing Information (# outside USA) 12. E-Mail Address (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) 14. Extension or Code 15. Fax Number (# applicable) 15. Faderal Tax ID (# digite) 17. TX State Franchise Tax ID (# digite) 18. DUNB Number(# applicable) 14. 5309 0.6 1.3 32044852492 18. DUNB Number(# applicable) 20. Number of Employees 21. Independently Owned and Operated? 20. 2. 21-100 101-250 251-500 501 and higher 22. General Regulated Entity Information 17. New Regulated Entity Information No 22. General Regulated Entity Information 19. Ochange** (see below) 23. Regulated Entity Update to Regulated Entity Information No Change** (see below) "It No CHANGE* is checked and Beetien 1 is complete, skip to 8 section IV, Preparer Information. 23. Regulated Entity Name (neme of the alle where the regulated entity is taking place)	11/39 Culebra Road				
11. Country Mailing Information (# outside USA) 12. E-Mail Address (# applicable) 13. Telephone Number 14. Extension or Code 15. Fax Number (# applicable) (210) 688 - 9444 NA (210) 688 - 94447 16. Federal Tax ID (# digits) 17. TX State Franchise Tax ID (# digits) 18. DUNS Number(# applicable) 19. TX 80S Filing Number (# applicable) 45 - 309 06 13 32044852492 20. Number of Employees 21. Independently Owned and Operated? 20. Number of Employees 21. Independently Owned and Operated? No SECTION III: Regulated Entity Information (# New Regulated Entity" is selected below this form should be accompanied by a permit application) New Regulated Entity Update to Regulated Entity information (# New Regulated Entity is selected below this form should be accompanied by a permit application) New Regulated Entity Update to Regulated Entity information (% See below) ~10 *** No CHANGE** is checked and Section 1 is complete, skip to Bection IV, Preparer information. 23. Regulated Entity Name (neme of the site where the regulated ection is taking place)					
New Regulated Entity Operation Operation 22. General Regulated Entity Update to Regulated Entity If where the regulated Entity is complete, skip to Beschion IV, Preparer Information. 23. Regulated Entity Name (neme of the afte where the regulated action is taking place) If several taking place)	City San Antonio State TX ZIP 78253 ZIP+4 6421				
13. Telephone Number 14. Extension or Code 15. Fax Number (il applicable) (210) 688 – 9444 NA (210) 688 – 9447 18. Federal Tax ID (a digita) 17. TX State Franchise Tax ID (11 digita) 18. DUN8 Number (il applicable) 19. TX 803 Filling Number (il applicable) 45 - 309 06 13 32044852492 20. Number of Employees 21. Independently Owned and Operated? 20. Number of Employees 21. Independently Owned and Operated? No SECTION III: Regulated Entity Information 501 and higher 21. Yes No 22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) No Change** (See below) 23. Regulated Entity Name (neme of the afte where the regulated action is taking place) 19. reparer information.					
(210) 688 - 9444 N/A (210) 688 - 9447 18. Federal Tax ID (# digits) 17. TX State Franchise Tax ID (11 digits) 18. DUNB Number (if applicable) 19. TX 80S Filing Number (if applicable) 45 - 309.06.13 32.044852492 20. Number of Employees 21. Independently Owned and Operated? 20. Number of Employees 21. Independently Owned and Operated? 20. 21-100 101-250 251-500 501 and higher 21. Yes SECTION III: Regulated Entity Information 501 and higher Yes No 22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) New Regulated Entity Update to Regulated Entity information No Change** (See below) "If "No CHANGE" is checked and Section 1 is complete, skip to Section IV, Preparer Information. 23. Regulated Entity Name (neme of the alte where the regulated action is taking place) Section is taking place)					
45-3090613 32044852492 20. Number of Employees 21. Independently Owned and Operated? 0-20 21-100 101-250 251-500 501 and higher Image: The second section (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) 22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) 23. Regulated Entity Outpate is checked and Section I is complete, skip to Section IV, Preparer Information. 23. Regulated Entity Name (name of the alte where the regulated action is taking place)	(210) 688-9444 N/A (210) 688-9447				
20. Number of Employees 21. Independently Owned and Operated? 20. 0-20 21-100 101-250 251-500 501 and higher 21. Independently Owned and Operated? SECTION III: Regulated Entity Information 251-500 501 and higher 21. Yes No 22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) 23. Regulated Entity Update to Regulated Entity information. 23. Regulated Entity Name (name of the alte where the regulated action is taking place)					
X 0-20 21-100 101-250 251-500 501 and higher X Yes 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) X New Regulated Entity Update to Regulated Entity information 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 alte where the regulated action is taking place)					
 22. General Regulated Entity Information (If 'New Regulated Entity" is selected below this form should be accompanied by a permit application) New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity information IN 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 alte where the regulated action is taking place) 					
New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity information IN or 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 alte where the regulated action is taking place)	SECTION III: Regulated Entity Information				
"If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information. 23. Regulated Entity Name (name of the alte where the regulated action is taking place)	22. General Regulated Entity Information (If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)				
23. Regulated Entity Name (neme of the site where the regulated action is taking place)					
	Westwood Aspartments				

TCEQ-10400 (09/07)

1

I I

24. Street Addre		Culebra K	oad		
of the Regulate Entity:					
(No P.Q. Boxes)	City Sand	Antonio State	TX ZIP	178253	ZIP + 4
25. Mailing Address:	Same a	is above.			
	City	State	ZIP		ZIP+4
26, E-Mall Addr	888:				
27. Telephone I	Number	28. Extensi	on or Code 🖄 🤐 29	9. Fax Number (If ap)	olicable)
(210) 68	8-9444		(210) 688.	-9447
<u> </u>	Code (4 digits) 31. Seco	ondary SIC Code (4 digite)	32. Primary NAICS	33; 5 (6 or	Secondary NAICS Code
6513			(5 or 8 dig110) 5.3 / 110	(8 or)	8 digita)
6513 34. What is the	Primary Business of this	entity? (Please do not n	(5 or 8 dig110) 5.3 / 110	(8 or)	
6513 34. What is the		entity? (Please do not n	(5 or 8 dig110) 5.3 / 110	(8 or)	8 digita)
6513 34. What is the	Primary Business of this tment Ren	entity? (Please do not n	(5 or 8 d lg10); 5,3 ///0 ppēēl lhe SIC ör NAICS d	(8 or 1	
6513 34. What is the Apar	Primary Business of this tment Ren Questions 34-37 and to Physical	entity? (Please do not n tals ddreas geographic locat	(5 or 8 d lg10); 5,3 ///0 ppēēl lhe SIC ör NAICS d	(8 or 1	
6513 34. What is the Apar 35. Description Physical Locat	Primary Business of this tment Ren Questions 34-37 and to Physical	entity? (Please do not n tals ddreas geographic locat Address	(5 or 8 d lg10); 5,3 ///0 ppēēl lhe SIC ör NAICS d	(6 or 1	
6513 34. What is the Apar 35. Description Physical Locat 38. Nearest Cit	Primary Business of this tment Ren Questions 34-37 and to Physical ion:	entity? (Please do not n tals ddreas geographic locat Address County	(5 or 8 digits) 5.3 ///0 apear the SIC or NAICS of lon. Please refer to th	(6 or lescription) he instructions for	Bidglu)
6513 34. What is the Apar 35. Description Physical Locat 36. Nearest City San H	Primary Business of this tment Ren Questions 34-37 m to Physical Ion: Intonio	entity? (Please do not n tals ddress gwographic locat Address County Be	(B or 8 digits) 5.3 /// présiduité SIC ör NAICS d lon. Please refer to ti (A r	(6 or 1	applicability. Nearest ZIP Code 78253
6513 34. What is the Apar 35. Description Physical Locat 36. Nearest City San H	Primary Business of this tment Ren Questions 34-37 m to Physical Ion: Intonio	entity? (Please do not n tals ddreas geographic locat Address County	(B or 8 digits) 5.3 /// présiduité SIC ör NAICS d lon. Please refer to ti (A r	Birlion (Borl lescription) he instructions for State Texas	applicability.

39, TCEQ Programs and ID Numbers Check eli 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. It your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

Dam Salety	Districts	Edwards Aquiliar	🗋 Industrial Hazardous Waste	Municipal Solid Waste
New Source Review - Alr	OSSF	Petroleum Storage Tank	D PWS	Sludge
Stormwater	Tilie V - Air	Tires		Utlilities
Voluntary Cleanup	Waste Water	Wastewater Agriculture	U Water Rights	Other:

SECTION IV: Preparer Information

40. Name: S. Dianc. Lau		41. Title: 7	Searmal A	langer
42. Telephone Number	ode 44. Fax Number	45. E-Mail Add	Ireas	\mathcal{J}
(210) 251 4935	(210) 251 295	2 Manso	n@ diamor	id mat. com
SECONON V. And				

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: Diamond Management Job Title:	Regional Manager
Name (in print): Spigne Lautson	Phone: (210) 251 4935
Signature. Ali au Louran	Date: 3/24/14

TCEQ-10400 (09/07)