

Control Number: 51721

Item Number: 1567

Addendum StartPage: 0



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

| This Box for   | TCEQ Use Only | 1 |
|----------------|---------------|---|
| Registration N | o. S. Belyket |   |
| Date:          | By:           |   |

|      | 0001 111 19 Ph  | 4 2: 43          |                    |                       |  | · · · · · · · · · · · · · · · · · · · |
|------|---|------------------|--------------------|-----------------------|--|---------------------------------------|
| مدلع | TOTA JOIL 15 1  | 73.2             | This Box for TO    | EQ Use Only.          |  |                                       |
| Ċυ   | STOMER REFERENCE  |                  |                    | REGULATED E           | NTITY REFERENCE N  | JMBER ( A A A A A A                   |
| CN   | FILMGULE  | 3737             | (9 digits)         | RN                    |  | (9 digits)                            |
| D S  | Send a completed Core Da  | ata Form (TCE    | Q-10400) with the  | nis registration.     |  |                                       |
|      |   |                  |                    |                       |  |                                       |
|      | OPERTY OWNER ("Cust   | omer" on TCE     | Q-10400)           | <del>-</del>          |  |                                       |
| Na   |   |                  |                    |                       |  |                                       |
| Ð    | Do not enter the name of the  | he owner's cor   | ntract manager, r  | nanagement con        | npany, or billing company  | /                                     |
| NA   | ME AND TYPE OF PROP   | ERTY WHER        | E UTILITY SERV     | VICE IS PROVID        | ED ("Regulated Entity" of  | on TCEQ-10400)                        |
| Na   | me MADISON  | Ar CE            | DAD SPK            | 21N/aS                |  |                                       |
| Ø    | Apartment Complex   Complex   | ondominium       | ☐ Manufactured     | Home Rental Con       | nmunity 🗆 Multiple-Use   | Facility                              |
| D    | f applicable, describe the  | "multiple-use f  | facility" here:    |                       |  |                                       |
|      |   |                  |                    |                       |  |                                       |
|      | ORMATION ON UTILITY   |                  | 1/2                |                       |  | W                                     |
| _    | nants are billed for Wa   |                  |                    |                       | bills are Submetered   | Allocated**                           |
|      | me of utility providing wate  |                  |                    | WATEL IL              | ILLITIE  |                                       |
| Da   | te submetered or allocated  | d billing begins | (or began)         | JULY 2                | 005  | ▶ Required.                           |
|      |   |                  |                    | J                     |  | ***                                   |
| ME   | THOD USED TO OFFSET   | CHARGES F        | OR COMMON A        | REAS                  | <b>⊡</b> Ch  | eck one line only.                    |
|      |   |                  |                    | ctual submetered      | •  |                                       |
|      | syste   | em.              |                    | nor an installed      | ····   |                                       |
|      | All common areas and the for water and wastewater                                     |                  |                    |                       |  | tual utility charges                  |
|      | This property has an in-<br>percent (which is<br>consumption, then allocat            | s equal to or gr | eater than 25 pe   | rcerit) of the utilit | ely metered or submetery's total charges for water                             |                                       |
| X    | This property has an inst<br>the actual utility charges a<br>charges for water and wa | associated with  | h the irrigation s | ystem(s), then de     | educt at least 5 percent of  | of the utility's total                |
|      | This property does <u>not</u> h total charges for water an                            |                  |                    |                       |  |                                       |
|      | " IF UTILITY SERV   | ICES ARE ALL     | OCATED, YOU I      | NUST ALSO COM         | MPLETE PAGE 2 OF THIS  | S FORM.                               |
| Þ    | Send BOTH this form and the 512/239–6190  | TCEQ Core Data   | Form by fax to.    | OR by mall to-        | Utilities & Districts Section<br>TCEQ<br>PO Box 13087<br>Austin, TX 78711-3087 | i, MC153                              |
| ₽    | If you need help completing this submetered and allocated biling                      |                  |                    |                       |  | nal information about                 |
| Þ    | If you need help completing the for completing this form at www.                      |                  |                    |                       | am at 512/2395175. You car   | also find instructions                |
|      |   |                  |                    |                       |  |                                       |

TCEQ-10363 (Rev. 10/31/03)

Page 1 of 2

1567

## METHOD USED TO ALLOCATE UTILITY CHARGES Check the box or boxes that describe the allocation method used to bill tenants.

| X | 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              | Number of<br>Occupants | Number of Occupants for Billing Purposes |
|--|------------------------|--|
| dwelling unit is adjusted as shown in the table to the right. This             | 1                      | 1.0                                      |
| adjusted value is divided by the total of these values for all dwelling        | 2                      | 1.6                                      |
| units occupied at the beginning of the retail public utility's billing period. | 3                      | 22                                       |
|  | >3                     | 2.2 + 0 4 for each additional occupant   |

| ·  | Number of<br>Bedrooms | Number of Occupants for Billing Purposes |
|--|-----------------------|--|
| ☐ Estimated occupancy method: The estimated occupancy for each   | 0 (Efficiency)        | 1  |
| 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 | 1                     | 1.6                                      |
| divided by the total estimated occupancy in the tenant's dwelling units  | 2                     | 2.8                                      |
| regardless of the actual number of occupants or occupied units.  | 3                     | 4.0                                      |
|  | >3                    | 4.0 + 1.2 for each additional bedroom    |

| 1 |   | Occupancy and size of rental unit: 50 percent (which is equal to or greater than 50%) of the utility bill for  |
|---|---|--|
| 1 | - | water/ wastewater consumption is allocated using the occupancy method checked above. The remainder is  |
|   |   | allocated according to either:   |
|   |   | and the first that the state of |

- 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 | 1 |
|--|---|
| <br>submetered hot water used in all dwelling units.   | I |

| 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 contrac | t. Describe. | <br> |
|---|--|--------------|------|
| 1 |  |              |      |

| 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 Core Data Form**

|                   | TC | EQ.I | Jse     | Only   | , | , ; |
|-------------------|----|------|---------|--------|---|-----|
| ا<br>مراجع الراجع | 3  |      | <u></u> | Ţ.; ·· |   |     |

| SECTION I: General Information   |  |  |         |       |                      |               |  |  |  |  |
|--|--|--|---------|-------|----------------------|---------------|--|--|--|--|
| 1. Reason for Submission Example: new wastewater permit; IHW registration; change in customer information; etc.  |  |  |         |       |                      |               |  |  |  |  |
| Change from submetered to allocated billing  |  |  |         |       |                      |               |  |  |  |  |
| 2. Attachments Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.)  |  |  |         |       |                      |               |  |  |  |  |
| X Yes No TCEQ-10363, Registration of Submetered or Allocated Utility Service   |  |  |         |       |                      |               |  |  |  |  |
| 3. Customer Reference Number if issued   |  | 1                                      |         |       | Entity Reference Num | ber-if issued |  |  |  |  |
| CN600709406 (9 digits)   |  | IR                                     | N 101   | a?    | 33976 (8             | 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: X Owne  | er Don   | erator                                 |         | ີດ    | vner and Operator    |               |  |  |  |  |
| Occupational Licensee Volunteer Cle  |  |  | ther    | ٠ د ر | viie, una operator   |               |  |  |  |  |
| TOEQ Use Qnly D Superfund  |  |  |         |       |                      |               |  |  |  |  |
| 6. General Customer Information  | <del></del>  |  |         |       |                      | 1             |  |  |  |  |
| New Change to Customer Information Change in Regulated Entity No Change*  "If "No Change" and Section i is complete, skip to Section III - Regulated Entity Information. |  |  |         |       |                      |               |  |  |  |  |
| 7. Type of Customer: Individual  | Sole Proprie   | torship                                | - D.B.A | _     | Partnership          | Corporation   |  |  |  |  |
| Federal Government State Govern  |  |  | nty Gov |       |                      | overnment     |  |  |  |  |
| Other Other  |  |  |         |       |                      |               |  |  |  |  |
| 8. Customer Name (If an Individual, please print last name first)  |  |  |         |       |                      |               |  |  |  |  |
|  |  |  |         |       |                      |               |  |  |  |  |
| 9. Mailing Address:  |  |  |         |       |                      |               |  |  |  |  |
|  |  |  |         |       |                      |               |  |  |  |  |
| City   | ,  |  | Stat    |       | ZIP                  | ZIP+4         |  |  |  |  |
| ) ony  |  |  | Jul     | C     | , <u>"</u>           | Z.R T 4       |  |  |  |  |
|  |  | ــــــــــــــــــــــــــــــــــــــ |         |       |                      | L             |  |  |  |  |
| 10. Country Mailing Information if outside USA 11. E-Mail Address if applicable  |  |  |         |       |                      |               |  |  |  |  |
|  |  |  |         |       |                      |               |  |  |  |  |
| 12. Telephone Number   | 13. Extension  | n or Co                                | de 1    | 4. F  | ax Number if applica | able          |  |  |  |  |
| 1  | <u> </u>   |  |         |       | )                    |               |  |  |  |  |
| 15. Federal Tax ID (9 digits) 16. State Franchis   | e Tax ID Num   | nber <i>if a</i>                       | pplica  | ble   | 17. DUNS Number If   | applicable (9 |  |  |  |  |
|  |  |  | ` '     |       |                      |               |  |  |  |  |
| 18. Number of Employees  |  | -                                      | 1.      | 19. I | ndependently Owned   | and Operated? |  |  |  |  |
| 0-20 21-100 101-250 251-5  | 500 501 :  | and high                               | er      |       | Yes N                | lo            |  |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·                                      | * ***                                  |         |       |                      |               |  |  |  |  |
| SECTION III: Regulated Entity Info   | rmation  |  |         |       |                      |               |  |  |  |  |
| 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 V - Preparer Information.             |  |  |         |       |                      |               |  |  |  |  |
|  | 21. Regulated Entity Name (If an Individual, please print last name first) |  |         |       |                      |               |  |  |  |  |
| 21. Regulated Entity Name (If an Individu  | iai, piease pi   | rınt last                              | пате    | tirs  | st)                  |               |  |  |  |  |
| Move cursor to page 2 to continue  |  |  |         |       |                      |               |  |  |  |  |
| Move   | ~!!!! \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\                                  |  |         | 2111  | •                    |               |  |  |  |  |

| 22. Street Address:  |  |                                    |                       |        |                |  |                  |               |  |
|--|--|------------------------------------|-----------------------|--------|----------------|--|------------------|---------------|--|
| (No P.O. Boxes)  |  |                                    |                       |        |                |  |                  |               |  |
|  | City   |                                    |                       | Sta    | ate            | ZIP                                      |                  | ZIP + 4       |  |
|  | •  |                                    |                       |        |                |  |                  |               |  |
| 23. Mailing  | ,  |                                    |                       |        |                |  |                  |               |  |
| Address  |  |                                    |                       |        |                | <u> </u>                                 |                  |               |  |
|  | City   |                                    |                       | Sta    | ate            | ZIP                                      |                  | ZIP + 4       |  |
| 24. E-Mail Address:  |  |                                    |                       |        |                |  |                  |               |  |
| 25. Telephone Numb   | per  |                                    | 26. Extension or Co   | de     | 27. 1          | Fax Numb                                 | er if applicable |               |  |
| ()   |  |                                    |                       |        |                | )  |                  |               |  |
| 28. Primary 29<br>SIC Code<br>(4 digits)   | SIC Code<br>(4 digits) 30. Primary NAICS Code<br>(5 or 6 digits) |                                    |                       |        |                | 31. Secondary NAICS Code (5 or 6 digits) |                  |               |  |
|  |  | <u></u>                            |                       |        |                |  |                  |               |  |
| 32. What Is the Prim   | ary Business of this   | entity                             | y? (Please do not rep | eat tl | he SI          | C or NAIC                                | S description.   | ,             |  |
| , ,  |  |                                    |                       |        |                |  | •                |               |  |
| Questions 33 - 37 address geographic location. Please refer to the instructions for applicability. |  |                                    |                       |        |                |  |                  |               |  |
| 33. County:  | or uddress geo   | <u>ді аріі</u>                     | ic location. Ticase   | 7610   | , 10           | ore mone                                 | icions for ap    | рисаршу.      |  |
| 34. Description of Pl  | hysical Location   |                                    |                       |        |                |  |                  |               |  |
|  |  |                                    |                       |        |                |  |                  |               |  |
| 25 N 4 60  | <u> </u>   |                                    |                       |        | <del>- ,</del> |  | T                |               |  |
| 35, Nearest City   |  |                                    |                       |        |                | State                                    | Nearest ZIP      |               |  |
|  |  |                                    |                       |        |                |  |                  |               |  |
| 36. Latitude (N)   |  |                                    | 37, Lor               | altuc  | de (M          | <i>N</i>                                 | <del> </del>     | .4            |  |
| Degrees  | Minutes  | S                                  |                       | egree  |                |  | Minutes          | Seconds       |  |
| 38 TCEQ Programs   | In Which This Regi   | ilated                             | Entity Participates N | ot all | nros           | rame hav                                 | a hoen listed    | Please add to |  |
| So. Total Togramo  |  |                                    | don't know or are u   |        |                |  |                  |               |  |
| Anımal Feedir  | ng Operation   | g Operation Petroleum Storage Tank |                       |        |                |  | Water Right      | s             |  |
| Title V - Air  |  |                                    | Wastewater Perm       | it     |                |  |                  |               |  |
| Industrial & H   | azardous Waste   |                                    | Water Districts       |        |                |  |                  |               |  |
| Municipal Sol  | id Waste   | X                                  | Water Utilities       |        |                |  | Unknown          |               |  |
| New Source F   | Review - Air   | Licensing - TYPE(s)                |                       |        |                |  |                  |               |  |
| SECTION IV: Preparer Information   |  |                                    |                       |        |                |  |                  |               |  |
| 39. Name Tacourline, G. Caputo 40 Title Divent Manager   |  |                                    |                       |        |                |  | ma ger           |               |  |
| 41. Telephone Number  42. Extension or Code  43. Fax Number if applicable  612,928,720             |  |                                    |                       |        |                |  |                  |               |  |
| 44. E-Mall Address: 1 Caputo @ ERKWOVIO. COM   |  |                                    |                       |        |                |  |                  |               |  |