

Control Number: 51721

Item Number: 1836

Addendum StartPage: 0



REGISTRATION OF SUBMETERED OR ALLOCATED UTILITY SERVICE

	This Box fo	or TNRCC U	se Only	
Regis	stration No.	2807	100	
)ate:	5/211.	^	By: O.	

*	***								
CN		RN		(9 digits)					
	*If the owner does not have this number, complete a Core Data Form (TNRCC-10400) and submit it with this registration. *If you do not have this number for the property, complete a Core Data Form (TNRCC-10400) and submit it with this registration.								
OWNER ("CUSTOMER") Chimney Rock Apartments									
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED ("REGULATED ENTITY")									
	me Chimney Rock Apartments Apartment Condominium Manufactured Home Re	ental Community	Inlinia I Inc Pac	ility (describe below)					
	nultiple-use facility, describe here:	anial Community 🚨 W.	iumpie-Ose rac	inty (describe below)					
	FORMATION ON UTILITY SERVICE								
	nants are billed for: Water Wastewater Both	These bills are	e: 🗆 Submet	ered Allocated*					
		D ENERGY SYSTE	or G. LINC.						
	te submetered or allocated billing begins (or began): JANDARY I			.7 N					
	ETHOD USED TO OFFSET CHARGES FOR COMMON AREAS		\ 1' 1 \	<u> </u>					
	This provision does not apply to this property. (Each unit is subme			- Transit					
"	All common areas are metered or submetered. We deduct the actu	iai charges for water and wa	stewater to these	e areas. Then					
<u> </u>	we allocate the remainder of the utility bill among our tenants.	4-141	3 XXI d.d	7					
lu	This property has an installed irrigation system that is not separat								
	retail public utility's total charges for water and wastewater and then a								
 	This property has an installed irrigation system that is separately			cent of the retail					
ميدا	public utility's total charges for water and wastewater and then allocat								
X	This property does not have an installed irrigation system. We dec		ublic utility's to	al charges for					
<u> </u>	water and wastewater and then allocate the remaining charges among			70					
	*IF UTILITY SERVICES ARE ALLOCATED		LOWING ALX	80.					
	ETHOD USED TO ALLOCATE UTILITY CHARGES (CHECK A		7 7 04						
	Occupancy and size of rental unit: (Owner or manager: If you chec								
	xes to indicate the occupancy method used.) At least 50 percent of the			tion is					
•	ocated using the occupancy method checked below. The remainder is	-	r :						
	he size of the tenant's dwelling unit divided by the total size of all dwell	_							
	he size of the space rented for the tenant's manufactured home divided l								
		ig unit is divided by the tota	I number of occ	upants in all					
	dwelling units at the beginning of the utility's billing period.		NTl	N. de Co					
	The state of the s		Number of Occupants	Number of Occupants for Billing Purposes					
u	Ratio occupancy method: The number of occupants in the tenant's de								
	adjusted as shown in the table at right. This adjusted value is divided	-	1	1.0					
	these values for all dwelling units at the beginning of the retail public		2	1.6					
	period. (The idea behind this method is that increased occupancy doe	s not result in an	3	2.2					
	equal increase in usage.)		>3	2.2 + 0.4 for each					
			Number	additional occupant					
			Number of Bedrooms	Number of Occupants for Billing Purposes					
\		0-1-111 5.1							
M	Estimated occupancy method: The estimated occupancy in the tenant's dwell		0 (Efficiency)	1					
	divided by the total estimated occupancy of all dwelling units. The estimated occupancy		1	1.6					
	for each unit is based on the number of bedrooms and is determined fr	iom me table at	2	2.8					
l	right.	3	4.0						
			>3	4.0 + 1.2 for each					
	G 1	:_ 4b_ 4		additional bedroom					
				submetered 5					
	hot water used in dwelling units.								
	Submetered cold water is used to allocate charges for hot water pr								
	submetered cold water used in the tenant's dwelling unit is divided by		sed in all dwelli						

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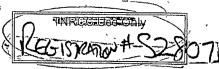
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SECTION I. General information						
1. Reason for Submission Example: new wastewater permit; IHW regis	tration; change in customer information; etc.					
Registration of Allocated Utility Service						
2. Attachments Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.)						
EYes □ No Form with same no	''''					
	egulated Entity Reference Nymber issued - ந					
CN (9 digits)	(1) (5 (6 (7) delight)					
SECTION II: Customer Information	DEC 0 7 2001					
5. Customer Role (Proposed or Actual) As It Relates to the Regulated E	N. Control of the Con					
Please check <u>one</u> of the following: ☐ Owner ☐ Operator	Owner and Operator TES AND DISTRICTS					
Occupational Licensee	11070					
TNRCC Use Only	Respondent					
6. General Customer Information						
☐ New Customer ☐ Change to Customer Information ☐ Change in *If "No Change" and Section I is complete, skip to Section III - R	egulated Entity Information.					
7. Type of Customer: ☐ Individual ☐ Sole Proprietorship - D.B	• • • •					
☐ Federal Government ☐ State Government ☐ County €	Government					
☐ Other Government ☐ Other	· · · · · · · · · · · · · · · · · · ·					
8. Customer Name (If an individual, please print last name first)						
	3 .					
9. Mailing Address: 5005 Riverway Drive - S.	11, 260					
Houston	770.7 - 7131					
City	77056-2131 State ZIP ZIP+4					
Oity						
10. Country Mailing Information if outside USA 11. E-Mail	Address if applicable					
12. Telephone Number 13. Extension or Code	14. Fax Number if applicable					
713 () - 963-0173 15	() -					
15. Federal Tax ID (9 digits) 16. State Franchise Tax ID Number if app	licable 17. DUNS Number if applicable (9 digits)					
74-1650568						
18. Number of Employees	19. Independently Owned and Operated?					
☑ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and highe	☐ YES ☐ NO					
SECTION III: Regulated Entity Information						
20. General Regulated Entity Information ☐ New Regulated Entity ☐ Change to Regulated Entity Information ☐ *If "No Change" and Section I is complete, skip to Sec	No Change* ion IV - Preparer Information.					
21. Regulated Entity Name (If an individual, please print last name first)						
1						





	(LCG IS PORTON # 5/2)						
SECTION I: General Information							
1. Reason for Submission Example: new wastewater permit; IHW registration; change in customer information; etc.							
Registration of Allocated Utility Service							
2. Attachments Describe Any Attachments: (ex: Title V Application							
Eres No Form with same nam	e as above						
3. Customer Reference Number <i>-if issued</i> 4. Regula	ated Entity Reference Number it issued-in-						
CN (9 digits) RN	D E G E Vo de la						
SECTION II: Customer Information	DEC 0 7 2001						
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	Downer and Operator SAND DISTRICT						
☐ Occupational Licensee ☐ Volunteer Cleanup Applicant ☐ Other:	CFOWNER AND OPENICATE SAND DISTRICTS						
TNRCC Use Only 🔲 Superfund 🔲 PST	Respondent						
6. General Customer Information							
☐ New Customer ☐ Change to Customer Information ☐ Change in Regu *If "No Change" and Section I is complete, skip to Section III - Regular	ulated Entity Ownership						
7. Type of Customer: Individual Sole Proprietorship - D.B.A.	☐ Partnership ☐ Corporation						
☐ Federal Government ☐ State Government ☐ County Gover	rnment						
☐ Other Government ☐ Other							
8. Customer Name (If an individual, please print last name first)							
EChimney Rock Apartments							
9. Mailing Address: 5005 Riverway Drive - Svita	350						
Houston Tx	_						
City State	77056-2131 ZIP ZIP+4						
10. Country Mailing Information if outside USA 11. E-Mail Addr	ress if applicable						
10. Country maining morniadon in outside Corr							
12. Telephone Number 13. Extension or Code 14.	. Fax Number if applicable						
713 () - 963-0173 15	() -						
15. Federal Tax ID (9 digits) 16. State Franchise Tax ID Number if applicable	le 17. DUNS Number if applicable (9 digits)						
74-1650568							
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.							

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21. Regulated Entity Name (If an individual, please print last name first)

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·,`

22. Street Address	3:							
No P.O. Boxes	s)				-	······································		
	City .			St	ate		ZIP	ZIP + 4
23. Mailing								1
Address			······································					
	City			Sta	ate		ZIP	ZIP + 4
								2
24. E-Mail Address					1			
25. Telephone Nur	nber	26. Extensi	on or Co	de	27. Fa	x Numbe	r if applicable	
	() -				() -			
28. Primary SIC Code (4 digits)	29. Secondary SIC Code (4 digits)	30. Primary NAICS	S Code 6 digits)					
32. What is the Pri	mary Business of thi	s entity? (Please do	not repe	at the	SIC o	NAICS O	description.)	,
Questi	ons 33 - 37 address (geographic location	. Please	refe	r to the	instruct	ions for app	licability.
33. County:	Harris							
34. Description of								
•	6700 Chimn	ey Rock	Hose	sto	~	772	१ ४।	
35. Nearest City					<u> </u>	State	N	earest ZIP
36. Latitude (N)			37. Lon	gitud	le (W)			
Degrees	Minutes	Seconds	Degrees		Minutes		Seconds	
38. TNRCC Program	ms In Which This Re this list as need	gulated Entity Parti ed. If you don't know						Please add to
☐ Animal Feeding	Operation	☐ Petroleum Storage Tank			☐ Water Rights			
☐ Title V – Air		☐ Wastewater Permit						
☐ Industrial & Haza	ardous Waste	☐ Water Districts						
☐ Municipal Solid V	Vaste	☐ Water Utilities			HUMKNOWN N/A			
☐ New Source Review - Air ☐ Licensing - TYPE(s)			E(s)	*****			· · · · · · · · · · · · · · · · · · ·	
SECTION IV: F	Preparer Inform	ation					,,	<u> </u>
39. Name ARTHUR FRIEDMAN			40. Title 0 WNER					
41. Telephone Num	nber	42. Extension	on or Coc	le	43. Fax		r if applicable	
	11 - 963 - 0	175 ×1	5				() -	
44. E-Mail Address	:	_						