




Control Number: 51721



Item Number: 183

Addendum StartPage: 0

 TCEQ	Texas Commission on Environmental Quality Registration of Submetered OR Allocated Utility Service		This Box for TCEQ Use Only Registration No. S 6354 Date: 10-29-13 By: DLJ	
	This Box for TCEQ Use Only SAP 6354 CO 6-29-30 SAP			
	CUSTOMER REFERENCE NUMBER 117-111-1-32		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 Hudson Trails				
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 Hudson Trails				
<input checked="" type="checkbox"/> Apartment Complex <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home Rental Community <input type="checkbox"/> Multiple-Use Facility				
If applicable, describe the "multiple-use facility" here:				
INFORMATION ON UTILITY SERVICE				
Tenants are billed for <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Wastewater <input checked="" type="checkbox"/> Submetered OR <input type="checkbox"/> Allocated ★★★				
Name of utility providing water/wastewater City of Byran				
Date submetered or allocated billing begins (or began) 06/22/2013 Required				
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.				
<input checked="" type="checkbox"/> Not applicable, because <input checked="" type="checkbox"/> Bills are based on the tenant's actual submetered consumption				
<input type="checkbox"/> There are neither common areas nor an installed irrigation system				
<input type="checkbox"/> 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.				
<input type="checkbox"/> This property has an installed irrigation system that is not separately metered or submetered:				
We deduct <input type="text"/> 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.				
<input checked="" type="checkbox"/> 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.				
<input type="checkbox"/> 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.				
★★★ IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM ★★★				
Send BOTH this form 10363 and the TCEQ Core Data 10400 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 the Utilities & Districts Section at 512-239-4691. Additional information about submetering and allocation billing is available at the following Website ¹ . 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.tceq.texas.gov/utilities/submeter.html>
2. http://www.tceq.texas.gov/permitting/central_registry/

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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 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 type="checkbox"/> No SUBS Utility Service		
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 (mm/dd/yyyy)		10/22/13	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only <u>one</u> of the following			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" 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 Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<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"/> General Partnership	<input checked="" type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Other: _____			
9. Customer Legal Name (If an individual, print last name first: ex. Doe, John)		If new Customer, enter previous Customer below	
BCS Pendleton Apartments II, Ltd		End Date: _____	
4150 Pendleton Drive		027 10/31/13	
10. Mailing Address:			
City	Bryan	State	TX
ZIP	77802	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		hudsonmanager@sunridgemanagement.net	
13. Telephone Number		14. Extension or Code	
(979) 703-6318			
15. Fax Number (if applicable)			
() -			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
800920897		32039920239	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		801146420	
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 checked="" 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 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)	
Hudson Trails Apartments	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	4150 Pendleton Drive						
	City	Bryan	State	TX	ZIP	77802	ZIP + 4
25. Mailing Address:	4150 Pendleton Drive						
	City	Bryan	State	TX	ZIP	77802	ZIP + 4
26. E-Mail Address:	hudsonmanager@sunridgemanagement.ne						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(979) 703-6318			() -				
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)		
6513			53110				
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Apartments							

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

35. Description to Physical Location:	Lot 2, Pendleton Place Subdivision						
36. Nearest City	County		State		Nearest ZIP Code		
Bryan Texas	Brazos		Tx		77802		
37. Latitude (N) In Decimal:	30.657386		38. Longitude (W) In Decimal:		-96.295891		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	39	n	96	17	w		

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 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

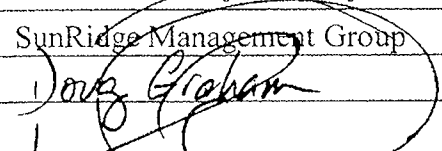
SECTION IV: Preparer Information

40. Name:	Doug Graham		41. Title:	Vice President	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(972) 243-7648		(214) 447-9355	dgraham@sunridgemanagement.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:	SunRidge Management Group	Job Title:	Vice President
Name (In Print):	Doug Graham	Phone:	(972) 243-7648
Signature:		Date:	10/22/13