Control Number: 51721

Item Number: 220

Addendum StartPage: 0

		SAP LINE CO
		This Box for TCEQ Use Only
Texas Commission on Environme	ental Quality	Registration No. 3 6108
Registration of Submeter	ed	Date: 9-21-12 By: DE-1
or Allocated Utility Servi		
	ICEQ Use Only	
CUSTOMER REFERENCE NUMBER	· · · · · ·	ED ENTITY REFERENCE NUMBER
CN(9 digits) 602812828	RN(9 digits)	
Send a completed Core Data Form (TCEQ-10400) with		
PROPERTY OWNER ("Customer" on TCEQ-10400)	8	
Vame Calton Investments Inc.		
Do not enter the name of the owner's contract manager	, management comp	any, or billing company.
NAME AND TYPE OF PROPERTY WHERE UTILITY SERV		
Vame Spring Creek Apartments	· · · · · · · · · · · · · · · · · · ·	
	Home Rental Com	munity Multiple-Use Facility
If applicable, describe the "multiple-use facility" here:		
INFORMATION O	N UTILITY SERVIC	E
Tenants are billed for 🖌 Warer 🗸 Wastewater 🖌 Both th	ese bills are Subr	netered 🖌 Allocated 🛪 🕏
Name of utility providing water/wastewater Clty of Harlinge	en	
Date submetered or allocated billing begins (or began)	7-1-12	► Required
METHOD USED TO OFFSET CHARGES FOR COMMON A	REAS D Che	ck one line only.
Not applicable, because Bills are based on the renant'	······	
There are <u>neither</u> common an		
All common areas and the irrigation system(s) are metere		
water and wastewater to these areas then allocate the remain		
This property has an installed irrigation system that is no		
We deduct percent (we deduct at least 25 per and		l charges for water and wastewater
consumption, then allocate the remaining charges among ou		
This property has an installed irrigation system(s) that is	are separately meter	ed or submetered.
We deduct the actual utility charges associated with the irrig total charges for water and wastewater consumption, then al	gauon system(s), the llocate the remaining	n deduct at least 5 percent of the utility's
\checkmark This property does <u>not</u> have an installed irrigation system		
Itility's total charges for water and wastewater consumption	, then allocate the re	maining charges among our tenants
**IF UTILITY SERVI		•
YOU MUST ALSO COMPLET Send BOTH this form and the		
TCEQ Core Data Form by fax to: OR	•	Q, Utilities & Districts Section, MC-153 lox 13087
512/239-6972		in, TX 78711–3087
lacksquare If you need help completing this form, call TCEQ's Urilities		
nformation about submetered and allocated billing is availab	ble at the following l	Website.
If you need help completing the TCEQ's Core Data Form,	, call our Central Reg	gistry Program at 512/239–5175. You can
· · · · ·		
lso find instructions for completing this form at the followi:	ng Central Registry:	Collecting ICEQ Core Late site.
ilso find instructions for completing this form at the followi.	ng Central Registry:	2
also find instructions for completing this form at the followi	ng Central Registry:	2
also find <u>instructions</u> for completing this form at the followi	ng Central Registry:	
also find instructions for completing this form at the following the fol	ng Central Registry:	
also find <u>instructions</u> for completing this form at the followi	ng Central Registry:	
Ilso find <u>instructions</u> for completing this form at the following the f	ng Central Registry:	2

METHOD USED TO ALLOCATE UTILITY CHARGES

E Check the box or boxes that describe the allocation method used to bill tenants.

Ratio occupancy method:	Number of Occupants	Number of Occupants for 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 retail public utility's billing period	>3	2.2 + 0.4 for each additional occupant
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	16
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

Occupancy and size of rental unit 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 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 submetered hot 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 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

TCEQ Core Data Form

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For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175

SECTION	I: Gen	eral Information								
		n (If other is checked please			•	•				
New Per	mit, Registre	ition or Authorization (Core Di	ete Form sho	ol id b	e submitt	d with	the prog	gram applicatio	n)	
Renewa	(Core Dat	e Form should be submitted w	ith the renew	val for	m) [[] Oth	er			
2. Attachmei	nts C	Describe Any Attachments:	(ex. Title V Ap	oplicat	ion, Waste	Transpo	orter App	lication, etc.)		
Yes	□No 1	rceq-10363								
3, Customer	Reference	Number (Hissued)	Follow this			4. Reg	gulated	Entity Refere	nce Numbe	r (if issued)
CN 6028	12828		for CN or R Central			RN				
ECTION	N <u>II: Cus</u>	stomer Information								
5. Effective I	Date for Cus	tomer Information Updates	(mm/dd/yyy	y)	7/1/20	12				
B. Customer	Role (Propo	sed or Actual) - as it relates to the	Regulated E	intity II	sted on this	: form, F	Please ch	eck only <u>one</u> of	the following	
Owner		Operator	Ø	wner	& Operato	r				
]Occupatio	nal Licensee	e 🔲 Responsible Party	🗌 Ve	olunta	iry Cleanu	p Appli	cant	Other:		
7. General C	ustomer Inf	ormation								
New Cus	tomer	<u> </u>	pdate to Cu	stome	r informat	ION		Change in	Regulated E	Entity Ownership
Change in	Legal Name	e (Verifiable with the Texas Se	cretary of SI	ate)				No Change	9 **	
"If "No Cha	nge" and Şe	ction I is complete, skip to !	Section III -	Regu	ilated En	lity info	omatio	<u>n.</u>		
3. Type of C	ustomer:	Corporation	Individual			Sole Proprietorship- D B A				
City Government			Federal Government		nent	State Government				
Other Government General Partnership			Limited Partnership Other.							
If new Customer enter orevious Customer										
9. Customer	Legal Nam	e (lf an individual, print last name	tirst ex: Doe,	Jonn) belo					End Date:
Calton Inv	vestments		iler-	\checkmark						
	9731 Bo	erne Haze	all							
10. Mailing		y			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Address:	City	Harlingen	State	D	(7		78006		ZIP+4	[]
										I
in, Country	maining into	ormation (if outside USA)			-+			fapplicable) vahoo.com		
13, Telephor	ne Number		14. Extensi	on or				5. Fax Numbe	r (if applical	ble)
(210)60							(-7881	,
16. Federal "		17. TX State Franchise T	ax ID (11 dig	its)	18. DUN	IS Num				g Nurnber (il applicable)
74276302	8	30118183000								
20. Number	of Employe	65						21. Indepen	dently Own	ed and Operated?
X 0-20 [21-100	101-250 251-500	<u> </u>	nd hig	her				Yes	<u>No</u>
ECTIO	Ň III: RA	egulated Entity Info	rmation							
		Entity Information (If 'New Re			selected l	slow fi	his form	should be acco	moanled h	(a permit application)
New Reg	-		-	., Г				ntity Informatio	· · ·	o Chailge** (See below)
<u></u>		"If "NO CHANGE" is check		l is co				·····		
22 Pagulata	d Entity Na	me (name of the site where the n	equiated actio	n is te	kina place)				

Spring Creek Apartments

24, Street Address	1410 Morgan Blvd							
of the Regulater Entity:								
(No P.Q. Boxes)	City	Harlingen	State	TX	ZIP	78550	ZIP+4	
······································	9731	Boerne Haze						
25. Melling Address:								
	City	Boeme	State	TX	ZIP	78006	ZIP + 4	
26, E-Mall Address:	bre	ent hollym@yahoo.	com			* ****		<u> </u>
27, Telephone Numb	er		28. Extensio	on or Code	29	. Fax Number	(If applicable)	
(210) 601-5858	9	56-423-8887			(2	210) 587-7	7881	
30. Primary SIC Code			ode (4 digits)	32, Primar (5 or 8 digits)	NAICS	Code	33. Secondary NAIC: (5 or 6 digits)	S Code
6513				531110				
34. What is the Prime	ny Busi	ness of this entity? (Ple	ese do not rep	ceet the SIC or	NAICS de	scription)		
Apartments								
(uestion	is 34 – 37 address geogra	phic locatio	on. Please re	fer to th	e Instructions	s for applicability.	
35. Description to Physical Location:	At tl	ne cornor of Morgan	Blvd and	l Grimes				

36. Numer City	1	County	Stat		Nearest ZIP Code
Harlingen		Cameron	TX	TX	
37. Latitude (N)	in Decimal:		38. Longitude (W)	In Decimal:	
Degrees	Minutes	Seconds	Degrees	Minules	Seconds

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.

Dam Safety	Districts	Edwards Aquifer	Industrial Hazardous Wasle	Municipal Solid Waste
New Source Review - Alr		Petroleum Storage Tank	D PWS	Sludije
Stormwater	Title V – Air	Tires	Used Oil	
Voluntary Cleanup	U Waste Water	Wastewater Agriculture	U Water Rights	Othe "

SECTION IV: Preparer Information

40 Name: Brent Meyer				41. Title:	Vice President
42 Talephon	e Number	43. Ext./Code	44. Fax Number	45. E-Mall	Address
(210)601	-5858		(210) 587-7881	brent_ho	ollym@yahoo.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:	Calton Investments Inc.	Vice President		
Name (In Print) :	Brent Meyer		Phone:	(210)601-5858
Signature:	B2 (Date:	9/20/201:2