




Control Number: 51721



Item Number: 2349

	Texas Commission on Environmental Quality		This Box for TCEQ Use Only	
	Registration of Submetered or Allocated Utility Service		Registration No. S	2565
			Date:	3-15-12 By: Det
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> DWG Name Update </div>		SAP 2565 CO		
This Box for TCEQ Use Only				
CUSTOMER REFERENCE NUMBER		REGULATED ENTITY REFERENCE NUMBER		
CN(9 digits)		RN(9 digits)		
<input checked="" type="checkbox"/> Send a completed Core Data Form (TCEQ-10400) with this registration.				
PROPERTY OWNER ("Customer" on TCEQ-10400)				
Name	Bent Tree Apts, LLP Beacon Bent Tree LLC 03/16/12			
<input checked="" type="checkbox"/> 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	Bent Tree Apts, LLP 03/16/12			
X	Apartment Complex	Condominium	Manufactured Home Rental Community	Multiple-Use Facility
<input checked="" type="checkbox"/> If applicable, describe the "multiple-use facility" here:				
INFORMATION ON UTILITY SERVICE				
Tenants are billed for	X	Water	X	Wastewater
Both these bills are	X	Submetered	X	Allocated ★★
Name of utility providing water/wastewater		Weston MUD		
Date submetered or allocated billing begins (or began)		<input checked="" type="checkbox"/> 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		OR		
<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 checked="" type="checkbox"/> This property has an installed irrigation system that is <u>not</u> separately metered or submetered. We deduct <u>25</u> percent (which is equal to or greater than 25 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 has an installed irrigation system(s) that <u>is/are</u> 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 <u>not</u> have an installed irrigation system. We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
★★IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM				
<input checked="" type="checkbox"/> Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239-6972 OR by mail to: TCEQ, Utilities & Districts Section, MC-153 PO Box 13087 Austin, TX 78711-3087				
<input checked="" type="checkbox"/> If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. Additional information about submetered and allocated billing is available at the following site: http://www.tceq.texas.gov/permitting/water_supply/ud/submeter.html				
<input checked="" type="checkbox"/> If you need help completing the TCEQ's Core Data Form, call our Central Registry Program at 512/239-5175. You can also find instructions for completing this form at the following site: http://www.tceq.texas.gov/permitting/central_registry/				

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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	Number of Occupants for Billing Purposes
The number of occupants in the tenant's dwelling unit is adjusted as shown in the table to the right. This adjusted value is divided by the total of these values for all dwelling units occupied at the beginning of the retail public utility's billing period.	1	1.0
	2	1.6
	3	2.2
	>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 number of bedrooms as shown in the table to the right. The estimated occupancy in the tenant's dwelling unit is divided by the total estimated occupancy in all dwelling units regardless of the actual number of occupants or occupied units.	0 (Efficiency)	1
	1	1.6
	2	2.8
	3	4.0
	>3	4.0 + 1.2 for each additional bedroom

Occupancy and size of rental unit	percent (which is equal to or greater 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:	
<ul style="list-style-type: none"> 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. 	

<input type="checkbox"/> 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.

<input type="checkbox"/> 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.

<input type="checkbox"/> As outlined in the condominium contract. <input type="checkbox"/> Describe

<input type="checkbox"/> Size of manufactured home rental space: The size of the area rented by the tenant divided by the total area of all rental spaces.

<input type="checkbox"/> 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.
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TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 612-238-6175.

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			
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)			
6. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" type="checkbox"/> Owner & Operator		<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 Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<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 checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
		<input 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 End Date:			
Bent Tree Apartments DET 3/15/12 Beacon Bent Tree LLC			
10. Mailing Address:			
City		State	
Katy		TX	
ZIP		ZIP + 4	
77449			
11. Country Mailing Information (If outside USA)			
12. E-Mail Address (If applicable)			
bdevis@brelliving.com			
13. Telephone Number		14. Extension or Code	
(281) 829-1935			
15. Fax Number (If applicable)			
(281) 579-8550			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
452719485			
18. DUNS Number (If applicable)		19. TX SOS Filing Number (If applicable)	
20. Number of Employees			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			
21. Independently Owned and Operated?			
<input 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 checked="" 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, Preparation Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
Bent Tree Apartments DET 3/16/12	

24. Street Address of the Regulated Entity. (No P.O. Boxes)	21500 Park Row					
	City	Katy	State	TX	ZIP	77449
				ZIP + 4		
25. Mailing Address:	806 Green Valley Rd Suite 311					
	City	Greensboro	State	NC	ZIP	27408
				ZIP + 4		
28. E-Mail Address:	bdavis@hrliving.com					
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
(336) 553-1470			(336) 275-9512			
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.)						
Apartment Community						

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

35. Description to Physical Location:						
36. Nearest City	County		State		Nearest ZIP Code	
Katy			TX			
37. Latitude (N) In Decimal:	29.7946		38. Longitude (W) In Decimal:	-95.747926		
Degrees	Minutes	Seconds	Degrees	Minutes	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.

<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

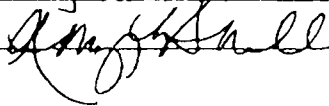
SECTION IV: Preparer Information

40. Name:	Bryan Davis	41. Title:	Director of Software Support
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(336) 553-1470		(336) 275-9512	bdavis@hrliving.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:	Hawthorne Residential Partners	Job Title:	GVP
Name (in Print):	Amy Small	Phone:	(336) 275-9515
Signature:		Date:	2/8/12