



Control Number: 51721



Item Number: 313

Addendum StartPage: 0



# Texas Commission on Environmental Quality

Registration of Submetered **OR** Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6233

Date: 6-24-13 By: DL7

This Box for TCEQ Use Only

SAP 6233 CO

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits)

2021 MAR 29 10:12:08 106228349

Send a completed Core Data Form (TCEQ-10400) with this registration.

**PROPERTY OWNER** (Customer on TCEQ-10400)

Name Oaks of Bulverde, LP

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 Bulverde Oaks Apartments

☒ Apartment Complex ☐ Condominium ☐ Manufactured Home Rental Community ☐ Multiple-Use Facility

If applicable, describe the "multiple-use facility" here:

## INFORMATION ON UTILITY SERVICE

Tenants are billed for ☒ Water ☒ Wastewater ☒ Submetered **OR** ☐ Allocated ★★★

Name of utility providing water/wastewater San Antonio Water System (SAWS)

Date submetered or allocated billing begins (or began) 12-11 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 **neither** common areas **nor** an installed irrigation system

☐ 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.

☐ This property has an installed irrigation system that is **not** separately metered or submetered:

We deduct  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.

☒ 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.

☐ 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/](http://www.tceq.texas.gov/permitting/central_registry/)



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 <b>WPAP</b>	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN		RN 106228349	

## SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		12/13/2011	
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"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Government		<input checked="" type="checkbox"/> Limited Partnership	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) If new Customer, enter previous Customer below End Date:			
Oaks of Bulverde, LP ✓ 021 6/24/13			
10. Mailing Address:			
1301 Capital of Texas Hwy So. #A-134			
City		Austin	
State		TX	
ZIP		78746	
ZIP + 4		3744	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
( 512 ) 329-5755			
15. Fax Number (if applicable)			
( 512 ) 329-5565			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
45-3928826		32045827956	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		0801514510	
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 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 checked="" 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)			
Oaks of Bulverde			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	3515 Canyon Parkway							
	City	San Antonio	State	TX	ZIP	78259	ZIP + 4	
25. Mailing Address:	1301 Capital of Texas Hwy So. #A-134							
	City	Austin	State	TX	ZIP	78746	ZIP + 4	3744
26. E-Mail Address:								
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)					
( 512 ) 329-5755	210-445-3515		( ) -					
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			531110					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								
Apartment Complex								

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

35. Description to Physical Location:	Northeast corner of Bulverde Road at Canyon Parkway				
36. Nearest City	County		State		Nearest ZIP Code
San Antonio	Bexar		TX		78259
37. Latitude (N) In Decimal:	29.632245		38. Longitude (W) In Decimal:	-98.422877	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	37	56.08	-98	25	22.35

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 checked="" type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
		WPAP		
<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:

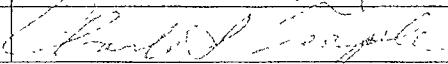
#### SECTION IV: Preparer Information

40. Name:	Rao Vasamsetti, P.E.	41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 210 ) 545-1122		( 210 ) 545-9302	rvasamsetti@mbcengineers.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:	Oaks of Bulverde LP	Job Title:	Oaks of Bulverde
Name (In Print):	Charles S Temple	Phone:	(512) 329-5755
Signature:		Date:	12-21-11

