



Control Number: 51721



Item Number: 370

Addendum StartPage: 0



**TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY** Registration of Submetered or
Allocated Utility Service

2021 MAR 29 PM 12:21

SAP 6062 CO

| | |
|----------------------------|------------|
| This Box for TCEQ Use Only | |
| Registration No. S | 6062 |
| Date: By: | 7-9-12 DGT |

| | |
|---|--|
| This Box for TCEQ Use Only | |
| CUSTOMER REFERENCE NUMBER CN(9 digits) | REGULATED ENTITY REFERENCE NUMBER RN (9 digits) |

Send a completed *Core Data Form* (TCEQB10400) with this registration.

| | |
|--|--|
| PROPERTY OWNER: BHFS IV, LLC | |
| Name 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 (A Regulated Entity@ on TCEQ-10400) | |
| Name FRISCO SQUARE B3A | |
| <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home Rental Community <input checked="" type="checkbox"/> Multiple-Use Facility | |
| If applicable, describe the A multiple B use facility@ here: 2 RETAIL UNITS | |

| | |
|---|--|
| INFORMATION ON UTILITY SERVICE | |
| Tenants are billed for <input type="checkbox"/> Water <input type="checkbox"/> Wastewater <input checked="" type="checkbox"/> Both These bills are <input checked="" type="checkbox"/> Submetered <input type="checkbox"/> Allocated** | |
| Name of utility providing water/wastewater CITY OF FRISCO | |
| Date submetered or allocated billing begins (or began) 12/18/2010 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. 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 type="checkbox"/> This property has an installed irrigation system that is not separately metered or submetered. We deduct _____ 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 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, then allocate the remaining charges among our tenants. | |

**** IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE 2 OF THIS FORM.**

Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239B6190
OR by mail to: Utilities & Districts Section, MCb153
TCEQ
PO Box 13087
Austin, TX 78711B3087

If you need help completing this form, call TCEQ=s Utilities & Districts Section at 512/239B4691. You can find additional information about submetered and allocated billing at www.tceq.state.tx.us/permitting/waterperm/ud/submeter.html.

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Registration Form 10363 | | | |
| 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) | | 6/29/2012 | |
| 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 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 type="checkbox"/> New Customer <input checked="" 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"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Other: LLC | | | |
| 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) If new Customer, enter previous Customer below End Date: | | | |
| BHFS IV, LLC ✓ 021 7-9-12 | | | |
| 10. Mailing Address: | | | |
| 8874 Coleman Blvd | | | |
| City | | State | TX |
| Frisco | | ZIP | 75034 |
| ZIP + 4 | | | |
| 11. Country Mailing Information (if outside USA) | | 12. E-Mail Address (if applicable) | |
| USA | | sroberts@behringerharvard.com | |
| 13. Telephone Number | | 14. Extension or Code | |
| (469) 633-1721 | | | |
| 15. Fax Number (if applicable) | | | |
| (469) 633-1739 | | | |
| 16. Federal Tax ID (9 digits) | | 17. TX State Franchise Tax ID (11 digits) | |
| 260595325 | | | |
| 18. DUNS Number (if applicable) | | 19. TX SOS Filing Number (if applicable) | |
| | | | |
| 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 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, Preparer Information. | | | |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place) | | | |
| Frisco Square B3A | | | |

| | | | | | | | |
|---|-----------------------------------|--------|--|----|--|-------|---------|
| 24. Street Address of the Regulated Entity: (No P.O. Boxes) | 6017 Main Street | | | | | | |
| | City | Frisco | State | TX | ZIP | 75034 | ZIP + 4 |
| 25. Mailing Address: | 8874 Coleman Blvd. | | | | | | |
| | City | Frisco | State | TX | ZIP | 75034 | ZIP + 4 |
| 26. E-Mail Address: | sroberts@behringerharvard.com | | | | | | |
| 27. Telephone Number | 28. Extension or Code | | 29. Fax Number (if applicable) | | | | |
| (469) 633-1721 | | | (469) 633-1739 | | | | |
| 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) | | |
| | | | | | | | |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) | | | | | | | |
| Retail Units | | | | | | | |

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 | |
| | | | | | | |
| 37. Latitude (N) In Decimal: | 38. Longitude (W) In Decimal: | | | | | |
| 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 checked="" 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: |
| | | | | |

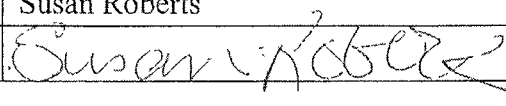
SECTION IV: Preparer Information

| | | | |
|----------------------|---------------|------------------|-------------------------------|
| 40. Name: | Susan Roberts | 41. Title: | Senior Real Estate Manager |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (469) 633-1721 | | (469) 633-1721 | sroberts@behringerharvard.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: | Behringer Harvard | Job Title: | Senior Real Estate Manager |
| Name (In Print): | Susan Roberts | Phone: | (469) 633-1721 |
| Signature: |  | Date: | 7/5/2012 |