



Control Number: 51721



Item Number: 394

Addendum StartPage: 0



Texas Commission on Environmental Quality

Registration of Submetered
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6098

Date: 9-19-12 By: DE7

RECEIVED SAP 6098 CO

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER

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 Posada DLP LLC

☒ 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 Posada De Las Palmas

☒ 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 ☐ Both these bills are ☐ Submetered ☒ Allocated ★★

Name of utility providing water/wastewater City of Brownsville Brownsville Public Utility Board

Date submetered or allocated billing begins (or began) 09/01/2012

☒ 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, 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 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

☒ 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 Website.

☒ 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 Central Registry: Collecting TCEQ Core Data site.

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METHOD USED TO ALLOCATE UTILITY CHARGES

Dec 19/12
☒ Check the box or boxes that describe the allocation method used to bill tenants.

<input checked="" type="checkbox"/> 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.		
<input type="checkbox"/> 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
<input type="checkbox"/> 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.	1 (Efficiency)	1
	1	1.6
	2	2.8
	3	4.0
	>3	4.0 + 1.2 for each additional bedroom

<input checked="" type="checkbox"/> Occupancy and size of rental unit	50%	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: <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.
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<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 checked="" 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 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			
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)		9/1/2012	
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 checked="" type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input 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 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 Government		<input checked="" type="checkbox"/> Limited Partnership	
<input type="checkbox"/> General 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 End Date:	
Posada DLP LLC		4/A	
10. Mailing Address:			
3775 Boca Chica Blvd			
City	Brownsville	State	TX
ZIP	78521	ZIP + 4	4141
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(956) 541-2931			
15. Fax Number (if applicable)			
(956) 541-7969			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
455389715		32042064631	
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 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 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)			
Posada De Las Palmas			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	3775 Boca Chica Blvd							
	City	Brownsville	State	TX	ZIP	78521	ZIP + 4	4141
25. Mailing Address:	same							
	City		State		ZIP		ZIP + 4	
26. E-Mail Address:								
27. Telephone Number			28. Extension or Code		29. Fax Number (if applicable)			
(956) 541-2931					(956) 541-7969			
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.)								
apartment complex								

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

35. Description to Physical Location:		3775 Boca Chica Blvd					
36. Nearest City		County		State		Nearest ZIP Code	
Brownsville		Cameron		TX		78521	
37. Latitude (N) In Decimal:				38. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	Degrees	Minutes

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:

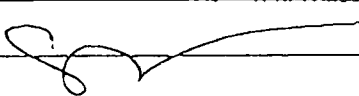
SECTION IV: Preparer Information

40. Name: Grace Waldhelm		41. Title: District Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(956) 541-2931		(956) 541-7969	grace.waldhelm@capstonemanagement.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:	Posada DLP LLC/Capstone Real Estate	Job Title:	District Manager
Name (In Print):	Grace Waldhelm	Phone:	(956) 541-2931
Signature:		Date:	9/1/2012

Debbie Reyes-Tamayo

From: Grace Waldhelm [grace.waldhelm@capstonemanagement.com]
Sent: Tuesday, September 18, 2012 4:20 PM
To: Debbie Reyes-Tamayo
Subject: RE: Posada De Las Palmas

Yes, please mark the appropriate box. I appreciate your help.

Grace Waldhelm
District Manager

Capstone Real Estate Services, Inc. | 301 Horizon Lane | Brownsville, TX 78520
210-495-6500 office | 210-547-9523 fax
grace.waldhelm@capstonemanagement.com | www.capstonemanagement.com

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From: Debbie Reyes-Tamayo [debbie.reyes-tamayo@tceq.texas.gov]
Sent: Thursday, September 13, 2012 9:26 AM
To: Grace Waldhelm
Subject: Posada De Las Palmas

Hi and Good-Morning:

For the form 10363 page 2, if you are going to use the "Occupancy and size of rental unit method" with no more than 50% you also need check off the first box reading "Occupancy method: The number of occupants in the tenants 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.

Because you are using the occupancy method, the total number of tenants (based on lease) and the total square footage of living space in the apartment complex needs to be checked off too.

If you want I can check the box for your by replying to let me know or please update and send directly back to me. Thank you in advance. Debbie

Debbie Reyes Tamayo
Utilities Financial Review
Water Supply Division
512-239-4683 512-239-6972 Fax