



Control Number: 51721



Item Number: 417

Addendum StartPage: 0

SAP 5976 CO



## Texas Commission on Environmental Quality

Registration of Submetered  
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 5976

Date: 12-13-11 By: DET

This Box for TCEQ Use Only

2021 APR -6 AM 11:00

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 Hilltop Pines Mobile Home Community

☒ 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 Hilltop Pines Mobile Home Community

Apartment Complex

Condominium

☒

Manufactured Home Rental Community

Multiple-Use Facility

☒ If applicable, describe the "multiple-use facility" here: N/A

N/A

## INFORMATION ON UTILITY SERVICE

Tenants are billed for ☒ Water ☒ Wastewater ☐ Both these bills are ☒ Submetered ☐ Allocated \*\*

Name of utility providing water/wastewater City of Rusk, Texas

Date submetered or allocated billing begins (or began) December 18, 2011

☒ 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 OR☐ 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 (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☐ 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 site.[http://www.tceq.texas.gov/permitting/water\\_supply/ud/submeter.html](http://www.tceq.texas.gov/permitting/water_supply/ud/submeter.html)☒ 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/](http://www.tceq.texas.gov/permitting/central_registry/)

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Registration of Submetered Utility Service			
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) 12/12/2011			
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"/> 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 checked="" 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 type="checkbox"/> Other			
9. Customer Legal Name (If an individual, print last name first, ex. Doe, John) If new Customer, enter previous Customer below			
Rusk Holdings, LLC			
945 McKinney St # 585			
10. Mailing Address:			
City Houston State TX ZIP 77002 ZIP + 4 6308			
11. Country Mailing Information (if outside USA) N/A			
12. E-Mail Address (if applicable) N/A			
13. Telephone Number ( 713 ) 364-8310			
14. Extension or Code 0			
15. Fax Number (if applicable) ( 713 ) 422-2348			
16. Federal Tax ID (9 digits) 453822021			
17. TX State Franchise Tax ID (11 digits) 32045680421			
18. DUNS Number (if applicable) N/A			
19. TX SOS Filing Number (if applicable) 0801508117			
20. Number of Employees			
<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			
21. Independently Owned and Operated?			
<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)			
Hilltop Pines Mobile Home Community			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	171 Hilltop Dr.					
	City	Rusk	State	TX	ZIP	75785
					ZIP + 4	
25. Mailing Address:	945 McKinney St #585					
	City	Houston	State	TX	ZIP	77002
					ZIP + 4	6308
26. E-Mail Address:	suncoastmh@gmail.com					
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
( 713 ) 364-8310	N/A		( 713 ) 422-2348			
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)	
6515	N/A		531190		N/A	
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description)						
Mobile Home Park renting lots for manufactured homes.						

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

35. Description to Physical Location:	See physical street address					
36. Nearest City	County		State		Nearest ZIP Code	
Rusk	Cherokee		TX		75785	
37. Latitude (N) In Decimal:	N/A		38. Longitude (W) In Decimal:		N/A	
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

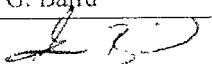
#### SECTION IV: Preparer Information

40. Name:	G. Baird		41. Title:	Member	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
( 713 ) 364-8310	N/A	( 713 ) 422-2348	suncoastmh@gmail.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:	Rusk Holdings, LLC		Job Title:	Managing Member	
Name (In Print):	G. Baird		Phone:	( 713 ) 364-8310	
Signature:			Date:	12/12/2011	