



Control Number: 51721



Item Number: 457

Addendum StartPage: 0



Texas Commission on Environmental Quality

Registration of Submetered
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6032

Date 4-16-12 By DEL

SAP 6032 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 InterCapital Stonewood Ranch, 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 Stonewood Ranch MHC Sanger, TX

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 Sanger

Date submetered or allocated billing begins (or began) 3-12-12 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
☒ Individual meters ☒ 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 submeteredWe 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

by mail to

TCEQ, Utilities & Districts Section, MCB153

TCEQ Core Data Form by fax to OR

PO Box 13087

512/239B6972

Austin, TX 78711B3087

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_and_submetering.html

If you need help completing the TCEQ's Core Data Form, call our Central Registry Program at 512-239-3875. You can also find instructions for completing this form at the following site:



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 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)		3/12/12	
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 type="checkbox"/> Update to Customer Information	<input type="checkbox"/> Change in Regulated Entity Ownership
<input checked="" type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input checked="" 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 checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: DE 141612		
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Intercapital Stonewood Ranch LLC		Intercapital Ranch LLC	
523 W. Old Mill Hwy Ste 201		Barrington IL 60010	
City		State	ZIP
Barrington		IL	60010
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		Kcotton@vesta24-7.com	
13. Telephone Number 312-981-1782		14. Extension or Code	
15. Fax Number (if applicable)			
(940) 458-4195			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
27-0480968		32040151444	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		0801161371	
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 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)	
Stonewood Ranch MHC DE 141612	

✓ Oct 4/14/12

24. Street Address of the Regulated Entity: (No P.O. Boxes)	100 Parma Court						100 Parma Ct.	
	City	Sanger	State	TX	ZIP	76266	ZIP + 4	
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)					
(940) 458-3663			() -					
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								
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description)								
Mobile Home Rental 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		
Sanger	Denton	TX	76266		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:				
Degrees Minutes Seconds	Degrees Minutes Seconds				
33 21 47	97 10 34				

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 checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR159627				
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

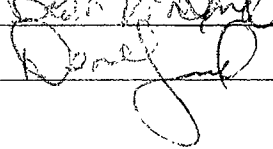
SECTION IV: Preparer Information

40. Name:	Dean Dwyard	41. Title:	RVP
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(214) 213 5604	NA	() -	dwyard@vera24-7.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:	Vera Mont	Job Title:	Reg. VP
Name (In Print):	Dean Dwyard	Phone:	(214) 213 5604
Signature:		Date:	3-12-12