



Control Number: 51721



Item Number: 471

Addendum StartPage: 0



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

SAP 6048 CO

This Box for TCEQ Use Only

Registration No. **S 6048**

Date By: **6-7-12 DRT**

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** (ACustomer@ on TCEQ-10400)

Name

**AR-FOSSIL, Ltd.**

| 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** (ARegulated Entity@ on TCEQ-10400)

Name **The Abbey at Fossil Creek**

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

| If applicable, describe the AmultipleBuse 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 Ft. Worth**

Date submetered or allocated billing begins (or began) **1/13/2006** | 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 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](http://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)		5/29/2012	
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 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:			
AR-Fossil, Ltd. ✓ OK 6/1/12			
10. Mailing Address:			
1930 Stonegate Drive			
City Birmingham		State AL	
ZIP 35242		ZIP + 4 2523	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(205) 823-9101			
15. Fax Number (if applicable)			
(205) 967-9109			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
20-31039040		32035316002	
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)			
The Abbey at Fossil Creek			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	6700 Sandshell Blvd.						
	City	Ft. Worth	State	TX	ZIP	76137	ZIP + 4
25. Mailing Address:	6700 Sandshell Blvd.						
	City	Ft Worth	State	TX	ZIP	76137	ZIP + 4
26. E-Mail Address:	managerfossilcreek@abbeyresidential.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
( 817 ) 577-8666			(817) 847-7993				
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:							
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:	Katie Scruggs	41. Title:	Nat'l Training Director
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(205) 823-9101	x111	(205) 967-9109	KScruggs@abbeyresidential.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:	Abbey Residential Services Inc.	Job Title:	Nat'l Training Director
Name (In Print):	Katie Scruggs	Phone:	(205) 823-9101 x111
Signature:	Katie Scruggs	Date:	5.30.12

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