



Control Number: 51721



Item Number: 501

Addendum StartPage: 0

SAP 5896 C/O



# Texas Commission on Environmental Quality

Registration of Submetered  
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 5896

Date: 4-28-11 By: DR

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 ~~The Smith Companies~~ DL Cavalier m HP LLC 4-27-11

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 Cavalier Mobile Home Park

Apartment Complex

Condominium

X

Manufactured Home Rental Community

Multiple-Use Facility

If applicable, describe the multipleBuse facility here:

## INFORMATION ON UTILITY SERVICE

Tenants are billed for

X

Water

X

Wastewater

Both these bills are

X

Submetered

Allocated \*\*

Name of utility providing water/wastewater Macedonia-Eylau Municipal Utility District #1

Date submetered or allocated billing begins (or began)

11/20/2010

Required

## METHOD USED TO OFFSET CHARGES FOR COMMON AREAS

Check one line only.

X Not applicable, because

X

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:  
512/239B6972

OR

by mail to: TCEQ, Utilities & Districts Section, MCB153  
PO Box 13087  
Austin, TX 78711B3087

If you need help completing this form, call TCEQ=s Utilities & Districts Section at 512/239B4691. Additional information about submetered and allocated billing is available at the following site:

[http://www.tceq.state.tx.us/permitting/water\\_supply/ud/submeter.html](http://www.tceq.state.tx.us/permitting/water_supply/ud/submeter.html)

If you need help completing the TCEQ=s Core Data Form, call our Central Registry Program at 512/239B5175. You can also find instructions for completing this form at the following site:

[http://www.tceq.state.tx.us/permitting/central\\_registry/guidance.html](http://www.tceq.state.tx.us/permitting/central_registry/guidance.html)



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		TCEQ-10363 form	
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)		11/20/2010	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only <u>one</u> 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 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:			
The Smith Companies Cavalier MHP LLC			
10. Mailing Address:			
PO Box 560219			
City Orlando State FL ZIP 32856 ZIP + 4			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
( 407 ) 474-5456			
15. Fax Number (if applicable)			
( ) -			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
261769540			
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)	
Cavalier Mobile Home Park	

5601 #2 DE 4/28/11

24. Street Address of the Regulated Entity: (No. P.O. Boxes)	5610 S Lake Dr						
City	Texarkana	State	TX	ZIP	75501	ZIP + 4	
25. Mailing Address:	PO Box 560219						
City	Orlando	State	FL	ZIP	32856	ZIP + 4	
26. E-Mail Address:	jamie.smith@smithcompanies.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
( 903 ) 838-6703			( ) -				
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.)							
Mobile Home Park							

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	
Texarkana	Bowie		TX		75501	
37. Latitude (N) In Decimal:	33.390		38. Longitude (W) In Decimal:	-94.107		
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 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:	Andris Silins	41. Title:	Technology Operations Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 585 ) 454-1360		( 585 ) 454-4056	asilins@waterwatchcorp.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:	WaterWatch Corp	Job Title:	Technology Operations Mgr
Name (In Print):	Andris Silins	Phone:	( 585 ) 454-1360
Signature:		Date:	1/12/2011

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DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)[Previous on List](#)[Next on List](#)[Return To List](#)[Events](#)[No Name History](#)**Detail by FEI/EIN Number****Florida Limited Liability Company**

CAVALIER MHP LLC

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**Principal Address**

510 GATLIN AVE  
ORLANDO FL 32806

**Mailing Address**

510 GATLIN AVE  
ORLANDO FL 32806

**Registered Agent Name & Address**

SMITH, JAMIE  
510 GATLIN AVENUE  
ORLANDO FL 32806 US

**Manager/Member Detail****Name & Address**

Title MGR

SMITH, JAMIE  
510 GATLIN AVE  
ORLANDO FL 32806 US

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