



Control Number: 51721



Item Number: 538

Addendum StartPage: 0

SAP 5481 CO



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

This Box for TCEQ Use Only
Registration No. S 5481
Date By DET 12/13/07

This Box for TCEQ Use Only
CUSTOMER REFERENCE NUMBER CN(9 digits) 603128729
REGULATED ENTITY REFERENCE NUMBER RN (9 digits)

Send a completed Core Data Form (TCEQ-10400) with this registration.

PROPERTY OWNER ("Customer" on TCEQ-10400)
Name Coit Road Apartments, L.P.
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED ("Regulated Entity" on TCEQ-10400)
Name Kia Ora Park Apartments
Apartment Complex

INFORMATION ON UTILITY SERVICE
Tenants are billed for Water Wastewater Both These bills are Submetered Allocated**
Name of utility providing water/wastewater
Date submetered or allocated billing begins (or began) 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 25 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. 512/239-6190 OR by mail to. Utilities & Districts Section, MC-153 TCEQ PO Box 13087 Austin, TX 78711-3087
If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. You can find additional information about submetered and allocated billing at www.tceq.state.tx.us/permitting/waterperm/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 www.tceq.state.tx.us/permitting/projects/gr/10400-inst.pdf.

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METHOD USED TO ALLOCATE UTILITY CHARGES

Check the box or boxes that describe the allocation method used to bill tenants.

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

Number of Occupants	Number of Occupants for Billing Purposes
1	1.0
2	1.6
3	2.2
>3	2.2 + 0.4 for each additional occupant

Ratio occupancy method: 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.

Number of Bedrooms	Number of Occupants for Billing Purposes
0 (Efficiency)	1
1	1.6
2	2.8
3	4.0
>3	4.0 + 1.2 for each additional bedroom

Estimated occupancy method: 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.

Occupancy and size of rental unit: _____ percent (which is equal to or greater 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:

- 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

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.

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.

As outlined in the condominium contract Describe:

Size of manufactured home rental space: The size of the area rented by the tenant divided by the total area of all rental spaces

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.

TCEQ Core Data Form

TCEQ Use Only

If you have questions on how to fill out this form or about our Central Registry, please contact us at 512-239-5175

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282

SECTION I: General Information

1. Reason for Submission <i>Example: new wastewater permit; IHW registration; change in customer information, etc.</i> <u>Allocated utility service</u>	
2. Attachments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) <u>Form 10363</u>
3. Customer Reference Number-if issued CN <u>603128729</u> (9 digits)	4. Regulated Entity Reference Number-if issued RN _____ (9 digits)

SECTION II: Customer Information

5. Customer Role (Proposed or Actual) -- As It Relates to the Regulated Entity Listed on This Form Please check <u>one</u> of the following. <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner and Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Volunteer Cleanup Applicant <input type="checkbox"/> Other: _____			
TCEQ Use Only <input type="checkbox"/> Superfund <input type="checkbox"/> PST <input type="checkbox"/> Respondent			
6. General Customer Information <input type="checkbox"/> New Customer <input type="checkbox"/> Change to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input checked="" type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information			
7. Type of Customer: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship - D.B.A. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City Government <input type="checkbox"/> Other Government _____ <input type="checkbox"/> Other _____			
8. Customer Name (If an individual, please print last name first) <i>If new name, enter previous name:</i>			
9. Mailing Address: _____ City _____ State _____ ZIP _____ ZIP + 4 _____			
10. Country Mailing Information if outside USA		11. E-Mail Address if applicable	
12. Telephone Number () -	13. Extension or Code	14. Fax Number if applicable () -	
15. Federal Tax ID (9 digits)	16. State Franchise Tax ID Number if applicable	17. DUNS Number if applicable (9 digits)	
18. Number of Employees <input 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		19. Independently Owned and Operated? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION III: Regulated Entity Information

20. General Regulated Entity Information <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Change to Regulated Entity Information <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section IV - Preparer Information
21. Regulated Entity Name (If an individual, please print last name first) <u>Coit Road Apartments, L.P.</u>

22. Street Address: <u>9300 Coit Road</u>					
(No P.O. Boxes)					
City <u>Plano</u>		State <u>TX</u>	ZIP <u>75024</u>	ZIP + 4	
23. Mailing Address: <u>Same</u>					
City		State	ZIP	ZIP + 4	
24. E-Mail Address: <u>KiaOrg@Milestone-Mgt.com</u>					
25. Telephone Number <u>(972) 377-4999</u>		26. Extension or Code		27. Fax Number if applicable <u>(972) 377-4946</u>	
28. Primary SIC Code (4 digits) <u>6513</u>	29. Secondary SIC Code (4 digits) <u>6531</u>	30. Primary NAICS Code (5 or 6 digits)		31. Secondary NAICS Code (5 or 6 digits)	
32. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description) <u>Multifamily property</u>					
Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.					
33. County:					
34. Description of Physical Location <u>Coit road south of Hwy 121.</u>					
35. Nearest City <u>Plano</u>			State <u>TX</u>	Nearest ZIP <u>75024</u>	
36. Latitude (N)			37. Longitude (W)		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38. TCEQ Programs In Which This Regulated Entity Participates <i>Not all programs have been listed. Please add to this list as needed. If you don't know or are unsure, please mark "unknown."</i>					
<input type="checkbox"/> Animal Feeding Operation	<input type="checkbox"/> Petroleum Storage Tank		<input type="checkbox"/> Water Rights		
<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Wastewater Permit		<input type="checkbox"/> _____		
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Water Districts		<input type="checkbox"/> _____		
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> Water Utilities		<input checked="" type="checkbox"/> Unknown		
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> Licensing - TYPE(s) _____				

SECTION IV: Preparer Information

39. Name <u>Jeff Sherman</u>			40. Title <u>VP-IT</u>		
41. Telephone Number <u>(214) 561-1270</u>		42. Extension or Code		43. Fax Number if applicable <u>(214) 561-1370</u>	
44. E-Mail Address: <u>JSherman@Milestone-Mgt.com</u>					