



Control Number: 51721



Item Number: 571

Addendum StartPage: 0

SAP 5534 CO



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

This Box for TCEQ Use Only	
Registration No.	S 5534
Date By	5-15-08 027

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	
<input checked="" type="checkbox"/> Do <u>not</u> 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 <i>Northside at Legacy</i>	
<input checked="" type="checkbox"/> Apartment Complex <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home Rental Community <input type="checkbox"/> Multiple-Use Facility	
<input checked="" type="checkbox"/> If applicable, describe the "multiple-use facility" here.	

INFORMATION ON UTILITY SERVICE	
Tenants are billed for <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Wastewater <input type="checkbox"/> Both These bills are <input checked="" type="checkbox"/> Submetered <input type="checkbox"/> Allocated	
Name of utility providing water/wastewater	
Date submetered or allocated billing begins (or began) <input checked="" type="checkbox"/> Required.	
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS <input checked="" type="checkbox"/> Check one line only.	
<input checked="" type="checkbox"/> Not applicable, because <input checked="" type="checkbox"/> Bills are based on the tenant's actual submetered consumption, <input type="checkbox"/> There are <u>neither</u> common areas <u>nor</u> an installed irrigation system OR	
<input type="checkbox"/> 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.	
<input type="checkbox"/> This property has an installed irrigation system that is <u>not</u> 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.	
<input type="checkbox"/> This property has an installed irrigation system(s) that <u>is/are</u> 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.	
<input type="checkbox"/> This property does <u>not</u> 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: 512/238-6190

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 512/238-4891. 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 512/238-5175. You can also find instructions for completing this form at www.tceq.state.tx.us/permitting/projects/cr/10400-inst.pdf.

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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 type="checkbox"/> Yes <input type="checkbox"/> No		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry	4. Regulated Entity Reference Number (if issued)
CN		RN

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
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 checked="" 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 checked="" 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: _____
9. Customer Legal Name (If an individual, print last name first ex: Doe, John) If new Customer, enter previous Customer below End Date:			
Legacy North PT MFA I LP, DBA			
Northside at Legacy			
10. Mailing Address: 7560 Bishop Road			
City	State	ZIP	ZIP + 4
Plano	TX	75024	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		northsidemgr@lincolnapts.com	
13. Telephone Number		14. Extension or Code	
(469) 241-0190			
15. Fax Number (if applicable)		16. Federal Tax ID (if applicable)	
(469) 241-0891		510606939	
17. TX State Franchise Tax ID (if applicable)		18. DUNS Number (if applicable)	
19. TX SOS Filing Number (if applicable)		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 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)			
Northside at Legacy			

24. Street Address of the Regulated Entity (No P.O. Boxes)	Legacy North PT MFA LLC, PBA Northside at Legacy				
	7560 Bishop Road				
	City	State	ZIP	ZIP + 4	
	Plano	TX	75024		
25. Mailing Address:	Same as above				
	City	State	ZIP	ZIP + 4	
28. E-Mail Address:	northsidemgr@lincolnapts.com				
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)		
(469) 241-0190			(469) 241-0891		
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)		
10513		53110			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)					

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:

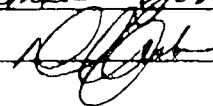
SECTION IV: Preparer Information

40. Name:	Danika Young		41. Title:	Business Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(469) 241-0190		(469) 241-0891	northsidemgr@lincolnapts.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:	Northside at Legacy		Job Title:	Business Manager	
Name (In Print):	Danika Young		Phone:	(469) 241-0190	
Signature:			Date:	4/30/08	