



Control Number: 51721



Item Number: 654

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

SAP 5738 CO

This Box for TCEQ Use Only

Registration No. S 5738

Date: By: DLT 6/1/09

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 (TCEQ-10400) with this registration.

PROPERTY OWNER ("Customer" on TCEQ-10400)

Name

☒ 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 LAUREL RIDGE

☒ 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 COLLEGE STATION

Date submetered or allocated billing begins (or began) 7/1/09 ☒ 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: 512/239-6190 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](http://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/cr/10400-inst.pdf](http://www.tceq.state.tx.us/permitting/projects/cr/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.

☐ **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 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

☐ **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.

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

☐ **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 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 checked="" 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)		07/09/07	
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 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 Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<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"/> 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:			
SPRING LOOP QUAIL <del>LLP</del> Limited Partnership			
380 UNION STREET, SUITE 300			
10. Mailing Address:			
City	W. SPRINGFIELD	State	MA
ZIP	01089	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(413) 781 0712		6320	
15. Fax Number (if applicable)			
(413) 788-9207			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
04-3488301		32036192444	
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)	
LAUREL RIDGE	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	801 SPRING LOOP				
City	COLLEGE STATION	State	TX	ZIP	77840
25. Mailing Address:	801 SPRING LOOP				
City	COLLEGE STATION	State	TX	ZIP	77840
26. E-Mail Address:	3505@ASPEN SQUARE.COM				
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)		
(866) 922-3544			(979) 846-0422		
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 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		
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:

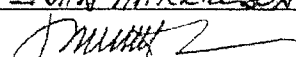
#### SECTION IV: Preparer Information

40. Name:	DEAN KOPP	41. Title:	DIRECTOR ACCTS REC
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(413) 439-6320		(415) 439 6333	JEAN@ASPEN SQUARE.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:	SPRING LOOP QUAIL LP	Job Title:	ASST. TREASURER OF GP
Name (In Print):	JOHN HARRELSON	Phone:	(413) 439-6368
Signature:		Date:	5/22/2009