




Control Number: 51721



Item Number: 65

Addendum StartPage: 0

 Texas Commission on Environmental Quality Registration of Submetered or Allocated Utility Service	This Box for TCEQ Use Only	
	Registration No. S	6423
	Date: 3-10-14	By: D21
This Box for TCEQ Use Only SAP 6423 CD 3-10-14 SAP		
CUSTOMER REFERENCE NUMBER		REGULATED ENTITY REFERENCE NUMBER
CN(9 digits)	N/A	RN(9 digits) N/A
<input checked="" type="checkbox"/> Send a completed Core Data Form (TCEQ-10400) with this registration.		
PROPERTY OWNER ("Customer" on TCEQ-10400)		
Name	SEMINOLE DUNES APTS, LP	
<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	THE DUNES	
<input checked="" type="checkbox"/> Apartment Complex	<input type="checkbox"/> Condominium	<input type="checkbox"/> Manufactured Home Rental Community
<input checked="" type="checkbox"/> If applicable, describe the "multiple-use facility" here:		N/A
INFORMATION ON UTILITY SERVICE		
Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater
Both these bills are	<input checked="" type="checkbox"/> Submetered	<input type="checkbox"/> Allocated **
Name of utility providing water/wastewater	CITY OF SEMINOLE	
Date submetered or allocated billing begins (or began)	FEBRUARY 27, 2014	<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	
	There are neither common areas nor 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 <input type="text"/> percent (we deduct at least 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 TWO OF THIS FORM		
<input type="checkbox"/> Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239-6972 OR by mail to: TCEQ, Utilities & Districts Section, MC-153 PO Box 13087 Austin, TX 78711-3087		
<input checked="" type="checkbox"/> If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. Additional information about submetered and allocated billing is available at the following site: http://www.tceq.texas.gov/utilities/submeter.html		
<input checked="" type="checkbox"/> 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 the following site: http://www.tceq.texas.gov/permitting/central_registry/		



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 OF SUBMETERED SERVICE			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN N/A		RN N/A	

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 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. LIMITED LIABILITY COMPANY	
9. Customer Legal Name (If an individual, print last name first: ex. Doe, John)				If new Customer, enter previous Customer below			
SEMINOLE DUNES APTS, LP				End Date:			
10. Mailing Address:							
ATTN: GEORGIANNE ROLEN							
1730 E. REPUBLIC, SUITE F							
City		SPRINGFIELD		State		MO	
ZIP		65804		ZIP + 4			
11. Country Mailing Information (if outside USA)				12. E-Mail Address (if applicable)			
				grolen@wilholtproperties.com			
13. Telephone Number		14. Extension or Code		15. Fax Number (if applicable)			
() 417-849-3613				() 417-883-6343			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)		18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
27-3207893		-46-0732956		3204584729		N/A 801631307	
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 type="checkbox"/> Yes <input checked="" 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 DUNES	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	701 SE 4th Street						
	City	Seminole	State	TX	ZIP	79360	ZIP + 4
25. Mailing Address:	1730 E. Republic, Suite F						
	City	Springfield	State	MO	ZIP	65804	ZIP + 4
26. E-Mail Address:	dunes@wilhoitproperties.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
() - 432-955-0711			() - 432-955-0761				
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)			
N/A	N/A	N/A		N/A			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Multifamily Housing							

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	701 SE 4th Street Seminole, TX 79380		
36. Nearest City	County	State	Nearest ZIP Code
Seminole	Gaines	TX	79380
37. Latitude (N) In Decimal:	N/A		38. Longitude (W) In Decimal:
Degree	Minutes	Seconds	Degree
N/A	N/A	N/A	N/A

39. TCEQ Programs and ID Numbers Check all Programs and write in the permit 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:	Georgienne Rolan		41. Title:	Regional Property Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(417)883-1632		(417)883-6343	grolan@wilhoitproperties.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:	Seminole Dunes Apts, LP	Job Title:	Regional Manager
Name (in Print):	Georgienne Rolan	Phone:	(417)849-3613
Signature:		Date:	3/3/14