

Control Number: 51721

Item Number: 65

Addendum StartPage: 0

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This Box for TCEQ Use Only

lexas Commission on Environmen	
Registration of Submetered	Date: 3-10-14 By: D27
or Allocated Utility Service	SAP 6423CD 3-10-14 SAP
This Box for TC	EQ Use Only
CUSTOMER REFERENCE NUMBER	REGULATED ENTITY REFERENCE NUMBER
CN(9 digits) N/A	RN(9 digits) N/A
■ Send a completed Corc Data Form (TCEQ-10400) with the	is registration.
PROPERTY OWNER ("Customer" on TCEQ-10400)	
Name SEMINOLE DUNES APTS, LP	
Do not enter the name of the owner's contract manager, r	nanagement company, or billing company.
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVI	CE IS PROVIDED
("Regulated Entity"	on TCEQ-10400)
Name THE DUNES	
X Apartment Complex Condominium Manufac	tured Home Rental Community Multiple-Use Facility
■ If applicable, describe the "multiple-use facility" here:	N/A
INFORMATION ON	
Tenants are billed for X Water X Wastewater	Both these bills are X Submetered Allocated **
Name of utility providing water/wastewater CITY OF S	SEMINOLE
Date submetered or allocated billing begins (or began) FEE	RUARY 27, 2014 Required
METHOD USED TO OFFSET CHARGES FOR COMMON AR	EAS Check one line only.
X Not applicable, because X Bills are based on the	tenant's actual submetered consumption
There are neither com	amon 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 (we deduct at least 25	percent) of the utility's total charges for
water and wastewater consumption, then allocate the remaini	ng charges among our tenants.
This property has an installed irrigation system(s) that is/a	re separately metered or submetered.
We deduct the actual utility charges associated with the irriga	tion system(s), then deduct at least 5 percent of the utility's
total charges for water and wastewater consumption, then allo	cate 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 SERVIC	ES ARE ALLOCATED,
YOU MUST ALSO COMPLETE	PAGE TWO OF THIS FORM
Send BOTH this form and the	by mail to TCEQ, Utilities & Districts Section, MC-153
TCEQ Core Data Form by fax to. OR	PO Box 13087
51 2/239–6972	Austin, TX 78711-3087 👸 🥞
If you need help completing this form, call TCEQ's Utilities	The state of the s
information about submetered and allocated billing is available	
http://www.tceq.texas.go	
E If you need help completing the TCEQ's Core Data Form, or also find instructions for completing this form at the following	= : · · · · · · · · · · · · · · · · · ·
	http://www.tcea.tcxas.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	VI: Gen	eral Information						
1 1		on (If other is checked please o			,			
		ation or Authorization (Core Date			nitted w	vith the program application	on)	· • • • • • • • • • • • • • • • • • • •
		a Form should be submitted with				Other		
2. Attachme		Describe Any Attachments: fe			ste Trar	nsporter Application, etc.)		
Yes	<u></u>	REGISTRATION OF SUBMET						
		Number (if issued)		s link to search RN numbers in	4.	Regulated Entity Refere	nce/Numbe	r (if issued)
CN	N/A			Registry	F	RN N/A		
SECTION	VII: Cu	stomer Information						
5, Effective I	Date for Cus	stomer Information Updates (m	m/dd/yy	уу)				
6. Customer	Role (Propo	sed or Actual) - as It relates to the E	Regulated I	E <u>ntity</u> listed on	this for	m. Please check only <u>one</u> of	the following:	
⊠ Owner		Operator		wner & Oper	ator			
Occupatio	onal Licenses	e Responsible Party	□ v	oluntary Clea	inup Ap	oplicant Other.		
7. General C	ustomer int	ormation						
New Cus	tomer	Upd	late to Cu	stomer Inform	nation	Change in	Regulated I	Entity Ownership
_	-	e (Verifiable with the Texas Secri	-	•		No Change	<u>e**</u>	
"If "No Chai	nge" and Se	ection I is complete, skip to Se	ction III -	Regulated i	ntity [nformation.		
8. Type of Co	ustomer:	Corporation		ndividual		Sole Proprietorsh	nip- D.B.A	
City Gove	emment	County Government	☐ F	ertral Gove	nment	State Governmen	nt	
Other Go	vernment	General Partnership		imited Partni	ership	☑ Other. LIMITE	D LIABILIT	Y COMPANY
9. Customer	Legal Nam	e (If an individual, print last name fin	st: ex. Doe		new C	ustomer, enler previous Cu	vslömer	End Date
SEMINOL	E DUNES	APTS, LP						
	ATTN G	EORGIENNE ROLEN						
10. Malling	1730 E. F	REPUBLIC, SUITE F						
Address:		SPRINGFIELD	State	МО	ZIP	05004	ZIP+4	
44.0	-11.7		State	!		65804	ZIP+4	<u></u>
11. Country	Mailing Into	rmation (if outside USA)				Address (il applicable) @wllholtproperties.com		
13. Telephor	ne Number	14	. Extensi	on or Code	3.01011(15. Fax Numbe		10)
1	417-84	1	-210110			,	417-883-	· '
16. Federal T	Tax ID (9 digits	17. TX State Franchise Tax	(ID (11 dlg	ris) 18. Di	JNS No	imber(if applicable) 19. To	(SOS Filing	Number (If applicable)
27-32078	393	-46 - 0732 956- 39	1045	- 1. -	PX	1	<u>₩</u> X(51631307
20. Number o	of Employe	88				21. Indépend	lently Owne	ed and Operated?
◯ 0-20 □	21-100	101-250 251-500	☐ 501 a	nd higher			les .	⊠ No
SECTION	VIII: Re	gulated Entity Inform	nation					
22. General F	Regulated E	ntity Information (If 'New Regu	leted Enti	ity" is selecte	below	this form should be acco	mpanied by	a permit application)
Now Regu		Update to Regulated Entl	ty Name	Updat	e to Re	gulated Entity Information	n 🔲 No	Change** (See below)
		"If "NO CHANGE" is checked a				ection IV, Preparor Informatio	n,	
		ne (name of the site where the regu	lated actio	n is taking pla	e)			
THE DUI	NES				 .			

24. Street Addres of the Regulated	55	701 SE 41h	Cluoni							
Entity:		7013540			·					γ
(No P.O. Boxes)	Cit	y Seminole		State	TX	ZIP	79360		ZIP+4	
25. Mailing Address:		1730 E. Republic, Suíte F								
-uu(868-	Cit	y Springfield		Starte	МО	ZIP	65804		ZIP + 4	
6. E-Mail Addres	35: C	dunes@wilhoitbr	operlies.co	sm		·				
7. Telephone Nu				28. Extensio	n or Cade	29. 1	ax Number (Mapplicable)		
1 - 4	132-955-0	7711				1) .	432-955-	0761	
io. Primary SIC C	ordin (4 dig	15) 31, Second	lary SIC Co	රේෂ (4 ඵ්ල්ණ)	32. Primary (5 or 6 digits)	VAICS C		33. Seconda 5 pr 6 digits)	ary NAICS	Codè
N/A		N/A			N/A		····	N/A		
4. What is the Pr	imary Bu	siness of this an	tity? (Pie	aste do not rep	eat the SIC or N	AICS des	citipilian.)			
Multifamily H	gnisuo									*
	Ourself	ол ь 34 – 37 addn	DEC (1900)	nhir location	r Please refa	r to the	Instructions (for annilical	hilih	
5. Déscription to	70	1 SE 4th Street								
hysical Location	. 41	eminole, TX 7938		National 44	· · · · · · · · · · · · · · · · · · ·		int.		Négrest 2	do Anda
6. Nearest City	11.11		11 11 11 11 11 11 11 1	County Gaines	и		tate X			IP Cape
Seminore		 			-1				79360	
	37. Latitude (N) in Decimal:					38. Longitude (W) In		•	N/A	
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