

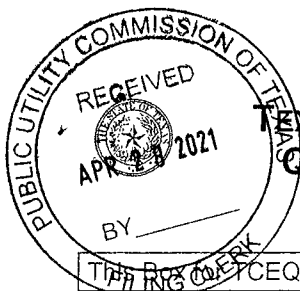


Control Number: 51721



Item Number: 668

Addendum StartPage: 0



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

SAP 5550 CO

This Box for TCEQ Use Only

Registration No. **S 5550**

Date: By: **DLT 6-2-08**

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER

CN(9 digits) 601702715

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 Cascade at Fall Creek

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 Cascade at Fall Creek

☒ 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 ☒ Sub-metered ☐ Allocated**

Name of utility providing water/wastewater . City of Houston

Date Sub-metered or allocated billing begins (or began) 3/2008 ► 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.

Wet

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 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 *Example: new wastewater permit; IHW registration; change in customer information, etc*

Sub-meter Registration

2. Attachments Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.)

YES ☒ NO ☐

3. Customer Reference Number-if issued

CN 601702715 (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 one of the following: ☒ Owner ☐ Operator ☐ Owner and Operator

Occupational Licensee ☐ Volunteer Cleanup Applicant ☐ Other ☐

TCEQ Use Only ☐ Superfund ☐ PST ☐ Respondent

6. General Customer Information

☒ New Customer ☐ Change to Customer Information

Change in Regulated Entity Ownership ☐ No Change *

*If No Change and Section I is complete, skip to Section III - Regulated Entity Information.

7. Type of Customer: ☐ Individual ☐ Sole Proprietorship - D.B.A.

Partnership ☒ Corporation ☐ Federal Government

State Government ☐ County Government ☐ City Government

Other Government ☐ Other: ☐

8. Customer Name (If an individual, please print last name first) If new name, enter previous name:

Mid America Apartment Communities (MAAC)

9. Mailing Address: 6584 Poplar Avenue

City State ZIP ZIP + 4

Memphis TN 38138

10. Country Mailing Information if outside USA

11. E-Mail Address if applicable

12. Telephone Number

901-248-4134

13. Extension or Code

14. Fax Number if applicable

901-682-6667

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

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

19. Independently Owned and Operated?

☒ Yes ☐ No

SECTION III: Regulated Entity Information

20. General Regulated Entity Information

☒ New Regulated Entity ☐ Change to Regulated Entity Information ☐ No Change*

*If "No Change" and Section I is complete, skip to Section IV - Preparer Information.

21. Regulated Entity Name <i>(If an individual, please print last name first)</i>						
Cascade at Fall Creek						
22. Street Address (No PO Boxes)		8330 North Sam Houston, Parkway E				
		City		State	ZIP	ZIP + 4
		Humble		Texas	77396	
23. Mailing Address		Same as above				
		City		State	ZIP	ZIP + 4
24. E-Mail Address:		beth.ditrich@maac.net				
25. Telephone Number		26. Extension or Code		27. Fax Number if applicable		
281-458-9292				281-458-9293		
28. Primary SIC Code (4 digits)		29. Secondary SIC Code (4 digits)		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)						
Multi-Family Apartment Complex						
Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.						
33. County		Harris				
34. Description of Physical Location						
35. Nearest City			State	Nearest Zip		
36. Latitude (N)			37. Longitude (W)			
<i>Degrees</i>	<i>Minutes</i>	<i>Seconds</i>	<i>Degrees</i>	<i>Minutes</i>	<i>Seconds</i>	
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". If you know a permit or registration # for this entity, please write it below the program."</i>						
Animal Feeding Operation		Petroleum Storage Tank		Water Rights		
Title V - Air		Wastewater Permit				
Industrial & Hazardous Waste		Water Districts				
Municipal Solid Waste		Water Utilities		x	Unknown	
New Source Review - Air		Licensing - TYPE(s)				
Section IV: Preparer Information						
39. Name			40. Title			
Ms. Shelia Cooks			DET 6/2/08 Client Relations Manager			
41. Telephone Number		42. Extension or Code		43. Fax Number if applicable		
904-526-5304				904-312-5196		
44. E-mail Address:		SCooks@ista-ra.com				

- Lisa Fuentes - ista North America - Cascade at Fall Creek (Mid America Apartment Communities) MAAC

From: "Sheila Cooks" <scooks@ista-na.com>
To: <lfuentes@tceq.state.tx.us>
Date: 3/12/2008 1:20 PM
Subject: ista North America - Cascade at Fall Creek (Mid America Apartment Communities) MAAC

Please let me know if you have any further questions regarding this matter.

Thank you,

Sheila Cooks
Client Relations Manager
ista North America
660 North Central Expressway
Suite 485
Plano, TX 75074
USA
972-526-5304 Office
904-312-5196 Fax
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www.ista-na.com