



Control Number: 51721



Item Number: 767

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

12/18/06
Def

SAP/5304/CO

This Box for TCEQ Use Only

Registration No. **S 5304**

Date: By **Reg 12/18/06**

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

LAULAND MHC, INCOME PARTNERS, L.P.

☒ Do not enter the name of the owner's contract manager, management company, or billing company..

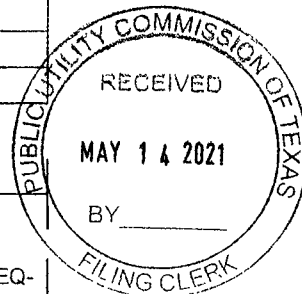
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED ("Regulated Entity" on TCEQ-10400)

Name

WESTHILL MANUFACTURED HOME COMMUNITY

☐ 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

Date submetered or allocated billing begins (or began)

☒ 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.

☒ 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

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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 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 <i>Example: new wastewater permit; IHW registration; change in customer information; etc.</i> <u>CHANGE IN OWNERSHIP</u>	
2. Attachments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.) <u>TCEQ FORM 10363 REGISTRATION OF SUBMITTER OF ALL-LOCATED UTILITY SERVICE</u>
3. Customer Reference Number-if issued <u>CN</u> (9 digits)	4. Regulated Entity Reference Number-if issued <u>RN</u> (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 <u>one</u> of the following: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner and Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Volunteer Cleanup Applicant <input type="checkbox"/> Other: _____			
TCEQ Use Only <input type="checkbox"/> Superfund <input type="checkbox"/> PST <input type="checkbox"/> Respondent			
6. General Customer Information <input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Change to Customer Information <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			
7. Type of Customer: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship - D.B.A. <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City Government <input type="checkbox"/> Other Government _____			
8. Customer Name (If an individual, please print last name first) If new name, enter previous name: <u>LAKELAND MHC INCOME PARTNERS, LP.</u>			
9. Mailing Address: <u>C/O MHC MANAGEMENT</u> <u>511 DARTON SPRINGS RD #500</u> City <u>AUSTIN</u> State <u>TX</u> ZIP <u>78704</u> ZIP + 4 _____			
10. Country Mailing Information if outside USA		11. E-Mail Address if applicable	
12. Telephone Number <u>(512) 610-6684</u>		13. Extension or Code	14. Fax Number if applicable <u>(512) 391-0918</u>
15. Federal Tax ID (9 digits) <u>20-4786079</u>	16. State Franchise Tax ID Number if applicable		17. DUNS Number if applicable (9 digits)
18. 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			19. Independently Owned and Operated? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION III: Regulated Entity Information

20. General Regulated Entity Information <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Change to Regulated Entity Information <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section IV - Preparer Information.	
21. Regulated Entity Name (If an individual, please print last name first) <u>WESTHILL MANUFACTURED HOME COMMUNITY</u>	

22. Street Address: <u>1721 PINN RD</u>					
(No P.O. Boxes)					
City <u>SAN ANTONIO</u>		State <u>TX</u>	ZIP <u>78227</u>	ZIP + 4	
23. Mailing Address: <u>C/O MHC MANAGEMENT</u>					
<u>811 BANTON SPRINGS RD #570</u>					
City <u>AUSTIN</u>		State <u>TX</u>	ZIP <u>78704</u>	ZIP + 4	
24. E-Mail Address: <u>Nancy@MHC Mgmt. COM</u>					
25. Telephone Number <u>(512) 610-6604</u>		26. Extension or Code		27. Fax Number if applicable <u>(512) 391-0918</u>	
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.) <u>MANUFACTURED HOME COMMUNITY</u>					
Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.					
33. County: <u>DEKALB</u>					
34. Description of Physical Location <u>MOBILE HOME PARK OFF PINN RD NEAR MARLBARK</u>					
35. Nearest City <u>SAN ANTONIO</u>			State <u>TX</u>	Nearest ZIP <u>78227</u>	
36. Latitude (N)			37. Longitude (W)		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38. TCEQ Programs In Which This Regulated Entity Participates Not all programs have been listed. Please add to this list as needed. If you don't know or are unsure, please mark "unknown."					
<input type="checkbox"/> Animal Feeding Operation		<input type="checkbox"/> Petroleum Storage Tank		<input type="checkbox"/> Water Rights	
<input type="checkbox"/> Title V - Air		<input type="checkbox"/> Wastewater Permit		<input type="checkbox"/> _____	
<input type="checkbox"/> Industrial & Hazardous Waste		<input type="checkbox"/> Water Districts		<input type="checkbox"/> _____	
<input type="checkbox"/> Municipal Solid Waste		<input type="checkbox"/> Water Utilities		<input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> New Source Review - Air		<input type="checkbox"/> Licensing - TYPE(s) _____			

SECTION IV: Preparer Information

39. Name <u>NANCY HUBBARD</u>		40. Title <u>OPERATIONS DIRECTOR, MHC MGMT</u>	
41. Telephone Number <u>(512) 610-6604</u>		43. Fax Number if applicable <u>(512) 391-0918</u>	
44. E-Mail Address: <u>Nancy@MHC Mgmt. COM</u>			