



Control Number: 51856



Item Number: 313

Addendum StartPage: 0

J:\UDS\SUBMETER\Requests to Change to Allocated Billing\Mansion Woodland S4694  
Approval.wpd

Abrams \_\_\_\_\_  
Taunton                     

April 4, 2005

Mr. William P. Cox, President  
Synergy Group of Texas, L.L.C.  
905 Willow Brook Drive  
Allen, Texas 75002

Re: Request for approval to change billing method  
The Mansion Woodland, Registration No.4694

CN: 602651200 RN: 104104070

Dear: Mr. Cox:

The request you submitted on behalf of The Mansion Woodland to change from submetered to allocated billing is approved. This approval is based on the facts stated in your July 29, 2004, letter. Please note your letter was not received until March 21, 2005.

If you have any questions, please contact Ms. Margot Taunton at 512/239-6403 , via e-mail to [Mtaunton@tceq.state.tx.us](mailto:Mtaunton@tceq.state.tx.us), or by fax to 512/239-6190.

Sincerely,

Michelle Abrams, Team Leader  
Utilities Financial Review  
Water Supply Division

MA/mt /ac

2005 JUL -9 PM 2:26  
TCEQ  
FACILITY REGISTRATION  
DIVISION



**Texas Commission on Environmental Quality**  
Registration of Submetered or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 4694  
Date 12-11-03 By Reys

|  |  |
|--|--|
| <b>CUSTOMER REFERENCE NUMBER—if available*</b> | <b>REGULATED ENTITY REFERENCE NUMBER—if available*</b> |
| CN (9 digits)                                  | RN (9 digits)  |

\*If the owner does not have this number, complete a Core Data Form (TCEQ-10400) and submit it with this registration

\*If you do not have this number for the property, complete a Core Data Form (TCEQ-10400) and submit it with this registration

**OWNER ("Customer" on TCEQ-10400)**

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

Name The Mansions Woodlands

☒ Apartment ☐ Condominium ☐ Manufactured Home Rental Community ☐ Multiple-Use Facility (describe below)

If multiple-use facility, describe here.

**INFORMATION ON UTILITY SERVICE**

Tenants are billed for: ☐ Water ☐ Wastewater ☒ Both

These bills are: ☒ Submetered ☐ Allocated\*

Name of utility providing water/wastewater

Conroe

Date submetered or allocated billing begins (or began) 11-1-03

**METHOD USED TO OFFSET CHARGES FOR COMMON AREAS:**

(Check one.)

☒ This provision does not apply to this property. (Each unit is submetered, and we bill each tenant accordingly.)

☐ All common areas are metered or submetered. We deduct the actual charges for water and wastewater to these areas. Then we allocate the remainder of the utility bill among our tenants.

☐ This property has an installed irrigation system that is not separately metered or submetered. We deduct 25 percent of the retail public utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.

☐ This property has an installed irrigation system that is separately metered or submetered. We deduct 5 percent of the retail public 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 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, COMPLETE THE FOLLOWING ALSO.**

**METHOD USED TO ALLOCATE UTILITY CHARGES:**

(Check all that apply)

☐ As outlined in condominium contract (describe):

☐ Size of manufactured home rental space: The size of the space rented by the tenant divided by the size of all rental spaces

☐ 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 below. 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.

(Note: If you check this option, you must also check one of the next three boxes to indicate the occupancy method used.)

☐ 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 utility's billing period

☐ Ratio occupancy method: The number of occupants in the tenant's dwelling unit is adjusted as shown in the table at right. This adjusted value is divided by the total of these values for all dwelling units at the beginning of the retail public utility's billing period.

☐ Estimated occupancy method: The estimated occupancy in the tenant's dwelling unit is divided by the total estimated occupancy of all dwelling units. The estimated occupancy for each unit is based on the number of bedrooms and is determined from the table at right.

| 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   |

| 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    |

☐ 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.

# 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.*

Water Sub-metering

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

☒ YES ☐ NO TCEQ Registration

3. Customer Reference Number-if issued

CN (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.

Western Run Properties

9. Mailing Address:

601 Canyon Drive, Ste. 101

City State ZIP ZIP + 4

Coppell TX 75019

10. Country Mailing Information if outside USA

11. E-Mail Address if applicable

12. Telephone Number

13. Extension or Code

14. Fax Number if applicable

972-471-8700

15. Federal Tax ID (9 digits)

16. State Franchise Tax ID Number if applicable

17. DUNS Number if applicable (9 digits)

743046805

18. Number of Employees

19. Independently Owned and Operated?

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

Press the Tab Key to continue to page 2.

|  |                              |   |                          |  |              |
|--|------------------------------|---|--------------------------|--|--------------|
| <b>21. Regulated Entity Name</b> (If an individual, please print last name first)  |                              |   |                          |  |              |
| The Mansions Woodland  |                              |   |                          |  |              |
| <b>22. Street Address</b><br>(No PO Boxes)   |                              | 15596 TH 45 South                           |                          |  |              |
|  |                              | City  | State                    | ZIP  | ZIP + 4      |
|  |                              | CONROE                                      | TX                       | 77384  |              |
| <b>23. Mailing Address</b>   |                              | Same as above                               |                          |  |              |
|  |                              | City  | State                    | ZIP  | ZIP + 4      |
|  |                              |   |                          |  |              |
| <b>24. E-Mail Address:</b>   |                              |   |                          |  |              |
| <b>25. Telephone Number</b>  |                              | <b>26. Extension or Code</b>                |                          | <b>27. Fax Number if applicable</b>                |              |
| 936-273-0404   |                              |   |                          |  |              |
| <b>28. Primary SIC Code</b><br>(4 digits)  |                              | <b>29. Secondary SIC Code</b><br>(4 digits) |                          | <b>30. Primary NAICS Code</b><br>(5 or 6 digits)   |              |
|  |                              |   |                          |  |              |
|  |                              |   |                          | <b>31. Secondary NAICS Code</b><br>(5 or 6 digits) |              |
|  |                              |   |                          |  |              |
| <b>32. What is the Primary Business of this entity?</b> (Please do not repeat the SIC or NAICS description)  |                              |   |                          |  |              |
| Apartment Homes  |                              |   |                          |  |              |
| Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.   |                              |   |                          |  |              |
| <b>33. County</b>  |                              |   |                          |  |              |
| <b>34. Description of Physical Location</b>  |                              |   |                          |  |              |
|  |                              |   |                          |  |              |
| <b>35. Nearest City</b>  |                              |   | <b>State</b>             | <b>Nearest Zip</b>                                 |              |
|  |                              |   |                          |  |              |
| <b>36. Latitude (N)</b>  |                              |   | <b>37. Longitude (W)</b> |  |              |
| Degrees  | Minutes                      | Seconds                                     | Degrees                  | Minutes  | Seconds      |
|  |                              |   |                          |  |              |
| <b>38. TCEQ Programs In Which This Regulated Entity Participates</b> 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. |                              |   |                          |  |              |
| <input type="checkbox"/>   | Animal Feeding Operation     | <input type="checkbox"/>                    | Petroleum Storage Tank   | <input type="checkbox"/>                           | Water Rights |
| <input type="checkbox"/>   |                              | <input type="checkbox"/>                    |                          | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   | Title V - Air                | <input type="checkbox"/>                    | Wastewater Permit        | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   |                              | <input type="checkbox"/>                    |                          | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   | Industrial & Hazardous Waste | <input type="checkbox"/>                    | Water Districts          | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   |                              | <input type="checkbox"/>                    |                          | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   | Municipal Solid Waste        | <input type="checkbox"/>                    | Water Utilities          | <input type="checkbox"/>                           | Unknown      |
| <input type="checkbox"/>   |                              | <input type="checkbox"/>                    |                          | <input type="checkbox"/>                           | Sub meter    |
| <input type="checkbox"/>   | New Source Review - Air      | <input type="checkbox"/>                    | Licensing - TYPE(s)      | <input type="checkbox"/>                           |              |
| <input type="checkbox"/>   |                              | <input type="checkbox"/>                    |                          | <input type="checkbox"/>                           |              |
| <b>Section IV: Preparer Information</b>  |                              |   |                          |  |              |
| <b>39. Name</b>  |                              |   | <b>40. Title</b>         |  |              |
| Lanara Garber  |                              |   |                          |  |              |
| <b>41. Telephone Number</b>  |                              | <b>42. Extension or Code</b>                |                          | <b>43. Fax Number if applicable</b>                |              |
| 972-524-5880   |                              |   |                          |  |              |
| <b>44. E-mail Address:</b>   |                              |   |                          |  |              |