

Control Number: 51856

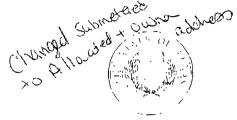
Item Number: 340

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Kathleen Hartnett While, Chairman Larry R. Soward, Commissioner H. S. Buddy Garcia, Commissioner Glenn Shankle, Executive Director



SAR 2905 CO

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

February 20, 2008

Ms. Teresa Sieben, Regional Manager Guardian Property Managment 2425 Old Dennis Road Weatherford, TX 76087

Re: Request for Approval to Change Billing Method for the following property:

Dear Ms. Sieben,

The request you submitted on behalf of Sycamore Point Townhomes, to change from submetered to allocated billing is approved. This approval is based on the facts stated in your letter dated February 12, 2008. Please complete the attached forms and return them along with a copy of this letter. You may do so via facsimile at 512/239-6972.

Sycamore Point Townhomes (S2905), CN:601456007, RN102875499

If you have any questions, please contact me at 512/239-6117, via email to lfuentes@tceq.state.tx.us, or by fax to 512/239-6972.

Sincerely,

Lisa Fuentes

Utilities Financial Review

Water Supply Division

Kisa Duntes

LF/mmg

Attachments (TCEQ-10363 and TCEQ-10400)

340





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

This Box for TCEQ Use Only

Registration No. S 2905

Date by (-1.08 Old

| This Box for TCEQ Use Only  |   |  |  |  |  |
|---|---|--|--|--|--|
| CUSTOMER REFERENCE NUMBER   | REGULATED ENTITY REFERENCE NUMBER   |  |  |  |  |
| CN(9 digits) 601456007  | RN (9 digits) 102875499   |  |  |  |  |
| ☑ Send a completed Core Data Form (TCEQ-10400)  | ) with this registration.   |  |  |  |  |
| PROPERTY OWNER ("Customer" on TCEQ-10400)   | 1   |  |  |  |  |
| Name Sycamore Pointe To   |   |  |  |  |  |
| Do not enter the name of the owner's contract mar   |   |  |  |  |  |
| į   | Y SERVICE IS PROVIDED ("Regulated Entity" on TCEQ   |  |  |  |  |
| (10400)   |   |  |  |  |  |
| Name Sycamore Pointe  | 10wnhomes   |  |  |  |  |
| Apartment Complex   | ctured Home Rental Community    Multiple-Use Facility   |  |  |  |  |
| Te if applicable, describe the multiple-use facility he   | 16  |  |  |  |  |
|   | ,   |  |  |  |  |
| INFORMATION ON UTILITY SERVICE  |   |  |  |  |  |
| Tenants are billed for □ Water □ Wastewater □ B   | Both These bills are Supmetered Aliocated**   |  |  |  |  |
| Name of utility providing water/wastewater City   | of fort Worth Water Dept.   |  |  |  |  |
| Date submetered or allocated billing begins (or began   |   |  |  |  |  |
| METHOD USED TO OFFSET CHARGES FOR COMM  | ION AREAS   |  |  |  |  |
| •   | d on the tenant's actual  |  |  |  |  |
| submetered con:   | sumption,<br>ther common areas <u>nor</u> an  |  |  |  |  |
| installed irrigation  |   |  |  |  |  |
|   | are metered or submetered. We deduct the actual utility hen allocate the remaining charges among our tenants  |  |  |  |  |
| This property has an installed irrigation system that is <u>not</u> separately metered or submetered. We deduct <u>090</u> 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 (See NOFc) |   |  |  |  |  |
| deduct the actual utility charges associated with the   | (s) that Islare separately metered or submetered. We surrigation system(s), then deduct at least 5 percent of the sumption, then allocate the remaining charges among our |  |  |  |  |
| ☐ This property does not have an installed irrigatio  | on system. We deduct at least 5 percent of the retail public sumption, then allocate the remaining charges among our  |  |  |  |  |
|   |   |  |  |  |  |
| ☐ IF UTILITY SERVICES ARE ALLOCATED, YOU MUST Scrid BOTH this OR by mail to. Utilities & District   |   |  |  |  |  |
| form and the TCEQ   | AS SECTION, 1810-133  |  |  |  |  |
| TOEQ Core Data PO Box 13087 Form by fax to Austin, TX 78711   | -30R7   |  |  |  |  |
| 512/239-6190  |   |  |  |  |  |
| If you need help completing this form call TCEO's Utilities & Disabout submetered and allocated billing at <a href="https://www.iceg.state.bx.us">www.iceg.state.bx.us</a>  | stricts Section at 512/239-469° You can find add tional information<br>s/permitting/waterperm/tid/submeter html   |  |  |  |  |
| (D) 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 long state, tx us/permitting/projects/cr/10400-inst pd

Property has an installed irrigation system that not been appropriational in soveral 1-

## METHOD USED TO ALLOCATE UTILITY CHARGES © Check the box or boxes that describe the allocation method used to bill tenants

| X | Occupancy method. The number of occupants in the loccupants in all dwelling units at the beginning of the m  | enant's dwelling unit is o<br>nonth for which bills are | fivided by the total number of<br>being rendered |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|
|   |  | Number of<br>Occupants                                  | Number of Occupants for Billing Purposes         |  |  |  |  |  |  |  |
|   |  | 1   | ^ 0  |  |  |  |  |  |  |  |
|   | Ratio occupancy method: The number of occupants in the tenant's dwelling unit is adjusted as shown in the  | 2   | 16   |  |  |  |  |  |  |  |
|   | table to the right. This adjusted value is divided by the  | 3   | 2 2  |  |  |  |  |  |  |  |
|   | total of these values for all dwelling units occupied at the beginning of the retail public utility's billing period   | >3  | 2 2 + 0 4 for each additional occupant           |  |  |  |  |  |  |  |
|   |  | Number of Bedrooms                                      | Number of Occupants for<br>Billing Purposes      |  |  |  |  |  |  |  |
|   |  | 0 (Efficiency)  | 1  |  |  |  |  |  |  |  |
|   | occupancy for each unit is based on the number of  | 1   | 16   |  |  |  |  |  |  |  |
|   | bedrooms as shown in the table to the right. The estimated occupancy in the tenant's dwelling unit is  | 2   | 28   |  |  |  |  |  |  |  |
|   | divided by the total estimated occupancy in all dwelling   | 3   | 40   |  |  |  |  |  |  |  |
|   | units regardless of the actual number of occupants or occupied units   | >3  | 4 0 + 1 2 for each additional bedroom            |  |  |  |  |  |  |  |
|   | for water/ wastewater consumption is allocated using the allocated according to either:  • the size of the tenant's dwelling unit divided by the tota  • the size of the space rented by the tenant of a manufacture of the space rented by the tenant of the space r | al size of all dwelling uni<br>ctured home divided by   | ts, OR<br>the size of all rental spaces          |  |  |  |  |  |  |  |
| 0 | 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 of all rental spaces.   |   | nant divided by the lotal area                   |  |  |  |  |  |  |  |
| • | size of the rented space in a multi-use facility. The squ<br>by the total square footage of all rental spaces.   | uare footage of the space                               | e rented by the lenant divided                   |  |  |  |  |  |  |  |

| 24. Ştréet Address                                    | 2201 31                | Icamore                         | 3cho               | OI P                  | noad                                   |   |             |
|---|------------------------|---------------------------------|--------------------|-----------------------|--|---|-------------|
| of the Regulated<br>Entity                            | Fort W                 | oth TX                          | TY                 |                       | 34                                     |   |             |
| (No P.O. Boxes)                                       | City                   | State                           |                    | ZIP                   |  | ZIP+4                                   |             |
|   |                        |                                 |                    |                       |  |   |             |
| 25. Mailing   | Sar                    | ne as 0                         | bove               |                       | ************************************** |   |             |
| Address:  | City                   | State                           |                    | ZIP                   |  | ZIP+4                                   |             |
| 20 F Mail Address                                     | City                   | State                           |                    | ZIF                   |  | 215 7 4                                 |             |
| 26. E-Mail Address  27. Telephone Number              | 817-293-1              | 0333 28. Extension              | or Code            | <b>2</b> 9 Fax        | Number (il applicable                  | 817-202-1                               | 220         |
| ( )   | 0110111                | 20. Extension                   | OI CODE            | 1                     | Тантрет (п аррпсавів                   |   |             |
| 30 Primary SIC Code (                                 | 4 digits) 31 Second    | ary SIC Code (4 digits)         | 32 Primary h       | NAICS Code            | 33 Secon                               | dary NAICS Code                         |             |
| 6513  | - 10glo/ 01. 0000/14   | ary are some (4 digits)         | (5 or 6 dights)    | 70                    | (S or 6 digits)                        |   | <del></del> |
| 34 What is the Primary                                | / Business of this ent | ity? (Please do not repe        |                    | ICS descripti         | <br>on )                               |   |             |
| multi-  | 7                      | partment                        | Come               |                       |  | *************************************** |             |
| X   |                        | ss geographic location          |                    |                       | ructions for applica                   | ability                                 | <u> </u>    |
|   |                        |                                 |                    |                       |  |   |             |
| 35. Description to Physical Location                  | see c                  | lbove Stre                      | set a              | .adre:                | SS                                     |   |             |
| 36. Nearest City                                      |                        | County                          |                    | State                 |  | Nearest ZIP Code                        |             |
| Fort Word   | h                      | Tarra                           | nt<br>nt           | T.                    | exas                                   | 76134                                   |             |
| 37. Latitude (N) In Dec                               | cimal:                 |                                 | 38 Longitu         |                       | Decimal                                |   |             |
| Degrees A   | Minules                | Seconds                         | Degrees            |                       | Minules                                | Seconas                                 |             |
|   |                        |                                 |                    |                       |  | · · · · · · · · · · · · · · · · · · ·   |             |
| 39. TCEQ Programs and updates may not be made. If you | ID Numbers Check all P | rograms and write in the permit | s/registration num | ibers that will be    | e affected by the updates              | submitted on this form ar t             | he          |
| Dam Salety  | Districts              | Edwards At                      |                    |                       | al Hazaroous Waste                     | Municipal Solid W                       | /asle       |
| Д бал бысту   |                        |                                 | <b>15</b>          |                       |  |   |             |
| New Source Review - A                                 | AIT OSSF               | ☐ Petroleum 3                   | Storage Tank       | ☐ PWS                 |  | Sludge                                  |             |
|   |                        |                                 |                    |                       |  |   |             |
| Stormwater  | ☐ Title V ~ Air        | Tires                           |                    | ☐ Used C              | Dil                                    | Undres                                  |             |
|   |                        |                                 |                    |                       |  | 52905                                   |             |
| ☐ Voluntary Cleanup                                   | ☐ Waste Water          | ☐ Waslewa                       | er Agriculture     | ☐ Water               | Rights                                 | Other                                   |             |
|   |                        |                                 |                    |                       | -                                      |   |             |
| SECTION IV: Pr  | eparer Inform          | ation                           |                    |                       |  |   |             |
| 40. Name: The   | rolyn B                | rown                            | 41,                | Title:                | Site, Ma                               | maer                                    | -           |
| 42 Telephone Number                                   | 43. Ext./Code          | 44. Fax Number                  |                    | . E-Mail Adı          | dress                                  | 2494                                    |             |
| (817)293 623:   |                        | 1 01 100 100                    | 335 H              | 1                     | negema                                 | int not                                 |             |
|   | <del></del>            |                                 |                    | DIU (D                | · · · · · · · · · · · · · · · · · · ·  | 1111.1101                               |             |
| SECTION V: Au  46. By my signature bel                |                        |                                 | that the info      | <del>malion</del> are | anded in this form                     | or true and complet                     | 10          |
| and that I have signature                             |                        |                                 |                    |                       |  |   |             |
| updates to the ID numbe                               | rs identified in field | 39                              |                    |                       |  |   |             |
| (See the Core Dain Fori                               | n instructions for m   | ore information on wh           | should sig         | n this form           | 1.)                                    |   |             |
| Company: 5VC  | lamore Poi             | nte Tourhor                     | Job Title          | : 1001                | te Man                                 | ager                                    |             |
| Name (In Print)                                       | erolyn E               | brown.                          |                    |                       | Phone (§                               | 3171293 63                              | 33          |
| Signature'  | XIIII                  | 1 / /                           | 1,01               |                       | Dato                                   | 3-0-01                                  | đ           |