



Control Number: 51856



Item Number: 387

Kathleen Hartnett White, *Chairman*  
Larry R. Soward, *Commissioner*  
Martin A. Hubert, *Commissioner*  
Glenn Shankle, *Executive Director*



2021 AUG - 1 AM 7:56

S-0665

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

December 14, 2006

Mr. Marc Silverstein  
Rockwood Capital, Inc.  
2100 Lakeside, Suite 425  
Richardson, TX 75082

Re: Request for approval to change billing method  
Seven Oaks Apartments, Registration No. S0665

CN: 602498008 RN: 104010657

Dear Mr. Silverstein:

The request you submitted on behalf of Seven Oaks Apartments to change from submetered to allocated billing is approved. This approval is based on the facts stated in your letter of August 15, 2006. Please complete the attached forms and return them along with a copy of this letter. You may do so via facsimile at: 512/239-6190.

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,

A handwritten signature in cursive script that reads "Tammy Benter".

Tammy Benter, Team Leader  
Utilities Financial Review  
Water Supply Division

TB/MT/ac

Attachments (TCEQ-10363 and TCEQ-10400)

387



*Revised Changed from Sub to Allocated*

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

*SAP 1095 CO*  
*Dec 1/8/07*

THE BOX FOR TCEQ USE ONLY

Registration No. **S, 1095**

Date: **1/7/07** By: *Reyes*

THE BOX FOR TCEQ USE ONLY

CUSTOMER REFERENCE NUMBER: **CN 602498008** (9 digits)

REGULATED ENTITY REFERENCE NUMBER: **RN 104010657** (9 digits)

☒ Send a completed Core Data Form (TCEQ-10400) with this registration.

PROPERTY OWNER ("Customer" on TCEQ-10400)

Name: **Southwest Sevenoaks 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: **Sevenoaks Apartments**

☒ 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: **City of Garland**

Date submetered or allocated billing begins (or began): **12-22-06** ☒ 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 512/239-4891. You can find additional information about submetered and allocated billing at [www.tceq.state.tx.us/permitting/waterperm/ud/submeter.html](http://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](http://www.tceq.state.tx.us/permitting/projects/cr/10400-inst.pdf).

## 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.

<input type="checkbox"/> <b>Ratio occupancy method:</b> 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

<input type="checkbox"/> <b>Estimated occupancy method:</b> 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 60%) 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.

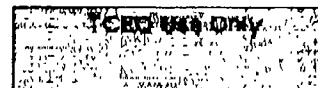
☐ **Submetered cold water is used to allocate charges for hot water provided through a central system:** The individually submetered cold water used in the tenant's dwelling unit is divided by all submetered cold water used in all dwelling units.

☐ **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



## SECTION I: General Information

1. Reason for Submission <i>Example: new wastewater permit; IHW registration; change in customer information; etc.</i>	
Change from submetered to allocated billing	
2. Attachments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.) TCEQ-10363, Registration of Submetered or Allocated Utility Service
3. Customer Reference Number (if allocated) CN 602498008 (9 digits)	4. Regulated Entity Reference Number (if allocated) RN 104010657 (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 <input type="checkbox"/> Other			
6. General Customer Information <input type="checkbox"/> New <input type="checkbox"/> Change to Customer Information <input type="checkbox"/> Change in Regulated Entity <input checked="" 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 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			
8. Customer Name (If an individual, please print last name first)			
9. Mailing Address:			
City		State	ZIP
			ZIP + 4
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 ( )
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 <input 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 type="checkbox"/> New Regulated Entity <input type="checkbox"/> Change to Regulated Entity Information <input checked="" 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)	

Move cursor to page 2 to continue.

22. Street Address: _____			
(No P.O. Boxes)			
City	State	ZIP	ZIP + 4
23. Mailing Address _____			
City	State	ZIP	ZIP + 4
24. E-Mail Address: _____			
25. Telephone Number		26. Extension or Code	27. Fax Number if applicable
( )		( )	( )
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.)			
<b>Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.</b>			
33. County:			
34. Description of Physical Location			
35. Nearest City		State	Nearest ZIP
36. Latitude (N)		37. Longitude (W)	
Degrees	Minutes	Degrees	Minutes
	Seconds		Seconds
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."</i>			
<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 checked="" type="checkbox"/> Water Utilities	<input type="checkbox"/> Unknown	
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> Licensing - TYPE(s) _____		

**SECTION IV: Preparer Information**

39. Name <u>Lara Dafler</u>		40. Title <u>Supervisor</u>	
41. Telephone Number <u>(972) 739-7564</u>	42. Extension or Code	43. Fax Number if applicable <u>(972) 739-7565</u>	
44. E-Mail Address: <u>ldafler@rockwoodcapital.net</u>			