

Via Overnight Mail

January 12, 2005

U.S. Environmental Protection Agency
Clean Air Markets Division (6204J)
Attention: Designated Representative
1310 L. St., NW
Washington, DC 20005

RE: Gainesville Regional Utilities
Deerhaven (ORIS Code: 663) and J.R. Kelly (ORIS Code: 664)
Certificate of Representation

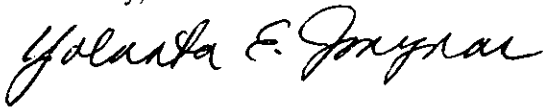
Dear Sir or Madam:

Enclosed is one (1) original Certificate of Representation for the Gainesville Regional Utilities Deerhaven and J.R. Kelly generating plants.

An ad providing public notice of the Designated Representative appointment has been placed in the local newspaper and will be posted for one day.

If you have any questions, please call me at 352-393-1284.

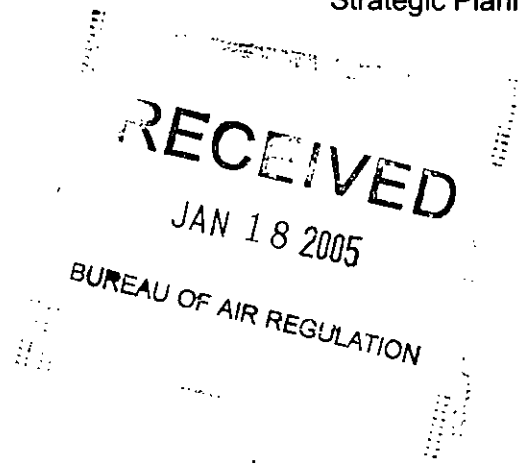
Sincerely,



Yolanta E. Jonynas
Environmental Resource Coordinator

xc: K. Alford, GRU
G. Allen, GRU
T. Cascio, FDEP – TALL.
R. Casserleigh, GRU
R. Klemans, GRU
S. Manasco, GRU
J. Pennington, FDEP – TALL.
J. Shaw, GRU
G. Swanson, GRU
D. Thompson, GRU
CAA-DR

DesignRepDHJRK0105.y54





RECEIVED

JAN 18 2005

Certificate of Representation

For more information, see instructions and refer to 40 CFR 72.24

This submission is: [X] New [] Revised (revised submissions must be complete; see instructions)

STEP 1 Identify the source by plant name, State, and ORIS code.

Plant Name: J.R. Kelly, State: FL, ORIS Code: 664

STEP 2 Enter requested information for the designated representative.

Name: George K. Allen, Address: Gainesville Regional Utilities, P.O. Box 147117 (A132), Gainesville, FL 32614-7117, Phone Number: 352-393-1789, Fax Number: 352-334-2786

STEP 3 Enter requested information for the alternate designated representative, if applicable.

Name: Karen C. Alford, Phone Number: 352-393-1730, Fax Number: 352-334-2786, E-mail address: AlfordKC@gru.com

STEP 4: Complete Steps 5 and 6, read the certifications, sign and date.

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have given notice of the agreement, selecting me as the 'designated representative' for the affected source and each affected unit at the source identified in this certificate of representation, in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public notice.

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions, or submissions.

I certify that I shall abide by any fiduciary responsibilities imposed by the agreement by which I was selected as designated representative or alternate designated representative, as applicable.

I certify that the owners and operators of the affected source and of each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative, if applicable, includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

Plant Name (from Step 1) J.R. Kelly
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I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

<i>[Signature]</i> Signature (designated representative)	Date 1/11/05
<i>[Signature]</i> Signature (alternate designated representative)	Date 1/11/05

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit they own and/or operate.

Name City of Gainesville, d.b.a. Gainesville Regional Utilities.					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# CC1	ID# JRK8	ID# **	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

** JRK8 is a retired unit under the Acid Rain Program

Name					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

STEP 6
For any new affected units listed at STEP 5 that have not commenced commercial operation, enter the projected date on which the unit is expected to commence commercial operation.

ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:



Certificate of Representation

For more information, see instructions and refer to 40 CFR 72.24

This submission is: New Revised (revised submissions must be complete; see instructions)

STEP 1
Identify the source by plant name, State, and ORIS code.

Plant Name	Deerhaven	State	FL	663 ORIS Code
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STEP 2
Enter requested information for the designated representative.

Name	George K. Allen			
Address	Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117			
Phone Number	352-393-1789	Fax Number	352-334-2786	
E-mail address (if available)	AllenGK@gru.com			

STEP 3
Enter requested information for the alternate designated representative, if applicable.

Name	Karen C. Alford			
Phone Number	352-393-1730	Fax Number	352-334-2786	
E-mail address (if available)	AlfordKC@gru.com			

STEP 4: Complete Steps 5 and 6, read the certifications, sign and date.

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have given notice of the agreement, selecting me as the 'designated representative' for the affected source and each affected unit at the source identified in this certificate of representation, in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public notice.

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I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative, if applicable, includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

Deerhaven
Plant Name (from Step 1)

I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

<i>Serge K. [Signature]</i> Signature (designated representative)	1/11/05 Date
<i>Karen C. Alford</i> Signature (alternate designated representative)	1/11/05 Date

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit they own and/or operate.

City of Gainesville, d.b.a. Gainesville Regional Utilities					<input checked="" type="radio"/> Owner	<input checked="" type="radio"/> Operator
ID# B1	ID# B2	ID# CT3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name					<input type="radio"/> Owner	<input type="radio"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name					<input type="radio"/> Owner	<input type="radio"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

STEP 6
For any new affected units listed at STEP 5 that have not commenced commercial operation, enter the projected date on which the unit is expected to commence commercial operation.


ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:

GAINESVILLE REGIONAL UTILITIES
P.O. Box 147117, Gainesville, Florida 32614-7117



FIRST CLASS



UNITED STATES POSTAGE

02 1A \$ 00.37⁰
0004314643 JAN 13 2005
MAILED FROM ZIP CODE 32601

J. Pennington
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400 01

