



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

RECEIVED

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

Plant Name	Deerhaven	JUN 25 2001	State	FL	ORIS Code	663
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BUREAU OF AIR REGULATION

STEP 2
Enter requested information for the designated representative.

Name	Randy L. Casserleigh					
Address	Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117					
Phone Number	352-334-3400 Ext. 1789			Fax Number	352-334-2786	
E-mail address (if available)	CasserleighRL@gru.com					

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

Name	Joe W. Shaw, Jr.					
Phone Number	352-334-2660 Ext. 6240			Fax Number	352-334-2672	
E-mail address (if available)	ShawJW@gru.com					

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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) **Deerhaven**

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.

Signature (designated representative)	Date 6/20/01
Signature (alternate designated representative)	Date 6/20/01

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) 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# B1	ID# B2	ID# CT3	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#

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#



Certificate of Representation Page 1

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	ORIS Code	663
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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.

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.

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. Alfred</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="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator	
ID#	B1	ID#	B2	ID#	CT3	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#

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:



Via Airborne Express

May 14, 1999

U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M. Street, SW
Washington, DC 20460

Re: Gainesville Regional Utilities
Deerhaven and J. R. Kelly
Certificate of Representative

Dear Sir or Madam:

Enclosed is (1) original and three (3) copies of the Certificate of Representation for Gainesville Regional Utilities Deerhaven and J. R. Kelly generating stations.

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

If you have any questions, please call me at (352) 334-3400 ext. 1284.

Sincerely,

Yolanta E. Jonynas
Senior Environmental Engineer

YEJ/ccg
Enclosures

xc: Darrell Dubose
Randy Casserleigh
Tom Rafter
S. Sheplak, FDEP, Tallahassee
Gary Swanson
Donny Thompson
CAA/DR

RECEIVED

MAY 18 1999

BUREAU OF
AIR REGULATION



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

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

Name Darrell R. DuBose	
Address Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117	
Phone Number 352-334-3400 Ext. 1789	Fax Number 352-334-2786
E-mail address (if available) DuboseDR@gru.com	

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

Name Randy L. Casserleigh	
Phone Number 352-334-2660 Ext. 6240	Fax Number 352-334-2672
E-mail address (if available) CasserleighRL@gru.com	

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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) **Deerhaven**

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.

Signature (designated representative) <i>[Signature]</i>	Date 4/6/99
Signature (alternate designated representative) <i>[Signature]</i>	Date 3/15/99

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) 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# B1	ID# B2	ID# CT3	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#

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#



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	J.R. Kelly	State	FL	ORIS Code	664
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STEP 2
Enter requested information for the designated representative.

Name	Darrell R. DuBose				
Address	Gainesville Regional Utilities P.O.Box 147117 (A132) Gainesville, FL 32614-7117				
Phone Number	352-334-3400 Ext. 1789		Fax Number	352-334-2786	
E-mail address (if available)	DuboseDR@gru.com				

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

Name	Gary P. Swanson				
Phone Number	352-334-3400 Ext. 1706		Fax Number	352-334-2232	
E-mail address (if available)	Swansongp@gru.com				

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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.

J.R. Kelly
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.

Signature (designated representative) <i>[Handwritten Signature]</i>	Date 4/6/99
Signature (alternate designated representative) <i>[Handwritten Signature]</i>	Date 3/8/99

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

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

*Note: Existing unit JRK8 will be repowered to a combined cycle unit which will be designated "CCI". Expected in-service date: January 2001

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#

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



Via Airborne Express

May 14, 1999

U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M. Street, SW
Washington, DC 20460

Re: Gainesville Regional Utilities
Deerhaven and J. R. Kelly
Certificate of Representative

Dear Sir or Madam:

Enclosed is (1) original and three (3) copies of the Certificate of Representation for Gainesville Regional Utilities Deerhaven and J. R. Kelly generating stations.

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

If you have any questions, please call me at (352) 334-3400 ext. 1284.

Sincerely,

Yolanta E. Jonynas
Senior Environmental Engineer

YEJ/ccg
Enclosures

xc: Darrell Dubose
Randy Casserleigh
Tom Rafter
S. Sheplak, FDEP, Tallahassee
Gary Swanson
Donny Thompson
CAA/DR

RECEIVED

MAY 18 1999

BUREAU OF
AIR REGULATION



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

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

Name	Darrell R. DuBose				
Address	Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117				
Phone Number	352-334-3400	Ext.	1789	Fax Number	352-334-2786
E-mail address (if available)	DuboseDR@gru.com				

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

Name	Randy L Casserleigh				
Phone Number	352-334-2660	Ext.	6240	Fax Number	352-334-2672
E-mail address (if available)	CasserleighRL@gru.com				

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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:


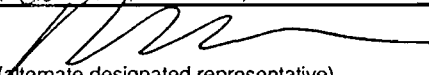
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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) **Deerhaven**

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.

Signature (designated representative) 	Date 4/6/99
Signature (alternate designated representative) 	Date 3/15/99

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) 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# B1	ID# B2	ID# CT3	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#

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#



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	J.R. Kelly	State	FL	ORIS Code	664
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STEP 2
Enter requested information for the designated representative.

Name	Darrell R. DuBose				
Address	Gainesville Regional Utilities P.O.Box 147117 (A132) Gainesville, FL 32614-7117				
Phone Number	352-334-3400 Ext. 1789		Fax Number	352-334-2786	
E-mail address (if available)	DuboseDR@gru.com				

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

Name	Gary P. Swanson				
Phone Number	352-334-3400 Ext. 1706		Fax Number	352-334-2232	
E-mail address (if available)	Swansongp@gru.com				

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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.

J.R. Kelly
 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.

Signature (designated representative) <i>[Signature]</i>	Date 4/6/99
Signature (alternate designated representative) <i>[Signature]</i>	Date 3/8/99

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

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

*Note: Existing unit JRK8 will be repowered to a combined cycle unit which will be designated "CC1". Expected in-service date: January 2001

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#

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



Via Airborne Express

May 14, 1999

U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M. Street, SW
Washington, DC 20460

Re: Gainesville Regional Utilities
Deerhaven and J. R. Kelly
Certificate of Representative

Dear Sir or Madam:

Enclosed is (1) original and three (3) copies of the Certificate of Representation for Gainesville Regional Utilities Deerhaven and J. R. Kelly generating stations.

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

If you have any questions, please call me at (352) 334-3400 ext. 1284.

Sincerely,

Yolanta E. Jonynas
Senior Environmental Engineer

YEJ/ccg
Enclosures

xc: Darrell Dubose
Randy Casserleigh
Tom Rafter
S. Sheplak, FDEP, Tallahassee
Gary Swanson
Donny Thompson
CAA/DR

RECEIVED

MAY 18 1999

BUREAU OF
AIR REGULATION



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	Deerhaven	FL	663
		State	ORIS Code

STEP 2
Enter requested information for the designated representative.

Name	Darrell R. DuBose		
Address	Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117		
Phone Number	352-334-3400 Ext. 1789	Fax Number	352-334-2786
E-mail address (if available)	DuboseDR@gru.com		

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

Name	Randy L Casserleigh		
Phone Number	352-334-2660 Ext. 6240	Fax Number	352-334-2672
E-mail address (if available)	CasserleighRL@gru.com		

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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) **Deerhaven**

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.

Signature (designated representative)		Date	4/6/99
Signature (alternate designated representative)		Date	3/15/99

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

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

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#



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	J.R. Kelly	State	FL	ORIS Code	664
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STEP 2
Enter requested information for the designated representative.

Name		Darrell R. DuBose	
Address		Gainesville Regional Utilities P.O.Box 147117 (A132) Gainesville, FL 32614-7117	
Phone Number	352-334-3400 Ext. 1789	Fax Number	352-334-2786
E-mail address (if available)			
DuboseDR@gru.com			

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

Name		Gary P. Swanson	
Phone Number	352-334-3400 Ext. 1706	Fax Number	352-334-2232
E-mail address (if available)			
Swansongp@gru.com			

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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.

J.R. Kelly
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.

Signature (designated representative) <i>[Handwritten Signature]</i>	Date <i>9/6/99</i>
Signature (alternate designated representative) <i>[Handwritten Signature]</i>	Date <i>3/8/99</i>

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

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

*Note: Existing unit JRK8 will be repowered to a combined cycle unit which will be designated "CC1". Expected in-service date: January 2001

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#

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



Via Airborne Express

May 14, 1999

U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M. Street, SW
Washington, DC 20460

Re: Gainesville Regional Utilities
Deerhaven and J. R. Kelly
Certificate of Representative

Dear Sir or Madam:

Enclosed is (1) original and three (3) copies of the Certificate of Representation for Gainesville Regional Utilities Deerhaven and J. R. Kelly generating stations.

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

If you have any questions, please call me at (352) 334-3400 ext. 1284.

Sincerely,

Yolanta E. Jonynas
Senior Environmental Engineer

YEJ/ccg
Enclosures

xc: Darrell Dubose
Randy Casserleigh
Tom Rafter
S. Sheplak, FDEP, Tallahassee
Gary Swanson
Donny Thompson
CAA/DR

RECEIVED

MAY 18 1999

BUREAU OF
AIR REGULATION



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

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

Name Darrell R. DuBose	
Address Gainesville Regional Utilities P.O. Box 147117 (A132) Gainesville, FL 32614-7117	
Phone Number 352-334-3400 Ext. 1789	Fax Number 352-334-2786
E-mail address (if available) DuboseDR@gru.com	

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

Name Randy L Casserleigh	
Phone Number 352-334-2660 Ext. 6240	Fax Number 352-334-2672
E-mail address (if available) CasserleighRL@gru.com	

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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) **Deerhaven**

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.

Signature (designated representative) <i>[Signature]</i>	Date 4/6/99
Signature (alternate designated representative) <i>[Signature]</i>	Date 3/15/99

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) 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# B1	ID# B2	ID# CT3	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#

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#



Certificate of Representation

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

This submission is: New Revised (revised submissions must be completed in full; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	J.R. Kelly	State	FL	ORIS Code	664
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STEP 2
Enter requested information for the designated representative.

Name		Darrell R. DuBose	
Address			
Gainesville Regional Utilities P.O.Box 147117 (A132) Gainesville, FL 32614-7117			
Phone Number		352-334-3400 Ext. 1789	
Fax Number		352-334-2786	
E-mail address (if available)			
DuboseDR@gru.com			

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

Name		Gary P. Swanson	
Phone Number		352-334-3400 Ext. 1706	
Fax Number		352-334-2232	
E-mail address (if available)			
Swansongp@gru.com			

STEP 4
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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.

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.

Signature (designated representative) <i>[Handwritten Signature]</i>	Date <i>7/6/99</i>
Signature (alternate designated representative) <i>[Handwritten Signature]</i>	Date <i>3/8/99</i>

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

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

*Note: Existing unit JRK8 will be repowered to a combined cycle unit which will be designated "CC1". Expected in-service date: January 2001

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

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

