



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

January 17, 1996


Mr. M. L. Gilchrist
Gulf Power Company
P. O. Box 1151
Pensacola, Florida 32520-0328

Dear Mr. Gilchrist:

The Department has found the Acid Rain Part Application(s) for the attached facility(ies) complete, and has forwarded this information to USEPA Region 4 in Atlanta, Georgia.

If you have any questions, please write to Tom Cascio or me at the letterhead address, or call (904) 488-1344.

Sincerely,


John C. Brown, Jr. P.E.
Section Administrator
Title V Program

JCB/tc/ms

Attachment

STATE OF FLORIDA ACID RAIN FACILITIES

1/10/96

GULF POWER	CRIST (641)	0330045	10PEN170045	I, II	1, 2, 3, 4, 5, 6, 7	12/18/95
GULF POWER	SCHOLZ (642)	0630014	10PCY320014	II	1, 2	12/18/95
GULF POWER	SMITH (643)	0050014	10PCY030014	II	1, 2	12/18/95

ATTACHMENT 2

(4 copies of Certificate of Representation for Plant Crist, Plant Scholz and Plant Lansing Smith)

United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-022
Expires 6-30-3



Certificate of Representation

Page

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

This submission is: New Revised

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

Plant Name	Crist Electric Generating Plant	State	FL	ORIS Code	641
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STEP 2
Enter requested information for the designated representative

Name	Frederick D. Kuester				
Address	2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502				
Phone Number	(601) 865-5964	Fax Number	(601) 865-5873		

STEP 3
Enter requested information for the alternate designated representative (optional)

Name	M. L. Gilchrist				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328				
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705		

STEP 4
Complete Step 5, read the certifications and 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 or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week 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 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 pay 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 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 includes a procedure for the affected source to authorize the alternate designa

Crist Electric Generating Plant
 Plant Name (from Step 1)

Certification

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>Frederick D. Kuster</i>	Date 12/21/94
Signature (alternate) <i>[Signature]</i>	Date 12/21/94

STEP 5

Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADS. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name Gulf Power Company					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 3	ID# 4	ID# 5	ID# 6	ID# 7
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Public Service Commission						

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

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

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

United States
Environmental Protection Agency
Acid Rain Program

OMB No 2060-022
Expires 6-30-91



Certificate of Representation

Page

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

This submission is: New Revised

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

Plant Name: Scholz Electric Generating Plant	State: FL	ORIS Code: 642
--	-----------	----------------

STEP 2
Enter requested
information for the
designated
representative

Name: Frederick D. Kuester	
Address: 2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502	
Phone Number (601) 865-5964	Fax Number (601) 865-5873

STEP 3
Enter requested
information for the
alternate designated
representative
(optional)

Name: M. L. Gilchrist	
Address: Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328	
Phone Number (904) 444-6236	Fax Number (904) 444-6705

STEP 4
Complete Step 5, read
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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.

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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 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 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.

Scholz Electric Generating Plant
Plant Name (from Step 1)

Certification

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>Frederick D. Thresher</i>	Date	12/21/94
Signature (alternate)	<i>M. J. Gilman</i>	Date	12/21/94

STEP 5
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADS. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name					<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Gulf Power Company						
ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Public Service Commission						

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

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

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

BEST AVAILABLE COPY

United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0221
Expires 6-30-95



Certificate of Representation

Page 1

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

This submission is: New Revised

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

Plant Name	Smith Electric Generating Plant	State	FL	ORIS Code	643
------------	---------------------------------	-------	----	-----------	-----

STEP 2
Enter requested information for the designated representative

Name	Frederick D. Kuester				
Address	2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502				
Phone Number	(601) 65-5964	Fax Number	(601) 865-5873		

STEP 3
Enter requested information for the alternate designated representative (optional)

Name	M. L. Gilchrist				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328				
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705		

STEP 4
Complete Step 5, read the certifications and sign and date

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The agreement by which I was selected as the alternate designated representative 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.

Smith Electric Generating Plant
Plant Name (from Step 1)

Certification

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>Frederick D. ...</i> Signature (designated representative)	12/21/94 Date
<i>[Signature]</i> Signature (alternate)	12/21/94 Date

STEP 5
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADS. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name Gulf Power Company						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Public Service Commission							

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

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

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

United States
Environmental Protection Agency
Acid Rain Program

OMB No 2060-022
Expires 6-30-93



Certificate of Representation

Page

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This submission is: New Revised

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

Plant Name: Scholz Electric Generating Plant	State: FL	ORIS Code: 642
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STEP 2
Enter requested
information for the
designated
representative

Name: Frederick D. Kuester	
Address: 2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502	
Phone Number: (601) 865-5964	Fax Number: (601) 865-5873

STEP 3
Enter requested
information for the
alternate designated
representative
(optional)

Name: M. L. Gilchrist	
Address: Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328	
Phone Number: (904) 444-6236	Fax Number: (904) 444-6705

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sign and date

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BEST AVAILABLE COPY

Scholz Electric Generating Plant
Plant Name (from Step 1)

Certification

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>Frederick D. Thesler</i>	Date <i>12/21/94</i>
Signature (alternate) <i>M. J. Gilman</i>	Date <i>12/21/94</i>

STEP 5

Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADS. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name Gulf Power Company					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Public Service Commission						

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

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

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

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

Plant Name	Smith Electric Generating Plant	State	FL	ORIS Code	643
------------	---------------------------------	-------	----	-----------	-----

STEP 2
Enter requested information for the designated representative

Name	Frederick D. Kuester				
Address	2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502				
Phone Number	(601) 65-5964	Fax Number	(601) 865-5873		

STEP 3
Enter requested information for the alternate designated representative (optional)

Name	M. L. Gilchrist				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328				
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705		

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BEST AVAILABLE COPY

Smith Electric Generating Plant
Plant Name (from Step 1)

Certification

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Signature (designated representative) <i>Frederick D. ...</i>	Date 12/21/94
Signature (alternate) <i>[Signature]</i>	Date 12/21/94

STEP 5
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADS. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

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ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#
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Name					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
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ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities						

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

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

BEST AVAILABLE COPY

Crist Electric Generating Plant
Plant Name (from Step 1)

Certificate - Page 2

Page 2 of 2

Certification

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>Frederick D. Kuster</i> Signature (designated representative)	12/21/94 Date
Signature (alternate) <i>[Signature]</i>	Date 12/21/94

STEP 5

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ID# 1	ID# 2	ID# 3	ID# 4	ID# 5	ID# 6	ID# 7	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities Florida Public Service Commission							

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

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

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ID#	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities							

United States
Environmental Protection Agency
Acid Rain Program

OMB No 2060-022
Expires 6-30-93



Certificate of Representation

Page

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

This submission is: New Revised

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

Plant Name	Scholz Electric Generating Plant	State	FL	642 ORIS Code
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STEP 2
Enter requested
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designated
representative

Name	Frederick D. Kuester		
Address	2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502		
Phone Number	(601) 865-5964	Fax Number	(601) 865-5873

STEP 3
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information for the
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(optional)

Name	M. L. Gilchrist		
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328		
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705

STEP 4
Complete Step 5, read
the certifications and
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 or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week 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 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 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.

United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0221
Expires 6-30-95



Certificate of Representation

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

This submission is: New Revised

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

Plant Name	Smith Electric Generating Plant	State	FL	ORIS Code	643
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STEP 2
Enter requested
information for the
designated
representative

Name	Frederick D. Kuester				
Address	2992 West Beach Boulevard P. O. Box 4079 Gulfport, MS 39502				
Phone Number	(601) 65-5964	Fax Number	(601) 865-5873		

STEP 3
Enter requested
information for the
alternate designated
representative
(optional)

Name	M. L. Gilchrist				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328				
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705		

STEP 4
Complete Step 5, read
the certifications and
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 or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week 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 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.

BEST AVAILABLE COPY

Smith Electric Generating Plant
Plant Name (from Step 1)

Certification

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>Frederick D. (unreadable)</i> Signature (designated representative)	12/21/94 Date
<i>(Signature)</i> Signature (alternate)	12/21/94 Date

STEP 5
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name Gulf Power Company						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Public Service Commission							

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

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

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