

One Energy Place
Pensacola, Florida 32520

Tel 850.444.6000



December 18, 1997

Mr. Scott M. Sheplak, P.E.
Department of Environmental Protection
111 South Magnolia Drive, Suite 4
Tallahassee, Florida 32301

Dear Mr. Sheplak:

RE: DESIGNATED REPRESENTATIVE CHANGE
Crist Electric Generating Plant (ORIS Code: 641)
Scholz Electric Generating Plant (ORIS Code: 642)
Lansing Smith Electric Generating Plant (ORIS Code: 643)

Attached, please find copies of new Certificate of Representation for Gulf Power's Electric Generating Plants at Crist, Scholz and Lansing Smith i.e., (ORIS Codes: 641, 642, 643, respectively.) The change in Designated Representative (DR) to Bill M. Guthrie is due to the need to have a centralized DR for submission of a system-wide NOx averaging plan for the Southern Company. Additionally, please note that Gulf Power has two named Alternative Designated Representatives (ADR) as now allowed under 40 CFR Part 72. The original signed copies of these Certificate of Representatives were routed to EPA earlier this month and it is my understanding that EPA has given verbal approval of these DR changes for the above referenced plants.

If you have any questions or need further information regarding the change in DR for affected units located at Plant Crist, Scholz or Lansing Smith, please call me at (850) 444.6527.

Sincerely,



G. Dwain Waters, Q.E.P.
Air Quality Programs Coordinator

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BUREAU OF
AIR REGULATION

Page 2

Mr. Scott Sheplack

December 18, 1997

cc: Robert G. Moore., Gulf Power Company
James O Vick, Gulf Power Company
J. W. Martin, Gulf Power Company
L. A. Jeffers, Gulf Power Company
John Dominey, Gulf Power Company
Stan H. Houston, Gulf Power Company
Ken Peacock, Gulf Power Company
Danny Herrin, Southern Company Services



Certificate of Representation

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

This submission is: New Revised

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

STEP 1
Identify the source by plant name, State, and, if applicable, 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 Bill M. Guthrie	
Address Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35202-2625	
Phone Number 205.257.7704	Fax Number 205.257.5019

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

Name Robert G. Moore / James O. Vick	
Address Gulf Power Company One Energy Place Pensacola, Florida 32520-0328	
Phone Number 850.444.6311	Fax Number 850.444.6217

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 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, 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>[Signature]</i>	Date 12/1/97
Signature (alternate designated representative) <i>[Signature] James O. Vick</i>	Date 12/2/97

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

Name Crist Electric Generating Plant					<input 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#
Regulatory Authorities						



Certificate of Representation

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

This submission is: New Revised

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

STEP 1
Identify the source by plant name, State, and, if applicable, 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	Bill M. Guthrie				
Address	Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35202-2625				
Phone Number	205.257.7704		Fax Number	205.257.5019	

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

Name	Robert G. Moore / James O. Vick				
Address	Gulf Power Company One Energy Place Pensacola, Florida 32520-0328				
Phone Number	850.444.6311		Fax Number	850.444.6217	

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 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:


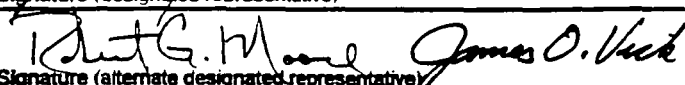
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

Scholz Electric Generating Plant
Plant Name (from Step 1)

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)	Date <u>12/5/97</u>
 Signature (alternate designated representative)	Date <u>12/2/97</u>

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

Name Scholz Electric Generating Plant							<input 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								



Certificate of Representation

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

This submission is: New Revised

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

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

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

Name	Bill M. Guthrie	
Address	Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35202-2625	
Phone Number	205.257.7704	Fax Number 205.257.5019

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

Name	Robert G. Moore / James O. Vick	
Address	Gulf Power Company One Energy Place Pensacola, Florida 32520-0328	
Phone Number	850.444.6311	Fax Number 850.444.6217

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 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.

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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.

Lansing Smith Electric Generating Plant
 Plant Name (from Step 1)

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.

<i>[Signature]</i> Signature (designated representative)	Date 12/1/97
<i>[Signature]</i> <i>[Signature]</i> Signature (alternate designated representative)	Date 12/2/97

STEP 5

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

Lansing Smith Electric Generating Plant						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name	ID#	ID#	ID#	ID#	ID#	ID#	ID#
	1	2					
Regulatory Authorities Florida Public Service Commission							

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

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