

Scott Sheplak

One Energy Place
Pensacola, Florida 32520

850.444.6111



March 20, 2000

Certified Mail

Mr. Doug Neeley.
U.S. Environmental Protection Agency
Region 4
61 Forsyth Street, S.W.
Atlanta, GA 30303-8960

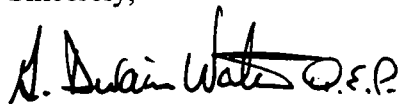
Dear Mr. Neeley:

RE: DESIGNATED REPRESENTATIVE CHANGE
Lansing Smith Electric Generating Plant (ORIS Code: 643)

Attached, please find the original of the new Certificate of Representation for Gulf Power's Lansing Smith Electric Generating Plant (ORIS Code: 643). The change is to add two new generating units (4 and 5) to the previous approved list of units at Lansing Smith. Lansing Smith Units 4 and 5 are the new proposed combined cycled units current under review by the Florida Department of Environmental Protection (PSD-FL-269). The named Designated Representative and Alternative Designated Representatives remain the same as our last previous submission, only the number of units at the facility have changed. A copy of this submission was sent to Scott Sheplak at the Florida Department of Environmental Protection on March 20, 2000.

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

Sincerely,



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

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Mr. Scott M. Sheplack, P. E.

March 20, 2000

cc: Robert G. Moore, Gulf Power Company
James O Vick, Gulf Power Company
Kim Flowers, Gulf Power Company
Tracy Reeder, Gulf Power Company
Tom Turk, Gulf Power Company
Danny Herrin, Southern Company Services
Scott M. Sheplak, Florida Department of Environmental Protection



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.

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 Mr. Charles D. McCrary	
Address Southern Company 600 North 18th Street Birmingham, AL 35203	
Phone Number 205.257.2243	Fax Number 205.257.5019
E-mail address (if available)	

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

Name Robert G. Moore	I James O. Vick
Fax Number 850.444.6744	Ph. No. 850.444.6311
Phone Number 850.444.6383	Fax Number 850.444.6217
E-mail address (if available)	

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.

Lansing Smith Electric Generating Plant
 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>Charles P. McNary</i>	Date 3/16/00
Signature (Alternate designated representative) <i>Robert G. Moore</i>	Date 3/7/00 3/17/00

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 Gulf Power Company					<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 1	ID# 2	ID# 4	ID# 5	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#