

Certificate of Representation

For more information, see instructions and 40 CFR 72.24; 40 CFR 96.113, 96.213, or 96.313, OSQULATION

comparable state regulation under the Clean Air Interstate Rule (CAIR) NO_X Annual, SO₂, and NO_X

Comparable State regulation of the Comparable state regulation under the Clean Air Interstate Rule (CAIR) NO_X Annual, SO₂, and NO_X Ozone Season Trading Programs; 40 CFR 97.113, 97.213, or 97.313; or 40 CFR 60.4113, or a comparable state regulation under the Clean Air Mercury Rule (CAMR), as applicable.

| FACILITY (SOURCE) | This su |
|-------------------|---------|
| INFORMATION | |
| | |

ubmission is: ☐ New ✓ Revised (revised submissions must be complete; see instructions)

STEP 1 **Provide** information for the facility (source).

| Facility (Source) Name Northside | | State FL | Plant Code 0667 |
|---|-----------|-------------|-------------------------|
| | | | |
| County Name Duval | | | |
| | | | |
| Latitude 30 degrees, 21 minutes, 52 seconds | Longitude | 81-degrees, | 37 minutes, 25 seconds- |

STEP 2 Enter requested information for the designated representative.

| Name Michael Brost | Title Vice President, Electric Systems |
|--|--|
| Company Name JEA | |
| Address 21 West Church Street, Jacksonville, FL 32 | 202 |
| Phone Number (904) 665-7547 | Fax Number (904) 665-7950 4238 |
| E-mail address brosmj@jea.com | |

STEP 3 Enter requested information for the alternate designated representative.

| Name Athena Mann | Title Vice President, Environmental Services |
|--|--|
| Company Name JEA | |
| Address 21 West Church Street, Jacksonville, FL 32 | 2202 |
| Phone Number (904) 665-6252 | Fax Number (904) 665-7950 4238 |
| E-mail address mannat@jea.com | |

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| icility (Source) Name (from Step 1) | Page 1 of 10 |

| meet requiremen | ts under that program., | | | | | |
|----------------------|----------------------------------|--|----------------------------|---------------------------------------|---------------------------------------|-------------------|
| Applicable Progra | am(s): 🗸 Acid Rain 🗌 C | CAIR NOx Annual 🔲 CAIR SO | D ₂ CAIR NOx Oz | on e Season 🔲 CAMF | R (Hg Budget Trading) | CAMR (Nontrading) |
| | | Generator ID Number (Maximum 8 characters) | | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) | |
| 1 | ОВ | Source Category Electric Util | | 1 | NA (Retired) | |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | |
| | | | Check One | | | |
| Date unit began for | will begin) serving any generato | r producing electricity for sale | Actual √ | | | |
| (including test gene | ration) (mm/dd/yyyy): 11/16/1 | 1966 | Projected | | | |
| | | | | | ✓ Owner | |
| Company Name: | JEA | | | | ✓ Operator | |
| | | * | | | Owner | |
| Company Name: | | | | | Operator | · |
| | | | | | Owner . | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Náme: | | | | | Operator | |

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| Northside | |
|--------------------------------------|--|
| Facility (Source) Name (from Step 1) | |

| Applicable Progr | ram(s): 	✓ Acid Rain 	✓ | CAIR NOx Annual 🗸 CAIR S | D₂ ✓ CAIR NOx Oz | one Season 🗸 CAM | R (Hg Budget Trading) | CAMR (Nontrading) |
|---|--|--|---------------------------|------------------|------------------------------------|---------------------------------------|
| | | [7]A-i - 1 14i | | | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 1A | CFB | Source Category Electric Util | ity | 1 | 297.5 | 350.0 |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | |
| | 1 - 1 | | Check One | | | |
| Date unit began (o (including test gen | r will begin) serving any generat eration) (mm/dd/yyyy): 05/29/ | for producing electricity for sale /2002 | Actual V Projected | | | |
| | | | | · · | ✓ Owner | |
| Company Name: | JEA | | | | ✓ Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | • | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Náme: | | T. | | | Operator | • |

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| Facility (Source) Name (from Step 1) | Page 3 of 10 |

| Applicable Progra | am(s): ✓ Acid Rain 🔲 C | AIR NOx Annual CAIR So | O2 CAIR NOx Oz | one Season 🔲 CAMR | (Hg Budget Trading) | CAMR (Nontrading) |
|----------------------|-----------------------------------|----------------------------------|----------------|--|---------------------------------------|---------------------------------------|
| | | | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 2 . | ОВ | Source Category Electric Util | <u>.</u> | 2 | NA (retired) | |
| Unit ID# | Unit Type | NAICS Code 221112 | | | · | |
| | | | Check One | | | |
| Date unit began (or | will begin) serving any generator | r producing electricity for sale | Actual 🗸 | | <u> </u> | |
| (including test gene | ration) (mm/dd/yyyy): 03/25/1 | 972 | Projected | | | · |
| | | | | | Owner | |
| Company Name: | JEA | | | | ✓ Operator | _ |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| • | | | | | Owner | |
| Company Name: | | | | | Operator | |
| , | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Náme: | | | | | Operator | |

| Northside | Certificate of Representation - Page 2 |
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| Facility (Source) Name (from Step 1) | Page 4 of 10 |

| Applicable Progra | am(s): 🗸 Acid Rain 📝 C | AIR NOx Annual 🗸 CAIR SC | D ₂ ✓ CAIR NOx Ozo | one Season 🗸 CAMR | (Hg Budget Trading) | CAMR (Nontrading) |
|---|--|--|-------------------------------|---|---------------------------------------|---------------------------------------|
| | | Source Category Electric Utility NAICS Code Electric Utility | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 2A | CFB | | | 2 | 297.5 | 350.0 |
| Unit ID# | Unit Type | | | | <u> </u> | |
| | | | Check One [.] | | | |
| Date unit began for (including test gene | will begin) serving any generato ration) (mm/dd/yyyy): 02/19/2 | r producing electricity for sale 2002 | Projected 🗌 | | | |
| | | | | • | ✓ Owner | |
| Company Name: | JEA | | | | ✓ Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Name: | | | Operator | | | |
| | | | | | Owner | |
| Company Náme: | | | | | Operator | |

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| Northside |
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| |
| Facility (Source) Name (from Step 1) |

| Applicable Program(s): ✓ Acid Rain ✓ CAIR NOx Annual ✓ CAIR SO₂ ✓ CAIR NOx Ozone Season ☐ CAMR (Hg Budget Trading) ☐ CAMR (Nontrading) | | | | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|---|---------------------------------------|---------------------------------------|--|
| | | | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) | |
| 3 | DB | Source Category Electric Utili | ity | ST3 | 563.7 | 563.7 | |
| | | 221112 | | | | | |
| Unit ID# | Unit Type | NAICS Code | | | | | |
| | | | Check One [.] Actual ✓ | | | | |
| Date unit began (or | will begin) serving any generator | r producing electricity for sale | Projected | - | | | |
| tincluding test gene | ration) (mm/dd/yyyy): 06/28/1 | 9// | 1 10,00100 | | | | |
| | | | | | ✓ Owner | | |
| Company Name: | JEA | | | | ✓ Operator | | |
| | | | | | ☐ Owner | | |
| Company Name: | | | | _ | Operator | | |
| _ | | | | | Owner | | |
| Company Name: | | Operator | | | | | |
| | | | | | Owner | | |
| Company Name: | | Operator | | | | | |
| | | | | | Owner | | |
| Company Náme: | | | | _ | Operator | • | |

| Certificate | of | Representation | - | Page | 2 |
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| Northside | |
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| | |
| Facility (Source) Name (from Step 1) | |

UNIT INFORMATION

| Applicable Program(s): ✓ Acid Rain ☐ CAIR NOx Annual ☐ CAIR SO₂ ☐ CAIR NOx Ozone Season ☐ CAMR (Hg Budget Trading) ☐ CAMR (Nontrading) | | | | | | | |
|--|--|---|-------------|--|---------------------------------------|---------------------------------------|--|
| | | F71 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) | |
| AUXA | ОВ | Source Category Electric Utility | | AUXA | NA (Retired) | | |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | | |
| Office ID# | Onit Type | | Check One | | | | |
| N_ | | | Actual 🗸 | | | | |
| Date unit began (or (including test gene | will begin) serving any generator ration) (mm/dd/yyyy): 11/16/1 | r producing electricity for sale 966 | Projected 🗌 | | | | |
| | | | | | ✓ Owner | | |
| Company Name: | JEA | | | | ✓ Operator | | |
| | | | | | Owner | _ | |
| Company Name: | | • | | | Operator | | |
| | | | | | Owner | | |
| Company Name: | | | | | Operator | | |
| | | | | | Owner | | |
| Company Name: | | | | | Operator | | |
| | | | | | Owner | , | |
| Company Náme: | | | | | Operator | | |

| Northside | Certificate of Representation - Page 2 |
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| Facility (Source) Name (from Step 1) | Page 7 of 10 |

| Applicable Program(s): ☐ Acid Rain ✓ CAIR NOx Annual ✓ CAIR SO₂ ✓ CAIR NOx Ozone Season ☐ CAMR (Hg Budget Trading) ☐ CAMR (Nontrading) | | | | | | | |
|--|--|---|----------------|---|---------------------------------------|---------------------------------------|--|
| | | F1 - 62 - 140 | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) | |
| G Т3 | СТ | Source Category Electric Utility | | GT3 | | 62.1 | |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | | |
| Date unit began (or (including test gene | will begin) serving any generator ration) (mm/dd/yyyy): 02/07/1 | r producing electricity for sale 975 | | | | | |
| Company Name: | JEA | | | | ✓ Owner ✓ Operator | | |
| Company Name: | | | Owner Operator | | | | |
| Company Name: | | | Owner Operator | | | | |
| Company Name: | - | | - | | Owner Operator | | |
| Company Náme: | | | | | Owner Operator | | |

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| Northside |
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| |
| Facility (Source) Name (from Step 1) |

Facility (Source) Name (nom Step 1)

UNIT INFORMATION

| Applicable Progra | am(s): 🗌 Acid Rain 🗸 C | AIR NOx Annual 🗸 CAIR So | O₂ ✓ CAIR NOx Oz | one Season 🔲 CAMR | (Hg Budget Trading) | CAMR (Nontrading) |
|---|--|---|------------------|--|---------------------------------------|---------------------------------------|
| | | | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 4 | СТ | Source Category Electric Util | | 4 | | 62.1 |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | |
| | | | Check One | | | |
| Date unit began (or (including test gene | will begin) serving any generato eration) (mm/dd/yyyy): 01/10/1 | r producing electricity for sale 975 | Projected | | | |
| | | | | | ✓ Owner | |
| Company Name: | JEA | | ٠ | | √ Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | • | | | | Owner | ' |
| Company Name: | | | · | | Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | . , |
| Company Náme: | | | | | Operator | |

| lorthside | Certificate of Representation - Page 2 |
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| cility (Source) Name (from Step 1) | Page 9 of 10 |

| Applicable Progra | am(s): ☐ Acid Rain 🗸 C | AIR NOx Annual ✓ CAIR SC | O2 CAIR NOx Oze | one Season 🔲 CAMR | (Hg Budget Trading) | CAMR (Nontrading) |
|--|--|---|---|--|---------------------------------------|---------------------------------------|
| | | El. Caller | • | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 5 | СТ | Source Category Electric Utili | | 5 | | 62.1 |
| Unit ID# | Unit Type | NAICS Code 221112 | | | · | |
| Date unit began (or (including test gene | will begin) serving any generator ration) (mm/dd/yyyy): 12/16/1 | r producing electricity for sale 974 | Check One [.] Actual ✓ Projected □ | | | |
| Company Name: | JEA | | | | ✓ Owner ✓ Operator | |
| Company Name: | | | | | Owner Operator | |
| Company Náme: | | | | | Owner Operator | |
| Company Name: | | | | | Owner Operator | |
| Company Name: | | | | | Owner Operator | |

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| Northside | | |
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| Facility (Source) Name (from Step 1) | | _ |

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UNIT INFORMATION

| Applicable Progra | am(s): ☐ Acid Rain 🗸 C | AIR NOx Annual 🗸 CAIR So | O₂ ✓ CAIR NOx Oze | one Season 🔲 CAMR | (Hg Budget Trading) | CAMR (Nontrading) |
|----------------------|--|-------------------------------|-------------------|--|---------------------------------------|---------------------------------------|
| | | FI. 45-180 | | Generator ID Number (Maximum 8 characters) | Acid Rain Nameplate Capacity (MWe) | CAIR-CAMR Nameplate Capacity (MWe) |
| 6 | СТ | Source Category Electric Util | | 6 | | 62.1 |
| Unit ID# | Unit Type | NAICS Code 221112 | | | | |
| Dan with mile | 2H b 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Check One · | | | · . |
| (including test gene | will begin) serving any generator ration) (mm/dd/yyyy): 12/11/1 | 974 | Projected | | | - |
| | | | | | ✓ Owner | |
| Company Name: | JEA | | | | √ Operator | |
| | | | | | Owner Operator | |
| Company Name: | | | | | Operator | |
| | • | | | | Owner | |
| Company Náme: | | | · | | Operator | |
| | | | | | Owner | |
| Company Name: | | | | | Operator | |
| | | | | | Owner | |
| Company Náme: | | | | | Operator | |

Northside
Facility (Source) Name (from Step 1)

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STEP 5: Read the appropriate certification statements, sign, and date.

Acid Rain Program

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.e., the source and each unit subject to the Acid Rain Program, as indicated in "Applicable Program(s)" in Step 4).

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 each affected unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the affected source and 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 a life-of-the-unit, firm power contractual arrangement, 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 each affected unit at the source; and

Allowances, and 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, except that, if such multiple holders have expressly provided for a different distribution of allowances, allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NOx Annual Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_X source and each CAIR NO_X unit at the source (i.e., the source and each unit subject to the CAIR NO_X Annual Trading Program, as indicated in "Applicable Program(s)" in Step 4).

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

I certify that the owners and operators of the CAIR NO_x source and each CAIR NO_x 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, a CAIR NO_X unit, or where a utility or industrial customer purchases power from a CAIR NO_X unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

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

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

| Northside | 1 |
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| 1401113140 | |
| Facility (Source) Name (from Step 1) | |

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Clean Air Interstate Rule (CAIR) SO₂ Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source (i.e., the source and each unit subject to the SO₂ Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR SO₂ Trading Program, on behalf of the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR SO₂ source and each CAIR SO₂ 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, a CAIR SO₂ unit, or where a utility or industrial customer purchases power from a CAIR SO₂ unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR SO₂ source and each CAIR SO₂ unit at the source; and

CAIR SO_2 allowances and proceeds of transactions involving CAIR SO_2 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR SO_2 allowances by contract, CAIR SO_2 allowances and proceeds of transactions involving CAIR SO_2 allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO_X Ozone Season Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_X Ozone Season source and each CAIR NO_X Ozone Season unit at the source (i.e., the source and each unit subject to the CAIR NO_X Ozone Season Trading Program, as indicated in "Applicable Program(s)" in Step 4).

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

I certify that the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit 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, a CAIR NO_X Ozone Season unit, or where a utility or industrial customer purchases power from a CAIR NO_X Ozone Season unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR NO_X Ozone Season source and each CAIR NO_X Ozone Season unit; and

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

Northside
Facility (Source) Name (from Step 1)

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Clean Air Mercury Rule (CAMR) Hg Budget Trading Program

I certify that I was selected as the Hg designated representative or alternate Hg designated representative, as applicable, by an agreement binding on the owners and operators of the source and each Hg Budget unit at the source (i.e., the source and each unit subject to the CAMR Hg Budget Trading Program, as indicated in "Applicable Program(s)" in Step 4).

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

I certify that the owners and operators of the source and of each Hg Budget 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, a Hg Budget unit, or where a utility or industrial customer purchases power from a Hg Budget unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

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

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

Clean Air Mercury Rule (CAMR) Program Other Than the Hq Budget Trading Program

I certify that I was selected as the Hg designated representative or alternate Hg designated representative, as applicable, by an agreement binding on the owners and operators of the source and each electric generating unit (EGU) (as defined at 40 CFR 60.24(h)(8)) at the source (i.e., the source and each unit subject to a CAMR Program other than the Hg Budget Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all the necessary authority to carry out my duties and responsibilities under a State Plan approved by the Administrator as meeting the requirements of 40 CFR 60.24(h) on behalf of the owners and operators of the source and of each EGU at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the source and of each EGU 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 EGU, or where a utility or industrial customer purchases power from an EGU under a life-of-the-unit, firm power contractual arrangement, I certify that I have given a written notice of my selection as the Hg designated representative or alternate Hg designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each EGU at the source.

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|--------------------------------|---------|--|
| Facility (Source) Name (from S | Step 1) | |

General

I am authorized to make this submission on behalf of the owners and operators of the source or 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 6.28.07 |
|---|--------------|
| Signature (Alternate Designated Representative) | Date 6-28-07 |



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 completed in full; see instructions) This submission includes combustion or process sources under 40 CFR part 74 667 lant Name Northside Generating Station State FL **ORIS Code**

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

STEP 2 Enter requested information for the designated representative.

James Chansler, VP of Operations & Maintenance Name Address 21 West Church Street Jacksonville, FL 32202

ax Number

Phone Number

(904) 665-6731

E-mail address (if available) chanjm@jea.com

(904) 665-4433

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

| Name Susan N. Hughes, V | ice President of Environme | ental Services | | : |
|-------------------------------|----------------------------|----------------|----------------|----|
| Phone Number (904) 665-62 | 248 | Fax Number | (904) 665-7950 | ·. |
| E-mail address (if available) | hughsn@jea.com | | | |

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.



JUN 18 2003

BUREAU OF AIR REGULATION

source at which the imbustion or process ource is located.

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) | Northsid Senerating Station | Certificate - Page 2 of 2 |
|--------------------------|-----------------------------|---------------------------|
| тем стер ту | | Page 2 0 |

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 underpenalty of law that I have personally examined, and am familiar with, the statements and information submitted in his 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) | pate 6.17.03 |
|---|-----------------|
| Signature (alternate designated representative) | 2, pate 6/17/03 |
| —————————————————————————————————————— | |

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 JE | EA . | | | | ∑ Owner | Operator |
|---------|--------|-------|-----|-----|----------------|----------|
| ID# 1A | ID# 2A | ID# 3 | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | _ | | | | |
| Name | | | | | Owner | Operator |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | |
| | | | | | | |



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

STEP 1

STEP 2

designated representative.

Enter requested information for the

Certificate of Representation

Page 1

| Plant Name Northside Generating Station | | State FL | 0667 DRIS Code |
|--|------------|---------------|-------------------|
| | | | |
| James Chansler, VP of Operations | | | |
| ddress 21 West Church Street Jacksonville, if. 32202 | | | |
| hone Number (904) 665-4433 | Fax Number | (904) 665-673 | 1. |
| -mail address (if available) chanjm@jea.com | | | |

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

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.

E-mail address (if available) hughsn@jea.com

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 cartify 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.

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, lessenoid, 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) Northside Generating Station Certificate - Page 2 Page 2 of 2

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 carify 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 individuals with primary responsibility for obtaining the information, certify that the statements and information are to the best of may remove deep 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) | 9-28.01 Date |
|---|-----------------|
| Signature (alternate designated representative) | Date 9/20/01 |

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 JEA | | | | | | ⊠ Owner | Operator | |
|----------|-----------|-----|----|-------|-------|----------------|----------|------|
| ID# | <u>1a</u> | ID# | 2a | ID# 1 | ID# 2 | ID# 3 | ID# | ID# |
| ID# | | ID# | | ID# | ID# | ID# | ID# | ID#_ |

| Name | | Owner | Operator | | | |
|------|-----|-------|----------|-----|-----|-----|
| ID# | ID# | 1D#_ | ID# | ID# | 10# | ID# |
| ID# | ID# | 1D# | ID# | ID# | ID# | {D# |

| Name_ | | | | Owner | ☐ Operator | |
|-------|-----|-----|-----|-------|------------|-----|
| ID# | ID# | ID# | ID# | ID# | : ID# | IO# |
| ID# | 10# | ID# | ID# | ID# | ID# | ID# |



Certificate of Representation

Page 1

| This subm | nformation, see instructions and refer to 40 CFR 7 ission is: New Revised (revised substance) New Notes and refer to 40 CFR 7 | missions must be completed in | n full; see instructions |) |
|-----------|---|-------------------------------|--------------------------|---|
| nt Name | Northside Generating Station | State FL | 0667 ORIS Code | |
| | | | | |

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

STEP 2 Enter requested information for the designated representative.

| Name | Jon P. Eckenbach, Executive Vice President | |
|---------|---|--------------------------|
| Address | 21 West Church Street Jacksonville, FL 32202 | |
| Phone N | umber (904) 665-6315 | Fax Number (904) 665-736 |

STEP 3 Enter requested information for the alternate designated representative, if applicable. Name Susan Hughes, Vice President

Phone Number (904) 665-6248

E-mail address (if available) hughsn@jea.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 units" 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 to under the source at which the combustion or process to under the source is located.

10

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 any 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 take 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 opimprisonment.

| Signature (designated representative) | pate 10/2-/00 |
|---|------------------|
| Signature (alternate designated representative) | 10/26/00 Date |
| // | |

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 JE/ | ⊠ Owner | Operator | | | | |
|----------|----------------|----------|-------|-------|-----|-----|
| ID# 1a | ID# 2a | ID# 1 | ID# 2 | ID# 3 | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| Name | | | | | Owner | Operator |
|------|-----|-----|-----|-----|-------|----------|
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| | Name | | | | | Owner | Operator |
|---|------|-----|-----|-----|-----|-------|----------|
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| . | ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| Name | | Owner | Operator | | | |
|------|-----|-------|----------|-----|-----|-------|
| ID# | 1D+ | ID# | ID# | ID# | ID# | ID# : |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

This submission is: New

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



Certificate of Representation

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

Page 1

STEP 1 Identify the source by plant name, State, and JEA, Northside Generating Station FL 0667
Plant Name ORIS Code

K Revised (revised submissions must be completed in full; see instructions)

STEP 2 Enter requested information for the designated representative.

ORIS code.

Name Jon P. Eckenbach

Address
21 West Church Street
 Jacksonville, Florida 32203

Phone Number (904) 665-6315

Fax Number (904) 665-7366

E-mail address (if available) eckejp@jea.com

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

Name Susan N. Hughes

Phone Number (904) 665-6248 Fax Number (904) 665-7376

E-mail address (if available) hughsn@jea.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.

Certificate - Page 2 Page 2 of 2

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 (des | ignated represe | ntative) | 0 | | Date | |
| | | Signature (alternate designated representative) | | | | 7/27/00 Date | |
| | | | (| <i>J</i> | | | |
| STEP 5 Provide the name of every owner and | Name JE | A | | | | ₹ Owner | ☑ Operator |
| every owner and operator of the source and identify each affected unit (or combustion or process | ID# 1 | ID# 2 | ID# 3 | ID# | ID# | ID# | ID# |
| source) they own and/or operate. | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | F | | | | | | |
| | Name | . | | | | Owner | Operator |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | - | | |
| | Name | . | | | | Owner | Operator |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | | |
| | Name | | | | ı | Owner | Operator |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | ID# | ID# | ID# | ID# | ID# | ID# | ID# |

BEST AVAILABLE COPY

For more information, see instructions and refer to 40 CFR 72:24

New

SEPA

United States
Environmental Protection Agency
Acid Rain Program

This submission is:

OMB No. 2060-0221

Certificate of Representation

Revised

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

Page 1

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

JEA, Northside Generating Station FL O667
Plant Name ORIS Code

STEP 2
Enter requested
information for the
designated
representative.

from NADB

| Name | Jon P. Eckenbach, Executiv | ve Vice President |
|----------|--|------------------------------|
| Address | 21 West Church St., Tower Jacksonville, FL 32202 | 16 |
| Phone Nu | (904) 632-6315 | (904) 632-7366 Fax Number |

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

| Name Address | Richard Breitmoser 21 W. Church St., Tower Jacksonville, FL 32202 | 8 | | |
|-----------------|--|------------|---------------|--|
| Phone Num | nber (904)632-6245 | Fax Number | (904)632-7376 | |

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 certifica-tions 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.

Icertify 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.

Icertify 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.

Icertify 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.

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.

BEST AVAILABLE COPY

ertificate JEA, Northside Generating Station 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. Leartify 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. designated representative Date (alternate designated representative) in vê Jacksonville Electric Authority X Owner Operator Name 3 ID# ID# ID# D# ID# ID# Florida Dept. of Env. Protection/Reg. & Env. Services (City of Jacksonville Regulatory Authorities Owner Operator Name ID# D# !D# ID# ID# ID# ID# ID# ID# ID# ID# ID# 1D# Regulatory Authorities Operator Owner Name ID# ID# ID# ID# D# ID# ID# Regulatory Authorities - Jan 13. Owner Operator Name ID# ID# 1D# ID# D# ID# ID# ID# ID# Regulatory Authorities

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.

| Date (| 3/97 |
|----------|--|
| Log # \(| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| Clerk 1 | |
| Date 🧗 | |
| Clerk 2 | |
| Date | |
| Trans.# | |
| Note: | |
| Log Cle | rk. |

Allowance Tracking System Report

Date: 06/18/97

Page: 1

AUTHORIZED ACCOUNT REPRESENTATIVE INFORMATION

AAR Number AAR Name Firm Name 000833

Jon P. Eckenbach

Jacksonville Electric Authority

21 W. Church St.

Address 1 Address 2

City/State/Zip

(4)

Jacksonville, FL 32202

Phone Fax 904-632-6315 904-632-7366

| Account Num | Plant/Account Name | AAR/Alternate | AAR Start Date |
|----------------|-----------------------------|---------------|----------------|
| | | | |
| 000207000001 | St Johns River Power | AAR | 06/17/97 |
| 000207000002 | St Johns River Power | AAR | 06/17/97 |
| 80000066600008 | , D Kennedy | AAR | 06/17/97 |
| 000666000009 | J D Kennedy | AAR | 06/17/97 |
| 000666000010 | J D Kennedy | AAR | 06/17/97 |
| 000667000001 | Northside | AAR | 06/17/97 |
| 000667000002 | Northside | AAR | 06/17/97 |
| 000667000003 | Northside | AAR | 06/17/97 |
| 000668000001 | Southside | AAR | 06/17/97 |
| 000668000002 | Southside | AAR | 06/17/97 |
| 000668000003 | Southside | AAR | 06/17/97 |
| 000668000004 | Southside | AAR | 06/17/97 |
| 000668000005 | Southside | AAR | .06/17/97 |
| 999900000189 | Jacksonville Electric Auth. | AAR | 06/17/97 |

Please review the information shown above and report any errors, along with supporting documentation, to the address listed below, or call the Acid Rain Hotline.



Acid Rain Hotîine: (202) 233-9620

U.S. Environmental Protection Agency Acid Rain Division 401 M Street, SW Mail Code 6204J Washington, DC 20460 United States
Environmental Protection Agency
Acid Rain Program

OMB He. 2080-0221 Expires 6-30-85



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 NADS

Plant Name JEA, Northside Generating SStation State 667 ORIS Code

STEP 2 Enter requested Information for the designated representative

| Name | Brian M. Wirz, Associate M | anaging Director | |
|---------|---|---------------------------|--|
| Address | Jacksonville Electric Author 21 West Church Street Jacksonville, FL 32202 | ority | |
| Phone N | lumber (904) 632-7270 | Fex Number (904) 632-7366 | |

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

| ; | | |
|-------|--|--|
| | | |
| • • • | | |
| | | |
| • | | |
| | | |

STEP 4 Compiete Step 5, read the certifications and sign and date I cartify that I was extented as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected cost at the source and each affected cost at the source.

I sertify 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 social of one week in a newspaper of general attributed in the area where the source is lecated or in a State publication designed to give general public nation.

certify that i have all reseasery authority to carry out my duries and responsibilities under the Acid Rain Program on behalf of the owners and operators of the effects source and of each effected unit at the source and that each such owner and operator shall be fully bound by my estions, inections, 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.

l cartify that the ewners and operators of the affected source and of each affected unit at the source shall be bound by any erder leaved to me by the Administrator, the po-mitting 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 effected unit, or where a utility or industrial austomer purchases power from an effected unit under life-of-the-unit, firm power concretable arrangements, I cordly that:

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

Alloweness and the precentle of transactions involving alloweness will be deemed to be held or distributed in preparation to each helder's logal, equitable, lessehold, or contractual reservation or entitlement or, if such multiple helders have expressly prevised for a different distribution of alloweness by contract, that alloweness and the precede of transactions involving alloweness will be deemed to be held or distributed in assertance with the contract.

The agreement by which I was selected as the alternate designated representative includes a precedure for the aware and operates of the source and effected units at the source to authorize the alternate designated representative to est in lies of the designated representative.

AFFAIRS

JEA, Northside Generating Station

Page 1 at 2

Cortification

I am authorized to make this submission on behelf of the owners and operators of the effected source or effected units for which the submission is made. I corolly under povetty 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, ecourate, and complete, I am owers that there are algorificant panelies for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

| Signature (designated representative) | BL |)n | | Data 8/17/04 | |
|---------------------------------------|----|----|---|--------------|--|
| Signature (alternate) | | | • | Date | |

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

| Jacks | o <u>nv</u> ille E | lectric Au | thority | **** | X Owner | Operator |
|---------------------|------------------------|------------|----------|-----------|------------|-----------|
| .ID# 1 | iD#_2 | 1D# 3 | 10# | 100 | tD# | 10# |
| 108 | iD# | 1D# | 1D# | 10# | ID# | 10# |
| Floric Regulater | da Dept. (| of Env. Re | g.; Reg. | & Env. Se | rvices Dep | t. (city) |
| | | | | | ☐ Owner | |
| Name _ | | | | | - Owner | Operator |
| ID# | 108 | 108 | ID# | IDS | ID# | ID# |
| 10# | 10/ | 100 | ID# | וסו | 10# | 1D# |
| Regulaton | Regulatory Authorities | | | | | |
| | | | | | | |
| Neme_ | | | · • | | Owner | Operator |
| 1D# | ; : 108 | ip# | וסו | 1138 | ID# | ID# |
| | 5100 | ID# | to. | tD2 | ID# | |
| ID# | TIME | | | 1 10 2 | 1166 | 1 103 |
| ID# | | | | | | 10.5 |
| | y Authorities | | | | | 1108 |
| Regulator | | | | | Owner | Operator |
| | | ID# | ID# | IDS - | | |

Regulatory Authorisies

| STEP 5 (optional) Enter the source AIRS and FINDS identification | AIRS |
|--|-------|
| numbers, if known | FINDS |