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United States Environmental Protection Agency Acid Rain, CAIR, and CAMR Programs OMB Nos. 2060-0258, 2060-0567, 2060-0570, and 2060-0584



# Certificate of Representation

BUREAU OF AIR REGULATION Page 1

For more information, see instructions and 40 CFR 72.24; 40 CFR 96.113, 96.213, or 96.313, or a comparable state regulation under the Clean Air Interstate Rule (CAIR) NO<sub>x</sub> Annual, SO<sub>2</sub>, and NO<sub>x</sub> 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) INFORMATION

This submission is:  New  Revised (revised submissions must be complete; see instructions)

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

Facility (Source) Name	JD Kennedy	State	FL	Plant Code	0666
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 32202		
Phone Number	(904) 665-7547	Fax Number	(904) 665- <del>7950</del> 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 32202		
Phone Number	(904) 665-6252	Fax Number	(904) 665- <del>7950</del> 4238
E-mail address	mannat@jea.com		

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

CT3 Unit ID#	CT Unit Type	Source Category Electric Utility		Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
		NAICS Code 221112		GT3		56.2
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 05/13/1973			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>			
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

JD Kennedy

Facility (Source) Name (from Step 1)

UNIT INFORMATION

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Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				CT4 (retired 4/1/2007)	CT	Electric Utility
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 08/23/1973				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NO<sub>x</sub> Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NO<sub>x</sub> Annual  CAIR SO<sub>2</sub>  CAIR NO<sub>x</sub> Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
CT5 (retired 4/1/2007)	CT	Electric Utility	GT5		NA (retired)
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 07/01/1973			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 06/09/2000				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
8 (retired 10/01/2000)	DB	Electric Utility	8	NA (retired)	NA (retired)
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 06/01/1955			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
9 (retired 10/01/2000)	DB	Electric Utility	9	NA (Retired)	NA (Retired)
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 12/01/1957			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA			<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

JD Kennedy  
 Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO<sub>2</sub>  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				10 (retired 10/01/2000)	DB	Electric Utility
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 12/02/1961				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		



JD Kennedy

Facility (Source) Name (from Step 1)

**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain  CAIR NOx Annual  CAIR SO2  CAIR NOx Ozone Season  CAMR (Hg Budget Trading)  CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Electric Utility	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				CT8	CT	
		NAICS Code	221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 12/01/2008			Check One: Actual <input type="checkbox"/> Projected <input checked="" type="checkbox"/>			
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

JD Kennedy

Facility (Source) Name (from Step 1)

Certificate of Representation - Page 3

**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) NO<sub>x</sub> 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<sub>x</sub> source and each CAIR NO<sub>x</sub> unit at the source (i.e., the source and each unit subject to the CAIR NO<sub>x</sub> 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<sub>x</sub> Annual Trading Program on behalf of the owners and operators of the CAIR NO<sub>x</sub> source and each CAIR NO<sub>x</sub> 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<sub>x</sub> source and each CAIR NO<sub>x</sub> 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<sub>x</sub> unit, or where a utility or industrial customer purchases power from a CAIR NO<sub>x</sub> 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<sub>x</sub> source and each CAIR NO<sub>x</sub> unit at the source; and

CAIR NO<sub>x</sub> allowances and proceeds of transactions involving CAIR NO<sub>x</sub> 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<sub>x</sub> allowances by contract, CAIR NO<sub>x</sub> allowances and proceeds of transactions involving CAIR NO<sub>x</sub> allowances will be deemed to be held or distributed in accordance with the contract.

JD Kennedy

Facility (Source) Name (from Step 1)

Certificate of Representation - Page 4

Clean Air Interstate Rule (CAIR) SO<sub>2</sub> 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 SO<sub>2</sub> source and each CAIR SO<sub>2</sub> unit at the source (i.e., the source and each unit subject to the SO<sub>2</sub> 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 SO<sub>2</sub> Trading Program, on behalf of the owners and operators of the CAIR SO<sub>2</sub> source and each CAIR SO<sub>2</sub> 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 SO<sub>2</sub> source and each CAIR SO<sub>2</sub> 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 SO<sub>2</sub> unit, or where a utility or industrial customer purchases power from a CAIR SO<sub>2</sub> 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 SO<sub>2</sub> source and each CAIR SO<sub>2</sub> unit at the source; and

CAIR SO<sub>2</sub> allowances and proceeds of transactions involving CAIR SO<sub>2</sub> 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<sub>2</sub> allowances by contract, CAIR SO<sub>2</sub> allowances and proceeds of transactions involving CAIR SO<sub>2</sub> allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO<sub>x</sub> 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<sub>x</sub> Ozone Season source and each CAIR NO<sub>x</sub> Ozone Season unit at the source (i.e., the source and each unit subject to the CAIR NO<sub>x</sub> 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<sub>x</sub> Ozone Season Trading Program on behalf of the owners and operators of the CAIR NO<sub>x</sub> Ozone Season source and each CAIR NO<sub>x</sub> 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<sub>x</sub> Ozone Season source and each CAIR NO<sub>x</sub> 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<sub>x</sub> Ozone Season unit, or where a utility or industrial customer purchases power from a CAIR NO<sub>x</sub> 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<sub>x</sub> Ozone Season source and each CAIR NO<sub>x</sub> Ozone Season unit; and

CAIR NO<sub>x</sub> Ozone Season allowances and proceeds of transactions involving CAIR NO<sub>x</sub> 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<sub>x</sub> Ozone Season allowances by contract, CAIR NO<sub>x</sub> Ozone Season allowances and proceeds of transactions involving CAIR NO<sub>x</sub> Ozone Season allowances will be deemed to be held or distributed in accordance with the contract.

JD Kennedy

Facility (Source) Name (from Step 1)

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 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 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.

JD Kennedy

Facility (Source) Name (from 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 7-25-07
Signature (Alternate Designated Representative) 	Date 07-24-07

21 West Church Street  
Jacksonville, Florida 32202-3139

RECEIVED

NOV 29 2000

BUREAU OF AIR REGULATION



November 20, 2000

Scott Sheplak  
Department of Environmental Protection  
Division of Air Resources Management  
2600 Blair Stone Road  
Mail Station #5505  
Tallahassee, Florida 32399-2400

Dear Mr. Sheplak:

Re: Updated Certificate of Representations  
J D Kennedy and Brandy Branch Facilities

Enclosed please find updated Certificate of Representations for J D Kennedy and for our Brandy Branch generating facilities. Please make note that J D Kennedy unit identification number 15 has been changed to unit identification number 7. If you have any questions with regard to this matter, please contact me at (904) 665-5501.

Sincerely,

A handwritten signature in cursive script that reads 'David Norse'.

David Norse  
Environmental Permitting & Compliance



# Certificate of Representation

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

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

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

### STEP 1

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

Plant Name	J D Kennedy	State	FL	ORIS Code	0666
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### 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 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 Hughes, Vice President				
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:

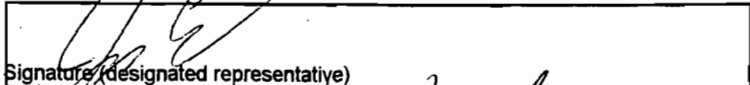
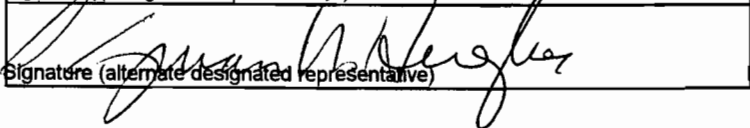
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

Plant Name (from Step 1) J D Kennedy

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.

	Date 11/14/00
	Date 7/17/00

**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 JEA					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 8	ID# 9	ID# 10	ID# 7	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#



21 West Church Street  
Jacksonville, Florida 32202-3139

RECEIVED

JUL 31 2000

BUREAU OF AIR REGULATION



July 28, 2000

Mr. Scott Sheplak, P.E.  
Title V Administrator  
Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RE: Revised Certificate of Representations

Dear Mr. Sheplak:

Enclosed please find the revised Certificate of Representation Forms for Kennedy Generating Station, St. Johns River Power Park, Northside Generating Station, Southside Generating Station, and Brandy Branch. The revision is to reflect a change in JEA's alternate designated representative for these stations. If you have any questions with regard to this matter, please contact me at (904) 665-6247.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Bert Gianazza', is positioned above the typed name.

N. Bert Gianazza, P.E.  
Environmental Permitting  
& Compliance Group



# Certificate of Representation

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

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

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

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

Plant Name	JEA, Kennedy Generating Station	State	FL	ORIS Code	0666
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**STEP 2**  
Enter requested information for the designated representative.

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.

JEA, Kennedy Generating Station  
 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)	Date
<i>Thomas H. Hughes</i>	7/27/00
Signature (alternate designated representative)	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 JEA					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 8	ID# 9	ID# 10	ID# 15	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#



FEB 11 2000

# 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

## BUREAU OF AIR REGULATION

### STEP 1

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

Plant Name	JD Kennedy	State	FL	ORIS Code	0666
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### STEP 2

Enter requested information for the designated representative.

Name	Jon P. Eckenbach				
Address	21 West Church Street Jacksonville, Florida 32202				
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	Tim E. Perkins				
Phone Number	(904) 630-0786	Fax Number	(904) 665-7376		
E-mail address (if available)	perkte@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:

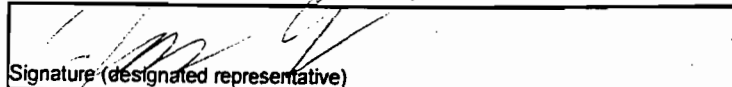
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

Plant Name (from Step 1) **JD Kennedy**

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.

	Date <b>2/8/00</b>
Signature (alternate designated representative)	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 <b>Jacksonville Electric Authority</b>					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
000666000008 ID#	000666000009 ID#	000666000010 ID#			ID#	
000666000015* ID#	ID#	ID#	ID#	ID#	ID#	ID#

\* New Unit - Presumed Account 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#



# BLACK & VEATCH

8400 Ward Parkway, P.O. Box 8405, Kansas City, Missouri 64114, (913) 458-2000

## RECEIVED

JEA  
Brandy Branch Project  
Letter Number L013

JUN 02 1999

B&V Project 29686  
B&V file 32.0203  
June 1, 1999

BUREAU OF  
AIR REGULATION

Mr. Scott Sheplak  
PE Administrator, Title V Section  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400  
Mail Stop 5505

Dear Mr. Sheplak:

On behalf of the Jacksonville Electric Authority (JEA), Black & Veatch is pleased to submit two copies of the enclosed Certificate of Representation and Acid Rain Phase II permit application for the J.D. Kennedy Facility. A construction permit (Permit No. 0310047-002AC) was recently issued to JEA for the construction of a new peaking combustion turbine unit at this facility.

If you have any questions concerning the permit application, please do not hesitate to call Bert Gianazza at JEA at (904) 665-6247, or me at (913) 458-7961.

Very truly yours,

BLACK & VEATCH

Mark J. Bareta  
Air Quality Scientist

mjb

cc: USEPA Region IV w/ attachment  
File

Tom  
case review 6/3  
~~Scott Sheplak~~



# Certificate of Representation

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

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

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

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

Plant Name	JD Kennedy	State	FL	ORIS Code	0666
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**STEP 2**  
Enter requested information for the designated representative.

Name	Jon P. Eckenbach				
Address	21 West Church Street Jacksonville, Florida 32202				
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	Tim E. Perkins				
Phone Number	(904) 630-0786	Fax Number	(904) 665-7376		
E-mail address (if available)	perkte@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:

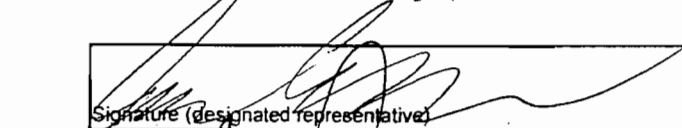
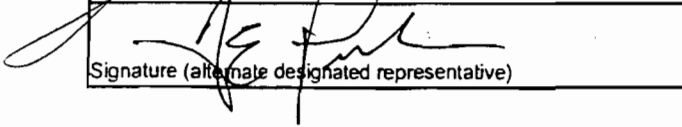
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

Plant Name (from Step 1) JD Kennedy

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.

	Date 5-11-99
	Date 5/20/99

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

Name Jacksonville Electric Authority					<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
000666000008	000666000009	000666000010			ID#	ID#
000666000015*					ID#	ID#

\* New Unit - Presumed Account 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#



United States  
Environmental Protection Agency  
Acid Rain Program

OMB No. 2060-0221  
Expires 1-31-96



# Certificate of Representation

Page 1

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	JEA, Kennedy Generating Station	State	FL	ORIS Code	0666
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**STEP 2**  
Enter requested information for the designated representative.

Name	Jon P. Eckenbach, Executive Vice President				
Address	21 W. Church St., Tower 16 Jacksonville, FL 32202				
Phone Number	(904) 632-6315	Fax Number	(904) 632-7366		

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

Name	Richard Breitmoser				
Address	21 W. Church St., Tower 8 Jacksonville, FL 32202				
Phone Number	(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 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.

JEA, Kennedy Generating Station  
 Plant Name (from Step 1)

Certificate Page 2  
 Page  of

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 5/12/97
Signature (alternate designated representative)	Date 6/10/97

**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 Jacksonville Electric Authority						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 8	ID# 9	ID# 10	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities Florida Dept. of Env. Protection/Reg. & Env. Services Dept. (City of Jacksonville)							

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							

Date 5/2/97
Log# 16797
Clerk 1
Date
Clerk 2
Date
TAAS##
Note:
Log Clerk

# Allowance Tracking System Report

Date: 06/18/97  
Page: 1

## AUTHORIZED ACCOUNT REPRESENTATIVE INFORMATION

AAR Number 000833  
AAR Name Jon P. Eckenbach  
Firm Name Jacksonville Electric Authority  
Address 1 21 W. Church St.  
Address 2  
City/State/Zip Jacksonville, FL 32202  
  
Phone 904-632-6315  
Fax 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
000666000008	J 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 Hotline: (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 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

<input checked="" type="checkbox"/> JEA, Kennedy Generating Station Plant Name	State FL	666 ORIS Code
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**STEP 2**  
Enter requested information for the designated representative

Name Brian M. Wirz, Associate Managing Director	
Address Jacksonville Electric Authority 21 West Church Street Jacksonville, FL 32202	
Phone Number (904) 632-7270	Fax Number (904) 632-7366

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

Name	
Address	
Phone Number	Fax Number

**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 tenancy 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.

JEA, Kennedy Generating Station  
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) *Bruce M. [Signature]* Date 8/17/99  
Signature (alternate) \_\_\_\_\_ 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

Jacksonville, Electric Authority  Owner  Operator  
Name  
ID# 8 ID# 9 ID# 10 ID# ID# ID# ID#  
ID# ID# ID# ID# ID# ID# ID#  
Fla Dept. of Env. Reg.; Reg. & Env. Services Dept. (city)  
Regulatory Authorities

Owner  Operator  
Name  
ID# ID# ID# ID# ID# ID# ID#  
ID# ID# ID# ID# ID# ID# ID#  
Regulatory Authorities

Owner  Operator  
Name  
ID# ID# ID# ID# ID# ID# ID#  
ID# ID# ID# ID# ID# ID# ID#  
Regulatory Authorities

Owner  Operator  
Name  
ID# ID# ID# ID# ID# ID# ID#  
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Regulatory Authorities