

Department of Environmental Protection

Division of Air Resource Management RESPONSIBLE OFFICIAL NOTIFICATION FORM

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

Identification of Facility			
Facility Owner/Company Name: JEA			
2. Site Name: Brandy Branch Generating Station	3. County: Duval		
4. Title V Air Operation Permit/Project No. (1 0310485-019-AV	eave blank for initial Title V applications):		
Notification Type (Check one or more)			
□INITIAL: Notification of responsible office	rials for an initial Title V application.		
RENEWAL: Notification of responsible office	Notification of responsible officials for a renewal Title V application.		
CHANGE: Notification of change in respon	CHANGE: Notification of change in responsible official(s).		
Effective date of change in resp	onsible official(s) January 1st, 2013		
Primary Responsible Official			
1. Name and Position Title of Responsible Official:			
Michael J. Brost, P.E., President, Electric Systems			
2. Responsible Official Mailing Address:			
Organization/Firm: JEA			
Street Address: 21 West Church Street			
	p Code: 32202		
3. Responsible Official Telephone Numbers:			
Telephone: (904) 665-7547	Fax: (904) 665-4238		
	or more of the following options, as applicable):		
for the corporation, or a duly authorized representati	performs similar policy or decision-making functions we of such person if the representative is responsible for production, or operating facilities applying for or subject ther or the proprietor, respectively.		
ranking elected official.			
The designated representative at an Acid Rain source			
addressed in this notification. I hereby certify, base inquiry, that the statements made in this notification	ned in Rule 62-210.200, F.A.C., of the Title V source d on information and belief formed after reasonable are true, accurate and complete. Further, I certify that I sible officials, if any, for purposes of Title V permitting.		
12/18/11			
Signature	Date		

DEP Form No. 62-213.900(3)

Effective: August 1, 2011

Additional Responsible Official			
1. Name and Position Title of Responsible	le Official:		
P G Para, Chief Public Affairs Officer			
2. Responsible Official Mailing Address: Organization/Firm: JEA			•
Street Address: 21 West Church Street			
City: Jacksonville State: FL	Zip Code: 322	302	
3. Responsible Official Telephone Numb			
Telephone: (904) 665-6208		(904) 665-4238	
4. Responsible Official Qualification (Ch	· ·	· · · · · · · · · · · · · · · · · · ·	
 [] For a corporation, the president, secreta of a principal business function, or any making functions for the corporation, or representative is responsible for the ov operating facilities applying for or sub [] For a partnership or sole proprietorship For a municipality, county, state, federa or ranking elected official. [] The designated representative at an Aci 	or other person who per or a duly authorized re- rerall operation of one ject to a permit under a, a general partner or al, or other public age	erforms similar policy or decision- representative of such person if the e or more manufacturing, production, or chapter 62-213, F.A.C.	or
Additional Responsible Official			
Additional Responsible Official 1. Name and Position Title of Responsible	e Official:		
 Name and Position Title of Responsible Responsible Official Mailing Address: 			
 Name and Position Title of Responsible Responsible Official Mailing Address: Organization/Firm: 		Zip Code:	
 Name and Position Title of Responsible Responsible Official Mailing Address: Organization/Firm: Street Address: 	State:	Zip Code:	
 Name and Position Title of Responsible Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number Telephone: () - 	State: ers: Fax:	() -	
Name and Position Title of Responsible Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number	State: ers: Fax: eck one or more of th	() - he following options, as applicable):	