



Florida Power
A Progress Energy Company

RECEIVED

AUG 07 2002

July 31, 2002

BUREAU OF AIR REGULATION

Mr. Scott Sheplak, P.E.
Florida Department of Environmental Protection
Bureau of Air Regulations, Title V Section
Mail Station #5505
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: AVON PARK, HIGGINS, AND INTERCESSION CITY'S ACID RAIN FORMS

Dear Mr. Sheplak:

I have enclosed the needed Acid Rain applications and certificates of representation required for the completion of the review of the Avon Park, Higgins, and Intercession City Title V renewal applications.

Please contact me (727) 826-4152 if you have any questions.

Sincerely,

Matt Lydon
Associate Environmental Specialist

Enclosures



Certificate of Representation

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

This submission is: New Revised (revised submissions must be complete; 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 Avon Park	State FL	ORIS Code 0624
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STEP 2

Enter requested information for the designated representative.

Name J. Michael Kennedy, QEP	
Address Carolina Power & Light Company Harris Energy & Environmental Center Route 1, Box 327 New Hill, NC 27562	
Phone Number (727) 826-4334	Fax Number (727) 826-4216
E-mail address (if available) j-michael.kennedy@pgnmail.com	

STEP 3

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

Name Victoria K. Will	
Phone Number (919) 362-3580	Fax Number (919) 362-3266
E-mail address (if available) vicky.will@pgnmail.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) Avon Park

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 (designated representative) <i>J. Michael...</i>	Date 7/30/02
Signature (alternate designated representative) <i>Victoria K. Hill</i>	Date 8/2/02

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.

Florida Power					<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Name						
002						
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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

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

Retired Unit Exemption

For more information, see instructions and refer to Rule 62-214.340(2), F.A.C., and 40 CFR 72.8

This submission is: New Revised

Page 1

STEP 1
Identify the unit by plant name,
State, ORIS code and unit ID#.

Avon Park	Florida	0624	002
Plant Name	State	ORIS Code	Unit ID#

STEP 2
Identify the first full calendar year in
which the unit meets (or will meet) the
requirements of Rule 62-214.340(2)(a),
F.A.C.

January 1, 1995

STEP 3
Read the special provisions.

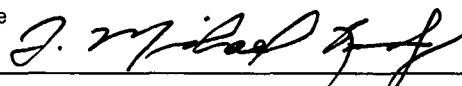
Special Provisions

- (1) A unit exempt under Rule 62-214.340(2), F.A.C., shall not emit any sulfur dioxide and nitrogen oxides starting on the date that the exemption takes effect. The owners and operators of the unit will be allocated allowances in accordance with 40 CFR part 73 subpart B. If the unit is a Phase I unit, for each calendar year in Phase I, the designated representative of the unit shall submit a Phase I permit application in accordance with 40 CFR part 72 subparts C and D and an annual certification report in accordance with 40 CFR 72.90 through 72.92 and is subject to 40 CFR 72.95 and 72.96.
- (2) A unit exempt under Rule 62-214.340(2), F.A.C., shall not resume operation unless the designated representative of the source that includes the unit submits a complete Acid Rain part application under Rule 62-214.320, F.A.C., for the unit not less than 24 months prior to the date on which the unit is first to resume operation.
- (3) The owners and operators and, to the extent applicable, the designated representative of a unit exempt under Rule 62-214.340(2), F.A.C., shall comply with the requirements of Chapter 62-214, F.A.C., and the Acid Rain Program concerning all periods for which the exemption is not in effect, even if such requirements arise, or must be complied with, after the exemption takes effect.
- (4) For any period for which a unit is exempt under Rule 62-214.340(2), F.A.C., the unit is not an Acid Rain unit and is not eligible to be an opt-in source under 40 CFR part 74. As a non-Acid Rain Unit, the unit shall continue to be subject to any other applicable requirements under 40 CFR part 70.
- (5) For a period of 5 years from the date the records are created, the owners and operators of a unit exempt under Rule 62-214.340(2), F.A.C., shall retain at the source that includes the unit records demonstrating that the unit is permanently retired. The 5-year period for keeping records may be extended for cause, at any time prior to the end of the period, in writing by the EPA or the Department. The owners and operators bear the burden of proof that the unit is permanently retired.
- (6) On the earlier of the following dates, a unit exempt under Rule 62-214.340(2), F.A.C., shall lose its exemption and become an Acid Rain Unit: (i) the date on which the designated representative submits an Acid Rain part application under paragraph (2); or (ii) the date on which the designated representative is required under paragraph (2) to submit an Acid Rain part application. For the purpose of applying monitoring requirements under 40 CFR part 75, a unit that loses its exemption under Rule 62-214.340(2), F.A.C., shall be treated as a new unit that commenced commercial operation on the first date on which the unit resumes operation.

STEP 4
Read the appropriate certification
and sign and date.

Certification (for designated representatives only)

I am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain 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.

Name J. Michael Kennedy, QEP	
Signature 	Date 7/30/02

Plant Name (from Step 1) **Avon Park**

STEP 4, cont'd.
Read the appropriate
certification and sign
and date.

Certification (for certifying officials only)

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.

Name	
Signature	Date

Certification (for additional certifying officials, if applicable)

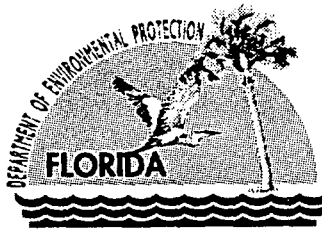
I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and 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.

Name	
Signature	Date

Certification (for additional certifying officials, if applicable)

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.

Name	
Signature	Date



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
Certified Mail – Return Receipt Requested

David B. Struhs
Secretary

July 24, 2002

Mr. Kris Edmondson
Plant Manager Central CT Sites and Responsible Official
Florida Power Corporation
100 Central Avenue
St. Petersburg, FL 33701

Re: Title V Air Operation Permit Renewal Application
Avon Park Plant
Facility ID: **0550003**; ORIS Code: **0624**

Dear Mr. Edmondson:

Thank you for your recent submission of a Title V Air Operation Permit Renewal Application for the referenced plant. However, we must deem your application *incomplete*, due to the omission of an updated Phase II Acid Rain Part Application. Please be advised that Department Rule 62-214.320(1)(i) requires that, "the designated representative of any Title V source having a Title V permit with an Acid Rain Part shall submit a complete application for renewal of the Title V permit with the Acid Rain Part for each Acid Rain unit at the source."

Also, please check if there are any changes to the Designated Representative for the facility, and submit an updated Certificate of Representation if necessary.

When we receive this information we will continue processing your application. If you have any questions, please contact Tom Cascio at 850/921-9526.

Sincerely,

Scott M. Sheplak, P.E.
Administrator
Title V Section

cc: Kennard F. Kosky, P.E., Golder Associates, Inc. (regular mail)

"More Protection, Less Process"

Printed on recycled paper.

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 **STEP 1**

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

Plant Name	State	ORIS Code
Avon Park	FL	624

STEP 2

Enter requested information for the designated representative.

Name	J. Michael Kennedy, QEP		
Address	Florida Power Corporation		
	P.O. Box 14042, MAC - BB1A		
	St. Petersburg, FL 33733		
Phone Number	(727) 826-4334	Fax Number	(727) 826-4216
E-mail address (if available)	j-michael.kennedy@fpc.com		

STEP 3

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

Name	Wade F. Sperry		
Address	Florida Power Corporation		
	P.O. Box 14042, MAC - BB1A		
	St. Petersburg, FL 33733		
Phone Number	(727) 826-4228	Fax Number	(727) 826-4222
E-mail address (if available)	wade.f.sperry@fpc.com		

STEP 4

Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or 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 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 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)
Avon Park

I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

<i>[Signature]</i> Signature (designated representative)	Date 10/17/00
<i>[Signature]</i> Signature (alternate designated representative)	Date 10/20/00

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

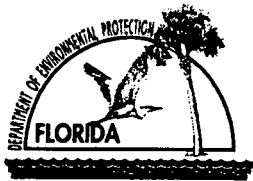
Name Florida Power Corporation					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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#

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

Tom
SAT
7/15



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

1. Facility Owner/Company Name: Florida Power Corporation	
2. Site Name: Avon Park Plant	3. County: 4. Highlands County
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): 0550003-001-AV	

Notification Type (Check one or more)

<input type="checkbox"/> INITIAL:	Notification of responsible officials for an initial Title V application.
<input type="checkbox"/> RENEWAL:	Notification of responsible officials for a renewal Title V application.
<input checked="" type="checkbox"/> CHANGE:	Notification of change in responsible official(s).
Effective date of change in responsible official(s) <u>July 8, 2002</u>	

Primary Responsible Official

1. Name and Position Title of Responsible Official: Kris Edmondson – Plant Manger Central CT Sites
2. Responsible Official Mailing Address: Organization/Firm: Florida Power Corporation Street Address: 100 Central Avenue MAC: IC44 City: St. Petersburg State: FL Zip Code: 33701
3. Responsible Official Telephone Numbers: Telephone: (863) 675-3020 Fax: (863) 679-3055
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

5. Responsible Official Statement:

I, the undersigned, am a responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.

Kris A. Edwards

Signature

July 11, 2002

Date

Additional Responsible Official

1. Name and Position Title of Responsible Official: William Dudley, Production Manager – CT
2. Responsible Official Mailing Address: Organization/Firm: Florida Power Corporation Street Address: 100 Central Avenue MAC: IC44 City: St. Petersburg State: FL Zip Code: 33701
3. Responsible Official Telephone Numbers: Telephone: (863) 679-3030 Fax: (863) 679-3055
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

Additional Responsible Official

1. Name and Position Title of Responsible Official: David Sorrick, General Manager CT Operations, Florida
2. Responsible Official Mailing Address: Organization/Firm: Florida Power Corporation Street Address: 100 Central Avenue MAC: BB1C City: St. Petersburg State: FL Zip Code: 33701
3. Responsible Official Telephone Numbers: Telephone: (727)826-4026 Fax: (727)826-4222
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

Additional Responsible Official

1. Name and Position Title of Responsible Official: J. Michael Kennedy, Manager, Air Programs, DR
2. Responsible Official Mailing Address: Organization/Firm: Florida Power Corporation Street Address: 100 Central Avenue MAC: BB1A City: St. Petersburg State: FL Zip Code: 33701
3. Responsible Official Telephone Numbers: Telephone: (727) 826-9334 Fax: (727) 826-4216
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input checked="" type="checkbox"/> The designated representative at an Acid Rain source.