

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

June 25, 2003

Mr. Edward Garcia
Environmental/Safety Officer
Utility Board of the City of Key West
Keys Energy Services
1001 James Street
P.O. Box 6100
Key West, FL 33041-6100

Re: Acid Rain Phase II New Unit Exemption Forms
Stock Island Power Plant Units D-1, D-2, CT-1, CT-2, and CT-3

Dear Mr. Garcia:

Thank you for your recent submission of the completed Certificate of Representation forms in response to our letter dated May 30, 2003. We have reviewed the documents and deem your application complete. Please call Tom Cascio at 850-921-9526 if you have any questions.

Sincerely,

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



(305) 295-1000
1001 James Street
PO Box 6100
Key West, FL 33041-6100
www.KeysEnergy.com

UTILITY BOARD OF THE CITY OF KEY WEST

June 5, 2003

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

RECEIVED

JUN 17 2003

BUREAU OF ENVIRONMENTAL PROTECTION

Dear Mr. Sheplak:

Please find enclosed a copy of the EPA Form (7610-1) noting the facility's Designated Representative, as per your letter dated May 30, 2003.

Please contact me at (305) 295-1148 if more information is needed.

Sincerely,

UTILITY BOARD – CITY OF KEY WEST
"KEYS ENERGY SERVICES"
Carl R. Jansen, General Manager

A handwritten signature in black ink, appearing to read "Edward Garcia".

Edward Garcia
Environmental/Safety Officer

EG/mlv

cc:
C. Jansen, General Manager
S. Greager, Director of Management Services
R. Blackburn, FDEP Fort Myers
J. Edds, FDEP Marathon
File: SOF-110

Enclosures

Utility Board Members
Robert R. Padron, Chairman Dr. Otha P. Cox, Vice-Chairman
Leonard H. Knowles, Member Gayle Swofford, Member Lou Hernandez, Member

FAX COVER SHEET

Clean Air Markets Division
 US Environmental Protection Agency
 1200 Pennsylvania Avenue, N.W. (6204N)
 Washington, DC 20460
 www.epa.gov/airmarkets



Date: 3/21/02 **To:** Edward Garcia

From: Laurie DeSanti's **Phone:** _____

Phone: _____ **Fax:** _____

Fax: _____ **Pages, including cover sheet:** 7

Email: _____

COMMENTS:

Mr. Garcia -
 Please verify the changes I made to
 the forms you submitted. I want to
 make sure you agree to what you signed.
 I'll send you verification reports
 in the mail.

Laurie

RECEIVED

United States Environmental Protection Agency Acid Rain Program

OMB No. 2060-0258

JUN 17 2003



Certificate of Representation

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

This submission is: [] New [X] 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.

Stock Island Key West City Electric System Plant Name Stock Island Power Plant Unit # 1 State FL ORIS Code 6584

STEP 2 Enter requested information for the designated representative.

3/21/02 - Step 1 change verified by Mr. Edward Garcia

Name Edward Garcia Address 1001 James Street Key West, FL 33040 Phone Number (305) 295-1148 Fax Number (305) 295-1145 E-mail address (if available) garcie@kwcityelectric.com

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

Name Bruce Woodard Phone Number (305) 295-1049 Fax Number (305) 295-1044 E-mail address (if available) woodab@kwcityelectric.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 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.

Key West City Electric System unit #1
 Plant Name (from Step 1) *Steel Island Power Plant*

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>Edual Alon</i> Signature (designated representative)	Date <i>2/4/02</i>
<i>Russel Woodard</i> Signature (alternate designated representative)	Date <i>2-4-02</i>

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 <i>Key West City Electric System</i>					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# <i>1</i>	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Per Mr. Garcia - unit is retired.

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#

RECEIVED

OMB No. 2060-01

United States Environmental Protection Agency Acid Rain Program

JUN 17 2003



Certificate of Representation

Page

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

Stock Island D-1

7143

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

Plant Name	Key West City Electric System Stock Island Diesel Generators D-1	State	FL	ORIS Code	6584
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STEP 2 Enter requested information for the designated representative.

3/21/02
Step 1 changes
Verified by
Mr. Edward Garcia.

Name	Edward Garcia	
Address	1001 James Street Key West, FL 33040	
Phone Number	(305) 295-1148	Fax Number (305) 295-1145
E-mail address (if available)	garcie@kwcityelectric.com	

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

Name	Bruce Woodard	
Phone Number	(305) 295-1049	Fax Number (305) 295-1044
E-mail address (if available)	woodab@kwcityelectric.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.

Key West City Electric System
 Stack Island Diesel Generators
 Plant Name (from Step 1) Unit # D-1

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

Signature (designated representative) <i>Edward Garcia</i>	Date 2/4/02
Signature (alternate designated representative) <i>Bruce Woodford</i>	Date 2-4-02

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.

Name <i>Key West City Electric System</i>					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# D-1	<i>XXNA1</i>	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Step 5 change
 verified by
 Mr. Edward Garcia.

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

Unit is exempt (NUES)
 New Unit exemption

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#

RECEIVED

United States Environmental Protection Agency Acid Rain Program

OMB No. 2060-0258

JUN 17 2003



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.

Stock Island D-2 *7144*

Plant Name <i>Key West City Electric System Stock Island Diesel Generators Unit # D-2</i>	State <i>FL</i>	ORIS Code <i>6534</i>
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STEP 2
Enter requested information for the designated representative.

Name <i>Edward Garcia</i>	
Address <i>1001 James Street. Key West, FL 33040</i>	
Phone Number <i>(305) 295-1148</i>	Fax Number <i>(305) 295-1145</i>
E-mail address (if available) <i>garcie@kwcityelectric.com</i>	

3/21/02 - Step 1 changes verified by Mr. Edward Garcia

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

Name <i>Bruce Woodard</i>	
Phone Number <i>(305) 295-1049</i>	Fax Number <i>(305) 295-1044</i>
E-mail address (if available) <i>woodab@kwcityelectric.com</i>	

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 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.

Key West City Electric System
 Stock Island Generators
 Plant Name (from Step 1) Unit # D-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.

<i>Edual Garcia</i> Signature (designated representative)	Date 2/4/02
<i>Bruce Woodford</i> Signature (alternate designated representative)	Date 2-4-02

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.

Name <i>Key West City Electric System</i>					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# <i>D-2</i>	ID# <i>XXNAZ</i>	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

*Step 5 change
 Verified by
 Mr. Edward Garcia*

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

*Unit is exempt (NUEs)
 New Unit Exemption*

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#

RECEIVED

JAN 16 1996

BUREAU OF
AIR REGULATION

To: Mr. John C. Brown, Jr., P.E.
Section Administrator
Title V Program (MS 5505)
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399

- [] No acid rain unit at the _____ facility was
name of facility
in operation on November 15, 1990, therefore, the acid
rain part application is not due at this time. Rule
62-214.320(1)(b), F.A.C., applies.
- [] An acid rain part application will be submitted by ____/____/____.
date
- [] No unit at this facility _____ is subject to
name of facility
the acid rain program. I have indicated why below.

Comments:

The Key West Steam Plant (Trumbo Road)
AIRS ID 0870002 is no longer operating.
The plant has not operated since
March 28, 1991. This shut-down is
permanent.

Joe Stone
Signature

Environmental
Sers. Supvr.
Title

1/11/96
Date

CITY OF KEY WEST

POTENTIAL ACID RAIN SOURCE:

FACILITY NAME

AIRS ID.

KEY WEST (TRUMBO ROAD)

0870002

United States
Environmental Protection Agency
Acid Rain Program

Best Available Copy

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



Certificate of Representation

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 STOCK ISLAND POWER PLANT	State FL	ORIS Code 6584
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STEP 2
Enter requested information for the designated representative, if applicable

Name CARL JANSEN, Jr.	
Address 1001 James Street Key West, FL 33040	
Phone Number (305) 295-1140	Fax Number (305) 295-1145

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

Name JOSEPH STONE, Jr.	
Address 1001 James Street Key West, FL 33040	
Phone Number (305) 295-1140	Fax Number (305) 295-1145

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.

Best Available Copy

STOCK ISLAND POWER PLANT
 Plant Name (from Step 1)

Certificate Page 1
 Page 2 of 2

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 1/10/96
Signature (alternate designated representative)	Date 1/10/96

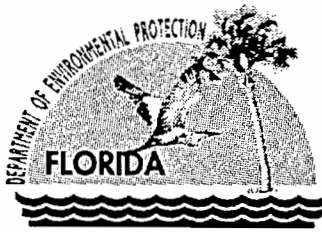
STEP 3
 Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from NADB, if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

KEY WEST CITY ELECTRIC SYSTEM							<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
Name	ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Boiler								
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities Florida Dept. of Environmental Protection								

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



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

May 30, 2003

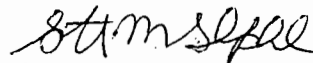
Mr. Edward Garcia
Environmental/Safety Officer
Utility Board of the City of Key West
Keys Energy Services
1001 James Street
P.O. Box 6100
Key West, FL 33041-6100

Re: Acid Rain Phase II New Unit Exemption Forms
Stock Island Power Plant Units D-1, D-2, CT-1, CT-2, and CT-3

Dear Mr. Garcia:

Thank you for your recent submission of Acid Rain Allowance Account Representative information in response to our letter dated May 5, 2003. However, to properly process your request, we require a copy of the revised Certificate of Representation (official EPA Form 7610-1 noting the facility's Designated Representative) for the affected units. Please call Tom Cascio at 850-921-9526 if you have any questions.

Sincerely,


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

"More Protection, Less Process"

Printed on recycled paper.



Tom
(305) 295-1000
1001 James Street
PO Box 6100
Key West, FL 33041-6100
www.KeysEnergy.com

UTILITY BOARD OF THE CITY OF KEY WEST

RECEIVED

MAY 19 2003

May 14, 2003

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

BUREAU OF AIR REGULATION

Dear Mr. Sheplak:

Please find enclosed a copy of the EPA form noting the facility's Designated Representative, as per your letter dated May 5, 2003.

Please contact me at (305) 295-1148 if more information is needed.

Sincerely,

UTILITY BOARD – CITY OF KEY WEST
"KEYS ENERGY SERVICES"
Carl R. Jansen, General Manager

A handwritten signature in black ink, appearing to read "Edward Garcia".

Edward Garcia
Environmental/Safety Officer

EG/mlv

cc:

C. Jansen, General Manager
S. Greager, Director of Management Services
R. Blackburn, FDEP Fort Myers
J. Edds, FDEP Marathon
File: SOF-110

Enclosures

Utility Board Members

Robert R. Padron, Chairman Dr. Otha P. Cox, Vice-Chairman
Leonard H. Knowles, Member Gayle Swofford, Member Lou Hernandez, Member

Allowance Tracking System Report

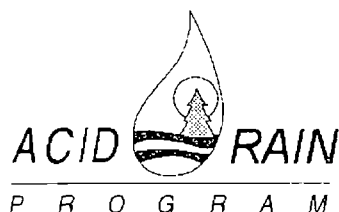
AUTHORIZED ACCOUNT REPRESENTATIVE INFORMATION

Date: 3/25/02

AAR Number 2809
AAR Name Edward Garcia
Firm Name
Address 1 1001 James Street
Address 2
City/State/Zip Key West, FL 33040
Phone 305 - 295 - 1148
Fax 305 - 295 - 1145
Email garcie@kwcityelectric.com

Account Number	Plant/Account Name	AAR/Alternate	AAR Start Date
006584000001	Stock Island	AAR	03/21/2002
0071430XXNA1	Stock Island D'1	AAR	03/21/2002
0071440XXNA2	Stock Island D 2	AAR	03/21/2002

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) 564-9620

U.S. Environmental Protection Agency
Clean Air Markets Division (6204-N)
U.S. mail address: 1200 Pennsylvania Ave., NW
Washington, DC 20460
Overnight mail address: 633 3rd Street, NW
Washington, DC 20001

Allowance Tracking System Report

Date: 3/25/02

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ACCOUNT INFORMATION

Account Number 006584000001
Plant/Account Name Stock Island
AAR ID Number 2809
AAR Name Edward Garcia
AAR Address 1001 James Street
AAR Address
AAR City Kev West
AAR State FL
AAR Zip 33040
AAR Phone 305 - 295 - 1148
AAR Fax 305 - 295 - 1145
AAR Email garcie@kwcityelectric.com

ALT ID Number 2810
ALT Name Bruce Woodard
ALT Phone 305 - 295 - 1049
ALT Fax 305 - 295 - 1044
ALT Email woodab@kwcityelectric.com

Binding Party Information

<u>Binding Party Name</u>	<u>Binding Party Type</u>
Key West City Electric System	Owner/Operator

AAR History:

<u>AAR NAME</u>	<u>AAR/ ALTERNATE</u>	<u>START</u>	<u>END</u>
Edward Garcia	AAR	03/21/2002	CURRENT
Bruce Woodard	ALT	03/21/2002	CURRENT
C Jansen, Jr.	AAR	11/02/1994	03/20/2002
James Greenshields, Jr.	ALT	11/02/1994	03/20/2002

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Washington, DC 20001

Allowance Tracking System Report

Date: 3/25/02

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ACCOUNT INFORMATION

Account Number 0071430XXNA1
Plant/Account Name Stock Island D 1
AAR ID Number 2809
AAR Name Edward Garcia
AAR Address 1001 James Street
AAR Address
AAR City Kev West
AAR State FL
AAR Zip 33040
AAR Phone 305 - 295 - 1148
AAR Fax 305 - 295 - 1145
AAR Email garcie@kwcityelectric.com

ALT ID Number 2810
ALT Name Bruce Woodard
ALT Phone 305 - 295 - 1049
ALT Fax 305 - 295 - 1044
ALT Email woodab@kwcityelectric.com

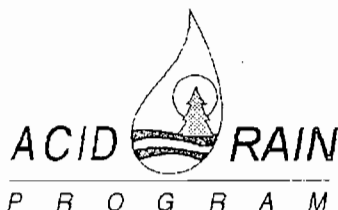
Binding Party Information

<u>Binding Party Name</u>	<u>Binding Party Type</u>
Key West City Electric System	Owner/Operator

AAR History:

<u>AAR NAME</u>	<u>AAR/ ALTERNATE</u>	<u>START</u>	<u>END</u>
Edward Garcia	AAR	03/21/2002	CURRENT
Bruce Woodard	ALT	03/21/2002	CURRENT
James Greenshields. Jr.	ALT	01/25/1995	11/28/1995
C Jansen. Jr.	AAR	01/25/1995	03/20/2002
Joseph Stone. Jr.	ALT	11/29/1995	03/20/2002

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Washington, DC 20001

Allowance Tracking System Report

Date: 3/25/02

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ACCOUNT INFORMATION

Account Number 0071440XXNA2
Plant/Account Name Stock Island D 2
AAR ID Number 2809
AAR Name Edward Garcia
AAR Address 1001 James Street
AAR Address
AAR City Kev West
AAR State FL
AAR Zip 33040
AAR Phone 305 - 295 - 1148
AAR Fax 305 - 295 - 1145
AAR Email garcie@kwcityelectric.com

ALT ID Number 2810
ALT Name Bruce Woodard
ALT Phone 305 - 295 - 1049
ALT Fax 305 - 295 - 1044
ALT Email woodab@kwcityelectric.com

Binding Party Information

<u>Binding Party Name</u>	<u>Binding Party Type</u>
Key West City Electric System	Owner/Operator

AAR History:

AAR NAME	AAR/ ALTERNATE	START	END
Edward Garcia	AAR	03/21/2002	CURRENT
Bruce Woodard	ALT	03/21/2002	CURRENT
James Greenshields, Jr.	ALT	01/25/1995	11/28/1995
C Jansen, Jr.	AAR	01/25/1995	03/20/2002
Joseph Stone, Jr.	ALT	11/29/1995	03/20/2002

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