

CITY OF LAKE WORTH

1900 2ND AVENUE NORTH LAKE WORTH, FLORIDA 33461 www.lakeworth.org

UTILITIES
DEPARTMENT

(561) 586-1666

FAX (561) 586-1702

October 23, 2006

RECEIVED

DET 26 2006

Mr. Scott Sheplak, P.E.

Florida Department of Environmental Protection
Twin Towers Office Bldg. Mail Station 550 UREAU OF AIR REGULATION
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Subject:

Title V Responsible Official/ Designated Representative

City of Lake Worth Utilities, Tom G. Smith Power Plant

Facility #0990045

Dear Mr. Sheplak:

Please be advised that the City Commission has authorized Mr. Paul C. Boyer, Jr., City Manager to be the Responsible Official and Authorized Representative for our Title V Permit and the Designated Representative (DR) under the Acid Rain Program and Mr. David Mulvay, Power Plant Manager as the Alternate Designated Representative (ADR). The notification for the (DR/ADR) was published for public comment on October 20, 2006. An updated DEP Responsible Official form and a copy of the EPA Certificate of Representation form reflecting this change are attached. The updated Certificate of Representation form was submitted to EPA as well.

If you have any questions, please contact me at 561-533-7384 or email mjohnstone@lakeworth.org

Sincerely,

CITY OF LAKE WORTH UTILITIES

Margaret Johnstone

magnet

Environmental Compliance Officer

cc: Mr. Ajaya Satyal, Environmental Manager Palm Beach County Health Dept.

Mr. Laxmana Tallum, DEP SE District

Mr. Paul C. Boyer, Jr., City Manager

Dave Mulvay, Power Plant Manager

Mike Ridge, Environmental/Performance Specialist



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. Fa	ility Owner/Company Name: City of Lake Worth					
2. Si	Site Name: Tom G. Smith Power Plant and Lake Worth Water Treatment Plant 3. County: Palm Beach					
	le V Air Operation Permit/Project No. (leave blank for initial Title V applications): 90045-AV					
Notifi	ation Type (Check one or more)					
	ITIAL: Notification of responsible officials for an initial Title V application.					
	NEWAL: Notification of responsible officials for a renewal Title V application.					
<u>X</u> C	IANGE: Notification of change in responsible official(s).					
	Effective date of change in responsible official(s) October 17,2006					
Prima	y Responsible Official					
	ne and Position Title of Responsible Official: Mr. Paul C. Boyer, Jr., City Manager					
Oı	sponsible Official Mailing Address: ganization/Firm: Lake Worth Utilities get Address: 1900 2 nd Avenue North					
	City: Lake Worth State: FL Zip Code: 33461					
3. Re	ponsible Official Telephone Numbers:					
	ephone: (561) 586 - 1666 Fax: (561) 586 - 1702					
	sponsible Official Qualification (Check one or more of the following options, as applicable):					
[] 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.						
 [] For a partnership or sole proprietorship, a general partner or the proprietor, respectively. [X] For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. [X] The designated representative at an Acid Rain source. 						
5. Re	ponsible Official Statement:					
ad inc ha	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. Signature Date					

United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0258



Certificate of Representation

Page 1

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

This submission is: • New

Revised (submission must be complete; see instructions)

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

Ptant Name Tom G. Smith Power Plant State FL ORIS Code

STEP 2
Enter requested information for the designated representative.

Name Paul C. Boyer, Jr.

Address
Lake Worth Utilities
1900 2nd Avenue North
Lake Worth, FL 33461

Phone Number 561-586-1665

Fax Number 561-586-1702

E-mail address (if available) phoyer@lakeworth.org

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

Name David Mulvay	
Address Lake Worth utilities	
1900 2nd Avenue North	
Lake Worth, FL 33461	
Phone Number 561-533-7379	Fax Number 561-533-738'

STEP 4: Complete Steps 5 and 6, read the certifications, 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 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 representations, actions, inactions, or submissions.

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, except that, 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.

Certificate - Page 2
Page • I • f • 2•

(Plant Name (from Step 1) Tom G. Smith 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.

Signature (designated representative)

Date

10/23/06

Date

10/23/06

Date

10/23/06

Date

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

D 1 3

Name City of Lake Worth					• X wner	•X•perator
ID# S-3	ID# S-4	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name				• • • • •		
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	· ID#	ID#

Name				• • • • • • • • • • • • • • • • •	Operator	
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	iD#	ID#	ID#	ID#	ID#

STEP 6
For any new affected units listed at STEP 5 that have not commenced commercial operation, enter the projected date on which the unit is expected to commence commercial operation.

ID#	Projected Commercial Operation Date:	
ID#	Projected Commence Commercial Operation Date:	
ID#	Projected Commence Commercial Operation Date:	
ID#	Projected Commerce Commercial Operation Date:	