



# CITY OF LAKE WORTH

1900 2ND AVENUE NORTH  
LAKE WORTH, FLORIDA 33461

UTILITIES  
DEPARTMENT

(561) 586-1666  
FAX (561) 586-1702

February 25, 2003

Mr. Scott Sheplak, P.E.  
Florida Department of Environmental Protection  
Twin Towers Office Bldg. Mail Station 5500  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RECEIVED

FEB 27 2003

BUREAU OF AIR REGULATION

CERTIFIED MAIL 7099 3400 0009 2691 1589

Subject: Designated Representative/Authorized Representative/Responsible  
Official City of Lake Worth Utilities, Tom G. Smith Power Plant  
Facility # 0990045

Dear Mr. Sheplak,

Please find attached a copy of the updated EPA Certification Statement Form reflecting the changes appointing Mr. A.E. Van Dever, Jr., Utilities Director as the facility Designated Representative (DR), Authorized Representative and Title V Responsible Official and Mr. Anatole Bezugly, Assistant Utilities Director as the Alternate Designated Representative (ADR).

If you have any questions, please call me at 561-533-7384.

Sincerely,  
CITY OF LAKE WORTH UTILITIES

*Margaret Johnstone*  
Margaret Johnstone  
Environmental Compliance Officer

Attachments

cc: Ajaya Satyal, Health Department, Environmental Health and Engineering  
CERTIFIED MAIL 7099 3400 0009 2691 1602  
Mr. Laxmana Tallum, DEP SE District Air Section  
Mike Ridge, Environmental/Performance Specialist  
Dave Mulvay, Assistant Power Resources Superintendent



# 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 Tom G. Smith	State FL	ORIS Code 0673
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**STEP 2**  
Enter requested information for the designated representative.

Name A. E. Van Dever, Jr.	
Address 1900 2nd Avenue North Lake Worth, FL 33461	
Phone Number 561-586-1666	Fax Number 561-586-1702
E-mail address (if available) vandever@lakeworth.net	

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

Name Anatole Bezugly	
Phone Number 561-586-1666	Fax Number 561-586-1702
E-mail address (if available) abezugly@lakeworth.net	

**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.

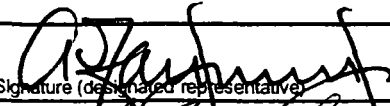

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Tom G. Smith  
Plant Name (from Step 1)

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 <b>2-24-03</b>
 Signature (alternate designated representative)	Date <b>2-24-03</b>

**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.

City of Lake Worth					<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Name	ID# S-3	ID# S-4	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#