



# Certificate of Representation

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

This submission is:  New  Revised

**STEP 1**  
Identify the source by  
plant name, State, and  
ORIS code from NADB

Plant Name	TOM G. SMITH	State	FL	ORIS Code	0673
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**STEP 2**  
Enter requested  
information for the  
designated  
representative

Name	HARVEY F. WILDSCHUETZ				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FLORIDA 33461				
Phone Number (407)	586-1665	Fax Number (407)	586-1702		

**STEP 3**  
Enter requested  
information for the  
alternate designated  
representative  
(optional)

Name	LLOYD P. GIBB				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FLORIDA 33461				
Phone Number (407)	533-7352	Fax Number (407)	586-1702		

**STEP 4**  
Complete Step 5, read  
the certifications and  
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 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.

The agreement by which I was selected as the alternate designated representative 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.

Date	2/27/95
Log #	849
Clerk 1	DA
Date	3/28/95
Clerk 2	EC
Date	4/5/95
Trans. #	
Note:	
Log Clerk	EC

TOM G. SMITH  
Plant Name (from Step 1)

**Certification**

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>H. Hildschue</i>	Date 2/14/95
Signature (alternate) <i>Stan P. Galt</i>	Date 2/15/95

**STEP 5**  
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
CITY OF LAKE WORTH							
ID# S-3	ID# S-4	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities						LAKE WORTH CITY COMMISSION - LOCAL PUBLIC SERVICE COMMISSION - STATE	

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

United States  
Environmental Protection Agency  
Acid Rain Program

OMB No. 2060-0221  
Expires 6-30-95



# Certificate of Representation

**RECEIVED**  
MAR 10 1995

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

This submission is:  New  Revised

Bureau of  
Air Regulation

**STEP 1**  
Identify the source by  
plant name, State, and  
ORIS code from NADB

Plant Name	TOM G. SMITH	State	FL	ORIS Code	0673
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**STEP 2**  
Enter requested  
information for the  
designated  
representative

Name	HARVEY F. WILDSCHUETZ <span style="float: right;">614</span>				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FL 33461				
Phone Number	(407) 586-1665	Fax Number	(407) 586-1702		

**STEP 3**  
Enter requested  
information for the  
alternate designated  
representative  
(optional)

Name	LLOYD P. GIBB <span style="float: right;">615</span>				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FL 33461				
Phone Number	(407) 533-7352	Fax Number	(407) 586-1702		

**STEP 4**  
Complete Step 5, read  
the certifications and  
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 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.

The agreement by which I was selected as the alternate designated representative 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.

Date	10-19-94
Log #	636
Clerk 1	pi
Date	2/17/95
Clerk 2	EC
Date	2/17/95
Trans. #	
Note:	
Log Clerk	EC

Plant Name (from Step 1) **TOM G. SMITH**

**Certification**

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>Haney H. Schubert</i>	Date <i>10-11-94</i>
Signature (alternate) <i>Tom G. Smith</i>	Date <i>10-11-94</i>

**STEP 5**  
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name <b>CITY OF LAKE WORTH</b>						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# <b>S-3</b>	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities <b>LAKE WORTH CITY COMMISSION - LOCAL</b>						<b>PUBLIC SERVICE COMMISSION - STATE</b>	

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

United States  
Environmental Protection Agency  
Acid Rain Program

OMB No. 2060-0221  
Expires 6-30-95



# Certificate of Representation

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This submission is:  New  Revised

**STEP 1**  
Identify the source by plant name, State, and ORIS code from NADB

Plant Name	TOM G. SMITH	State	FL	ORIS Code	0673
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**STEP 2**  
Enter requested information for the designated representative

Name	HARVEY F. WILDSCHUETZ				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FL 33461				
Phone Number	(407) 586-1665	Fax Number	(407) 586-1702		

**STEP 3**  
Enter requested information for the alternate designated representative (optional)

Name	LLOYD P. GIBB				
Address	1900 2ND AVENUE NORTH LAKE WORTH, FL 33461				
Phone Number	(407) 533-7352	Fax Number	(407) 586-1702		

**STEP 4**  
Complete Step 5, read the certifications and

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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.

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The agreement by which I was selected as the alternate designated representative 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.

Date	2/9/95
Log #	
Clerk 1	
Date	
Clerk 2	
Date	
Trans. #	
Note:	
Log Clerk	

Plant Name (from Step 1) **TOM G. SMITH**

**Certification**

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>Harvey Wilderlust</i>	2-1-95	Date 10-11-94
Signature (alternate)	<i>Joseph P. Gille</i>	2-1-95	Date 10-11-94

**STEP 5**  
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
CITY OF LAKE WORTH							
ID# S-3	ID# S-4	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities						LAKE WORTH CITY COMMISSION - LOCAL PUBLIC SERVICE COMMISSION - STATE	

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