

Department of Environmental Protection

Division of Air Resource Management

APPLICATION FOR TRANSFER OF AIR PERMIT

O Non-Title V Permit No(s).:		
Notification of Sale or Legal Transfer		
Facility Owner/Company Name (As Currently Permitted): Pasco Cogeneration, Ltd.	Facility ID No.: 1010071	
Site Name: Pasco Cogeneration Plant	County: Pasco	
Street Address or Other Locator: 14850 Old State Road 23		
City: Dade City	Zip Code: 33523	
I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable. (Signature) Name: Richard Christmas		
Title: Plant Manager Date: 4/26/2013		
STATE OF FLORIDA COUNTY OF POSCO Sworn to (or affirmed) and subscribed before me this Question day of April 2013. County Public State of Florida (Signature of Notary Public) Patricia April 2013. (Name of Notary Typed, Printed, or Stamped) (Mailing Address of Notary, if not a Florida Notary)		
Personally Known OR Produced Identification Type of Identification Produced		

^{*} Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

Notification of New Ownership

New Facility Owner/Company Name:		
Quantum Pasco Power, LP		
New Site Name:	County:	
Quantum Pasco Power, LP	Pasco	
I, the undersigned, am or will be the new owner or authorized representative responsible official of the Title V source addressed in this application, which have examined the application and documents submitted by the current permits permits permits was/were issued by the Department, and state that they accumpermitted facility. I further state that I am familiar with the permit(s), agree conditions, and agree to assume the rights and liabilities contained therein. and belief formed after reasonable inquiry, that the statements made in this complete. I also agree to promptly notify the Department of any future chat the permitted facility.	chever is applicable. I further state that I mittee, the basis on which the above arately and completely describe the to comply with its/their terms and I hereby certify, based on information application are true, accurate and	
(Signature)		
Name: Quantum Pasco Power, LP, By: W. Lance Schuler		
Title: Executive Vice President, General Counsel and Corporate Secretary Date:		
Mailing Address: 1401 McKinney Street, Suite 1800		
City: Houston State: Texas	Zip Code: 77010	
Telephone No: 713-485-8600 Fax No.: 713-485-8601		
E-mail Address: _lschuler@quantumug.com		
Effective Date of Sale or Legal Transfer: 04/12/2013 (If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)		
STATE OF FLORIDA OR STATE OF Texas		
Sworn to (or affirmed) and subscribed before me this day of (Signature of Natary Publisher)	Dhina	
NOTARY SHENE ROBINSON My Commission Expires November 26, 2016 (Name of Notary Typed, 1072, kmb () 1072, kmb () 1072, kmb ()	Printed, or Stamped)	
Type of Identification Produced		
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^{*} Attach letter of authorization if other than owner or corporate officer.