



**Shady Hills Power Company, LLC**  
5611 Colleyville Blvd., Suite 260, Box 115  
Colleyville, Texas 76034  
(817) 656-3990-P  
(817) 656-3945-F

October 18, 2005

RECEIVED

007 25 2005

BUREAU OF AIR REGULATION

Mr. Tom Cascio, D.B.A.  
Department of Environmental Protection  
Air Permitting South Section  
Bureau of Air Regulation  
2600 Blair Stone Road, Mail Station #5505  
Tallahassee, Florida 32399-2400

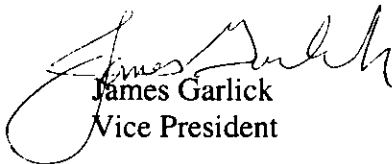
Re: Shady Hills Power Company, LLC – Shady Hills Generating Station  
Change of Designated Representative  
Permit No: 1010373-004-AV

Dear Mr. Cascio:

Please find enclosed a copy of the revised certificate of representation (EPA Form 7610-1) submitted to US EPA. This changes the Designated Representative (DR) for Shady Hills Power Company from Ms. Ann Cleary to Mr. James Garlick. The Alternate Designated Representative also changes from Ms. Lisa Johnson to Mr. Robert Hayes. A copy of this form has also been submitted to the compliance authority in Tampa, Florida.

If you have any questions or require additional information, please do not hesitate to contact Mr. Rick Waggoner, Environmental, Safety and Health Manager, at 817/656-3990.

Sincerely,

  
James Garlick  
Vice President

cc: Bob Soich – FDEP Southwest District  
Bruce Lobach – Shady Hills Generating Station  
David Whitman – Mirant  
Rick Waggoner – Mirant



# 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

**United States**

**STEP 1**

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

Plant Name Shady Hills Generating Station	State FL	055414 ORIS Code
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**STEP 2**

Enter requested information for the Designated Representative

Name James Garlick	
Address Shady Hills Power Company, LLC 1155 Perimeter Center West Atlanta, GA 30338	
Phone Number 678 579 5040	Fax Number 678 579 7215
E-mail address (if available) jim.garlick@mirant.com	

**STEP 3**

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

Name Robert Hayes	
Phone Number 678 579 5201	Fax Number 678 579 5590
E-mail address (if available) rob.hayes@mirant.com	

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.

Plant Name (from Step 1) **Mirant Shady Hills Generating Station, LLC**

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>[Signature]</i>	Date <b>9-29-05</b>
Signature (alternate designated representative) <i>[Signature]</i>	Date <b>9/30/05</b>

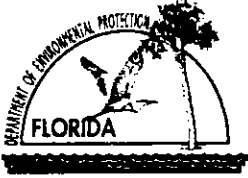
**STEP 5**  
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) they own and/or operate.

Name <b>Shady Hills Power Company, LLC</b>					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
GT101 ID#	GT201 ID#	GT301 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#

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



# 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.

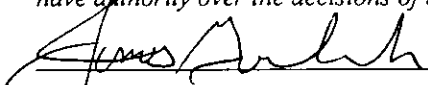
#### Identification of Facility

1. Facility Owner/Company Name: Shady Hills Power Company, LLC	
2. Site Name: Shady Hills Generating Station	3. County: Pasco
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): 1010373-004-AV	

#### Notification Type (Check one or more)

<b>INITIAL:</b>	Notification of responsible officials for an initial Title V application.
<b>RENEWAL:</b>	Notification of responsible officials for a renewal Title V application.
<input checked="" type="checkbox"/> <b>CHANGE:</b>	Notification of change in responsible official(s). Effective date of change in responsible official(s) <u>October 1, 2005</u>

#### Primary Responsible Official

1. Name and Position Title of Responsible Official: James Garlick, Vice President
2. Responsible Official Mailing Address: Organization/Firm: Mirant Street Address: 5611 Colleyville Blvd, Suite 260, Box 115 City: Colleyville State: TX Zip Code: 76034
3. Responsible Official Telephone Numbers: Telephone: (678) 579-5040 Fax: (678) 579-7215
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> 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. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input checked="" type="checkbox"/> The designated representative at an Acid Rain source.
5. Responsible Official Statement:  <i>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.</i>   Signature _____ Date <u>10-5-05</u>

**Additional Responsible Official**

1. Name and Position Title of Responsible Official: Robert Hayes, Vice President
2. Responsible Official Mailing Address: Organization/Firm: Mirant Street Address: 5611 Colleyville Blvd, Suite 260, Box 115 City: Colleyville State: TX Zip Code: 76034
3. Responsible Official Telephone Numbers: Telephone: (678) 579-5201 Fax: (678) 579-5590
4. Responsible Official Qualification ( <i>Check one or more of the following options, as applicable</i> ): <input checked="" type="checkbox"/> 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. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

**Additional Responsible Official**

1. Name and Position Title of Responsible Official:
2. Responsible Official Mailing Address: Organization/Firm: Street Address: City: State: Zip Code:
3. Responsible Official Telephone Numbers: Telephone: ( ) - Fax: ( ) -
4. Responsible Official Qualification ( <i>Check one or more of the following options, as applicable</i> ): <input type="checkbox"/> 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. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.