



# Certificate of Representation

Page 1

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	Larsen Memorial	State	FL	ORIS Code	675
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## STEP 2

Enter requested  
information for the  
designated  
representative

Name	Ronald W. Tomlin, Assistant Managing Director			274
Address	Lakeland Electric & Water Utilities 501 East Lemon Street Lakeland, Florida 33801-5050			
Phone Number	813/499-8474		Fax Number	813/499-6362

## STEP 3

Enter requested  
information for the  
alternate designated  
representative  
(optional)

Name	Charles D. Garing, Plant Manager			
Address	Larsen Memorial Power Plant 2002 East Highway 92 Lakeland, Florida 33801-2444			
Phone Number	813/499-8188		Fax Number	813/499-8183

## STEP 4

Complete Step 5, read  
the certifications and  
sign and date

Date	6/11/95
Log #	967
Clerk 1	PC
Date	6/11/95
Clerk 2	EC
Date	6/7/95
Trans. #	
Note:	
Log Clerk	EC

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.

Plant Name (from Step 1)	Larsen Memorial
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**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>Ronald W. Tomlin</i>	Date	05/22/95
Signature (alternate)	<i>Charles D. Young</i>	Date	05/22/95

**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

City of Lakeland						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name: Department of Electric & Water Utilities							
ID#	7	ID#	XX 8	ID#		ID#	
ID#		ID#		ID#		ID#	
Florida Department of Environmental Protection							
Regulatory Authorities							

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

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

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



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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	C. D. McIntosh Jr.	State	FL	676 ORIS Code
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## STEP 2

Enter requested  
information for the  
designated  
representative

Name		Ronald W. Tomlin, Assistant Managing Director	
Address		Lakeland Electric & Water Utilities 501 East Lemon Street Lakeland, Florida 33801-5050	
Phone Number	813/499-8474	Fax Number	813/499-6362

## STEP 3

Enter requested  
information for the  
alternate designated  
representative  
(optional)

Name		Timothy C. Bates, Plant Manager	
Address		C. D. McIntosh Power Plant 3030 East Lake Parker Drive Lakeland, Florida 33805-9513	
Phone Number	813/499-6601	Fax Number	813/499-6688

## 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	6/11/95
Log #	968
Clerk 1	PA
Date	6/11/95
Clerk 2	EC
Date	6/7/95
Trans. #	
Note:	
Log Clerk	EC

Plant Name (from Step 1) <b>C. D. McIntosh Jr.</b>
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**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) <b>Thomas W. Tomlin</b>	Date <b>05/22/95</b>
Signature (alternate) <b>Timothy C. Bates</b>	Date <b>05/22/95</b>

**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

City of Lakeland					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name Department of Electric & Water Utilities						
ID# 1	ID# 2	ID# 3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Florida Department of Environmental Protection						
Regulatory Authorities						

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

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

					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
Name						
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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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	Larsen Memorial	State	FL	ORIS Code	675
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## STEP 2

Enter requested information for the designated representative

Name	Jack A. Libey, Director of Power Production	273
Address	Lakeland Electric & Water Utilities 501 East Lemon Street Lakeland, Florida 33801-5050	
Phone Number	813/499-6576	Fax Number 813/499-6362

## STEP 3

Enter requested information for the alternate designated representative (optional)

Name	Charles D. Garing, Plant Manager	275
Address	Larsen Memorial Power Plant 2002 East Highway 92 Lakeland, Florida 33801-2444	
Phone Number	813/499-8188	Fax Number 813/499-8183

## STEP 4

Complete Step 5, read the certifications and sign and date

Date	3-1-94
Log #	135
Clerk 1	ABW
Date	3/15/94
Clerk 2	EC
Date	11/2/94
Trans. #	
Note:	Incorrect regulatory authority; #8 is a planned unit
Log Clerk	MH EC

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.

Plant Name (from Step 1)

Larsen Memorial

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**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)	Date 02/18/94
Signature (alternate)	Date 02/18/94

**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

City of Lakeland					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name Department of Electric & Water Utilities						
ID# 7	ID# XX 8	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities <del>Florida Department of Environmental Protection</del> City Commission letter to follow						

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						



# Certificate of Representation

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

This submission is: ☒ New ☐ Revised

RECEIVED

DEC 5 1994

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

Plant Name C. D. McIntosh Jr.	Bureau of State FL Air Regulation	676 ORIS Code
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**STEP 2**  
Enter requested  
information for the  
designated  
representative

Name Jack A. Libey, Director of Power Production	
Address Lakeland Electric & Water Utilities 501 East Lemon Street Lakeland, Florida 33801-5050	
Phone Number 813/499-6576	Fax Number 813/499-6362

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

Name Ronald W. Tomlin, Plant Manager	
Address C. D. McIntosh Power Plant 3030 East Lake Parker Drive Lakeland, Florida 33805-9513	
Phone Number 813/499-6601	Fax Number 813/499-6688

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

Date 3-1-94
Log # 134
Clerk 1 ABW
Date 3/15/94
Clerk 2 CS
Date 3/28/94
Trans. #
Note: <del>Regulatory</del> authority
Log Cls: MX

EPA Form 7610-1 (11-92)

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.

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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.

Plant Name (from Step 1) C. D. McIntosh Jr.

Certificate - Page 2

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# 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)	Date 02/18/94
Signature (alternate) Ronald W. Tomlin	Date 02/18/94

**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

City of Lakeland					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name Department of Electric & Water Utilities						
ID# 1	ID# 2	ID# 3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities Florida Department of Environmental Protection Lakeland City Commission - Federal follow						

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						