This submission is:



# Certificate of Representation

X Revised

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

New

Page 1

STEP 1 Identify the source by plant name, State, and

ORIS code from NADB

STEP 2 Enter requested information for the designated representative

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

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

Date 6 1195
Log #967
Clerk 1 O
Date 6 1 45
Clerk 2
Date 6/7/95
Trans. #
Note:
Log Clerk &C

• '				, , , , , , , , , , , , , , , , , , , ,						
			•	· ·	7-			•	675	
Plant Name	Larsen	Memorial				1	State	FL.	ORIS Code	,

Name	Ronald W. Tomlin, Assista	int Managing	Director	274
Address	Lakeland Electric & Water 501 East Lemon Street Lakeland, Florida 33801-5			
Phone Nú	umber 813/499-8474	Fax Number	813/499-6362	

Name	Charles D. Garing, Plant	Manager	
Address	Larsen Memorial Power Pla 2002 East Highway 92 Lakeland, Florida 33801-2		
Phone Nur	nber 813/499-8188	Fax Number 813/499-8183	

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 up to 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, 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.

Page 2 of 2

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.

Larsen Memorial

Signature (designated representative) Romand W. Tombian	Date	05/22/95	
		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

					4.	
	of Lakela	nd Electric &	Water IIt	ilities	X Owner	X Operator
Name:	**		waser or	1,110103		
ID# 7	ID# 8	ID#	ID#	ID#	ID#	ID#
	, .				,	
ID#	ID#	ID#	`ID#	ID#	ID#	ID#
F1or: Regulatory Au		ment of Er	nvironment	al Protect	tion	-
			,			
Nama					Owner	Operator
Name	<u> </u>					
ID#	ID#	ID#	ID#	ID#	ID#	ID#
			,			. ,
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Au	thorities	:				,
	,		· ·	<u> </u>		
Name		, ,			Owner	Operator
IVAILLE			** a			
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Au	thorities	· · · · · · · · · · · · · · · · · · ·	;			• .
				1	-	
Name					Owner	Operator
	_				<u> </u>	
ID#	ID#	1D#	ID#	ID#	ID#	ID#
ID#	10.4	10.4	10.4	10.4		
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Au	thorities	·	· ·		•	•
		7				

This submission is:

Plant Name



# Certificate of Representation

X Revised

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

New

C. D. McIntosh

Page 1

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

STEP 2 Enter requested information for the designated representative

Enter requested information for the alternate designated representative

(optional)

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

Date 6 1195	
Log # 9(08)	
Clerk 1	
Date GINS	1
Clerk 2 5C	1
Date 6/7/15	1
Trans. #	1
Note:	1
	_
Log Clerk &C	
EDA 5 7610 1 (11 00)	

EPA Form 7610-1 (11-92)

676 ORIS Code

: N:

State

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

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

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

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)

C. D. McIntosh Jr.

#### 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	05/22/95
Signature (alternate) imothy C. Rates	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

Signature (des	ignated represe	entative)	10	LOD W	· I ombe	w	Date	
/		į						5/22/95
Signature (alte	ernate)	mole	u.	C. Ba	tes		Date	151,221,73
						- , ,		
City	y of Lakel	and .			•	₩.		তি •
	artment of		ric	& Water II	tilities		Owner	X Operator
		,						
1 ·	10#	IĎ#	3	ID#	ID#	ID#		ID#
·			-					
ID#	ID#	ID#		ID#	ID#	ID#	-	ID#
	rida Depar	<del></del>	of F		<del></del>	a t i a r	-	
Regulatory Au		cment	01 1	siiv II Olimeli	rai Froțe	CLIO	Ļ	
· · · · · · · · · · · · · · · · · · ·						i.		
		. ,				L	) wner	Operator
Name	J	<u> </u>		<u> </u>		<del> </del>		,
			'	10.4	10.4			
ID#	ID#	iD#		ID#	ID#	ID#	· · · · · · · · · · · · · · · · · · ·	ID#
i				,		l "		
ID#	ID#	ID#		ID#	ID#	ID#		ID#
Regulatory Au	thorities		u,	,	•,			
Regulatory Au	thorities		G.	,				
Regulatory Au	thorities		· ·					
	thorities		· · · ·	<u>/</u>			)wner	Operator
Regulatory Au	thorities						Owner	Operator
Name		ID#	·	ID#	ID#		Owner	
	thorities	ID#		,	ID#	ID#	Owner	Operator
Name		ID#	· .	,	ID#		Owner	
Name	ID#			ID#	•	ID#	Owner	ID#
Name ID#	ID#			ID#	•	ID#	Owner	ID#
Name	ID#			ID#	•	ID#	Owner	ID#
Name ID#	ID#			ID#	•	ID#		ID#
Name  ID#  Regulatory Au	ID#			ID#	•	ID#	Owner	ID#
Name ID#	ID#			ID#	•	ID#		ID#
Name ID# Regulatory Au	ID# thorities	ID#		ID#	ID#	ID#		ID#
Name  ID#  Regulatory Au	ID#			ID#	ID#	ID#		ID#
Name ID# Regulatory Au Name	ID# thorities	ID#		ID#	ID#	ID#	Owner	ID#
Name ID# Regulatory Au	ID# thorities	ID#		ID#	ID#	ID#		ID#

Name					,	o,	ner	Оре	erator
ID#	ID#	ID#	ID#	ID#		ID#		ID#	,
ID#	ID#	ID#	ID#	ID#		ID#	/	ID#	
Regulatory	Authorities			./	, .	:	. ,	<u> </u>	-

United States Environmental Protection Agency Acid Rain Program

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



## Certificate of Representation

Page 1

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

This submission is: X New

Revised

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

Plant Name Larsen Memorial

675 State FL ORIS Code

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 Ch	arles D. Garing, Plant Manager	± 2 +	<b>'</b> >
Address	rsen Memorial Power Plant	, '	
	02 East Highway 92		
La	keland, 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

Clerk 1 ABW

Clerk I HEW

Clerk 2

Date

Date 11/21/94

Trans. #

Note: Incorrect regulatory

Log Clerk MH B

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, 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.

EPA Form 7610-1 (11-92)

			•
Plant Name (from Step 1)	Larsen Me	morial	

### 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.

( Sen Del		
Signature (designated representative)		Date 02/18/94
Signature (alternate)	المستمال	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

Signature (alte	rnate)	Roile.	M. Jan		Date U	2/18/94
				8		
City	of Lakel	and			K Owner	X Operator
			& Water U	tilities		A Operator
D# 7	XX ID# 8	ID#	ID#	ID#	ID#	ID#
		<i>'</i>				
ID#' 、	ID#	ID#	ID#	ID#	ID#	ID#
<del>Flor</del> Regulatory Au	ida Depar	tment of I	SSI ON	tal Protes	tion.	
		- cr of concine	, , , , , ,			·
					Owner	Operator
Name		·	<u> </u>			
ID#	ID#	ID#	ID#	ID#	ID#	ID#
IU#	٠,	10#	ID#	10#	10#	IU#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
		·			- :	
Regulatory Au	thorities		· · I			• • •
	*.	•				
Name					Owner	Operator
	,		,			
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#`
	+	110#	1.10#	10*	10#.	
Regulatory Au	thorities					
		· · · · · · · · · · · · · · · · · · ·		,	· · · · · · · · · · · · · · · · · · ·	
Name	,			·	Owner Owner	Operator
1 / · ·	. ,					
ID#	ID#	ID#	ID#	ID#	ID#	ID#
	· .					
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Au	thorities					



### Certificate of Representation

Page 1

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

STEP 2 Enter requested information for the designated representative

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

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

Date 3-1-94	
Log # 34	17.00
Clerk 1 ABW	1000
Date 3/15/44	Title Sevie
Clerk 2 CS	10000
Date 3/28/94	
Trans. #	
Note: Regulatory mutherity	
Log Cle MX	

EPA Form 7610-1 (11-92)

For more information, see instructions and refer to 40 CFR 7 E4 C E I V E D

This submission is: 

New Revised

DEC 5 1994

Plant Name C. D. McIntosh Jr.

Bureau of State FL ORIS Code

Air Regulation

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

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

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

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) C. D. McIntosh Jr.

### 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 (designate) representative)	Date 02/18/94
Signature (alternate) Porale 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

					<u> </u>	
	of Lakela	nd Electric 8	. Water Ut	ilities	X Owner	X Operator
reditio p				:		· _
ID# 1	ID# 2	ID# 3	ID#	ID#	ID#	ID#/
						,
ID#	ID#	ID#	ID#	ID#	ID#	ID#
Floria Regulatory Au	<del>la Departm</del> Othorities	ent of Env	v <del>içonmenta</del>	1 Protect	ion Lake lar Commi	1 1 1
	,				-	
Name					Owner	Operator
Name			. /		7	
ID# 🍀 -	ID#	ID#	ID#	ID#	ID#	ID#
	10"	10"	1	10"	10"	15#
ID#	ID#	ID#	1D#	ID#	ID#	ID#
	1	1			*	
Regulatory Au	ıthorities					
					<u> </u>	
Name				. ,	Owner	Operator .
		( -		·		
'ID#	ID#	ID#	ID#	ID#	ID#	ID#
~	!					
ID#	ID#	ID#	ID#	ID#	ID#	ID#
- '	, 4,					
Regulatory Au	thorities			<b>.</b>		
			•	,	V	
Nama					Owner	Operator
Name	T :	,	T			<u> </u>
	ID#	ID#	ID#	ID#	ID#	ID#
#חו		1"	1 "	15#	10#	ייון #
ID#	1 1 2 2 2 2		ľ			
	ID#	ID#	ID#	ID#	ID#	ID#
		-	ID#	ID#	ID#	ID#