



CALPINE

AUBURNDALE POWER PARTNERS
LIMITED PARTNERSHIP

1501 WEST DERBY AVENUE
AUBURNDALE, FLORIDA 33823

863.965.1561 (MAIN)
863.965.1924 (FAX)

March 25, 2002

Robert Miller
US EPA Acid Rain Program
633 3rd Street, NW
Washington, DC 20001

RECEIVED
MAR 27 2002
Bureau of Air Monitoring
Air Mobile Sources

RE: Revised Acid Rain Certificate of Representation
Auburndale Power Partners L.P./Auburndale Peaker Energy Center, L.L.C.
Auburndale Cogeneration Facility/Auburndale Peaker Energy Center
ORIS Number: 54658
FedEx Number: 8311 6887 0708

Dear Mr. Miller:

Please find the revised Acid Rain Certificate of Representation for the Auburndale Cogeneration Facility (Units 1 and 6) located in Polk County, Florida. Auburndale Power Partners L.P. owns Unit 1 and Unit 6 is owned by Auburndale Peaker Energy Center, L.L.C. Calpine Eastern Corporation is responsible for operation of both Units. This revised Acid Rain Certificate of Representation changes the Designated Representative to Mr. Bob Callery, Plant Manager. Mr. Benjamin M. H. Borsch will remain the Alternate Designated Representative. Public notice of this change was printed in the March 23, 2002 Lakeland Ledger.

This certificate is submitted in accordance with the provisions of Title 40, Parts 72.30 and 72.31 of the Code of Federal Regulations applicable to facilities regulated by the Acid Rain Program. If you have any questions concerning the attached information, please call myself at (863) 965-1561 or Benjamin Borsch at (813) 637-7300.

Sincerely,

Calpine Construction Finance Company, L.P.

Bob Callery
Plant Manager

CC: Joe Kahn, FDEP; FedEx Number 8311 6887 0719

Mr. Robert Miller
US EPA

March 25, 2002

BCC: Benjamin Borsch, Calpine-Tampa

Mr. Robert Miller
US EPA

March 25, 2002

CC: Addresses

Joe Kahn

Bureau of Air Monitoring and Mobile Sources

Division of Air Resource Management

Florida Department of Environmental Protection

2600 Blair Stone Road MS 5500

Tallahassee, Florida 32399-2400

(850) 488-0114



Certificate of Representation

Page 1

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 ☐.

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

| | | |
|--|-------|-----------|
| Auburndale Cogeneration Facility/ Auburndale Peaker Energy Center | FL | 54658 |
| Plant Name | State | ORIS Code |

STEP 2
Enter requested
information for the
designated
representative.

| | |
|--|----------------|
| Mr. Bob Callery | |
| Name | |
| 1501 West Derby Avenue; Auburndale, FL 33823 | |
| Address | |
| (863) 965-1561 | (863) 965-1924 |
| Phone Number | Fax Number |
| bcallery@calpine.com | |
| E-mail Address (if available) | |

STEP 3
Enter requested
information for the
alternate designated
representative, if
applicable.

| | |
|--|---------------|
| Mr. Benjamin M. H. Borsch, P.E. | |
| Name | |
| (813)637-7300 | (813)637-7399 |
| Phone Number | Fax Number |
| bborsch@calpine.com | |
| E-mail address (if available) | |

STEP 4
Complete Step 5, read
the certifications, and
sign and date. For a
designated
representative of a
combustion or process
source under 40
CFR part 74, the
references in the
certifications to "affected
unit" or affected units"
also apply to the
combustion or process
source under 40 CFR
part 74 and the
references to affected
source" also apply to the
source at which the
combustion or process
source is located.

| |
|---|
| <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>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</p> <p>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.</p> <p>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.</p> |
|---|



Auburndale Cogeneration Facility/ Auburndale Peaker Energy Center

Certificate-Page 2

Plant Name (from Step 1)

Page ☐ of ☐

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) | 3/25/02 Date |
|  Signature (alternate designated representative) | 3/18/02 Date |

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)

| | | | | | | |
|---------------------------------|-----|-----|-----|-----|---|-----|
| Auburndale Power Partners, L.P. | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | |
| 1 | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| | | | | | | |
|---|-----|-----|-----|-----|---|-----|
| Auburndale Peaker Energy Center, L.L.C. | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | |
| 6 | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| | | | | | | |
|-----------------------------|-----|-----|-----|-----|---|-----|
| Calpine Eastern Corporation | | | | | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator | |
| Name | | | | | | |
| 1 | 6 | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |

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

**AUBURNDALE POWER PARTNERS,
LIMITED PARTNERSHIP**

RECEIVED

JAN 17 2002

BUREAU OF AIR REGULATION

January 14, 2002

Mr. Scott Sheplak
Administrator
Title V Section
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

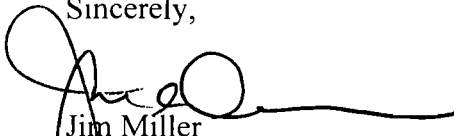
Re: Certificate of Representation;
Auburndale Cogeneration Facility/
Auburndale Peaker energy Center

Dear Mr. Sheplak,

Per your request, attached is a copy of the Certificate of Representation form that was sent to the U.S. EPA for the peaking unit under construction at this facility.

If you have any questions or if there is any other information you need, please contact me at (863) 965-1561.

Sincerely,



Jim Miller
Plant Manager

cc: Heidi Whidden
Jeff Shaske
RF

**CALPINE**

ISLAND CENTER

2701 N. ROCKY POINT DRIVE

SUITE 1200

TAMPA, FLORIDA 33607

813.637.7300

813.637.7399 (FAX)

October 11, 2001

Robert Miller
US EPA Acid Rain Program
Mail Code 6204J
501 3rd Street, NW
Washington, DC 20001

RE: Revised Acid Rain Certificate of Representation
Auburndale Power Partners L.P./Auburndale Peaker Energy Center, L.L.C.
Auburndale Cogeneration Facility/Auburndale Peaker Energy Center
ORIS Number: 54658
FedEx Number: 8287 0238 8930

Dear Mr. Miller:

Please find the revised Acid Rain Permit Application for the addition of a simple cycle gas turbine (CT2) for peaking purposes at the existing Auburndale Cogeneration Facility (CT1) owned by Auburndale Power Partners L.P. and located in Polk County, Florida. Calpine Eastern Corporation has been operated both CT1 and CT2. Due to this operating agreement, Auburndale Power Partners L.P. is requesting modification of the current Acid Rain Certificate of Representation to incorporate CT2. In addition to this Certificate of Representation, a revised permit application will be submitted to the Florida Department of Environmental Protection.

With one exception, this certificate is submitted in accordance with the provisions of Title 40, Parts 72.30 and 72.31 of the Code of Federal Regulations applicable to facilities regulated by the Acid Rain Program. This exception is in regard to the date of submission described in the regulation as the later of 24 months prior to January 1, 2000 or 24 months prior to the unit commencing operation. Due to the short construction period and time before the anticipated start of operation for the facility (May, 2002), Auburndale Peaker Energy Center, L.L.C. was unable to meet this deadline.

Mr. Robert Miller
US EPA

October 11, 2001

If you have any questions concerning the attached information, please call myself at (863) 965-1561 or Benjamin Borsch at (813) 637-7300.

Sincerely,

Calpine Construction Finance Company, L.P.



Jim Miller
Plant Manager

Enclosure

CC: Scott Sheplak, FDEP; FedEx Number 8287 0238 8941



Environmental Protection Agency
Acid Rain Program
United States

OMB No. 2060-0258

Certificate of Representation

Page 1

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 ☐.

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

| | | |
|--|-------|-----------|
| Auburndale Cogeneration Facility/ Auburndale Peaker Energy Center | FL | 54658 |
| Plant Name | State | ORIS Code |

STEP 2
Enter requested
information for the
designated
representative.

| | |
|--|----------------|
| Mr. Jim Miller | |
| Name | |
| 1501 West Derby Avenue; Auburndale, FL 33823 | |
| Address | |
| (863) 965-1561 | (863) 965-1924 |
| Phone Number | Fax Number |
| jimiller@calpine.com | |
| E-mail Address (if available) | |

STEP 3
Enter requested
information for the
alternate designated
representative, if
applicable.

| | |
|---------------------------------|---------------|
| Mr. Benjamin M. H. Borsch, P.E. | |
| Name | |
| (813)637-7300 | (813)637-7399 |
| Phone Number | Fax Number |
| bborsch@calpine.com | |
| E-mail address (if available) | |

STEP 4
Complete Step 5, read
the certifications, and
sign and date. For a
designated
representative of a
combustion or process
source under 40
CFR part 74, the
references in the
certifications to "affected
unit" or affected units"
also apply to the
combustion or process
source under 40 CFR
part 74 and the
references to affected
source" also apply to the
source at which the
combustion or process
source is located.

| |
|---|
| <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>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</p> <p>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.</p> <p>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.</p> |
|---|

Auburndale Cogeneration Facility/ Auburndale Peaker Energy Center

Certificate-Page 2

Plant Name (from Step 1)

Page ☐ of ☐

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.

| | |
|--|------------------|
| <i>James A. Filler</i> Signature (designate representative) | 10/12/01 Date |
| <i>Benjamin M. Bersky</i> Signature (alternate designated representative) | 10/11/01 Date |

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)

| | | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|---|--|
| Auburndale Power Partners, L.P. | | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT1 | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |
| | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |

| | | | | | | | |
|---|-----|-----|-----|-----|-----|---|--|
| Auburndale Peaker Energy Center, L.L.C. | | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT2 | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |
| | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |

| | | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|---|--|
| Calpine Eastern Corporation | | | | | | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT1 | CT2 | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |
| | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |

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



USA Airbill

FedEx
Tracking
Number

8287 0238 8930

Form
LD No.

0215

1 From Please print and press hard

Date _____

Sender's FedEx
Account Number

2257-8504-7

Sender's Name Jim Miller Phone (863) 965-1561Company CALPINE CORPORATIONAddress 2701 N ROCKY POINT DR STE 1200

Dep./Floor/Suite/Room

City TAMPA State FL ZIP 336072 Your Internal Billing Reference
Print 24 characters with no spaces on invoice3 To Recipient's Name Robert Miller Phone (202) 564-9150Company US EPA Acid Rain Program (6204N)Address 633 3rd Street, NW

To "HOLD" at FedEx location, print FedEx address.

We cannot deliver to P.O. boxes or P.O. ZIP codes.

City Washington State DC ZIP 20001

Dep./Floor/Suite/Room

See back for detailed instructions.

Questions? Visit our Web site at fedex.com

or call 1-800-Go-FedEx (800)463-3339.

By using this Airbill you agree to the service conditions on the back of this Airbill
and in our current Service Guide, including terms that limit our liability.

0183100072

4a Express Package Service

Packages up to 150 lbs.
Delivery commitment may be later in some areas.

- ☐ FedEx Priority Overnight ☐ FedEx Standard Overnight ☐ FedEx First Overnight
- ☐ FedEx 2Day ☐ FedEx Express Saver ☐ NEW! FedEx Extra Hours
- FedEx Express Saver (FES) not available. Minimum charges: One-day rate.

4b Express Freight Service

Packages over 150 lbs.
Delivery commitment may be later in some areas.

- ☐ FedEx 1Day Freight* ☐ FedEx 2Day Freight ☐ FedEx 3Day Freight
- * Call for Confirmation.

5 Packaging

- ☐ FedEx Envelope* ☐ FedEx Pak* ☐ Other Pkg.
- * Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak.

6 Special Handling

- ☐ SATURDAY Delivery ☐ SUNDAY Delivery ☐ HOLD Weekday ☐ HOLD Saturday
- Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes.
- Available only for FedEx Priority Overnight to select ZIP codes.
- Not available with FedEx First Overnight.
- Available only for FedEx Priority Overnight and FedEx 2Day to select locations.
- Does this shipment contain dangerous goods?
☐ No ☐ Yes ☐ Dry Ice ☐ Cargo Aircraft Only
- Dangerous Goods (incl. Dry Ice) cannot be shipped in FedEx packaging or with FedEx Extra Hours service.

7 Payment Bill to:

- ☐ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
- Access No. in Section 1 will be billed.

FedEx Acct. No. _____ Exh. Date _____

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____ .00

* Our liability is limited to \$100 unless you declare a higher value. See back for details.

8 Release Signature Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Signature Date 12/06/01 Form 1155/01-01/19/01 © 2001 FedEx • Print 275 on U.S.A.

406

-Q10-

**AUBURNDALE POWER PARTNERS,
LIMITED PARTNERSHIP**

March 23, 2001

U.S. EPA
Acid Rain Program
(6204 N)
ATTN: Desig. Representative
1200 Pennsylvania Ave. NW
Washington DC, 20460

RECEIVED

MAR 27 2001

BUREAU OF AIR REGULATION

**Re: Change of Designated Representative
Auburndale Power Partners Permit # 1050221-002-AV**

Enclosed is the signed original Revised Certificate of Representation for the Auburndale Cogeneration Facility located in Auburndale Florida. The new designated representative is James Miller, the plant manager. The alternate designated representative is Benjamin Borsch. Also included is a copy of the affidavit showing that the required legal notice has been published in the local newspaper.

If you have any questions or comments, please contact me at (863) 965-1561.

Sincerely,



Jeff Shaske
Associate Compliance Specialist

Enclosures

cc: **Scott Sheplak – FDEP Tallahassee**
RF



RECEIVED
MAR 27 2001

BUREAU OF AIR POLLUTION

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 ☐

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

| | | | | | |
|------------|----------------------------------|-------|----|-----------|-------|
| Plant Name | Auburndale Cogeneration Facility | State | FL | ORIS Code | 54658 |
|------------|----------------------------------|-------|----|-----------|-------|

STEP 2
Enter requested
information for the
designated
representative.

| | | | |
|-------------------------------|---|------------|--------------|
| Name | James Miller | | |
| Address | 1501 West Derby Avenue Auburndale FL 33823 | | |
| Phone Number | 863-965-1561 | Fax Number | 863-965-1924 |
| E-mail address (if available) | jmillercalpine.com | | |

STEP 3
Enter requested
information for the
alternate designated
representative, if
applicable.

| | | | |
|-------------------------------|--------------------|------------|--------------|
| Name | Benjamim Borsch | | |
| Phone Number | 813-637-3515 | Fax Number | 813-637-3546 |
| E-mail address (if available) | bborschcalpine.com | | |

STEP 4
Complete Step 5, read
the certifications, and
sign and date. For a
designated representa-
tive of a combustion or
process source under 40
CFR part 74, the refer-
ences in the certifications
to "affected unit" or
"affected units" also
apply to the combustion
or process source under
40 CFR part 74 and the
references to "affected
source" also apply to
the source at which the
combustion or process
source is located.

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.

| |
|----------------------------------|
| Auburndale Cogeneration Facility |
| Plant Name (from Step 1) |

Certificate - Page 2

Page 3 of 3

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 3-16-2001 |
| Signature (alternate designated representative) | Date 3-19-2001 |

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 Calpine Corporation | | | | | <input checked="" type="checkbox"/> Owner | <input checked="" 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# |

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

AFFIDAVIT OF PUBLICATION
THE LEDGER
Lakeland, Polk County, Florida

Case No

STATE OF FLORIDA)
COUNTY OF POLK)

Before the undersigned authority personally appeared Sandra Beeler, who on oath says that she is the Inside Sales Supervisor of The Ledger, a daily newspaper published at Lakeland in Polk County, Florida; that the attached copy of advertisement, being a

..... Notice of Change of Designated Rep.

.....
in the matter of Auburndale Power Partners

.....
in the

.....
Court, was published in said newspaper in the issues of

..... 2-24; 2001

Affiant further says that said The Ledger is a newspaper published at Lakeland, in said Polk County, Florida, and that the said newspaper has heretofore been continuously published in said Polk County, Florida, daily, and has been entered as second class matter at the post office in Lakeland, in said Polk County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Signed.....

Sandra Beeler
Sandra Beeler
Inside Sales Supervisor
Who is personally known to me.

Sworn to and subscribed before me this 28TH

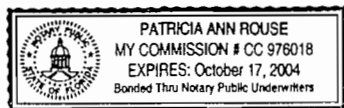
day of FEBRUARY, A.D. 20 01

Patricia Ann Rouse
Notary Public

PATRICIA ANN ROUSE

(Seal)

My Commission Expires



Attach Notice Here

**NOTICE OF CHANGE OF
DESIGNATED REPRESENTATIVE**

Notice is hereby given that Auburndale Power Partners, Limited Partnership, 1501 West Derby Avenue, Auburndale, Florida, operating a 150 nominal MW cogeneration facility under Title V air permit # 1050221-002-AV, intends to change the Designated Representative of said Title V air permit from Bruce L. Franco, P.E. to James M. Miller, effective March 13, 2001.

F82 - 2-24; 2001



CALPINE

ISLAND CENTER

2701 N. ROCKY POINT DRIVE

SUITE 1200

TAMPA, FLORIDA 33607

813.637.7300

813.637.7399 (FAX)

Tom
SAt
115

RECEIVED

NOV 02 2001

October 11, 2001

BUREAU OF AIR REGULATION

Robert Miller
US EPA Acid Rain Program
Mail Code 6204J
501 3rd Street, NW
Washington, DC 20001

**RE: Revised Acid Rain Certificate of Representation
Auburndale Power Partners L.P./Auburndale Peaker Energy Center, L.L.C.
Auburndale Cogeneration Facility/Auburndale Peaker Energy Center
ORIS Number: 54658
FedEx Number: 8287 0238 8930**

Dear Mr. Miller:

Please find the revised Acid Rain Permit Application for the addition of a simple cycle gas turbine (CT2) for peaking purposes at the existing Auburndale Cogeneration Facility (CT1) owned by Auburndale Power Partners L.P. and located in Polk County, Florida. Calpine Eastern Corporation has been operated both CT1 and CT2. Due to this operating agreement, Auburndale Power Partners L.P. is requesting modification of the current Acid Rain Certificate of Representation to incorporate CT2. In addition to this Certificate of Representation, a revised permit application will be submitted to the Florida Department of Environmental Protection.

With one exception, this certificate is submitted in accordance with the provisions of Title 40, Parts 72.30 and 72.31 of the Code of Federal Regulations applicable to facilities regulated by the Acid Rain Program. This exception is in regard to the date of submission described in the regulation as the later of 24 months prior to January 1, 2000 or 24 months prior to the unit commencing operation. Due to the short construction period and time before the anticipated start of operation for the facility (May, 2002), Auburndale Peaker Energy Center, L.L.C. was unable to meet this deadline.

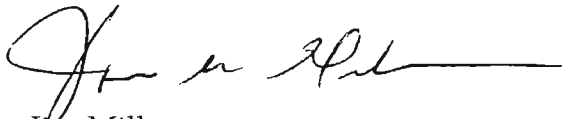
Mr. Robert Miller
US EPA

October 11, 2001

If you have any questions concerning the attached information, please call myself at (863) 965-1561 or Benjamin Borsch at (813) 637-7300.

Sincerely,

Calpine Construction Finance Company, L.P.

A handwritten signature in black ink, appearing to read "Jim Miller", followed by a long horizontal line.

Jim Miller
Plant Manager

Enclosure

CC: **Scott Sheplak**, FDEP; FedEx Number 8287 0238 8941



Certificate of Representation

Page 1

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 ☐.

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

| | | |
|--|-------|-----------|
| Auburndale Cogeneration Facility/ Auburndale Peaker Energy Center | FL | 54658 |
| Plant Name | State | ORIS Code |

STEP 2
Enter requested
information for the
designated
representative.

| | |
|--|----------------|
| Mr. Jim Miller | |
| Name | |
| 1501 West Derby Avenue; Auburndale, FL 33823 | |
| Address | |
| (863) 965-1561 | (863) 965-1924 |
| Phone Number | Fax Number |
| jimiller@calpine.com | |
| E-mail Address (if available) | |

STEP 3
Enter requested
information for the
alternate designated
representative, if
applicable.

| | |
|---------------------------------|---------------|
| Mr. Benjamin M. H. Borsch, P.E. | |
| Name | |
| (813)637-7300 | (813)637-7399 |
| Phone Number | Fax Number |
| bborsch@calpine.com | |
| E-mail address (if available) | |

STEP 4
Complete Step 5, read
the certifications, and
sign and date. For a
designated
representative of a
combustion or process
source under 40
CFR part 74, the
references in the
certifications to "affected
unit" or affected units"
also apply to the
combustion or process
source under 40 CFR
part 74 and the
references to affected
source" also apply to the
source at which the
combustion or process
source is located.

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.

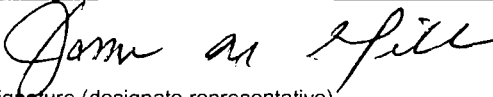
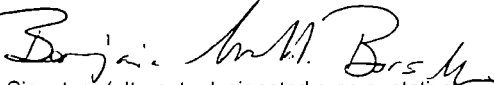
Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

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.

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.

| | |
|--|----------|
|  | 10/12/01 |
| Signature (designate representative) | Date |
|  | 10/11/01 |
| Signature (alternate designated representative) | Date |

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)

| | | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|---|-----|
| Auburndale Power Partners, L.P. | | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT1 | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| | | | | | | | |
|---|-----|-----|-----|-----|-----|---|-----|
| Auburndale Peaker Energy Center, L.L.C. | | | | | | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT2 | | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |

| | | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|---|-----|
| Calpine Eastern Corporation | | | | | | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator | |
| Name | | | | | | | |
| CT1 | CT2 | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | ID# |

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



USA Airbill

FedEx
Tracking
Number

8287 0238 8930

Form
I.D. No.

0215

1 From Please print and press hard

Date _____ Sender's FedEx Account Number 3257-8504-9

Sender's Name Jim Miller Phone (563) 965-1561

Company CALPINE CORPORATION

Address 2701 N ROCKY POINT DR STE 1200

City TAMPA State FL ZIP 33607

2 Your Internal Billing Reference

First 24 characters will appear on invoice.

3 To Recipient's Name Robert Miller Phone (202) 564-9150

Company US EPA Acid Rain Program (6204N)

Address 633 3rd Street, NW

City Washington State DC ZIP 20001

Questions? Visit our Web site at fedex.com

or call 1-800-Go-FedEx® (800)463-3339.

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

0183100072

4a Express Package Service

☐ FedEx Priority Overnight Next business morning ☐ FedEx Standard Overnight Next business afternoon ☐ FedEx First Overnight Earliest next business morning delivery to select locations☐ FedEx 2Day Second business day FedEx Envelope rate not available. Minimum charge: One-round rate ☐ FedEx Express Saver Third business day ☐ NEW! FedEx Extra Hours Later drop-off with next business afternoon delivery to select locations

4b Express Freight Service

☐ FedEx 10ay Freight* Next business day ☐ FedEx 2Day Freight Second business day ☐ FedEx 3Day Freight Third business day

5 Packaging

☐ FedEx Envelope* ☐ FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak ☐ Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg

6 Special Handling

☐ SATURDAY Delivery RESTRICTIONS: Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes ☐ SUNDAY Delivery RESTRICTIONS: Available only for FedEx Priority Overnight to select ZIP codes ☐ HOLD Weekday at FedEx Location RESTRICTIONS: Not available with FedEx First Overnight ☐ HOLD Saturday at FedEx Location RESTRICTIONS: Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

☐ No ☐ Yes As per attached Shipper's Declaration ☐ Dry Ice Dry Ice, 9, UN 1845 x kg ☐ Cargo Aircraft Only

Dangerous Goods (incl. Dry Ice) cannot be shipped in FedEx packaging or with FedEx Extra Hours service.

7 Payment Bill to:

☐ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. _____ Exp. Date _____

Total Packages _____ Total Weight _____ Total Declared Value* \$.00

*Our liability is limited to \$100 unless you declare a higher value. See back for details.

8 Release Signature Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

406

SRS • Rev. Date 12/01 • Part #1559165 • 01/95 • 2000 FedEx • PHNTE9 04 U.S.A.



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 | Auburndale Cogeneration Facility | State | FL | 54658 | ORIS Code |
|------------|----------------------------------|-------|----|-------|-----------|

STEP 2
Enter requested
information for the
designated
representative

| | | | |
|--------------|----------------|---|----------------|
| Name | | Bruce L. Franco, P.E. | |
| Address | | 12500 Fair Lakes Circle Suite 200 Fairfax, VA 22033 | |
| Phone Number | (703) 222-0445 | Fax Number | (703) 227-2760 |

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

| | |
|--------------|------------|
| Name | |
| Address | |
| Phone Number | Fax Number |

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.

Auburndale Cogeneration Facility
Plant Name (from Step 1)

Certificate Page 2

Page ☐ of ☐

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>Burt Thaw</i> | Date <i>4/25/96</i> |
| Signature (alternate) | Date |

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 <i>Auburndale Power Partners, L.P.</i> | | | | | | <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID# <i>1</i> | ID# | ID# | ID# | ID# | ID# | ID# | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# | |
| Regulatory Authorities | | | | | | | |

| | | | | | | | |
|--|-----|-----|-----|-----|-----|--------------------------------|--|
| Name <i>Mission Operation & Maintenance, Inc</i> | | | | | | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Operator |
| ID# <i>1</i> | 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 | | | | | | | |

Phase II Permit Application

Page 1

For more information, see instructions and refer to 40 CFR 72.30 and 72.31 and Chapter 62-214, F.A.C.

This submission is: ☒ New ☐ Revised

STEP 1

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

| | | |
|--|-------------|--------------------|
| Auburndale Cogeneration Facility Plant Name | FL State | 54658 ORIS Code |
|--|-------------|--------------------|

STEP 2

Enter the boiler ID# from NADB for each affected unit, and indicate whether a repowering plan is being submitted for the unit by entering "yes" or "no" at column c. For new units, enter the requested information in columns d and e

| Compliance Plan | | | | |
|-----------------|--|-----------------|--|--|
| a | b | c | d | e |
| Boiler ID# | Unit Will Hold Allowances in Accordance with 40 CFR 72.9(c)(1) | Repowering Plan | New Units Commence Operation Date | New Units Monitor Certification Deadline |
| 1 | Yes | No | 7/94 | 1/1/95 - SO ₂ 1/1/96 - NO _x , CO ₂ |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |
| | Yes | | | |

STEP 3

Check the box if the response in column c of Step 2 is "Yes" for any unit

☐

For each unit that will be repowered, the Repowering Extension Plan form is included and the Repowering Technology Petition form has been submitted or will be submitted by June 1, 1997.

Auburndale Cogeneration Facility

STEP 4
Read the standard requirements and certification, enter the name of the designated representative, and sign and date

Standard Requirements**Permit Requirements.**

- (1) The designated representative of each Acid Rain source and each Acid Rain unit at the source shall:
 - (i) Submit a complete Acid Rain part application (including a compliance plan) under 40 CFR part 72, Rules 62-214.320 and 330, F.A.C. in accordance with the deadlines specified in Rule 62-214.320, F.A.C.; and
 - (ii) Submit in a timely manner any supplemental information that the permitting authority determines is necessary in order to review an Acid Rain part application and issue or deny an Acid Rain permit;
- (2) The owners and operators of each Acid Rain source and each Acid Rain unit at the source shall:
 - (i) Operate the unit in compliance with a complete Acid Rain part application or a superseding Acid Rain part issued by the permitting authority; and
 - (ii) Have an Acid Rain Part.

Monitoring Requirements.

- (1) The owners and operators and, to the extent applicable, designated representative of each Acid Rain source and each Acid Rain unit at the source shall comply with the monitoring requirements as provided in 40 CFR part 75, and Rule 62-214.420, F.A.C.
- (2) The emissions measurements recorded and reported in accordance with 40 CFR part 75 shall be used to determine compliance by the unit with the Acid Rain emissions limitations and emissions reduction requirements for sulfur dioxide and nitrogen oxides under the Acid Rain Program.
- (3) The requirements of 40 CFR part 75 shall not affect the responsibility of the owners and operators to monitor emissions of other pollutants or other emissions characteristics at the unit under other applicable requirements of the Act and other provisions of the operating permit for the source.

Sulfur Dioxide Requirements.

- (1) The owners and operators of each source and each Acid Rain unit at the source shall:
 - (i) Hold allowances, as of the allowance transfer deadline, in the unit's compliance subaccount (after deductions under 40 CFR 73.34(c)) not less than the total annual emissions of sulfur dioxide for the previous calendar year from the unit; and
 - (ii) Comply with the applicable Acid Rain emissions limitations for sulfur dioxide.
- (2) Each ton of sulfur dioxide emitted in excess of the Acid Rain emissions limitations for sulfur dioxide shall constitute a separate violation of the Act.
- (3) An Acid Rain unit shall be subject to the requirements under paragraph (1) of the sulfur dioxide requirements as follows:
 - (i) Starting January 1, 2000, an Acid Rain unit under 40 CFR 72.6(a)(2); or
 - (ii) Starting on the later of January 1, 2000 or the deadline for monitor certification under 40 CFR part 75, an Acid Rain unit under 40 CFR 72.6(a)(3).
- (4) Allowances shall be held in, deducted from, or transferred among Allowance Tracking System accounts in accordance with the Acid Rain Program.
- (5) An allowance shall not be deducted in order to comply with the requirements under paragraph (1)(i) of the sulfur dioxide requirements prior to the calendar year for which the allowance was allocated.
- (6) An allowance allocated by the Administrator under the Acid Rain Program is a limited authorization to emit sulfur dioxide in accordance with the Acid Rain Program. No provision of the Acid Rain Program, the Acid Rain permit application, the Acid Rain permit, or the written exemption under 40 CFR 72.7 and 72.8 and no provision of law shall be construed to limit the authority of the United States to terminate or limit such authorization.
- (7) An allowance allocated by the Administrator under the Acid Rain Program does not constitute a property right.

Nitrogen Oxides Requirements. The owners and operators of the source and each Acid Rain unit at the source shall comply with the applicable Acid Rain emissions limitation for nitrogen oxides.

Excess Emissions Requirements.

- (1) The designated representative of an Acid Rain unit that has excess emissions in any calendar year shall submit a proposed offset plan, as required under 40 CFR part 77.
- (2) The owners and operators of an Acid Rain unit that has excess emissions in any calendar year shall:
 - (i) Pay without demand the penalty required, and pay upon demand the interest on that penalty, as required by 40 CFR part 77; and
 - (ii) Comply with the terms of an approved offset plan, as required by 40 CFR part 77.

Recordkeeping and Reporting Requirements.

- (1) Unless otherwise provided, the owners and operators of the source and each Acid Rain unit at the source shall keep on site at the source each of the following documents for a period of 5 years from the date the document is created. This period may be extended for cause, at any time prior to the end of 5 years, in writing by the Administrator or permitting authority:
 - (i) The certificate of representation for the designated representative for the source and each Acid Rain unit at the source and all documents that demonstrate the truth of the statements in the certificate of representation, in accordance with Rule 62-214.350, F.A.C.; provided that the certificate and documents shall be retained on site at the source beyond such 5-year period until such documents are superseded because of the submission of a new certificate of representation changing the designated representative;
 - (ii) All emissions monitoring information, in accordance with 40 CFR part 75;
 - (iii) Copies of all reports, compliance certifications, and other submissions and all records made or required under the Acid Rain Program; and,

Auburndale Cogeneration Facility**Recordkeeping and Reporting Requirements (cont.)**

(iv) Copies of all documents used to complete an Acid Rain part application and any other submission under the Acid Rain Program or to demonstrate compliance with the requirements of the Acid Rain Program.

(2) The designated representative of an Acid Rain source and each Acid Rain unit at the source shall submit the reports and compliance certifications required under the Acid Rain Program, including those under 40 CFR part 72 subpart I and 40 CFR part 75.

Liability.

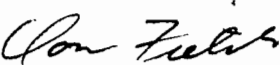
- (1) Any person who knowingly violates any requirement or prohibition of the Acid Rain Program, a complete Acid Rain part application, an Acid Rain part, or a written exemption under 40 CFR 72.7 or 72.8, including any requirement for the payment of any penalty owed to the United States, shall be subject to enforcement pursuant to section 113(c) of the Act.
- (2) Any person who knowingly makes a false, material statement in any record, submission, or report under the Acid Rain Program shall be subject to criminal enforcement pursuant to section 113(c) of the Act and 18 U.S.C. 1001.
- (3) No permit revision shall excuse any violation of the requirements of the Acid Rain Program that occurs prior to the date that the revision takes effect.
- (4) Each Acid Rain source and each Acid Rain unit shall meet the requirements of the Acid Rain Program.
- (5) Any provision of the Acid Rain Program that applies to an Acid Rain source (including a provision applicable to the designated representative of an Acid Rain source) shall also apply to the owners and operators of such source and of the Acid Rain units at the source.
- (6) Any provision of the Acid Rain Program that applies to an Acid Rain unit (including a provision applicable to the designated representative of an Acid Rain unit) shall also apply to the owners and operators of such unit. Except as provided under 40 CFR 72.44 (Phase II repowering extension plans), and except with regard to the requirements applicable to units with a common stack under 40 CFR part 75 (including 40 CFR 75.16, 75.17, and 75.18), the owners and operators and the designated representative of one Acid Rain unit shall not be liable for any violation by any other Acid Rain unit of which they are not owners or operators or the designated representative and that is located at a source of which they are not owners or operators or the designated representative.
- (7) Each violation of a provision of 40 CFR parts 72, 73, 75, 77, and 78 by an Acid Rain source or Acid Rain unit, or by an owner or operator or designated representative of such source or unit, shall be a separate violation of the Act.

Effect on Other Authorities. No provision of the Acid Rain Program, an Acid Rain part application, an Acid Rain part, or a written exemption under 40 CFR 72.7 or 72.8 shall be construed as:

- (1) Except as expressly provided in title IV of the Act, exempting or excluding the owners and operators and, to the extent applicable, the designated representative of an Acid Rain source or Acid Rain unit from compliance with any other provision of the Act, including the provisions of title I of the Act relating to applicable National Ambient Air Quality Standards or State Implementation Plans;
- (2) Limiting the number of allowances a unit can hold; *provided*, that the number of allowances held by the unit shall not affect the source's obligation to comply with any other provisions of the Act;
- (3) Requiring a change of any kind in any State law regulating electric utility rates and charges, affecting any State law regarding such State regulation, or limiting such State regulation, including any prudence review requirements under such State law;
- (4) Modifying the Federal Power Act or affecting the authority of the Federal Energy Regulatory Commission under the Federal Power Act; or,
- (5) Interfering with or impairing any program for competitive bidding for power supply in a State in which such program is established.

Certification

I am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain 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.

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|-----------|---|---------------|
| Name | Don Fields, Executive Director, Auburndale Power Partners, Limited Partnership | |
| Signature |  | Date 12/19/95 |

STEP 5 (optional)
Enter the source AIRS
and FINDS identification
numbers, if known

| | |
|-------|--------------|
| AIRS | 1050221 |
| FINDS | FL0000361220 |