



CSW Energy, Inc.
Operations

A Central and South West Company

Orange Cogen
1901 Clear Springs Road
P.O. Box 782
Bartow, FL 33831-0782
941-534-1141 • FAX 941-533-4152

FILE

RECEIVED

DEC 16 1997

Bureau of Air Monitoring
& Mobile Sources

Certified Mail
Return Receipt Requested

December 8, 1997

U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M Street, SW
Washington, D.C. 20460

Re: CSW Energy - Orange Cogeneration Facility

Dear Sir or Madam:

Pursuant to the requirements of 40 CFR 72.24, enclosed please find an original and three (3) copies of Certificate of Representation (revised) for the above-referenced facility.

If you have any questions or additional information is required, please contact me at (941) 534-1141.

Sincerely,

Dennis J. Oehring
Plant Manager

/kc
enclosures

cc: Florida Department of Environmental Protection (w/enclosure)
Certified Mail/Return Receipt Requested

Wade Smith, Orange Cogeneration Limited Partnership
w/enclosure



Certificate of Representation

Page 1

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

This submission is: ☐ New ☒ Revised

This submission includes combustion or process sources under 40 CFR part 74 ☐

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

Plant Name	Orange Cogeneration Facility	State	Florida	ORIS Code	
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STEP 2
Enter requested information for the designated representative.

Name	Dennis J. Oehring				
Address	Post Office Box 824 Bartow, Florida 33831				
Phone Number	941-534-1141		Fax Number	941-533-4152	

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

Name	Donald Walters				
Address	Post Office Box 782 Bartow, Florida 33831				
Phone Number	941-534-1141		Fax Number	941-533-4152	

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 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.

Plant Name (from Step 1) Orange Cogeneration Facility

Certificate - Page 2

Page 2 of 2

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.

Signature (designated representative) <i>Don Walter</i>	Date 12-3-97
Signature (alternate designated representative) <i>Don Walter</i>	Date 12/3/97

STEP 5

Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from NADB, if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

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						

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						



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Operations

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813-534-1141 • FAX 813-533-4152

RECEIVED

JAN 10 1997

BUREAU OF
AIR REGULATION

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

January 8, 1997

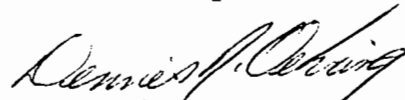
U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M Street, SW
Washington, D.C. 20460

Re: CSW Energy - Orange Cogeneration Facility
ORIS Code: 054365

Dear Sir or Madam:

Pursuant to the requirements of 40 CFR 72.24, enclosed please find an original and three (3) copies of Certificate of Representation (revised) for the above-referenced facility. If you have any questions or additional information is required, please contact me at (941) 534-1141.

Sincerely,


Dennis J. Oehring
Plant Manager

/pcp

Enclosure

xc:: Florida Department of Environmental
Protection (w/ Enclosure)
CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Wade Smith, Polk Power Partners
(w/ Enclosure)



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	Orange Cogeneration Facility	Florida State	054365 ORIS Code
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STEP 2

Enter requested
information for the
designated
representative

Name Dennis J. Oehring	
Address 1901 Clear Springs Road Bartow, Florida 33830	
Phone Number (941) 534-1141	Fax Number (941) 533-4152

STEP 3

Enter requested
information for the
alternate designated
representative
(optional)

Name Davis E. Mordecai	
Address 1901 Clear Springs Road Bartow, Florida 33830	
Phone Number (941) 534-1141	Fax Number (941) 533-4152

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.

Orange Cogeneration Facility
Plant Name (from Step 1)

Certificate - Page 2

Page 2 of 2

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>Dennis J. Dehring</i>	Date 1/8/97
Signature (alternate) <i>Daniel E. M... ..</i>	Date 1/8/97

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 Orange Cogeneration Limited Partnership						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 1	ID# 2	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities							

Name CSW Energy, Inc.						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	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							



CSW Energy, Inc.
Operations

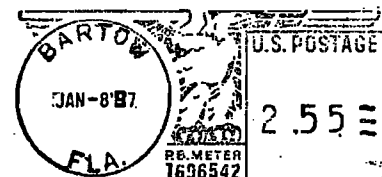
A Central and South West Company

Mulberry Cogen
P.O. Box 824
Bartow, FL 33831

CERTIFIED

Z 193 037 469

MAIL



Florida Department of Environmental
Protection
Air Resource Management Division
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399

