



FORT PIERCE UTILITIES AUTHORITY
 UTILITIES ENGINEERING DEPARTMENT
 P.O. BOX 3191
 FORT PIERCE, FLORIDA 34948

LETTER OF TRANSMITTAL

DATE	1/30/96	JOB NO.
ATTENTION		
RE:	Acid Rain Program	
	Certificate of Representation	
RECEIVED		
FEB 02 1996		
BUREAU OF AIR REGULATION		

(407) 466-1600
 Mr. Thomas Cascio
 Permitting & Standards Chief
 Florida Department of Environmental Regulation
 Twin Towers Office Building
 2600 Blair Stone Road
 Tallahassee, FL 32399

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

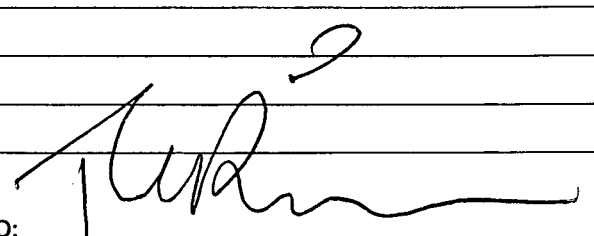
COPIES	DATE	NO.	DESCRIPTION
1	7/12/94		Certificate of Representation
1	7/25/94		Letter to EPA

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment As per your telephone request of today. _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: 
 Thomas W. Richards, P.E.
 Director of Operations

cc: HPE
FILE



Certificate of Representation

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

This submission is: New Revised

POWER PLANT

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

Plant Name	Henry D. King Power Plant	State	FL	658 ORIS Code
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STEP 2
Enter requested information for the designated representative

Name	Thomas W. Richards, P.E., Director of Systems Operations			
Address	Post Office Box 3191 Fort Pierce, Florida 34948-3191			
Phone Number	407-466-1600 X3400	Fax Number	407-489-0396	

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.

Henry D. King Power Plant
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.

<i>T. W. Richards</i> Signature (designated representative)	7/12/94 Date
Signature (alternate)	Date

** Deleted 7/25/95
by T. W. Richards.

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

**

Fort Pierce Utilities Authority						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
Name							
ID# 6	ID# 7	ID# 8	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities							

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

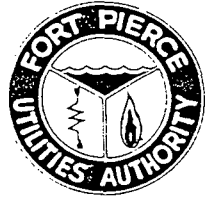
						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
Name							
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities							

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

FORT PIERCE UTILITIES AUTHORITY

"Committed to Quality"

FILE



206 South Sixth Street (34950)
Post Office Box 3191
Fort Pierce, Florida 34948-3191

Handwritten initials: HPL

Phone 407-466-1600
Fax 407-489-0396

Monday, July 25, 1994

BY FAX TO 202-233-9584

Faded stamp: JUL 27 1994

U. S. Environmental Protection Agency
Acid Rain Program (6204-J)
Attention: Kathy Barylski
Washington, D. C.

Re: CERTIFICATE OF REPRESENTATION DATED JULY 12, 1994

Dear Ms. Barylski:

Please delete Unit 6 from this Certificate. Thank you for bringing this to our attention.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas W. Richards".

Thomas W. Richards, P.E.
Director of Systems Operation

TWR:jm

cc: Director of Utilities
Superintendent, Power Resources