



Enron North America Corp.

P.O. Box 1188

Houston, TX 77251-1188

Certified Mail Number 7000 0520 0017 0789 3689

June 26, 2001

Ms. Laurel DeSantis
U. S. Environmental Protection Agency
Acid Rain Division
1200 Pennsylvania Ave., NW
Washington, DC 20460

**Re: Fort Pierce Repowering Project CTG-1
Certificate of Representation**

Dear Ms. DeSantis:

Please find a U.S. Environmental Protection Agency, Certificate of Representation form enclosed for our Fort Pierce Repowering Project CTG-1. In addition, please find a copy of a Phase II Permit Application that is being concurrently filed for this facility with Florida Department of Environmental Protection.

If you have any questions regarding this information, please do not hesitate to contact me or Tom Davis with Environmental Consulting & Technology, at (713) 345-4623 and (352) 332-0444, Ext. 351, respectively.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Churbock". The signature is fluid and cursive, written over a white background.

Scott Churbock
Environmental Manager

cc: FDEP, w/encls.
T. Davis, ECT, w/encls.

Enclosures



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 Fort Pierce Repowering Project | State FL | ORIS Code 55652 |
|---|----------|-----------------|

STEP 2

Enter requested information for the designated representative.

| | |
|--|-------------------------|
| Name Ben Jacoby, Attorney-In-Fact - Fort Pierce Repowering Project, L.L.C. | |
| Address 1400 Smith Street Houston, Texas 77002 | |
| Phone Number 713/853-6173 | Fax Number 713/646-3037 |
| E-mail address (if available) Ben.Jacoby@enron.com | |

STEP 3

Enter requested information for the alternate designated representative, if applicable

| | |
|-------------------------------|------------|
| Name | |
| Phone Number | Fax Number |
| E-mail address (if available) | |

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.

the source at which the combustion or process source is located.

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.

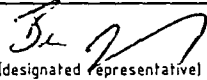
The agreement by which I was selected as the alternate designated representative, if applicable, includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

Plant Name (from Step 1) Fort Pierce Repowering Project

Certificate - Page 2

Page 1 of 1

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>Se</i>  | Date 6-26-01 |
| Signature (designated representative) | Date |
| 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.

| | | | | | | |
|---|-----|-----|-----|-----|---|--|
| Name Fort Pierce Repowering Project CTG-1 | | | | | <input checked="" type="checkbox"/> Owner | <input checked="" type="checkbox"/> Operator |
| ID# CTG-1 | 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# |



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 Fort Pierce Repowering Project | State FL | ORIS Code 55652 |
|---|----------|-----------------|

STEP 2

Enter requested information for the designated representative.

| | |
|--|-------------------------|
| Name Ben Jacoby, Attorney-In-Fact - Fort Pierce Repowering Project, L.L.C. | |
| Address 1400 Smith Street Houston, Texas 77002 | |
| Phone Number 713/853-6173 | Fax Number 713/646-3037 |
| E-mail address (if available) Ben.Jacoby@enron.com | |

STEP 3

Enter requested information for the alternate designated representative, if applicable

| | |
|-------------------------------|------------|
| Name | |
| Phone Number | Fax Number |
| E-mail address (if available) | |

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.

the source at which the combustion or process source is located.

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:

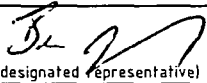
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

| |
|---|
| Plant Name (from Step 1) Fort Pierce Repowering Project |
|---|

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 | 6-26-01 |
| | 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.

| | | | | | | |
|---|-----|-----|-----|-----|---|--|
| Name Fort Pierce Repowering Project CTG-1 | | | | | <input checked="" type="checkbox"/> Owner | <input checked="" type="checkbox"/> Operator |
| ID# CTG-1 | 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# |