

Date: 5/21/98 2:13:12 PM  
From: Mary Fillingim TAL  
Subject: New Posting #0550003  
To: See Below

There is a new posting on Florida's website.

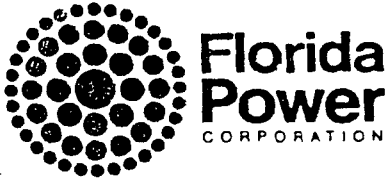
0550003001AV  
FPC-AVON PARK PLANT

Final

If you have any questions, please feel free to contact me.

Thanks,  
Mary

To: adams yolanda  
To: pierce carla  
To: Barbara Boutwell TAL  
To: Scott Sheplak TAL  
To: Terry Knowles TAL  
To: danois gracy  
To: Elizabeth Walker TAL  
CC: Bruce Mitchell TAL



December 20, 1995

RECEIVED

DEC 22 1995

BUREAU OF  
AIR REGULATION

Mr. John C. Brown (MS 5505)  
Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Dear Mr. Brown:

Re: Phase II Acid Rain Permit Applications

I have enclosed the original and three copies of completed Phase II acid rain permit application forms for Florida Power Corporation's affected units. In addition, a copy of the Certificate of Representation for each affected facility is included. Please note that a Retired Unit Exemption is being requested for Avon Park Unit 2 (ORIS Code 624). This unit was permanently retired on January 1, 1995.

FPC will ensure that it will hold sufficient allowances to account for the sulfur dioxide emissions from its affected units beginning in the year 2000. Please contact Mr. Mike Kennedy at (813) 866-4344 or me at (813) 866-4387 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Jeffrey Pardue", is written over a horizontal line.

W. Jeffrey Pardue, C.E.P., Director  
Designated Representative

cc: J. R. Stitt, FPC  
Alternate Designated Representative

Summary checklist for Title IV, Phase II permit applications

Facility Name FLORIDA POWER CORPORATION  
Plant Name: AVON PEAK PLANT receipt date 12/22/95  
ORIS Code: 624 AIRS ID No.: 0550005 (not required)

- |  |    |                                     |    |                                     |
|--|----|-------------------------------------|----|-------------------------------------|
| a. July 1, 1995 version of application form(s) used?                             | Y* | <input checked="" type="checkbox"/> | N  | <input type="checkbox"/>            |
| b. Four (4) copies of application form(s) submitted?                             | Y* | <input checked="" type="checkbox"/> | N  | <input type="checkbox"/>            |
| c. Certificate of Representation form on file?                                   | Y* | <input checked="" type="checkbox"/> | N  | <input type="checkbox"/>            |
| d. Application form(s) signed by Designated Representative (DR) or alternate DR? | Y* | <input checked="" type="checkbox"/> | N  | <input type="checkbox"/>            |
| e. Original signature of DR or alternate DR on one of 4 forms?                   | Y* | <input type="checkbox"/>            | N  | <input type="checkbox"/> ?          |
| f. Modifications made to wording on form(s)?                                     | Y  | <input type="checkbox"/>            | N* | <input checked="" type="checkbox"/> |

Reviewer's initials TMC date 12 29 95

Note(s): [\*] = mandatory.

Comment(s): RENEW UNIT EXEMPTION FILED.

# Retired Unit Exemption

For more information, see instructions and refer to 40 CFR 72.8

This submission is:  New  Revised

## STEP 1

Identify the unit that is or will be retired by plant name, State, and ORIS Code and boiler ID# from NADB.

Plant Name <i>Avon Park Plant</i>	State <i>FL</i>	ORIS Code <i>624</i>	Boiler ID# <i>2</i>
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## STEP 2

Check one box to indicate the deadline for this application.

- This petition is being submitted on or before the deadline for submitting an Acid Rain part application for Phase II.
- The unit has a Phase II Acid Rain part. This petition is being submitted on or before the deadline for reapplying for the Acid Rain part.

## STEP 3

Read the certification and enter the actual or expected date of retirement of the unit.

I certify that this unit is or will be permanently retired on the date specified in this petition and will not emit any sulfur dioxide or nitrogen oxides after such date. The date for the permanent retirement of this unit is or will be:

01/01/95 mm/dd/yy

## STEP 4

Indicate that the required information is attached.

- A description of any actions that have been or will be taken and that provide the basis for the certification in Step 3.

## STEP 5


Read the special provisions and the certifications, and sign and date.

### Special Provisions

- (1) A unit exempted under 40 CFR 72.8 and Rule 62-214.340(2), F.A.C., shall not emit any sulfur dioxide and nitrogen oxides starting on the date it is exempted.
- (2) The owners and operators of a unit exempted under 40 CFR 72.8 and Rule 62-214.340(2), F.A.C., shall comply with monitoring requirements in accordance with part 75 and will be allocated allowances in accordance with 40 CFR part 73.
- (3) A unit exempted under 40 CFR 72.8 shall not resume operation unless the designated representative of the source that includes the unit submits an Acid Rain part application for the unit not less than 24 months prior to the later of January 1, 2000, or the date the unit is to resume operation. On the earlier of the date the written exemption expires or the date an Acid Rain part application is submitted or is required to be submitted under this paragraph (3), the unit shall no longer be exempted and shall be subject to all requirements of 40 CFR part 72.

### 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.

Name <i>W. Jeffrey Pardue, C.E.P., Director, Environmental Services Dept.</i>	
Signature 	Date <i>12/14/95</i>

## Avon Park Unit 2 (ORIS Code 624)

### Retired Unit Exemption Description

Avon Park Unit 2 was placed into long-term reserve shutdown in July 1984, as shown in the attached letter from Florida Power Corporation (FPC) to the Florida Department of Environmental Protection (DEP). As of January 1, 1995, the unit was permanently retired from service. Avon Park Unit 2 is scheduled to be dismantled in 1996; therefore, no further operation of the unit is possible.

Florida  
Power  
CORPORATION

July 31, 1984

RECEIVED

JUN 12 1984

*Office*

D. E. R. SO. FLA. DISTRICT

Mr. Philip R. Edwards  
District Manager  
Department of Environmental Regulation  
2269 Bay Street  
Fort Myers, FL 33901

Subject: Avon Park Unit #2 (A028-56388)  
Avon Park Peaker #1 (A028-47765)  
Avon Park Peaker #2 (A028-47770)

Dear Mr. Edwards:

Please be advised that the subject units have been placed in long term standby and are not scheduled to operate in the foreseeable future. When these units are placed back into operation, your office will be notified and the units tested within 30 days of startup.

Should you have any questions, please advise.



J. A. Hancock  
Vice President, Fossil Operations

Hancock (M02)C3-1



# Certificate of Representation

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	Avon Park	State	FL	ORIS Code	624
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**STEP 2**  
Enter requested information for the designated representative

Name	W. Jeffrey Pardue				
Address	Florida Power Corporation 3201 - 34th Street South, MAC H2G St. Petersburg, FL 33711				
Phone Number	(813) 866-4387	Fax Number	(813) 866-4926		

**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 contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

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

Plant Name (from Step 1) **Avon Park**

**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>[Signature]</i>	Date <b>11/8/94</b>
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 <b>Florida Power Corporation</b>						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# <b>2</b>	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities <b>Florida Public Service Commission</b>							

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							