

Scott file



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MAR 2 2001
BUREAU OF AIR POLLUTION

February 26, 2001

ATTN: Annual Reconciliation
U.S. Environmental Protection Agency
Clean Air Markets Division
633 3rd Street NW
Mail Code 6204N
Washington, DC 20001

Via FedEx
Airbill No. 7919 8308 3880

Re: Tampa Electric Company
Acid Rain Program
Annual Reconciliation

Dear Sir/Madam:

Please find enclosed the 2000 Phase II Annual Compliance Certification Compliance Report, List of Affected Units and the Common Stack Allowance Deduction Form for Tampa Electric Company's Phase II units.

Should you have any questions regarding this information, please call me at (813) 641-5016

Sincerely,

Gregory M. Nelson
Authorized Account Representative
Acid Rain Program

EP\gm\TBW148

Enclosure

c/enc: Brian McLean, U.S. EPA
Clair Fancy, FDEP
Jerry Campbell, EPCHC



TAMPA ELECTRIC

Tampa Electric Company List of Affected Units Represented by Gregory M. Nelson.
Year 2000

<u>State</u>	<u>Plant</u>	<u>ATS Account Number</u>
FL	Big Bend	00064500BB01
FL	Big Bend	00064500BB02
FL	Big Bend	00064500BB03
FL	Big Bend	00064500BB04
FL	F.J. Gannon	00064600GB01
FL	F.J. Gannon	00064600GB02
FL	F.J. Gannon	00064600GB03
FL	F.J. Gannon	00064600GB04
FL	F.J. Gannon	00064600GB05
FL	F.J. Gannon	00064600GB06
FL	Hookers Point	00064700HB01
FL	Hookers Point	00064700HB02
FL	Hookers Point	00064700HB03
FL	Hookers Point	00064700HB04
FL	Hookers Point	00064700HB05
FL	Hookers Point	00064700HB06
FL	Polk	007242000XX1
FL	Polk	007242000XX2
FL	Tampa Electric General Account	999900000383

TAMPA ELECTRIC COMPANY
P. O. BOX 111 TAMPA, FL 33601-0111

(813) 228-4111

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HILLSBOROUGH COUNTY (813) 223-0800
OUTSIDE HILLSBOROUGH COUNTY 1 (888) 223-0800



Phase II Annual Compliance Certification Report

For more information, see instructions and refer to 40 CFR 72.90

Compliance Year

2000

- 1) I have attached a list of all the affected units that are subject to any requirements under the Acid Rain Program, except for any units with new unit exemptions or retired unit exemptions (under 40 CFR 72.7 or 72.8) that were effective during this entire compliance year, and I certify that the listed units were in compliance with all requirements of the Acid Rain Program during this compliance year.
- 2) As of the allowance transfer deadline, each affected unit held allowances in its compliance subaccount (after accounting for any allowance deductions under 40 CFR 73.34(c)) not less than its total SO₂ emissions during this compliance year in accordance with 40 CFR 72.9(b) and (c).
- 3) Where applicable, each affected unit was in compliance with the NO_x emissions limitation for the unit under the Acid Rain Program in accordance with 40 CFR part 76.
- 4) The monitoring plan for each unit has been maintained to reflect the actual operation and monitoring of the unit, and the plan contains all information necessary to attribute monitored emissions to the unit, in accordance with 40 CFR part 75.
- 5) All emissions from each unit, or group of units (including the unit) using a common stack or pipe, were monitored or accounted for through the missing data procedures and reported in quarterly monitoring reports in accordance with 40 CFR part 75.
- 6) The facts that form the basis under 40 CFR part 75 for certification of each monitoring system at the unit (or group of units including the unit) using a common stack or pipe or using an Acid Rain Program excepted monitoring method or approved alternative monitoring method have not changed.

Place an X in the appropriate box in response to all of the above six items.

YES

NO

If the No box was checked;

- 1) You must attach an explanation of why you checked the No box, including, if applicable, the information required under 40 CFR 72.90(c)(5), and
- 2) For each unit with excess emissions of sulfur dioxide, your explanation must include the information required under 40 CFR 77.3. EPA will immediately deducted allowances to offset the unit's excess emissions, unless you demonstrate that the immediate deduction of allowances will interfere with electric reliability.

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.

Name (of AAR) Gregory M. Nelson

Date 02/26/01

Signature

AAR ID# 994



Common Stack Allowance Deduction (Optional)

For more information, see instructions and refer to 40 CFR 72.90

STEP 1
Enter the compliance year and Plant information.

2000 Compliance Year	Big Bend Plant Name	FL State	645 ORIS Code
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STEP 2
For each unit in a common stack or pipe group indicate the fraction of allowances to be deducted. Unless otherwise indicated, an equal percentage of allowances will be deducted from each unit's account.

ATS Account Number	Fraction of Total Allowances to be Deducted	Common Stack or Pipe Number
0 0 0 6 4 5 0 0 B B 0 1	1 . 0 0	C S 0 0 1
0 0 0 6 4 5 0 0 B B 0 2	1 . 0 0	C S W 0 1
0 0 0 6 4 5 0 0 B B 0 3	1 . 0 0	C S 0 0 2
0 0 0 6 4 5 0 0 B B 0 4	1 . 0 0	C S 0 0 3

STEP 3
Read the certification statement, and sign and date.

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.

Name Gregory M. Nelson	Date 02/26/01
Signature	AAR ID 994



Common Stack Allowance Deduction (Optional)

For more information, see instructions and refer to 40 CFR 72.90

STEP 1
Enter the compliance year and Plant information.

2000 Compliance Year	Hookers Point Plant Name	FL State	647 ORIS Code
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STEP 2
For each unit in a common stack or pipe group indicate the fraction of allowances to be deducted. Unless otherwise indicated, an equal percentage of allowances will be deducted from each unit's account.

ATS Account Number											Fraction of Total Allowances to be Deducted				Common Stack or Pipe Number							
0	0	0	6	4	7	0	0	H	B	0	5	1	0	0				C	S	0	0	1
0	0	0	6	4	7	0	0	H	B	0	2	1	0	0				C	S	0	0	1
0	0	0	6	4	7	0	0	H	B	0	3	1	0	0				C	S	0	0	2
0	0	0	6	4	7	0	0	H	B	0	4	1	0	0				C	S	0	0	2

STEP 3
Read the certification statement, and sign and date.

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.	
Name Gregory M. Nelson	Date 02/26/01
Signature <i>Gregory M. Nelson</i>	AAR ID 994