

One Energy Place  
Pensacola, Florida 32520

850.444.6111

RECEIVED

MAR 24 2000

BUREAU OF AIR REGULATION



March 20, 2000

Mr. Scott M. Sheplak, P.E.  
Department of Environmental Protection  
Bureau of Air Regulation  
2600 Blair Stone Road  
Mail Station #5510  
Tallahassee, Florida 32399-2400

Dear Mr. Sheplak:

RE: Gulf Power Title IV Annual Reconciliation:  
Plant Crist – ORIS CODE 641  
Plant Scholz – ORIS CODE 642

Attached, please find Gulf Power's 1999 Annual Reconciliation Report for active Phase I units in the Acid Rain Program. As in past years, Gulf Power filed with other Southern Company affected units in the annual reconciliation. The attachment only contains information relative to units operated in Florida by Gulf Power, i.e. Plant Crist and Plant Scholz.

If you have any questions or need further information regarding our Phase I Annual Reconciliation Report, please call me at (850) 444.6527.

Sincerely,



G. Dwain Waters, Q.E.P.  
Air Quality Programs Coordinator

cc: Robert G. Moore, Gulf Power Company  
James O. Vick, Gulf Power Company  
J. W. Martin, Gulf Power Company  
John Dominey, Gulf Power Company  
Kimberly D. Flowers, Gulf Power Company  
Tracy Reeder, Gulf Power Company  
Ken Peacock, Gulf Power Company  
Danny Herrin, Southern Company Services  
Douglas Neeley, EPA- Region IV

Charles D. McCrary  
Chief Production Officer  
President -  
Southern Company Generation

600 North 18th Street / 15N-8170  
Post Office Box 2641  
Birmingham, Alabama 35291

Tel 205.257.2243  
Fax 205.257.5019



OVERNIGHT MAIL  
RETURN RECEIPT REQUESTED

February 25, 2000

U. S. Environmental Protection Agency  
Acid Rain Program (6204J)  
Attn: Annual Reconciliation  
501 3<sup>rd</sup> Street, N.W.  
Washington, DC 20001

Dear Acid Rain Contact:

The enclosed package contains all of the Annual Reconciliation (End-of-Year Compliance) Forms for the Southern Electric system for the 1999 compliance year. Specifically, this package includes the following:

1. 17 Phase I Annual Compliance Certification Reports – one for each Phase I affected plant and including every Phase I unit at the plant (Gadsden, Gaston, Arkwright, Bowen, Branch, Hammond, McDonough, Mitchell, Scherer, Wansley, Yates, Crist, Scholz, Watson, Daniel, Kraft, and McIntosh).
2. 19 Allowance deduction forms for the following unit accounts: Gadsden 1-2, Gaston 1-5, Crist 4-7, Scholz 1-2, Watson 4-5, Kraft 1-3, and McIntosh 1).
3. One Dispatch System Data Report for the Southern Electric System.
4. One Sulfur-Free Generator Apportionment Certification (with attachments) for the group of sulfur-free generators identified as "Southern Electric System Sulfur-Free Generation".
5. 47 Utilization Accounting forms – one for each Phase I affected unit (Gadsden 1-2, Gaston 1-5, Arkwright 1-4, Bowen 1-4, Branch 1-4, Hammond 1-4, McDonough 1-2, Mitchell 3, Wansley 1-2, Yates 1-7, Crist 4-7, Scholz 1-2, Watson 4-5, Kraft 1-3, and McIntosh 1).
6. A summary of expected allowance deductions for those units which do not have an Allowance Deduction form submitted.

February 25, 2000  
Page 2

The Southern Electric system is submitting one Sulfur-Free Generator Apportionment Certification for the group of sulfur-free generators identified as "Southern Electric System Sulfur-Free Generation". These sulfur-free generators are all within the Southern Electric system dispatch system and were listed in the reduced utilization plans of our Phase I affected units. Additionally, we have included the list of all Phase I units shifting generation to the group of sulfur-free generators as Attachment B to form SF rather than using multiple copies of the form (as noted in the instructions).

The alternate designated representatives (ADRs) have signed the Annual Compliance Certification Reports and Allowance Deduction forms according to their unit responsibility where appropriate. In lieu of signing multiple Utilization Accounting Forms, the Dispatch System Data Report, and the Sulfur-Free Generator Apportionment Certification, I hereby provide my signature in this letter (as noted in the instructions).

I certify that I have personally examined and am familiar with the statements and information submitted on these three forms. Based on my inquiry of those individuals with primary responsibility of 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.

Copies of these forms will be transmitted to each state agency by the respective operating company. If you have any questions about the information on these forms, please contact your normal operating company contact or Mr. Tommy Carpenter at Southern Company Services (205)257-7964.

Sincerely,

A handwritten signature in cursive script, reading "Charles D. McBray". The signature is written in black ink and is positioned below the "Sincerely," text.

Enclosures

February 25, 2000  
Page 3

cc w/encl: Environmental Protection Agency – Region IV  
Douglas Neeley

Alabama Power Company  
Willard Bowers (w/o att.)  
Anthony Marino

Georgia Power Company  
Chris Hobson (w/o att.)  
D. Phil Glisson

Gulf Power Company  
Jim Vick (w/o att.)  
Dwain Waters

Mississippi Power Company  
Rick Berry (w/o att.)  
Pat Hedden

Savannah Electric and Power  
Lamar Keller (w/o att.)  
Lee Lively

Southern Company Services  
Danny Herrin  
Ken Boyd  
Tracy Hawkins  
Tommy Carpenter  
Gary Hart

# Phase 1 Annual Compliance Certification Report

AC1

See instructions for completing this form.

Step 1

Plant Name

**CRIST**

State

**FL**

ORIS Code

**641**

Compliance Year

**1999**

Step 2

	Column A	Column B	Column C	Column D
	As of the allowance transfer deadline, did this unit hold 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 the year?	Where applicable, was the unit operated in compliance with the NOx emissions limitation applicable to the unit under the Acid Rain Program?	Has the monitoring plan for this unit been maintained to reflect the actual operation and monitoring of the unit and does the plan contain all information necessary to attribute monitored emissions to the unit?	Were all emissions from this unit monitored or accounted for through the missing data procedures and reported in quarterly monitoring reports?
ATS Account Number				
<b>000641000004</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>000641000005</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>000641000006</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>000641000007</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

# Phase 1 Annual Compliance Certification Report

AC2

See instructions for completing this form.

Step 1

Plant Name

**CRIST**

State

**FL**

Step 2

Continued....

Column E

Column F

Column G

	Have the facts changed that form the basis for using an Acid Rain Program excepted monitoring method or approved alternative monitoring method?	Enter the number of Allowance Deduction Form pages for each ATS] Account Number. (Submitting Allowance Deduction Forms is Optional.)	Offset Plans: For each unit for which "No" was indicated in column A of Step 2, check Box 1 or 2.	
ATS Account Number			Immediately deduct allowances to offset the unit's excess emissions.	I am submitting the Excess Emission Offset Plan for public comment, review, and approval.
			<b>Box 1</b>	<b>Box 2</b>
<b>000641000004</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>000641000005</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>000641000006</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>000641000007</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Phase 1 Annual Compliance Certification Report

AC3

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

**Step 1**

Plant Name

State

Compliance Year

**CRIST**

**FL**

**1999**

**Step 3**

For each unit which a "Yes" was indicated at Step 2, column E, attach a separate sheet of paper that specifies:

- a: The nature of the change
- b: The reason for the change
- c: When the change occurred
- d: How the unit's compliance status was determined subsequent to the change
- e: The method used to determine emissions when the change mandated the need for monitor recertification

**Step 4**

Submit a separate Utilization Accounting Form for each unit listed in Step 2. (Note: Units apportioned under section 40CFR 72.33 must submit a separate Utilization Accounting Form for each portion of the unit.) Opt-in sources listed in Step 2 must submit an Opt-in Utilization Form instead of the Utilization Accounting Form.

**Step 5**

1997 COMPLIANCE YEAR ONLY: For each Phase 1 extension control unit at which qualifying Phase 1 technology commenced operation include the unit's start-up test results.

**Step 6**

OPTIONAL: For each unit in a common stack group indicate the fraction of allowances to be deducted to account for the total emissions measured at the common stack. If you do not indicate otherwise, an equal percentage of allowances will be deducted from each unit's amount.

ATS Account Number	Fraction of Total Allowance to be Deducted	Common Stack Number
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	

**Step 7**

**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 <b>Robert G. Moore</b>	Date <b>2/18/00</b>
Signature <i>Robert G. Moore</i>	AAR ID# <b>000877</b>

# Phase 1 Annual Compliance Certification Report

AC1

See instructions for completing this form.

Step 1

Plant Name <b>SCHOLZ</b>	State <b>FL</b>	ORIS Code <b>642</b>	Compliance Year <b>1999</b>
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Step 2

	Column A	Column B	Column C	Column D
<p>ATS Account Number</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>000642000001</b></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>000642000002</b></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>As of the allowance transfer deadline, did this unit hold allowances in its compliance subaccount (after accounting for any allowance deductions under 40 CFR 73.34(c)) not less than its total SO<sub>2</sub> emissions during the year?</p>	<p>Where applicable, was the unit operated in compliance with the NO<sub>x</sub> emissions limitation applicable to the unit under the Acid Rain Program?</p>	<p>Has the monitoring plan for this unit been maintained to reflect the actual operation and monitoring of the unit and does the plan contain all information necessary to attribute monitored emissions to the unit?</p>	<p>Were all emissions from this unit monitored or accounted for through the missing data procedures and reported in quarterly monitoring reports?</p>
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



# Phase 1 Annual Compliance Certification Report

AC2

See instructions for completing this form.

Step 1

Plant Name

**SCHOLZ**

State

**FL**

Step 2

Continued....

Column E

Column F

Column G

	Have the facts changed that form the basis for using an Acid Rain Program excepted monitoring method or approved alternative monitoring method?	Enter the number of Allowance Deduction Form pages for each ATS] Account Number. (Submitting Allowance Deduction Forms is Optional.)	Offset Plans: For each unit for which "No" was indicated in column A of Step 2, check Box 1 or 2.	
			Immediately deduct allowances to offset the unit's excess emissions.	I am submitting the Excess Emission Offset Plan for public comment, review, and approval.
			Box 1	Box 2
ATS Account Number <b>000642000001</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>000642000002</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

# Phase 1 Annual Compliance Certification Report

AC3

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

**Step 1**

Plant Name

**SCHOLZ**

State

**FL**

Compliance Year

**1999**

**Step 3**

For each unit which a "Yes" was indicated at Step 2, column E, attach a separate sheet of paper that specifies:

- a: The nature of the change
- b: The reason for the change
- c: When the change occurred
- d: How the unit's compliance status was determined subsequent to the change
- e: The method used to determine emissions when the change mandated the need for monitor recertification

**Step 4**

Submit a separate Utilization Accounting Form for each unit listed in Step 2. (Note: Units apportioned under section 40CFR 72.33 must submit a separate Utilization Accounting Form for each portion of the unit.) Opt-in sources listed in Step 2 must submit an Opt-in Utilization Form instead of the Utilization Accounting Form.

**Step 5**

1997 COMPLIANCE YEAR ONLY: For each Phase 1 extension control unit at which qualifying Phase 1 technology commenced operation include the unit's start-up test results.

**Step 6**

OPTIONAL: For each unit in a common stack group indicate the fraction of allowances to be deducted to account for the total emissions measured at the common stack. If you do not indicate otherwise, an equal percentage of allowances will be deducted from each unit's amount.

ATS Account Number	Fraction of Total Allowance to be Deducted	Common Stack Number
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	
	.	

**Step 7**

**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 <b>Robert G. Moore</b>	Date <b>2/18/00</b>
Signature <i>Robert G. Moore</i>	AAR ID# <b>000877</b>

# Allowance Deduction (OPTIONAL)

AD

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

Step 1 Compliance Year

1999

ATS Account Number

000641000004

Step 2

Annual Deduction for Compliance

Additional Deduction Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Return of Allowances Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Terminated Compliance Plan /  
Type of Plan

Step 3 Allowances to be Deducted

Start Number	End Number	Total
199906710841	199906714169	3329

Step 4 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 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	<i>Robert G. Moor</i>	Date	2/18/00	AAR ID#	000877
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# Allowance Deduction (OPTIONAL)

AD

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

**Step 1** Compliance Year

1999

ATS Account Number

000641000005

**Step 2**

Annual Deduction for Compliance

Additional Deduction Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Return of Allowances Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Terminated Compliance Plan /  
Type of Plan

**Step 3** Allowances to be Deducted

Start Number	End Number	Total
199906720794	199906723184	2391

**Step 4** 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 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	Date 2/18/00	AAR ID# 000877
-----------	--------------	----------------



# Allowance Deduction (OPTIONAL)

AD

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

**Step 1** Compliance Year

1999

ATS Account Number

000641000007

**Step 2**

Annual Deduction for Compliance

Additional Deduction Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Return of Allowances Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Terminated Compliance Plan /  
Type of Plan

**Step 3** Allowances to be Deducted

Start Number	End Number	Total
199503038847	199503039150	304
199800431915	199800432190	276
199900473645	199900499812	26168

**Step 4** 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 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 <i>Robert G. Moore</i>	Date 2/18/00	AAR ID# 000877
----------------------------------	--------------	----------------

# Allowance Deduction (OPTIONAL)

AD

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

Step 1 Compliance Year

1999

ATS Account Number

000642000001

Step 2

Annual Deduction for Compliance

Additional Deduction Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Return of Allowances Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Terminated Compliance Plan /  
Type of Plan

Step 3 Allowances to be Deducted

Start Number	End Number	Total
199906743486	199906745042	1557

Step 4 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 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

*Robert G. Moore*

Date

2/18/00

AAR ID#

000877

# Allowance Deduction (OPTIONAL)

AD

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

**Step 1** Compliance Year

1999

ATS Account Number

000642000002

**Step 2**

Annual Deduction for Compliance

Additional Deduction Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Return of Allowances Due to Energy Conservation /  
Improved Unit Efficiency Confirmation Report

Terminated Compliance Plan /  
Type of Plan

**Step 3** Allowances to be Deducted

Start Number	End Number	Total
199906751768	199906753500	1733

**Step 4** 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 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 <i>Robert G. Moore</i>	Date 2/18/00	AAR ID# 000877
----------------------------------	--------------	----------------



# Dispatch System Data Report

DS1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

ABC

123

Step 1 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Compliance Year

1999

Step 2 Dispatch System Adjusted Utilization (mmBtu)

-62,810,957

Step 3 Dispatch System Aggregate Baseline (mmBtu)

Step 4 Dispatch System Positive Adjusted Utilization (mmBtu)

Step 5 Dispatch System Sales for the Calendar Year (mWh)

222,542,111

Step 6 Dispatch System Average Baseline Sales (mWh)

147,254,209

Step 7 Percentage Change in Sales (expressed as a fraction)

0.511

Step 8 Fraction of Generation Within Dispatch System

Step 9 Dispatch System Emissions Rate (lb / mmBtu)

Step 10 Fraction of Generation from Non-Utility Generators

Step 11 Non-Utility Generator Average Emissions Rate (lb / mmBtu)

Step 12 Fraction of Generation from Outside Dispatch System

Step 13

Column A

Column B

Column C

Step 14

Fraction of Non-Phase  
I and Non-Foreign  
Generation in NERC  
Region

NERC Weighted  
Average Emissions  
Rate (lb / mmBtu)

Emissions Rate  
(lb / mmBtu)

NERC Region

Fraction

Emissions Rate

Emissions Rate

# Dispatch System Data Report

DS2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

ABC

123

Compliance Year

1999

Dispatch System ID

501

### Step 15 Certification

I certify that I will use any and all relevant figures in this report for the utilization accounting and annual compliance certification reports required under 40 CFR 72.91 and 72.92. I agree to submit request the data supporting these calculations

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 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

*(Certified by signature on cover letter)*

Date

2/24/2000

AAR ID Number

000975

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

Signature

Date

AAR ID Number

# Sulfur-Free Generator Apportionment Certification

SF

See instructions for completing this form.

**Step 1** Sulfur-Free Generator Name

Southern Electric System (See Attachment A)

Compliance Year

1999

**Step 2** Calendar Year Net Generation (kWh)

21,845,260,000

**Step 3**

Average (1985-87) Net Generation (kWh)

2,013,981,710

**Step 4** Plant Name

See Attachment B

State

Boiler ID Number

Dispatch System ID

Column A

Column B

Column C

Column D

**Step 5**

Dispatch System Claiming Sulfur-Free Gener: Dispatch System ID

Maximum Generation Available (kWh)

Phase I Shifts to Sulfur-Free Generator (kWh)

Dispatch System Claiming Sulfur-Free Gener: Dispatch System ID	Maximum Generation Available (kWh)	Phase I Shifts to Sulfur-Free Generator (kWh)
Southern Electric System	501	18,802,133,636

**Step 6** Total Generation Claimed by Phase I Units (kWh)

18,802,133,636

**Step 7** 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 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 (Certified by signature on cover letter)	Date 2/24/2000	AAR ID# 000975
Signature	Date	AAR ID#
Signature	Date	AAR ID#
Signature	Date	AAR ID#
Signature	Date	AAR ID#

Step 1

Sulfur-Free Generator Group Name:

Southern Electric System Sulfur-Free Generation

JORDAN	1
JORDAN	2
JORDAN	3
JORDAN	4
WEISS	1
WEISS	2
WEISS	3
YATES	1
YATES	2
VOGTLE	1
VOGTLE	2
MORGAN FALLS	1
MORGAN FALLS	2
MORGAN FALLS	3
MORGAN FALLS	4
MORGAN FALLS	5
MORGAN FALLS	6
MORGAN FALLS	7
NACOOCHEE	1
NACOOCHEE	2
ROCKY MOUNTAIN	1
ROCKY MOUNTAIN	2
ROCKY MOUNTAIN	3
SINCLAIR	1
SINCLAIR	2
TALLULAH	1
TALLULAH	2
TALLULAH	3
TALLULAH	4
TALLULAH	5
TALLULAH	6
TERRORA	1
TERRORA	2
TUGALO	1
TUGALO	2
TUGALO	3
TUGALO	4
YONAH	1
YONAH	2
YONAH	3

STEP 4:			
PLANT NAME	STATE	BOILER ID NUMBER	DISPATCH SYSTEM ID
E C GASTON	AL	2	501
GADSDEN	AL	1	501
GADSDEN	AL	2	501
BOWEN	GA	1BLR	501
BOWEN	GA	3BLR	501
BOWEN	GA	4BLR	501
HAMMOND	GA	1	501
HAMMOND	GA	2	501
HAMMOND	GA	3	501
HAMMOND	GA	4	501
JACK MCDONOUGH	GA	1	501
JACK MCDONOUGH	GA	2	501
WANSLEY	GA	1	501
WANSLEY	GA	2	501
YATES	GA	Y1BR	501
YATES	GA	Y2BR	501
YATES	GA	Y3BR	501
YATES	GA	Y4BR	501
YATES	GA	Y5BR	501
YATES	GA	Y6BR	501
YATES	GA	Y7BR	501
HARLEE BRANCH	GA	1	501
HARLEE BRANCH	GA	2	501
HARLEE BRANCH	GA	3	501
HARLEE BRANCH	GA	4	501
ARKWRIGHT	GA	1	501
ARKWRIGHT	GA	2	501
ARKWRIGHT	GA	3	501
ARKWRIGHT	GA	4	501
MITCHELL	GA	3	501
CRIST	FL	4	501
CRIST	FL	5	501
SCHOLZ	FL	1	501
SCHOLZ	FL	2	501
KRAFT	GA	1	501
MCINTOSH	GA	1	501

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

Step 1 Plant Name

CRIST

State

FL

Boiler Identification Number

4

ATS Account Number

000641000004

Compliance Year

1999

Step 2 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Step 3 Baseline (mmBtu)

4,460,224

Step 4

Calendar Year Utilization (mmBtu)

4,655,839

APPORTIONED UNITS ONLY

Step 4a Calendar Year Utilization (mmBtu)

Step 5

Calendar Year Net Generation (kWh)

401,455,000

APPORTIONED UNITS ONLY

Step 6 Reduction from Improved Unit Efficiency (mmBtu)

0

Step 6a

Reduction from Improved Unit Efficiency (mmBtu)

Step 7 Heat Rate (mmBtu / kWh)

0.01159741

Step 8 Red. from Energy Cons. (kWh)

0

Step 9 Red. from Energy Con. (mmbtu)

0

Step 10 Total Shifts to Sulfur-Free Generators (kWh)

2,106,913

Step 11 Total Shifts to Sulfur-Free Generators (mmbtu)

24,435

Step 12 ATS Account Number of Compensating Unit


Step 12 Continued.. Shifts to Compensating Units (kWh)

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----->	

Step 13 Total Shifts to Compensating Units (kWh)

Step 14 Total Shifts to Compensating Units (mmBtu)

# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

ABC

123

ATS Account Number

000641000004

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

----->	
----->	
----->	
----->	

Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

-195,615

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

--

Step 21 Percentage Change in Sales (expressed as a fraction)

--

Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

--

Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

--

Step 27 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 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 (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

ABC

123

Step 1 Plant Name

CRIST

State

FL

Boiler Identification Number

5

ATS Account Number

000641000005

Compliance Year

1999

Step 2 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Step 3 Baseline (mmBtu)

4,395,842

Step 4

Calendar Year Utilization (mmBtu)

3,438,040

APPORTIONED UNITS ONLY

Step 4a Calendar Year Utilization (mmBtu)

Step 5

Calendar Year Net Generation (kWh)

311,045,000

APPORTIONED UNITS ONLY

Step 6 Reduction from Improved Unit Efficiency (mmBtu)

0

Step 6a

Reduction from Improved Unit Efficiency (mmBtu)

Step 7 Heat Rate (mmBtu / kWh)

0.01105319

Step 8 Red. from Energy Cons. (kWh)

0

Step 9 Red. from Energy Con. (mmbtu)

0

Step 10 Total Shifts to Sulfur-Free Generators (kWh)

177,217,140

Step 11 Total Shifts to Sulfur-Free Generators (mmbtu)

1,958,815

Step 12 ATS Account Number of Compensating Unit


Step 12 Continued.. Shifts to Compensating Units (kWh)

----->	
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----->	

Step 13 Total Shifts to Compensating Units (kWh)

Step 14 Total Shifts to Compensating Units (mmBtu)



# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

ATS Account Number

000641000005

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

----->	
----->	
----->	
----->	

Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

0

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

--

Step 21 Percentage Change in Sales (expressed as a fraction)

--

Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

--

Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

--

Step 27 Certification

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Signature (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

<b>Step 1</b> Plant Name <b>CRIST</b>	State <b>FL</b>	Boiler Identification Number <b>6</b>
ATS Account Number <b>000641000006</b>		Compliance Year <b>1999</b>
<b>Step 2</b> Dispatch System Name <b>SOUTHERN ELECTRIC SYSTEM</b>		Dispatch System ID <b>501</b>
<b>Step 3</b> Baseline (mmBtu) <b>15,362,937</b>	<b>Step 4</b> Calendar Year Utilization (mmBtu) <b>18,654,562</b>	
APPORTIONED UNITS ONLY		
<b>Step 4a</b> Calendar Year Utilization (mmBtu) <b></b>	<b>Step 5</b> Calendar Year Net Generation (kWh) <b></b>	
APPORTIONED UNITS ONLY		
<b>Step 6</b> Reduction from Improved Unit Efficiency (mmBtu) <b>0</b>	<b>Step 6a</b> Reduction from Improved Unit Efficiency (mmBtu) <b></b>	
<b>Step 7</b> Heat Rate (mmBtu / kWh) <b></b>	<b>Step 8</b> Red. from Energy Cons. (kWh) <b>0</b>	<b>Step 9</b> Red. from Energy Con. (mmbtu) <b>0</b>
<b>Step 10</b> Total Shifts to Sulfur-Free Generators (kWh) <b>0</b>	<b>Step 11</b> Total Shifts to Sulfur-Free Generators (mmbtu) <b>0</b>	
<b>Step 12</b> ATS Account Number of Compensating Unit <b></b>	<b>Step 12</b> Continued.. Shifts to Compensating Units (kWh) <b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
<b></b>	<b></b>	
	<b>Step 13</b> Total Shifts to Compensating Units (kWh) <b></b>	
	<b>Step 14</b> Total Shifts to Compensating Units (mmBtu) <b></b>	

# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

ATS Account Number

000641000006

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

----->	
----->	
----->	
----->	

Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

-3,291,625

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

--

Step 21 Percentage Change in Sales (expressed as a fraction)

--

Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

--

Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

--

Step 27 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 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 (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

ABC

123

Step 1 Plant Name

CRIST

State

FL

Boiler Identification Number

7

ATS Account Number

000641000007

Compliance Year

1999

Step 2 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Step 3 Baseline (mmBtu)

22,528,658

Step 4

Calendar Year Utilization (mmBtu)

35,766,644

APPORTIONED UNITS ONLY

Step 4a Calendar Year Utilization (mmBtu)

Step 5

Calendar Year Net Generation (kWh)

Step 6 Reduction from Improved Unit Efficiency (mmBtu)

0

Step 6a

APPORTIONED UNITS ONLY

Reduction from Improved Unit Efficiency (mmBtu)

Step 7 Heat Rate (mmBtu / kWh)

Step 8 Red. from Energy Cons. (kWh)

Step 9 Red. from Energy Con. (mmbtu)

0

0

Step 10 Total Shifts to Sulfur-Free Generators (kWh)

0

Step 11 Total Shifts to Sulfur-Free Generators (mmbtu)

0

Step 12 ATS Account Number of Compensating Unit

Step 12 Continued.. Shifts to Compensating Units (kWh)

Step 13 Total Shifts to Compensating Units (kWh)

Step 14 Total Shifts to Compensating Units (mmBtu)

# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

ABC

123

ATS Account Number

000641000007

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

----->	
----->	
----->	
----->	

Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

-13,237,986

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

--

Step 21 Percentage Change in Sales (expressed as a fraction)

--

Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

--

Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

--

Step 27 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 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 (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK  
ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

See instructions for completing this form.

ABC

123

Step 1 Plant Name

SCHOLZ

State

FL

Boiler Identification Number

1

ATS Account Number

000642000001

Compliance Year

1999

Step 2 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Step 3 Baseline (mmBtu)

3,691,249

Step 4 Calendar Year Utilization (mmBtu)

2,268,731

APPORTIONED UNITS ONLY

Step 4a Calendar Year Utilization (mmBtu)

Step 5 Calendar Year Net Generation (kWh)

135,716,000

Step 6 Reduction from Improved Unit Efficiency (mmBtu)

0

Step 6a Reduction from Improved Unit Efficiency (mmBtu)

Step 7 Heat Rate (mmBtu / kWh)

0.01671675

Step 8 Red. from Energy Cons. (kWh)

0

Step 9 Red. from Energy Con. (mmbtu)

0

Step 10 Total Shifts to Sulfur-Free Generators (kWh)

208,688,392

Step 11 Total Shifts to Sulfur-Free Generators (mmbtu)

3,488,592

Step 12 ATS Account Number of Compensating Unit

Step 12 Continued: Shifts to Compensating Units (kWh)

	----->	
	----->	
	----->	
	----->	
	----->	
	----->	
	----->	
	----->	


Step 13 Total Shifts to Compensating Units (kWh)

Step 14 Total Shifts to Compensating Units (mmBtu)

# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

ABC

123

ATS Account Number

000642000001

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

----->	
----->	
----->	
----->	

Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

0

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

--

Step 21 Percentage Change in Sales (expressed as a fraction)

--

Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

--

Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

--

Step 27 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 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 (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975

# Utilization Accounting

UA1

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

See instructions for completing this form.

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, CENTER NUMBERS AS SHOWN.

ABC

123

Step 1 Plant Name

SCHOLZ

State

FL

Boiler Identification Number

2

ATS Account Number

000642000002

Compliance Year

1999

Step 2 Dispatch System Name

SOUTHERN ELECTRIC SYSTEM

Dispatch System ID

501

Step 3 Baseline (mmBtu)

3,826,391

Step 4

Calendar Year Utilization (mmBtu)

2,483,103

APPORTIONED UNITS ONLY

Step 4a Calendar Year Utilization (mmBtu)

Step 5

Calendar Year Net Generation (kWh)

150,308,000

APPORTIONED UNITS ONLY

Step 6 Reduction from Improved Unit Efficiency (mmBtu)

0

Step 6a

Reduction from Improved Unit Efficiency (mmBtu)

Step 7 Heat Rate (mmBtu / kWh)

0.01652010

Step 8 Red. from Energy Cons. (kWh)

0

Step 9 Red. from Energy Con. (mmBtu)

0

Step 10 Total Shifts to Sulfur-Free Generators (kWh)

199,331,813

Step 11 Total Shifts to Sulfur-Free Generators (mmBtu)

3,292,981

Step 12 ATS Account Number of Compensating Unit


Step 12 Continued.. Shifts to Compensating Units (kWh)

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----->	
----->	
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Step 13 Total Shifts to Compensating Units (kWh)

Step 14 Total Shifts to Compensating Units (mmBtu)



# Utilization Accounting

UA2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

ALL LETTERS IN UPPER-CASE, LEFT JUSTIFY  
TEXT, RIGHT JUSTIFY NUMBERS AS SHOWN.

ABC

123

See instructions for completing this form.

ATS Account Number

000642000002

Dispatch System ID

501

Step 15 ATS Account Number of Reducing Units


Step 15 Continued... Compensating Generation (kWh)

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Step 16 Total Compensating Generation Provided (kWh)

0

Step 17 Total Compensating Generation Provided (mmBtu)

0

Step 18 Adjusted Utilization (mmBtu)

0

Step 19 Dispatch System Adjusted Utilization (mmBtu)

--

Step 20 NERC Region

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Step 21 Percentage Change in Sales (expressed as a fraction)

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Step 22 Dispatch System Aggregate Baseline (mmBtu)

--

Step 23 Dispatch System Positive Adjusted Utilization (mmBtu)

--

Step 24 Unit's Share of Positive Adjusted Utilization

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Step 25 Emissions Rate (lb / mmBtu)

--

Step 26 Total Allowances to be deducted for Underutilization

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Step 27 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 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 (Certified by signature on cover letter)

Date 2/24/2000

AAR ID#

000975