



Florida Municipal Power Agency

Amy Deese
Environmental Specialist

February 9, 2011

Jonathan Holtom
Title V Section Administrator
Bureau of Air Regulation
Florida Department of Environmental Protection
2600 Blair Stone Road, MS 5505
Tallahassee, FL 32399-2400

REC'D

FEB 10 2011

B.
AIR REGULATION

Re: Stock Island Power Plant
Title V Permit No. 0870003-011-AV

Project No.: 0870003-012-AV

Florida Municipal Power Agency would like to submit the enclosed Notification of Sale or Legal Transfer, the associated Statement of Compliance, and the updated Responsible Official Notification Form for the Stock Island Power Plant.

Also enclosed is a copy of the updated Certification of Representation for the facility, which has been submitted to EPA.

Please note that the enclosed Statement of Compliance also fulfills the annual requirement for calendar year 2010.

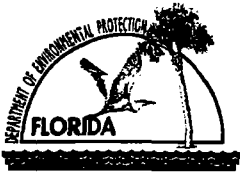
Please contact me at 321-239-1004 or amy.deese@fmpa.com if you have any questions or require additional information.

Sincerely,

Amy Deese
Environmental Compliance Specialist

Enclosures

cc: Ajaya Satyal, FDEP South District
Edward Garcia, Keys Energy Services
Tom Reedy, FMPA
David Schumann, FMPA



Department of Environmental Protection

Division of Air Resource Management

RECEIVED
FEB 10 2011
BUREAU OF AIR REGULATION

APPLICATION FOR TRANSFER OF AIR PERMIT

| | |
|--|-----------------------|
| <input checked="" type="checkbox"/> Title V Permit No.*: | <u>0870003-011-AV</u> |
| <input type="checkbox"/> Non-Title V Permit No(s): | _____ |

Notification of Sale or Legal Transfer

| | |
|---|-----------------------------|
| Facility Owner/Company Name <i>(As Currently Permitted)</i> : Keys Energy Services | Facility ID No.: 0870003 |
| Site Name: Stock Island Power Plant | County: Monroe |
| Street Address or Other Locator: 6900 Front Street Extended | |
| City: Key West | Zip Code: 33041 |

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

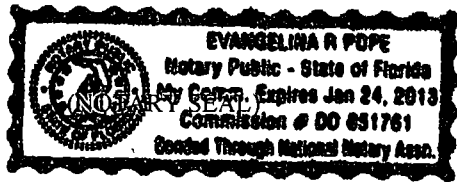
Edward Garcia
(Signature)

Name: Edward Garcia

Title: Director of Generation Date: 2/3/11

STATE OF FLORIDA OR STATE OF _____
COUNTY OF Monroe

Sworn to (or affirmed) and subscribed before me this 3rd day of February 2011.



Evangelina R. Pope
(Signature of Notary Public)
Evangelina R. Pope
(Name of Notary Typed, Printed, or Stamped)

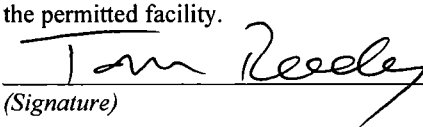

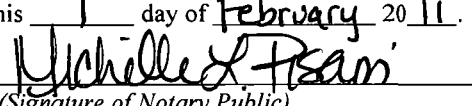
(Mailing Address of Notary, if not a Florida Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

Notification of New Ownership

| | |
|--|---|
| New Facility Owner/Company Name: Florida Municipal Power Agency | |
| New Site Name: Stock Island Power Plant | County: Monroe |
| <p>I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.</p> | |
|  _____ (Signature) | |
| Name: <u>Thomas Reedy</u> | |
| Title: <u>Assistant General Manager, Power Resources</u> | Date: <u>2/1/11</u> |
| Mailing Address: <u>8553 Commodity Circle</u> | |
| City: <u>Orlando</u> | State: <u>FL</u> Zip Code: <u>32819</u> |
| Telephone No.: <u>407-355-7767</u> | Fax No.: <u>407-355-5794</u> |
| E-mail Address: <u>tom.reedy@fmpa.com</u> | |
| Effective Date of Sale or Legal Transfer: <u>01/01/2011</u> (If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.) | |
| STATE OF FLORIDA OR STATE OF _____ | |
| COUNTY OF <u>Orange</u> | |
| Sworn to (or affirmed) and subscribed before me this <u>1</u> day of <u>February</u> 20 <u>11</u> . | |
|  |  _____ (Signature of Notary Public) |
| | <u>Michelle L. Pisarri</u> _____ (Name of Notary Typed, Printed, or Stamped) |
| | <u>8553 Commodity Circle</u> <u>Orlando, FL 32819</u> _____ (Mailing Address of Notary, if not a Florida Notary) |
| | Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> |
| Type of Identification Produced _____ | |

* Attach letter of authorization if other than owner or corporate officer.