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BUREAU OF AIR REGULATION

0950111-018-AV

April 12, 2001

Ms. Laurie DeSantis  
U. S. Environmental Protection Agency  
Acid Rain Program (6204J)  
401 M St., SW  
Washington, DC 20460

**RE: Reedy Creek Improvement District – Gas Fired Turbine with Heat Recovery System Acid Rain Program**

Dear Ms. DeSantis:

Enclosed is one Certificate of Representation EPA Form 7610-1, with original signatures, revised to reflect a change in the Designated Representative to Steve Tucker and Alternate Designated Representative to Virgil J. Farling.

If you have any questions please call Mr. Bob Kindle, at (407) 560-7081.

Sincerely,



Steve Tucker  
Designated Representative  
Director, Reedy Creek Energy Services

cc: Mr. Lynn Haynes  
United States Environmental Protection Agency  
Region 4 – Acid Rain Contact  
61 Forsyth Street S.W.  
Atlanta, GA 30303

Ms. Vivian Garfein, District Director  
Florida Department of Environmental Protection  
Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, FL 32803-3767

**Mr. Claire H. Fancy, P.E., Chief**  
Bureau of Air Regulation  
Florida Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400



# 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.

Gas Fired Turbine Generator with Heat	Florida	7254
Plant Name Recovery System	State	ORIS Code

**STEP 2**  
Enter requested information for the designated representative.

Name Steve Tucker	
Address P.O. Box 10,000 (CEP) Lake Buena Vista, FL 32830	
Phone Number (407) 824-4026	Fax Number (407) 824-7393
E-mail address (if available) steve.tucker@disney.com	

**STEP 3**  
Enter requested information for the alternate designated representative, if applicable.

Name Virgil J. Farling	
Phone Number (407) 824-2632	Fax Number (407) 824-4529
E-mail address (if available) virgil.farling@disney.com	

**STEP 4**  
Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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.

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.

**Gas Fired Turbine Generator with Heat**  
 Plant Name (from Step 1) **Recovery System**

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>Steve Mucken</i>					Date <i>4/17/01</i>	
Signature (alternate designated representative) <i>John H. ...</i>					Date <i>4/17/01</i>	

**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					<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	
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