

RECEIVED

AUG 03 2007
 Page 1



Certificate of Representation

BUREAU OF AIR REGULATION

For more information, see instructions and 40 CFR 72.24; 40 CFR 96.113, 96.213, or 96.313, or a comparable state regulation under the Clean Air Interstate Rule (CAIR) NO_x Annual, SO₂, and NO_x Ozone Season Trading Programs; 40 CFR 97.113, 97.213, or 97.313; or 40 CFR 60.4113, or a comparable state regulation under the Clean Air Mercury Rule (CAMR), as applicable.

FACILITY (SOURCE) INFORMATION

This submission is: New Revised (revised submissions must be complete; see instructions)

STEP 1
 Provide information for the facility (source).

Facility (Source) Name	Northside	State	FL	Plant Code	0667
County Name	Duval				
Latitude	30 degrees, 21 minutes, 52 seconds		Longitude	81 degrees, 37 minutes, 25 seconds	

STEP 2
 Enter requested information for the designated representative.

Name	Michael Brost	Title	Vice President, Electric Systems
Company Name	JEA		
Address	21 West Church Street, Jacksonville, FL 32202		
Phone Number	(904) 665-7547	Fax Number	(904) 665- 7050 4238
E-mail address	brosmj@jea.com		

STEP 3
 Enter requested information for the alternate designated representative.

Name	Athena Mann	Title	Vice President, Environmental Services
Company Name	JEA		
Address	21 West Church Street, Jacksonville, FL 32202		
Phone Number	(904) 665-6252	Fax Number	(904) 665- 7050 4238
E-mail address	mannat@jea.com		

Northside
 Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
1	OB	Electric Utility	1	NA (Retired)	
		NAICS Code: 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 11/16/1966			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA			<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

1A Unit ID#	CFB Unit Type	Source Category Electric Utility		Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				NAICS Code 221112		1
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 05/29/2002			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>			
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside
 Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				2	OB	Electric Utility
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 03/25/1972				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

2A Unit ID#	CFB Unit Type	Source Category Electric Utility		Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				NAICS Code	221112	2
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 02/19/2002				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NO_x Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NO_x Annual CAIR SO₂ CAIR NO_x Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
3	DB	Electric Utility	ST3	563.7	563.7
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 06/28/1977			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA			<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

AUXA	OB	Source Category		Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
		Unit ID#	Unit Type	Electric Utility	NAICS Code	AUXA
			221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 11/16/1966				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				GT3	CT	Electric Utility
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 02/07/1975				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	NAICS Code	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
4	CT	Electric Utility	221112	4		62.1
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 01/10/1975				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside
 Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
5	CT	Electric Utility	5		62.1
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 12/16/1974			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA			<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside
 Facility (Source) Name (from Step 1)

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NOx Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NOx Annual CAIR SO2 CAIR NOx Ozone Season CAMR (Hg Budget Trading) CAMR (Nontrading)

Unit ID#	Unit Type	Source Category	Electric Utility	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR-CAMR Nameplate Capacity (MWe)
				6	CT	NAICS Code
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 12/11/1974				Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: JEA				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Northside

Facility (Source) Name (from Step 1)

STEP 5: Read the appropriate certification statements, sign, and date.

Acid Rain Program

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.e., the source and each unit subject to the Acid Rain Program, as indicated in "Applicable Program(s)" in Step 4).

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 each affected unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the affected source and 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 a life-of-the-unit, firm power contractual arrangement, 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 each affected unit at the source; and

Allowances, and 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, except that, if such multiple holders have expressly provided for a different distribution of allowances, allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO_x Annual Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_x source and each CAIR NO_x unit at the source (i.e., the source and each unit subject to the CAIR NO_x Annual Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR NO_x Annual Trading Program on behalf of the owners and operators of the CAIR NO_x source and each CAIR NO_x unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR NO_x source and each CAIR NO_x 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, a CAIR NO_x unit, or where a utility or industrial customer purchases power from a CAIR NO_x unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR NO_x source and each CAIR NO_x unit at the source; and

CAIR NO_x allowances and proceeds of transactions involving CAIR NO_x allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR NO_x allowances by contract, CAIR NO_x allowances and proceeds of transactions involving CAIR NO_x allowances will be deemed to be held or distributed in accordance with the contract.

Northside

Facility (Source) Name (from Step 1)

Clean Air Interstate Rule (CAIR) SO₂ Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source (i.e., the source and each unit subject to the SO₂ Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR SO₂ Trading Program, on behalf of the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR SO₂ source and each CAIR SO₂ 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, a CAIR SO₂ unit, or where a utility or industrial customer purchases power from a CAIR SO₂ unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR SO₂ source and each CAIR SO₂ unit at the source; and

CAIR SO₂ allowances and proceeds of transactions involving CAIR SO₂ allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR SO₂ allowances by contract, CAIR SO₂ allowances and proceeds of transactions involving CAIR SO₂ allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO_x Ozone Season Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit at the source (i.e., the source and each unit subject to the CAIR NO_x Ozone Season Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR NO_x Ozone Season Trading Program on behalf of the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit 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, a CAIR NO_x Ozone Season unit, or where a utility or industrial customer purchases power from a CAIR NO_x Ozone Season unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit; and

CAIR NO_x Ozone Season allowances and proceeds of transactions involving CAIR NO_x Ozone Season allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR NO_x Ozone Season allowances by contract, CAIR NO_x Ozone Season allowances and proceeds of transactions involving CAIR NO_x Ozone Season allowances will be deemed to be held or distributed in accordance with the contract.

Northside

Facility (Source) Name (from Step 1)

Clean Air Mercury Rule (CAMR) Hg Budget Trading Program

I certify that I was selected as the Hg designated representative or alternate Hg designated representative, as applicable, by an agreement binding on the owners and operators of the source and each Hg Budget unit at the source (i.e., the source and each unit subject to the CAMR Hg Budget Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all the necessary authority to carry out my duties and responsibilities under the Hg Budget Trading Program on behalf of the owners and operators of the source and of each Hg Budget unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the source and of each Hg Budget 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, a Hg Budget unit, or where a utility or industrial customer purchases power from a Hg Budget unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the Hg designated representative or alternate Hg designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each Hg Budget unit at the source; and

Hg allowances and proceeds of transactions involving Hg allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of Hg allowances by contract, Hg allowances and proceeds of transactions involving Hg allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Mercury Rule (CAMR) Program Other Than the Hg Budget Trading Program

I certify that I was selected as the Hg designated representative or alternate Hg designated representative, as applicable, by an agreement binding on the owners and operators of the source and each electric generating unit (EGU) (as defined at 40 CFR 60.24(h)(8)) at the source (i.e., the source and each unit subject to a CAMR Program other than the Hg Budget Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all the necessary authority to carry out my duties and responsibilities under a State Plan approved by the Administrator as meeting the requirements of 40 CFR 60.24(h) on behalf of the owners and operators of the source and of each EGU at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.



I certify that the owners and operators of the source and of each EGU 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 EGU, or where a utility or industrial customer purchases power from an EGU under a life-of-the-unit, firm power contractual arrangement, I certify that I have given a written notice of my selection as the Hg designated representative or alternate Hg designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each EGU at the source.

Northside
Facility (Source) Name (from Step 1)

General

I am authorized to make this submission on behalf of the owners and operators of the source or 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) 	Date 6-28-07
Signature (Alternate Designated Representative) 	Date 6-28-07



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.

Plant Name	Northside Generating Station	State	FL	667 ORIS Code
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STEP 2

Enter requested information for the designated representative.

Name		James Chansler, VP of Operations & Maintenance		
Address		21 West Church Street Jacksonville, FL 32202		
Phone Number	(904) 665-4433	Fax Number	(904) 665-6731	
E-mail address (if available) chanjm@jea.com				

STEP 3

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

Name		Susan N. Hughes, Vice President of Environmental Services		
Phone Number	(904) 665-6248	Fax Number	(904) 665-7950	
E-mail address (if available) hughsn@jea.com				

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.

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BUREAU OF AIR REGULATION

source at which the combustion or process source is located.

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.

Plant Name (from Step 1)	Northside Generating Station
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Certificate - Page 2
Page 2 of 2

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>Anna N. Clark</i>	Date	6-17-03
Signature (alternate designated representative)	<i>Ernan N. Hughes</i>	Date	6/17/03

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 checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
JEA						
ID# 1A	ID# 2A	ID# 3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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	
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#



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.

Plant Name	Northside Generating Station	State	FL	ORIS Code	0867
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STEP 2

Enter requested information for the designated representative.

Name	James Chansler, VP of Operations				
Address	21 West Church Street Jacksonville, FL 32202				
Phone Number	(904) 665-4433	Fax Number	(904) 665-6731		
E-mail address (if available)	chanjm@jea.com				

STEP 3

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

Name	Susan Hughes, VP of Environmental Services				
Phone Number	(904) 665-6248	Fax Number	(904) 665-7376		
E-mail address (if available)	hughsn@jea.com				

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.

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.

Plant Name (from Step 1) Northside Generating Station

Certificate - Page 2
Page 2 of 2

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>Tom M. Clark</i>	Date 9-28-01
Signature (alternate designated representative) <i>William H. Hughes</i>	Date 9/29/01

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 JEA					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1a	ID# 2a	ID# 1	ID# 2	ID# 3	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#



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.

Plant Name	Northside Generating Station	State	FL	ORIS Code	0667
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STEP 2

Enter requested information for the designated representative.

Name	Jon P. Eckenbach, Executive Vice President				
Address	21 West Church Street Jacksonville, FL 32202				
Phone Number	(904) 665-6315	Fax Number	(904) 665-7366		
E-mail address (if available)	eckejp@jea.com				

STEP 3

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

Name	Susan Hughes, Vice President				
Phone Number	(904) 665-6248	Fax Number	(904) 665-7376		
E-mail address (if available)	hughsn@jea.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.

Plant Name (from Step 1) Northside Generating Station

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)	Date 10/27/00
Signature (alternate designated representative)	Date 10/26/00

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 JEA					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1a	ID# 2a	ID# 1	ID# 2	ID# 3	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#



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.

JEA, Northside Generating Station Plant Name	FL State	0667 ORIS Code
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STEP 2
Enter requested information for the designated representative.

Name Jon P. Eckenbach	
Address 21 West Church Street Jacksonville, Florida 32203	
Phone Number (904) 665-6315	Fax Number (904) 665-7366
E-mail address (if available) eckejp@jea.com	

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

Name Susan N. Hughes	
Phone Number (904) 665-6248	Fax Number (904) 665-7376
E-mail address (if available) hughsn@jea.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.

JEA, Northside Generating Station
 Plant Name (from Step 1)

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)	Date
<i>Thomas H. Hughes</i>	7/27/00
Signature (alternate designated representative)	Date

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 JEA					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 3	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#



Certificate of Representation

Page 1

For more information, see instructions and refer to 40 CFR 72.24

This submission is: New RevisedThis submission includes combustion or process sources under 40 CFR part 74

STEP 1
Identify the source by plant name, State, and, if applicable, ORIS code from NADB.

JEA, Northside Generating Station Plant Name	FL State	0667 ORIS Code
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STEP 2
Enter requested information for the designated representative.

Name Jon P. Eckenbach, Executive Vice President	
Address 21 West Church St., Tower 16 Jacksonville, FL 32202	
Phone Number (904) 632-6315	Fax Number (904) 632-7366

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

Name Richard Breitmoser	
Address 21 W. Church St., Tower 8 Jacksonville, FL 32202	
Phone Number (904) 632-6245	Fax Number (904) 632-7376

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

JEA, Northside Generating Station
Plant Name (from Step 1)

Certificate Page 2
Page of

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.

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)	Date 5/12/97
Signature (alternate designated representative)	Date 6/10/97

STEP 5
Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from NADB, if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

Name Jacksonville Electric Authority	<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 3
ID#	ID#	ID#
Florida Dept. of Env. Protection/Reg. & Env. Services Regulatory Authorities (City of Jacksonville)		

Name	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#
ID#	ID#	ID#
Regulatory Authorities		

Name	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#
ID#	ID#	ID#
Regulatory Authorities		

Name	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#
ID#	ID#	ID#
Regulatory Authorities		

Date 6/3/97
Log # 1678
Clerk 1
Date
Clerk 2
Date
Trans. #
Note
Log Clerk

Allowance Tracking System Report

Date: 06/18/97
Page: 1

AUTHORIZED ACCOUNT REPRESENTATIVE INFORMATION

AAR Number 000833
AAR Name Jon P. Eckenbach
Firm Name Jacksonville Electric Authority
Address 1 21 W. Church St.
Address 2
City/State/Zip Jacksonville, FL 32202
Phone 904-632-6315
Fax 904-632-7366

Account Num	Plant/Account Name	AAR/Alternate	AAR Start Date
000207000001	St Johns River Power	AAR	06/17/97
000207000002	St Johns River Power	AAR	06/17/97
000666000008	J D Kennedy	AAR	06/17/97
000666000009	J D Kennedy	AAR	06/17/97
000666000010	J D Kennedy	AAR	06/17/97
000667000001	Northside	AAR	06/17/97
000667000002	Northside	AAR	06/17/97
000667000003	Northside	AAR	06/17/97
000668000001	Southside	AAR	06/17/97
000668000002	Southside	AAR	06/17/97
000668000003	Southside	AAR	06/17/97
000668000004	Southside	AAR	06/17/97
000668000005	Southside	AAR	06/17/97
999900000189	Jacksonville Electric Auth.	AAR	06/17/97

Please review the information shown above and report any errors, along with supporting documentation, to the address listed below, or call the Acid Rain Hotline.



Acid Rain Hotline: (202) 233-9620

U.S. Environmental Protection Agency
Acid Rain Division
401 M Street, SW
Mail Code 6204J
Washington, DC 20460

United States
Environmental Protection Agency
Acid Rain Program

OMR No. 2090-0221
Expires 6-30-95



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 NAAS

Plant Name	JEA, Northside Generating SStation	State	FL	ORIS Code	667
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STEP 2
Enter requested information for the designated representative

Name	Brian M. Wirz, Associate Managing Director		
Address	Jacksonville Electric Authority 21 West Church Street Jacksonville, FL 32202		
Phone Number	(904) 632-7270	Fax Number	(904) 632-7366

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 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 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.

JEA, Northside Generating Station
Plant Name (from Step 1)

Certification

I am authorized to make this submission on behalf of the owners and operators of the affected sources 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>Bh Jey</i>	Date 8/17/04
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 NADE. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Jacksonville Electric Authority						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	1	ID#	2	ID#	3	ID#	ID#
ID#		ID#		ID#		ID#	ID#
Florida Dept. of Env. Reg.; Reg. & Env. Services Dept. (city) Regulatory Authorities							

Name						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
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#
Regulatory Authorities							

Name						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#		ID#		ID#		ID#	ID#
ID#		ID#		ID#		ID#	ID#
Regulatory Authorities							

STEP 5 (optional)
Enter the source AIRS
and FINDS identification
numbers, if known

AIRS
FINDS