

One Energy Place
Pensacola, Florida 32520

Tel 850.444.6111

Certified Mail



July 24, 2008

Mr. Jonathan Holtom, P.E.
Department of Environmental Protection
Division of Air Resources Management
2600 Blair Stone Road
Mail Station #5505
Tallahassee, Florida 32399-2400

Dear Mr. Holtom:

RE: DESIGNATED REPRESENTATIVE CHANGE

Crist Electric Generating Plant (ORIS Code: 641) #0330045-020-AV

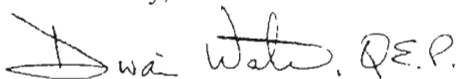
Scholz Electric Generating Plant (ORIS Code: 642) #0630014-005-AV

Lansing Smith Electric Generating Plant (ORIS Code: 643) #0050014-013-AV

Attached, please find copies of EPA Certificates of Representation Reports for Gulf Power's Electric Generating Plants at Crist, Scholz and Lansing Smith i.e., (ORIS Codes: 641, 642, 643, respectively). Chris M. Hobson replaces W. Paul Bowers as the Designated Representative and James O. Vick remains as an Alternative Designated Representative for these facilities. The original Certificates of Representation requesting the DR change was accepted by EPA on July 11, 2008.

If you have any questions or need further information regarding the change in DR for affected units located at Plant Crist, Scholz or Lansing Smith, please call me at (850) 444.6527.

Sincerely,



G. Dwain Waters, Q.E.P.
Special Projects and Environmental Assets Coordinator

Page 2
Mr. Jonathan Holtom, P.E.
July 24, 2008

cc: James O. Vick, Gulf Power Company
Greg N. Terry, Gulf Power Company
Terry Wright, Gulf Power Company
John Dominey, Gulf Power Company
Kenny Peacock, Gulf Power Company
Marie Largilliere, Gulf Power Company
Rick Bradburn, FDEP – NWF District, Pensacola, FL

Certificate of Representation Report

06/11/2008

Facility Information

Facility ID (ORISPL): 642

Facility Name: Scholz Electric Generating Plant

State: FL

Tribal Land:

County: Jackson

EPA AIRS ID: 1206300014

Latitude: 30.6689

Longitude: 84.8869

Facility Detail (Mini Detail)

Representative Information

Name: Chris M Hobson

Company: Southern Company Generation

Title: Senior Vice President

Address: AL 35203-2206

Phone: (205) 257-2812

Fax: (205) 257-7398

Alternate:

Email: cmhobson-DR@southernco.com

Name: James O Vick

Company: Gulf Power Company

Title:

Address: FL 32520-0328

Phone: (850) 444-6311

Fax: (850) 982-6204

Alternate:

Email: jovick@southernco.com

People Detail Layout (Multiple)

Current Representatives

Program	Primary Representative, Effective Date	Alternate, Effective Date	Primary Representative, End Date	Alternate, End Date
ARP	Chris M Hobson, 06/11/2008	James O Vick, 02/10/2003	W Paul Bowers, 06/11/2008	
CAIRNOX	Chris M Hobson, 06/11/2008	James O Vick, 06/29/2007	W Paul Bowers, 06/11/2008	
CAIROS	Chris M Hobson, 06/11/2008	James O Vick, 06/29/2007	W Paul Bowers, 06/11/2008	
CAIRSO2	Chris M Hobson, 06/11/2008	James O Vick, 06/29/2007	W Paul Bowers, 06/11/2008	
CAMR	Chris M Hobson, 06/11/2008	James O Vick, 06/29/2007	W Paul Bowers, 06/11/2008	

Basic Table Layout

Units

Unit ID	Program	Unit Classification	Operating Status	Unit Type	Source Category	NAICS Code	Commence Operation Date	Commence Operation Date Code	Comm. Commercial Operation Date	Commence Commercial Operation Date Code	Unit Monitoring Certification Begin Date
1	ARP	Phase 2	Operating	DB	Electric Utility				02/24/1953	A	01/01/1995
1	CAIRNOX	Affected	Operating	DB	Electric Utility				02/24/1953	A	01/01/2008
1	CAIROS	Affected	Operating	DB	Electric Utility				02/24/1953	A	05/01/2008
1	CAIRSO2	Affected	Operating	DB	Electric Utility				02/24/1953	A	01/01/2009
1	CAMR	Affected	Operating	DB	Electric Utility				02/24/1953	A	01/01/2009
2	ARP	Phase 2	Operating	DB	Electric Utility				10/26/1953	A	01/01/1995
2	CAIRNOX	Affected	Operating	DB	Electric Utility				10/26/1953	A	01/01/2008
2	CAIROS	Affected	Operating	DB	Electric Utility				10/26/1953	A	05/01/2008
2	CAIRSO2	Affected	Operating	DB	Electric Utility				10/26/1953	A	01/01/2009
2	CAMR	Affected	Operating	DB	Electric Utility				10/26/1953	A	01/01/2009

Basic Table Layout

Generator Information

Generator ID	Unit ID	ARP Nameplate Capacity	CAIR/CAMR Nameplate Capacity	Effective Date
2	2	49.0	49.0	06/27/2007
1	1	49.0	49.0	06/27/2007

Basic Table Layout

Current Owners and Operators

Unit ID	Owner/Operator Company Name	Type	Effective Date	End Date
1	Gulf Power Company	Owner/Operator	03/07/2003	
2	Gulf Power Company	Owner/Operator	03/07/2003	

Basic Table Layout

One Energy Place
Pensacola, Florida 32520

Tel 850.444.6111



Certified Mail

November 19, 2002

RECEIVED

NOV 27 2002

BUREAU OF AIR REGULATION

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

Dear Mr. Sheplak:

RE: ALTERNATIVE DESIGNATED REPRESENTATIVE CHANGE
Crist Electric Generating Plant (ORIS Code: 641) #0330045-001-AV
Scholz Electric Generating Plant (ORIS Code: 642) # 0630014-001-AV
Lansing Smith Electric Generating Plant (ORIS Code: 643) #0050014-001-AV

Attached, please find copies of three revised Certificates of Representation for Gulf Power's Electric Generating Plants at Crist, Scholz and Lansing Smith i.e., (ORIS Codes: 641, 642, 643, respectively.) W. Paul Bowers remains the Designated Representative for these facilities and James O. Vick remains as an Alternative Designated Representative for these facilities, but the second Alternative Designated Representative has changed from Robert G. Moore to Gene L. Ussery, Jr. with this submittal. The original Certificates of Representation were submitted to EPA on November 8, 2002 with copies to Region IV.

If you have any questions or need further information regarding the change in ADR for affected units located at Plant Crist, Scholz or Lansing Smith, please call me at (850) 444.6527.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwain Waters".

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

Page 2
Mr. Scott Sheplak
November 19, 2002

cc: Gene L. Ussery, Jr., Gulf Power Company
James O. Vick, Gulf Power Company
J. W. Martin, Gulf Power Company
Mike Sarab, Gulf Power Company
Terry Wright, Gulf Power Company
John Dominey, Gulf Power Company
Trey Hall, Gulf Power Company
Marie Largilliere, Gulf Power Company
Ken Peacock, Gulf Power Company
Danny Herrin, Southern Company Services
Sandra Veazey, FDEP – NWF District, Pensacola, FL



Certificate of Representation

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

This submission is: New Revised (revised submissions must be complete; 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	Scholz Electric Generating Plant	State	FL	ORIS Code	642
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STEP 2
Enter requested information for the designated representative.

Name	W. Paul Bowers				
Address	Southern Company Generation and Energy Marketing 600 North 18th Street - 15th Floor Birmingham, Alabama 35203				
Phone Number	205.257.5355		Fax Number 205.257.0526		
E-mail address (if available)	wpbowers@southernco.com				

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

Name	Gene L. Ussery, Jr. / James O. Vick				
Phone Number	850.444.6383 / 850.444.6311		Fax Number 850.444.6744 / 850.444.6217		
E-mail address (if available)	glussery@southernco.com / jovick@southernco.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:

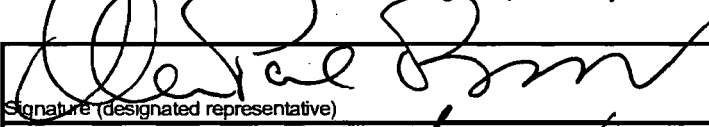
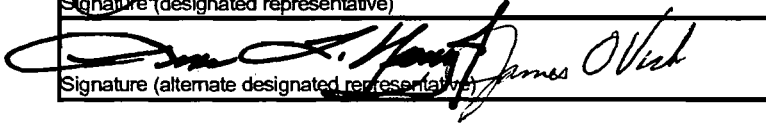
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

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.

Scholz Electric Generating Plant
 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.

	OSNov 02'
Signature (designated representative)	Date
	6/16/02 6/16/02
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.

Gulf Power Company					<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator		
Name							
ID#	1	2	ID#	ID#	ID#	ID#	ID#
ID#			ID#	ID#	ID#	ID#	ID#

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

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

					<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Name							
ID#	ID#	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	Scholz Electric Generating Plant	State	FL	ORIS Code	642
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STEP 2
Enter requested information for the designated representative.

Name	W. Paul Bowers				
Address	Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35203				
Phone Number	205.257.5355	Fax Number	205.257.0526		
E-mail address (if available)	wpbowers@southernco.com				

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

Name	Robert G. Moore / James O. Vick				
Phone Number	850.444.6383	Fax Number	850.444.6744		
E-mail address (if available)					

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.

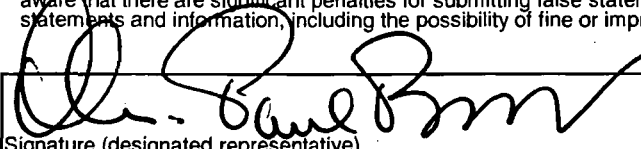
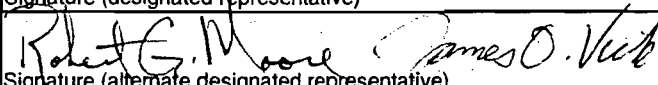
I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions,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

Scholz Electric Generating Plant
 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)	02 Oct 01 Date
 Signature (alternate designated representative)	8/24/01 8/24/01 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 Gulf Power Company					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	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#

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.

Lansing Smith Electric Generating Plant Plant Name	FL State	643 ORIS Code
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STEP 2
Enter requested
information for the
designated
representative.

Name W. Paul Bowers	
Address Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35203	
Phone Number 205.257.5355	Fax Number 205.257.0526
E-mail address (if available) wpbowers@southernco.com	

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

Name Robert G. Moore / James O. Vick	
Phone Number 850.444.6383	Fax Number 850.444.6744
E-mail address (if available)	

STEP 4
Complete Step 5, read
the certifications, and
sign and date. For a
designated representa-
tive of a combustion or
process source under 40
CFR part 74, the refer-
ences 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.

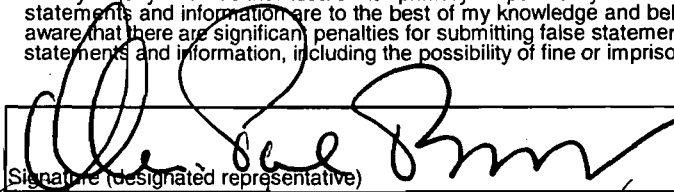
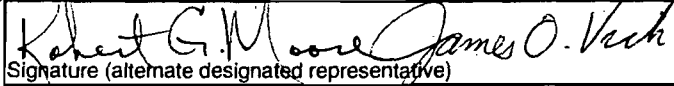
I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions,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

Lansing Smith Electric Generating Plant
 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)					02 Oct 01 Date	
 Signature (alternate designated representative)					8/24/01 8/24/01 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 Gulf Power Company					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 4	ID# 5	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#

One Energy Place
Pensacola, Florida 32520

850.444.6111

June 11, 1998



Mr. Scott M. Sheplak, P.E.
Department of Environmental Protection
111 South Magnolia Drive, Suite 4
Tallahassee, Florida 32301

Dear Mr. Sheplak:

RE: DESIGNATED REPRESENTATIVE CHANGE
Crist Electric Generating Plant (ORIS Code: 641)
Scholz Electric Generating Plant (ORIS Code: 642)
Lansing Smith Electric Generating Plant (ORIS Code: 643)

Attached, please find copies of new Certificate of Representation for Gulf Power's Electric Generating Plants at Crist, Scholz and Lansing Smith i.e., (ORIS Codes: 641, 642, 643, respectively.) The change in Designated Representative (DR) to Charles D. McCrary is due to the retirement of Mr. Bill M. Guthrie and the need to have a centralized DR for of a system-wide NOx averaging plan for the Southern Company. Additionally, please note that Gulf Power has two named Alternative Designated Representatives (ADR) as now allowed under 40 CFR Part 72. The original signed copies of these Certificate of Representatives were routed to EPA last month and it is my understanding that EPA has given verbal approval of these DR changes for the above referenced plants.

If you have any questions or need further information regarding the change in DR for affected units located at Plant Crist, Scholz or Lansing Smith, please call me at (850) 444.6527.

Sincerely,

A handwritten signature in black ink that reads 'G. Dwain Waters'.

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

RECEIVED

JUN 16 1998

BUREAU OF
AIR REGULATION

Page 2

Mr. Scott Sheplack

June 11, 1998

cc: Robert G. Moore., Gulf Power Company
James O Vick, Gulf Power Company
J. W. Martin, Gulf Power Company
L. A. Jeffers, Gulf Power Company
John Dominey, Gulf Power Company
Stan H. Houston, Gulf Power Company
Ken Peacock, Gulf Power Company
Danny Herrin, Southern Company Services

FedEx USA Airbill

FedEx Tracking Number

801871868527

0200

Form I.D. No.

FedEx Retrieval Copy

1 From

Date 6/15/98 Sender's FedEx Account Number

Sender's Name G. Dwain Waters Phone (850) 444.6597

Company Gulf Power Company

Address One Energy Place

City Pensacola State FL ZIP 32520-0328

2 Your Internal Billing Reference Information

3 To

Recipient's Name Scott M. Sheplak, P.E. Phone (850) 921.9531

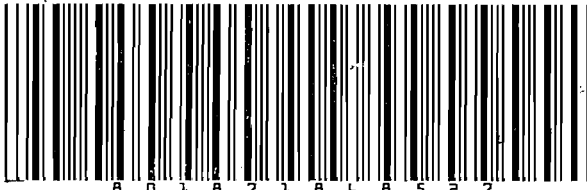
Company Florida Department of Environmental Protection

Address 111 South Magnolia Drive, Suite 4

City Tallahassee State FL ZIP 32301

For HOLD at FedEx Location check here
 Hold Weekday **Hold Saturday**
(Not available with FedEx First Overnight) (Available for FedEx Priority Overnight and FedEx 2Day only)

For Saturday Delivery check here
 (Extra Charge. Not available to all locations)
 (Available for FedEx Priority Overnight and FedEx 2Day only)



4a Express Package Service Packages under 150 lbs. Delivery commitment may be later in some areas.

FedEx Priority Overnight (Next business morning) **FedEx Standard Overnight** (Next business afternoon) **FedEx 2Day*** (Second business day) **FedEx Express Saver*** (Third business day)

FedEx First Overnight (Earliest next business morning delivery to select locations) (Higher rates apply) *FedEx Letter Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas.

FedEx Overnight Freight (Next business day) **FedEx 2Day Freight** (Second business day) **FedEx Express Saver Freight** (Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging **FedEx Letter** **FedEx Pak** **FedEx Box** **FedEx Tube** **Other Pkg.** Declared value up to \$500

6 Special Handling Does this shipment contain dangerous goods? Yes (Shipper's Declaration) Yes (Shipper's Declaration not required)

Dry Ice (Dry Ice, 9 UN 1845 III) x kg. 904 CA **Cargo Aircraft Only** (Dangerous Goods Shipper's Declaration not required)

7 Payment Obtain Recipient's FedEx Account No.

Bill to: **Sender** (Account no. in section 1 will be billed) **Recipient** **Third Party** **Credit Card** **Cash/Check** (Enter FedEx account no. Credit Card no. below)

FedEx Account No. MC 5405 9400 0034 2813 Exp. Date 7/99

Credit Card No. MC 5405 9400 0034 2813 Exp. Date 7/99

Total Packages 1 Total Weight 16.14 Total Charges \$16.14

*When declaring a value higher than \$500 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information. Credit Card Auth.

8 Release Signature

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

287

Rev Date 5/97 Part #150385 ©1994-97 FedEx PRINTED IN U.S.A. GBFE 1097



United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0258

Certificate of Representation

Page 1

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	Scholz Electric Generating Plant	State	FL	ORIS Code	642
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STEP 2
Enter requested information for the designated representative.

Name	Charles D. McCrary				
Address	Southern Company 600 North 18th Street P. O. Box 2625 Birmingham, Alabama 35202-2625				
Phone Number	205.257.2243	Fax Number	205.257.5019		
E-mail address (if available)					

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

Name	James O. Vick / Robert G. Moore				
Phone Number	850.444.6311	Fax Number	850.444.6217		
E-mail address (if available)					

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.

Scholz Electric Generating Plant
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.

<i>Charles P. McCray</i> Signature (designated representative)	5/26/98 Date
<i>James O. Vick Robert G. Moore</i> Signature (alternate designated representative)	5/21/98 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.

Scholz Electric Generating Plant					<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Name						
1	2					
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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

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

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