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BUREAU OF AIR REGULATION

July 2, 2007

Mr. Al Linero, P.E.  
Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 5505  
Tallahassee, Florida 32399-2400

RE: Responsible Official Notification Form  
Title V Air Operation Permit/Project No. 0950203-006-AV  
Northern Star Generation Services Company LLC

Dear Mr. Linero:

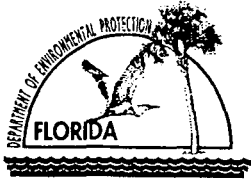
Please find attached the Responsible Official Notification Form for Northern Star Generation Services, located in Orlando, Florida.

If you require further assistance, please feel free to contact me at (407) 851-1350.

Regards,

James T. Murray  
Plant Manager

Cc: File



# Department of Environmental Protection

## Division of Air Resource Management

### RESPONSIBLE OFFICIAL NOTIFICATION FORM

**Note:** A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.


**Identification of Facility**

1. Facility Owner/Company Name: <b>Orlando CoGen Limited, L.P.</b>	
2. Site Name: <b>Orlando Cogen Plant</b>	3. County: <b>Orange</b>
4. Title V Air Operation Permit/Project No. <i>(leave blank for initial Title V applications)</i> : <b>0950203-006-AV</b>	

**Notification Type** *(Check one or more)*

<input type="checkbox"/>	<b>INITIAL:</b>	Notification of responsible officials for an initial Title V application.
<input type="checkbox"/>	<b>RENEWAL:</b>	Notification of responsible officials for a renewal Title V application.
<input checked="" type="checkbox"/>	<b>CHANGE:</b>	Notification of change in responsible official(s). Effective date of change in responsible official(s) <u>7/1/2007</u>

**Primary Responsible Official**

1. Name and Position Title of Responsible Official: <b>James T. Murray, Plant Manager</b>
2. Responsible Official Mailing Address: Organization/Firm: <b>Orlando Cogen</b> Street Address: <b>8275 Exchange Drive</b> City: <b>Orlando</b> State: <b>FL</b> Zip Code: <b>32809</b>
3. Responsible Official Telephone Numbers: Telephone: <b>(407) 851-1350</b> Fax: <b>(407) 851-1686</b>
4. Responsible Official Qualification <i>(Check one or more of the following options, as applicable)</i> : <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input checked="" type="checkbox"/> The designated representative at an Acid Rain source.
5. Responsible Official Statement:  <i>I, the undersigned, am a responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">               _____              Signature           </div> <div style="width: 45%; text-align: center;"> <u>6-29-2007</u>              _____              Date           </div> </div>

**Additional Responsible Official**

1. Name and Position Title of Responsible Official: <b>David Good, Operations Supervisor</b>
2. Responsible Official Mailing Address: Organization/Firm: <b>Orlando Cogen</b> Street Address: <b>8275 Exchange Drive</b> City: <b>Orlando</b> State: <b>Florida</b> Zip Code: <b>32809</b>
3. Responsible Official Telephone Numbers: Telephone: <b>(407) 851-1350</b> Fax: <b>(407) 851-1686</b>
4. Responsible Official Qualification ( <i>Check one or more of the following options, as applicable</i> ): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

**Additional Responsible Official**

1. Name and Position Title of Responsible Official:
2. Responsible Official Mailing Address: Organization/Firm: Street Address: City: State: Zip Code:
3. Responsible Official Telephone Numbers: Telephone: ( ) - Fax: ( ) -
4. Responsible Official Qualification ( <i>Check one or more of the following options, as applicable</i> ): <input type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.