United States **Environmental Protection Agency** Acid Rain Program

OMB No. 2060-0221 Expires 6-30-95



Certificate of Representation

Page 1

STEP 1 Identify the source by plant name, State, and

ORIS code from NADB

X Revised This submission is: New

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

STEP 2 Enter requested information for the designated representative

| | | | - | · · | FI | 8049 | |
|------------|--------------|------|-----|-----|-------|---------------|--|
| Plant Name | Intercession | City | , - | | State | ORIS Code | |

| Name | W. Jeffrey Pardue | | |
|-----------|--|---------------|---|
| Address | Florida Power Corporation 3201 - 34th Street South, MAC H2G St. Petersburg, FL 33711 | | |
| Phone Nur | mber (813) 866-4387 Fax Number (| 813) 866-4926 | , |

- STEP 3 Enter requested information for the alternate designated representative (optional)

| Address | | . * | | | . (- |
|---------|---------|-----|--|---|-------|
| Address | | • | | , | |
| | Address | | | , | • |

Complete Step 5, read the certifications and sion 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.

Date Log # Clerk 1 Date Clerk 2 Date

Trans

Note:

CHUIK

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

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

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.

ÉPA Form 7610-1 (11-92)

| Certificate - Page 2 |
|----------------------|
| Page T of T |

Plant Name (from Step 1)

Intercession City

Certification

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 felse statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

| Signature (designated | representative) | Madre | Date 11/8/94 |
|-----------------------|-----------------|-------|--------------|
| 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 NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

| Signature (alte | rnate) | · | | | Date | 6.3 |
|----------------------|---------------------------------------|--------------------------|--------------|------------|---------|------------|
| | | g granderer Transport | | | | |
| Name | Florida | n Power Co | rporation | | X Owner | X Operator |
| ∤ .Υ ιο# 7 | ХХ ло# 8 | УУ ' Ф# 9 | XX ID# 10 | ID# | ID# | ID# |
| `ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| Regulatory Au | thorities | Florida P | ublic Serv | vice Commi | ssion | |
| | | | | | | , |
| Name | | | ; | | Owner | Operator |
| ID# | ID# | ID# 7 | ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| Regulatory Au | · · · · · · · · · · · · · · · · · · · | | | • | | |
| | ., 1 | 4 | | | | , |
| Name | | | | | Owner | Operator |
| ID# | ID# | ID# | ID# | ID# | ·ID# | ID# |
| './ | , , | |] , | | 1 | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| Regulatory Au | · | ID# | ID# | ID# | ID# | ID# |
| | · | ID# | ID# | ID# | ID# | ID# |
| | · | ID# | ID# | ID# | ID# | ID# |
| Regulatory Au | · | ID# | ID# | ID# | | |
| Regulatory Au | uthorities | | | | Owner | Operator |
| Regulatory Au Name | ID# | 1D# | ID# | ID# | Owner | Operator |

ŞEPA

United States **Environmental Protection Agency** Acid Rain Program

OMB No. 2060-0221 6-30-95

Certificate of Representation

Page 1

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

NOV 14 1994

This submission is: X New

Revised

Bureau of Air Regulation

Identify the source by plant name, State, and

Plant Name

FL 8049

ORIS code from **NADB**

Intercession City

State

ORIS Code

STEP 2

STEP 1

Enter requested information for the designated representative

Patricia K. Blizzard

Name Address

Florida Power Corporation 3201 - 34th Street South, MAC H2G St. Petersburg, FL 33711

Phone Number

(813) 866-4298

Fax Number

(813) 866-4926

STEP 3 Enter requested information for the alternate designated representative

(optional)

James R. Stitt Name

Address

Florida Power Corporation 3201 - 34th Street South, MAC C2A St. Petersburg, FL 33711

Phone Number

(813) 866-5770

Fax Number

(813) 866-5914

STEP 4 Complete Step 5, read the certifications and sign and date

ate ാറ്റ # Clerk 1 ⊇ate ⊟erk 2 Date

Trans. # Note: Table 3 plants m-line states peed proof g

og Clerk

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

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.

h/hThe 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 Mepresentative to act in lieu of the designated representative.

EPA Form 7610-1 (11-92)

ner

| Certificate | 3 - 1 | Pag | e 2 |
|-------------|-------|-----|-----|
| Page | 1 | 2.5 | 1 |

| | : | | | • | • | |
|---------|------------|---------|--------------|------|---|--|
| Plant I | Name (from | Step 1) | Intercession | City | ` | |

Certification

I am authorized to make this submission on behalf of the owners and operators of the affected source or 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.

| Ostrice K. Ble said Signature (designated representative) | Mecader 1993 Date |
|--|----------------------|
| Signature (alternate) | 12/1/93 Date 1/93 |

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 NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

| Signature (des | ignated represe | (itative) | | | Date | |
|-------------------------|-----------------|------------|---------------------------------------|---------------------------------------|-----------------|------------|
| Signature (alte | ernave) till | · , | | * | /2/1/ Date / | 93 |
| | | • | | | | |
| · | | | <u> </u> | | | <u> </u> |
| Name | Florida P | ower Corpo | oration | · · · · · · · · · · · · · · · · · · · | X Owner | X Operator |
| Х ^Х 1D# 7 | XX ID# 8 | XX 9 | ** 10# 10 | ID# | ID# | ID# |
| | | | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | |
| Regulatory Au | thorities F | lorida Pub | olic Servi | ce Commiss | sion | |
| | *, | | | | | |
| Name | , | | | | Owner | Operator |
| | | , | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | , | | , | , | ** |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | | : |
| Regulatory Au | ithorities | | | · | | |
| | | | | | <u> </u> | <u> </u> |
| | , | | | | Owner | Operator |
| Name | T | | <u> </u> | l. | , | T . |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| 10# | IU# | 10# | 10# | 10# | 10# | 10# |
| ID# | ID# | ID# | 1D# | ID# | ID# | ID# |
| | : | <u> </u> | | | , | |
| Regulatory Au | ıthorities . | • | - | • | | |
| , | | | | | | |
| Nama | | | 11 | | Owner | Operator |
| Name | | T | · · · · · · · · · · · · · · · · · · · | , 1 | 1 | 1 |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | . ; | |
| ID# | ID# | ID# | ID# | ID# | ID# | ID# |
| | | | | | • | |
| Regulatory Au | uthorities | | ' | • | | |

This submission is:



Certificate of Representation

X Revised

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

New -

Page 1

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

STEP 2 Enter requested information for the designated representative

STEP 3
Enter requested information for the alternate designated representative (optional)

STEP 4 Complete Step 5, read the certifications and sign and date

| Da(e11-3-94 |
|-------------------|
| Log #670 |
| Clerk 1 |
| Date |
| Clerk 2 |
| Date |
| Trans. # |
| Note: replaced by |
| Log Clerk |

Plant Name Intercession City FL 8049
State ORIS Code

| Name | W. Jeffrey Pardue | | | |
|-----------|--|------------|----------------|--|
| Address | Florida Power Corporation 3201 - 34th Street South, St. Petersburg, FL 33711 | MAC H2G | | |
| Phone Num | _{ber} (813) 866-4387 | Fax Number | (813) 866-4926 | |

| Name | | | | | | |
|-----------|-----|---|--------|---------------------------------------|------------|--|
| Address | | | | | | |
| | | • | : | · · · · · · · · · · · · · · · · · · · | | |
| | | | s. | , | | |
| Phone Num | ber | | | · · · · · · · · · · · · · · · · · · · | Fax Number | |

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.

| | | | , , , , , | | • | | Certificate - Page |
|---|---|---|--|-------|---|--|---|
| Plant Name (fr | om Step 1) | Intercess | ion City | | | · • | Page 1 of |
| | | | | . 1. | | | , |
| Sertification | | | | | | · · · | |
| offected units for examined, and outtachments. Enformation, I concern occurate, and concerns | or which the su am familiar wit Based on my inder ertify that the se complete. I am | ubmission is ma h, the statemen quiry of those ir statements and aware that the | de. I certify un its and informated individuals with information are re are significal | | law the n this sibility my kno submit | at I have documen for obtai owledge ting false | personally t and all its ning the |
| Signature (des | ignated represe | ntative) | andre | | , | Date 20 | Oct 1994 |
| Signature (alte | rnate) | | · | | | .′ Datè | |
| | | · | 1, | | i. | | |
| Name | Florida | a Power Co | rporation | | x d | Owner | X Operator |
| סו# ִ 7 | ID# 8 | ID# 9 | ID# 10 | ID# | ID# | | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | •. | ID# |
| | | | • | .1 -1 | | | · · · · · |
| Regulatory Au | thorities | | , · | | <u> </u> | · . | |
| | · | | | | | | |
| Name | · | . 1 | | | | Owner | Operator |
| | | , 5 | , | | | | |
| ID# | ID# | ID# | ID# | ID# | ID# | • | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | | ID# |
| Regulatory Au | thorities | | | | 1 | ٠., | |
| | | | | | | | |
| Name | • | | | | | Owner | Operator |
| | lín# | în # | ID # | 10.4 | 15.4 | | 10.4 |
| ID# | ID# | ID# ? | JD# | ID# | ID# | | ID# |
| ID# | ID# | ID# | ID# | ID# | ID# | | ID# |
| Regulatory Au | thorities | • | | | | | × |
| | | · . | | | • | | |

Operator

ID#

ID#

Owner

ID#

Name

ID#

ID#

ID#

ID#

Regulatory Authorities

ID#

ID#

ID#

1D#

ID#

ID#

STEP 5
Provide the name of every owner and operator of the source and each affected unit

and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner.

owner