

Golder Associates Inc.

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November 12, 2001

Project No.013-9517

Mr. Bob Miller
US EPA Clean Air Markets
Mail Code 6204J
501 3rd Street, NW
Washington, DC 20001

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BUREAU OF AIR REGULATION

RE: Acid Rain Permit
Shady Hills Power Company, L.L.C.
Shady Hills Generating Station
Pasco County, Florida

Dear Mr. Miller:

Enclosed is notification of a change in the designated representative and alternate designated representative for the above referenced project. Please find The Certificate of Representation [EPA Form 7610-1(rev.4-98)], which identifies Mr. James M. Packer, Director of Operations and Mr. John E. Dorsett, Vice President of Business Development/Operations, Shady Hills Power Company, L.L.C. as the designated representative and alternate designated representative, respectively.

Shady Hills Power Company, L.L.C. and Golder Associates Inc. appreciate your assistance in processing the above referenced information. If you have any questions or need additional information, please contact me at (813) 287-1717.

Very truly yours,

GOLDER ASSOCIATES INC.

A handwritten signature in black ink, appearing to read 'Manitia Moultrie'.

Manitia Moultrie
Senior Project Manager

MM/AT/nd

Enclosures

cc: Mr. Scott Sheplak, Florida Department of Environmental Protection
Mr. Jimmy Packer, Mirant Corporation
Mr. Chuck Jordan, Mirant Corporation
Mr. Glenn Keeling, Mirant Corporation

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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.

Shady Hills Generating Station Plant Name	FL State	55414 ORIS Code
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STEP 2
Enter requested information for the designated representative.

James M. Packer, Shady Hills Power Company, L.L.C. Name		
1155 Perimeter Center West Atlanta, Georgia 30338-5416 Address		
(678) 579-7962 Phone Number	(678) 579-7358 Fax Number	
jimmy.packer@mirant.com E-mail address (if available)		

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

John E. Dorsett Name		
(678) 579-7349 Phone Number		
(678) 579-7358 Fax Number		
eddie.dorsett@mirant.com 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 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.

Shady Hills 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) <i>James M. Packer</i>	Date 11-07-01
Signature (alternate designated representative) <i>John E. [unclear]</i>	Date 11-08-01

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.

Shady Hills Power Company, L.L.C.					<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	
CT1	CT2	CT3	ID#	ID#	ID#	ID#
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#

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