



**CSW Energy, Inc.**  
**Operations**

A Central and South West Company

Mulberry Cogen  
P.O. Box 824 • 3600 Hwy. 555  
Bartow, FL 33831  
941-533-9073 • Fax 941-533-4092

**RECEIVED**

**DEC 9 1997**

Bureau of Air Monitoring  
& Mobile Sources

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

December 2, 1997

U. S. Environmental Protection Agency  
Acid Rain Program (6204J)  
Attention: Designated Representative  
401 M Street, SW  
Washington, D.C. 20460

*FILE*

Re: CSW Energy - Mulberry Cogeneration Facility  
ORIS Code: 54426

Dear Sir or Madam:

Pursuant to the requirements of 40 CFR 72.24, enclosed please find an original and three (3) copies of Certificate of Representation (revised) for the above-referenced facility. If you have any questions or additional information is required, please contact me at (941) 533-9073.

Sincerely,

Dennis J. Oehring  
Plant Manager

/pcp

Enclosures

xc: Florida Department of Environmental  
Protection (w/ enclosure)

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

Wade Smith, Polk Power Partners  
(w/ enclosure)



# Certificate of Representation

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

This submission is:  New  Revised

This 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.

Plant Name	Mulberry Cogeneration Facility	State	Florida	ORIS Code	54426
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**STEP 2**  
Enter requested information for the designated representative.

Name		Dennis J. Oehring	
Address			
Post Office Box 824 Bartow, Florida 33831			
Phone Number (941) 533-9073		Fax Number (941) 533-4092	

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

Name		Davis E. Mordecai	
Address			
Post Office Box 824 Bartow, Florida 33831			
Phone Number (941) 533-9073		Fax Number (941) 533-4092	

**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.

Plant Name (from Step 1) **Mulberry Cogeneration Facility**

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.

<i>Dennis P. Ashling</i> Signature (designated representative)	12-2-97 Date
<i>Dennis E. Dvorak</i> Signature (alternate designated representative)	12-2-97 Date

**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 <b>Polk Power Partners, L.P.</b>						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 1	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities							

Name <b>CSW Energy, Inc.</b>						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 1	ID#	ID#	ID#	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#	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#	ID#	ID#	ID#	ID#	
Regulatory Authorities							



CSW Energy, Inc.  
Operations

A Central and South West Company

Mulberry Cogen  
P.O. Box 824 • 3600 Hwy. 555  
Bartow, FL 33831  
941-533-9073 • Fax 941-533-4092

RECEIVED

JAN 15 1997

BUREAU OF  
AIR REGULATION

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

January 8, 1997

U. S. Environmental Protection Agency  
Acid Rain Program (6204J)  
Attention: Designated Representative  
401 M Street, SW  
Washington, D.C. 20460

Re: CSW Energy - Mulberry Cogeneration Facility  
ORIS Code: 54426

Dear Sir or Madam:

Pursuant to the requirements of 40 CFR 72.24, enclosed please find an original and three (3) copies of Certificate of Representation (revised) for the above-referenced facility. If you have any questions or additional information is required, please contact me at (941) 533-9073.

Sincerely,

Dennis J. Oehring  
Plant Manager

/pcp

Enclosure

xc: Florida Department of Environmental  
Protection (w/ Enclosure)  
CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Wade Smith, Polk Power Partners  
(w/ Enclosure)



# 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 NADB

Plant Name	Mulberry Cogeneration Facility	Florida State	54426 ORIS Code
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**STEP 2**  
Enter requested  
information for the  
designated  
representative

Name		Dennis J. Oehring	
Address		3600 Highway 555 Bartow, Florida 33830	
Phone Number	(941) 533-9073	Fax Number	(941) 533-4092

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

Name		Donald Walters	
Address		3600 Highway 555 Bartow, Florida 33830	
Phone Number	(941) 533-9073	Fax Number	(941) 533-4092

**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.

Mulberry Cogeneration Facility  
Plant Name (from Step 1)

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

Signature (designated representative) <i>Dennis J. Oberburg</i>	Date 1-8-97
Signature (alternate) <i>Donald Watten</i>	Date 1-8-97

**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

Name Polk Power Partners L.P.						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 1	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities							

Name CSW Energy, Inc.						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID#	ID#	ID#	ID#	ID#	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#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities							

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This submission is:  New  Revised

FEB 19 1996

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

Plant Name	Mulberry Cogeneration Facility	Florida State	BUREAU OF AIR REGULATION
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**STEP 2**  
Enter requested  
information for the  
designated  
representative

Name	John Paul Jones		
Address	3600 Highway 555 Bartow, Florida 33830		
Phone Number	(941) 533-9073	Fax Number	(941) 533-4092

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

Name	Donald Walters		
Address	3600 Highway 555 Bartow, Florida 33830		
Phone Number	(941) 533-9073	Fax Number	(941) 533-4092

**STEP 4**  
Complete Step 5, read  
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Signature (designated representative) <i>John Paul Jones</i>	Date 9/25/95
Signature (alternate) <i>Don Witter</i>	Date 9/25/95

**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

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ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities							

Name CSW Energy, Inc.						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
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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#	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#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities							