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October 20, 2000

BUREAU OF AIR REGULATION

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

Dear Sirs:

Re: Designated Representative and Alternate Designated Representative Change

Florida Power Corporation submits the enclosed revised Certificates of Representation for all of its affected facilities under Title IV of the Clean Air Act. The revisions are being submitted in order to change both the Designated Representative and the Alternate Designated Representative for these units

Please contact me at (727) 826-4334 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Michael Kennedy", written in a cursive style.

J. Michael Kennedy, Q.E.P.
Designated Representative

Enclosure

cc: Mr. Clair Fancy, Florida DEP



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 | State | ORIS Code |
| G. E. Turner | FL | 629 |

STEP 2

Enter requested information for the designated representative.

| | | |
|-------------------------------|---|---------------------------|
| Name | J. Michael Kennedy, QEP | |
| Address | Florida Power Corporation P.O. Box 14042, MAC - BB1A St. Petersburg, FL 33733 | |
| Phone Number | (727) 826-4334 | Fax Number (727) 826-4216 |
| E-mail address (if available) | j-michael.kennedy@fpc.com | |

STEP 3

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

| | | |
|-------------------------------|---|---------------------------|
| Name | Wade F. Sperry | |
| Address | Florida Power Corporation P.O. Box 14042, MAC - BB1A St. Petersburg, FL 33733 | |
| Phone Number | (727) 826-4228 | Fax Number (727) 826-4222 |
| E-mail address (if available) | wade.f.sperry@fpc.com | |

STEP 4

Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or 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 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 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.

Plant Name (from Step 1)
G. E. Turner

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>[Handwritten Signature]</i> | Date 10/17/00 |
| Signature (alternate designated representative) <i>[Handwritten Signature]</i> | Date 10/20/00 |

STEP 5

Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) they own and or operate.

| | | | | | | |
|---------------------------------------|-------|-------|-----|-----|---|--|
| Name Florida Power Corporation | | | | | <input checked="" type="checkbox"/> Owner | <input checked="" type="checkbox"/> Operator |
| ID# 2 | ID# 3 | ID# 4 | 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# |