## COMMISSIONERS: ART GRAHAM, CHAIRMAN LISA POLAK EDGAR RONALD A. BRISÉ EDUARDO E. BALBIS

JULIE I. BROWN

STATE OF FLORIDA



CAPITAL CIRCLE OFFICE CENTER 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

## Hublic Service Commission

March 3, 2011

Mrs. Trudy Novak
Senior Director, Bulk Power & Generation Planning
Seminole Electric Cooperative
16313 North Dale Mabry Highway
Tampa, Florida 33831

1100000 -OT

Re: Review of 2011 Ten-Year Site Plans - Supplemental Data Requests

Dear Mrs. Novak:

Pursuant to the Commission's authority under Section 366.05(7), Florida Statutes, we are making a second request for supplemental information on each company's generation expansion plans. The information will be used to supplement each company's 2011 *Ten-Year Site Plan* filing.

Enclosed is staff's second supplemental data request. Please provide the information requested on the enclosed documents in hard copy or electronic format as specified and submit it no later than May 6, 2011. Please complete the data tables in Excel (.xls) format.

If you have any questions regarding this request, you may contact me at (850) 413-6626 (pellis@psc.state.fl.us) or Traci Matthews at (850) 413-6682 (tmatthews@psc.state.fl.us). Thank you for your assistance.

Sincerely,

Phillip Ellis

Division of Regulatory Analysis

Enclosure

cc: Office of the General Counsel (Murphy)
Office of the Commission Clerk (Cole)

## 2011 TEN YEAR SITE PLANS: SUPPLEMENTAL DATA REQUEST #2

Company	Name:				

## RENEWABLE GENERATION

1. Please provide a description of the costs associated with each existing and planned utility-owned renewable generation resource. Please also include each renewable resource which provides fuel to conventional facilities (co-firing), if applicable, with estimates of its capacity and energy contributions. As part of this response, please include a description of the unit's generator type, fuel type, installed cost (nominal \$), fixed operations & maintenance (O&M) cost, variable O&M cost, fuel cost (if applicable), and the annual levelized cost of electricity. Please complete the table below and provide an electronic copy in Excel (.xls file format) and hard copy.

**Utility-Owned Renewable Resources** 

Facility Unit Name Type	Fuel Installed Type Cost	Fixed Variat O&M O&M Cost Cost	T Fuel Cost	Levelized Cost of Electricity
	- \$/kW	\$/kW-yr \$/MW	h \$/MWh	\$/MWh

2. Please provide a description of the costs associated with each existing and planned renewable purchased power agreement. Please also include each renewable resource which provides fuel to conventional facilities (co-firing), if applicable, with estimates of its energy payments. As part of this response, please include a description of the unit's generator type, fuel type, annual capacity payments, annual energy payments, total annual payments to the facility, and the resulting levelized cost of electricity from the facility. Please complete the table below and provide an electronic copy in Excel (.xls file format) and hard copy.

Renewable Purchased Power Agreements

Unit Fuel Type Type	Capacity Payments	Energy Payments	Total Payments	Levelized Cost of Electricity
	\$1.0	\$	\$	\$/MWh

DOCUMENT NUMBER-DATE

3. Please provide, on a system-wide basis, the hourly system load for the period January 1, 2010, through December 31, 2010. Please complete the table below (expanding as necessary) and provide an electronic copy in Excel (.xls file format).

Month	Day	Hour	System Load (MW)			
1	1	1:00				
1	1	2:00				
1	1	3:00				
1	1	4:00				
1	1	5:00				
1	1	6:00				
1	1	7:00				
1	1	8:00				
i	1	9:00				
1	1	10:00				
1	1	11:00				
1	1	12:00				
1	1	13:00				
1	1	14:00				
1	1	15:00				
1	1	16:00				
1	1	17:00				
1	1	18:00				
1	1	19:00				
1	1	20:00				
1	1	21:00				
1	1	22:00				
1	1	23:00				
1	1	24:00				
Co	Continue until 12/31 @ 24:00					

4. Please identify which climate station from the list below would most accurately represent the company's service territory, as a whole, for the purposes of determining a typical meterological year. Alternatively, provide a data set for a typical meterological year in an appropriate electronic format (TMY2, TMY3, or EPW). The stations below are drawn from the National Solar Radiation Data Base. Other publically available databases can be utilized, so long as an electronic copy is provided.

USAF	Station Name	USAF	Station Name
722215	Crestview Bob Sikes AP	747946	NASA Shuttle Felty
722056	Daytona Beach Intl AP	<u>722055</u>	Ocala Muni (AWOS)
722039	Fort Lauderdale	<u>722053</u>	Orlando Executive AP
722025	Fort Lauderdale Hollywood Int	<u>722050</u>	Orlando Intl Arpt
722106	Fort Myers Page Field	<u>722057</u>	Orlando Sanford Airport
722146	Gainesville Regional AP	<u>722245</u>	Panama City Bay Co
722026	Homestead AFB	<u>722225</u>	Pensacola Forest Sherman NAS
722060	Jacksonville Intl Arpt	<u>722223</u>	Pensacola Regional AP
722065	Jacksonville NAS	<u>722115</u>	Sarasota Bradenton
722068	Jacksonville/Craig	<u>722108</u>	Southwest Florida I
722010	Key West Intl Arpt	<u>722103</u>	St Lucie Co Intl
722015	Key West NAS	<u>722104</u>	St Petersburg Albert Whitted
722119	Lakeland Linder Rgn	<u>722116</u>	St Petersburg Clear
747880	MacDill AFB	<u>722140</u>	Tallahassee Regional AP [ISIS]
722016	Marathon Airport	<u>722110</u>	Tampa International AP
722066	Mayport Ns	<u>747750</u>	Tyndall AFB
722040	Melbourne Regional AP	<u>722210</u>	Valparaiso Elgin AFB
722020	Miami Intl AP	<u>747770</u>	Valparaiso Hurlburt
722029	Miami/Kendall-Tamia	<u>722045</u>	Vero Beach Municipal Arpt
722024	Miami/Opa Locka	<u>722030</u>	West Palm Beach Intl Arpt
722038	Naples Municipal	<u>722226</u>	Whiting Field NAAS

Please provide, if available, the hourly output, for the period January 1, 2010, through December 31, 2010, for an existing solar photovoltaic system in the company's service territory. As part of the data response, please provide the array's DC rating, AC rating, Array Orientation (degrees from south), and whether it is a fixed or tracking array. If a fixed array, please provide the degree of tilt, specifying if the tilt is seasonally changed (if so, when, and by how much). If a tracking array, specify whether it is a one or two axis tracking system. Please also provide general information about the installation, including panel height, whether shading issues exist, or other notable factors which may influence the array's output. Please complete the table below (expanding as necessary) and provide an electronic copy in Excel (.xls file format).

Month	Day	Hour	AC Output (kWh)
1	1	1:00	
1	1	2:00	
1	1	3:00	
1	1	4:00	
1	1	5:00	
1	1	6:00	
1	1	7:00	
1	1	8:00	
1	1	9:00	
1	1	10:00	
1	1	11:00	
1	1	12:00	
1	1	13:00	
1	1	14:00	
1	1	15:00	
1	1	16:00	
1	1	17:00	
1	1	18:00	
1	1	19:00	
1	1	20:00	
1	1	21:00	
1	1	22:00	
1	1	23:00	
1	1	24:00	
Co	ontinue ı		@ 24:00