



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

April 27, 1998

Mr. Angel Sousa
Hotel Inter*Continental
100 Chopin Plaza
Miami, Florida 33131

Re: Facility No.: 0250956

Dear Mr. Sousa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 30, 1998.

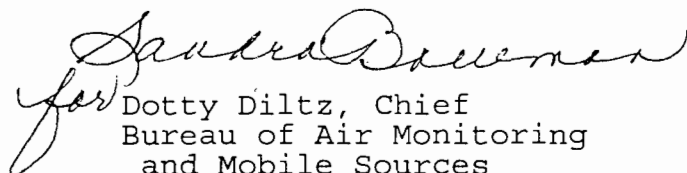
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED
MAR 20 1998

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	HOTEL INTER*CONTINENTAL MIAMI	Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number):	HOTEL INTER*CONTINENTAL MIAMI	
3. Hazardous Waste Generator Identification Number:	FLD152033247	
4. Facility Location: Street Address:	100 CHOPIN PLAZA	
City: MIAMI County: DADE Zip Code: 33131		
5. Facility Identification Number (DEP Use):	0250956	

RECEIVED
MAR 30 1998

Responsible Official

6. Name and Title of Responsible Official:	ANGEL SOUSA, CHIEF ENGINEER
7. Responsible Official Mailing Address: Organization/Firm:	HOTEL INTER*CONTINENTAL
Street Address:	100 CHOPIN PLAZA
City: MIAMI County: DADE Zip Code: 33131	
8. Responsible Official Telephone Number:	Telephone: (305) 372-4409 Fax: (305) 372-4790

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHANDANI BACCHUS, LAUNDRY MANAGER
10. Facility Contact Address: Street Address:	100 CHOPIN PLAZA
City: MIAMI County: DADE Zip Code: 33131	
11. Facility Contact Telephone Number:	Telephone: (305) 577-1000 EXT, 54 Fax: (305) 372-4790

0250956

p14

1(a) Add data control device
installed.

p16

Responsible Official sign and
date for changes

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	MAY 10, 1995							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- Existing small area source New small area source
- Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

3-18-97

Date



HOTEL
INTER-CONTINENTAL
MIAMI

RECEIVED
MAR 20 1998

Air Quality
Management Division

MARCH 18, 1998

TO: DEBBIE GRINER
DEPARTMENT OF ENVIRONMENTAL RESOURCE MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION

FAX: 372-6954

FROM: ANGEL SOUSA
CHIEF ENGINEER

TELEPHONE: 372-4409
FAX: 372-4790

Enclosed herewith is the Perchloroethylene Dry Cleaner Air General Permit Notification completed form.

If you have any further questions, please let me know.

Yours truly,

Angel Sousa
Chief Engineer

Bureau of Air Monitoring
& Mobile Sources

MAR 30 1998

RECEIVED



HOTEL
INTER-CONTINENTAL
MIAMI

December 23, 1999

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

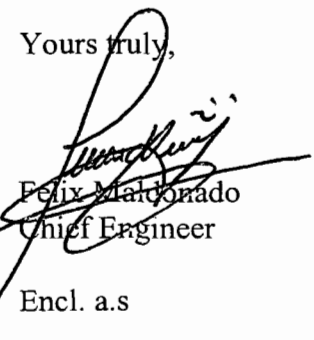
REF.: HOTEL INTER*CONTINENTAL MIAMI
TITLE V AIR GENERAL PERMIT

Dear Sir:

Please find enclosed Check #003003822, amount of \$50.00 does hereby apply to entitlement for the use of a Title V Air General Permit.

Should you have any further questions, please contact me.

Yours truly,


Felix Maldonado
Chief Engineer

Encl. a.s

RECEIVED
MAIL ROOM
DEC 29 99

RECEIVED

DEC - 4 2000

Bureau of Air Monitoring
& Mobile Sources



Inter*Continental Miami
100 CHOPIN PLAZA
MIAMI, FL 33131

INTER-CONTINENTAL®

HOTELS AND RESORTS

NET AMOUNT
*****\$50.00

0000000357

DEPARTMENT OF ENVIRONMENTAL

AS OF 12/21/1999

CHECK 003003822

VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
00006104	120899-TITLE V	12081999	50.00	.00	50.00
TITLE V AIR GRAL PERMIT/RM/WL					
TOTALS			50.00	.00	50.00

RECEIVED

DEC - 4 2000

Bureau of Air Monitoring
& Mobile Sources



HOTEL
INTER-CONTINENTAL
MIAMI

3755
2273

February 22, 2001

**DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

**REF.: HOTEL INTER*CONTINENTAL MIAMI
TITLE V AIR GENERAL PERMIT**

Dear Sir:

Please find enclosed Check #003014036, amount of \$50.00 does hereby apply for the annual operation of Title V Air General Permit.

Should you have any further questions, please contact me.

Yours truly,


Felix Maldonado
Chief Engineer

Encl. a.s

000008



Inter-Continental Miami
 THREE RAVINIA DRIVE, SUITE 290
 ATLANTA, GA 30346-2149

INTER-CONTINENTAL

HOTELS AND RESORTS

NET AMOUNT
 *****\$50.00

0000000357

DEPARTMENT OF ENVIRONMENTAL

AS OF 02/14/2001

CHECK 003014036

VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
00023243	TITLE V AIR G PE AIRS ID#0250956 /CERTIF OF USE	02132000	50.00	.00	50.00
TOTALS			50.00	.00	50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250956
HOTEL INTER*CONTINENTAL MIAMI
CHIEF ENGINEER
100 CHOPIN PLAZA
MIAMI FL 33131

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED 08/28/98
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250956 DATE: 09/28/98 TIME IN: 3:50pm TIME OUT: 4:50pm
FACILITY NAME: Chopin Plaza - Hotel Intercontinental Miami
FACILITY LOCATION: 100 Chopin Plaza
Miami FL 33131
RESPONSIBLE OFFICIAL: _____ PHONE: (305) 372-4406
CONTACT NAME: Chandani Bacchus PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

MB
ARMS
10/16/98

MB
9/30/98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
2. Examining the containers for leakage? Y N N/A
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

KRISTAL YIPON
Inspector's Name (Please Print)

09/28/98.
Date of Inspection

Kristal Yipon
Inspector's Signature

09/99.
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Gave the responsible official a copy of
the D.E.P. Calendar..

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:50 pm. TIME OUT: 4:50 pm. AIRS ID#: 0250956
 TYPE OF FACILITY: New small area source dry cleaner
 FACILITY NAME: Hotel Intercontinental Miami DATE: 09/28/98.
 FACILITY LOCATION: 100 Chopin Plaza
 Miami FL 33131
 RESPONSIBLE OFFICIAL: Chandani Bacchus. PHONE NUMBER: (305) 372-4406

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No problems observed.	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 09/99 (Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON (Please Print)

INSPECTOR'S SIGNATURE: Kristal Yipon PHONE NUMBER: (305) 372-6925

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Hotel Intercontinental Miami DATE: 09/28/98 FACILITY LOCATION: 100 Chopin Plaza Miami FL 33131

Annual Reporting Period: 9/28 1997 TO 9/28 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: CHANDANI BACCHUS e Bacchus 9-28-98

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

✓
PERCHLOROETHYLENE DRY CLEANERS
 TITLE V GENERAL PERMIT
 COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

MAR 1 1999

RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250956 DATE: 2/11/99 TIME IN: 1:00^{PM} TIME OUT: 2:45^{PM}
 FACILITY NAME: Hotel Intercontinental Miami
 FACILITY LOCATION: 100 Chopin Plaza
Miami, FL. 33131
 RESPONSIBLE OFFICIAL: Angel Sousa PHONE: (305) 372-4406
 CONTACT NAME: Chendani Bacchus PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

No notification form

Drop store/out of business/petroleum

A.

- | | |
|--|---|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
|--|---|

- | | |
|--|--|
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
|--|--|

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 124 gallons.

AMS
~~AMS~~
 3/4/99

MB
 3/4/99

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

LEO SMART
Inspector's Name (Please Print)

Feb. 11, 1999
Date of Inspection

[Signature]
Inspector's Signature

Feb. 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mr. Angel Sousa R.O. is no longer
R.O. of Hotel Intercontinental The New
Responsible official (R.O.) is Federico Zickbauer

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:00 pm TIME OUT: 2:45 PM AIRS ID#: 0250956
 TYPE OF FACILITY: Dry Cleaner (Perchloroethylene)
 FACILITY NAME: Hotel Intercontinental Miami DATE: Feb. 16, 1999
 FACILITY LOCATION: 100 Chopin Plaza
 RESPONSIBLE OFFICIAL: Angel Sousa PHONE NUMBER: (305) 372-4406

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: AT the end of the cycle after the low speed cool down, you should check temperature not to exceed 45°F.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 2 / 2000 (Approximate)

INSPECTION CONDUCTED BY: LEO SMART (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: (305) 372-6922

AIRS ID#: 0250956

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Hotel Intercontinental Miami DATE: 2/11/99
 FACILITY LOCATION: 100 Chopin Plaza

Annual Reporting Period: Feb. 1998 TO Feb. 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Federico Zidebauer [Signature] 2/11/99
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955
 RESOURCES MANAGEMENT (DERM)
 AIR QUALITY MANAGEMENT DIVISION
 33 S.W. SECOND AVENUE, SUITE 900
 MIAMI, FLORIDA 33120-1540

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓
RECEIVED
 MAR 13 2000
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250956 DATE: 2/16/00 TIME IN: 3:15 TIME OUT: 2:50
 FACILITY NAME: Hotel Intercontinental
 FACILITY LOCATION: 100 Chopin Plaza
 Miami, FL
 RESPONSIBLE OFFICIAL: Frederico Zickbauer PHONE: 305-372-4406
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number 4 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 204 gallons.

ARMS
2/22/00
[Signature]

[Signature]
3/1/00

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Ivan Fannin

Inspector's Name (Please Print)

2/16/00

Date of Inspection

Ivan Fannin

Inspector's Signature

2/01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Good Housekeeping / Record Keeping

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:15 TIME OUT: 3:50 AIRS ID#: 0250956

TYPE OF FACILITY: Peric Dry Cleaner

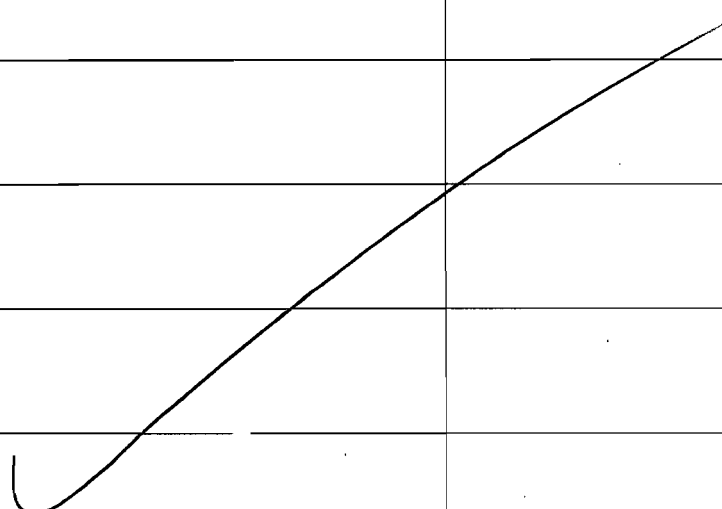
FACILITY NAME: Hotel Intercontinental DATE: 2/16/00

FACILITY LOCATION: 100 Chopin Plaza

Miami, FL

RESPONSIBLE OFFICIAL: Frederico Zickbauer PHONE NUMBER: 305-372-4406

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	

COMMENTS: Good Housekeeping / Recordkeeping

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 2/01
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-372-6925

Acc

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>Hotel Intercontinental</u>	RECEIVED DATE: <u>2/18/00</u>
FACILITY LOCATION: <u>100 Chopin Place</u> <u>Miami, FL</u>	
	FEB 25 2000 Air Quality Management Division

Annual Reporting Period: Feb 1999 TO Feb 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Federico Zickbauer [Signature] 2/18/00
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AVAILABLE COPY

305 372-6954

RECEIVED
Change

OCT - 5 2001

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 25 2001

Part III. Notification of Intent to Use General Permit

Air Quality

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Management Division

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SIX CONTINENTS		
2. Site Name (For example, plant name or number):	HOTEL INTERCONTINENTAL		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	100 CHOPIN PLAZA		
Street Address:			
City:	MIAMI	County:	FL. Zip Code: 33131
5. Facility Identification Number (Use ONLY if not filling in):			

0250956 - 001

Responsible Official

6. Name and Title of Responsible Official:	Name: FELIX HALDONADO Title: CHIEF ENGINEER		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 100 CHOPIN - City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (305) 372-4409 Fax: (305) 372-4790		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHANDANI BACCHUS, LAUNDRY MANAGER		
10. Facility Contact Address:	Street Address: 100 CHOPIN PLAZA City: MIAMI County: DADE Zip Code: 33131		
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

BEST AVAILABLE COPY

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>5/10/95</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>5/10/95</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

200 gallons (You must fill this in)

(b) If less than 12 months, how many? [_____] months

Check why it is less than 12 months: New owner: [_____] Did not keep records: [_____]

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

DEP Form No. 62-213-900(2)
Effective: 2/24/99

15

(c) Carbon adsorber/condenser perc concentration monitoring [_____]

(e) Startup, shutdown, malfunction plan [X]

DEP Form No. 62-213-900(2)
Effective: 2/24/99

16

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
 - Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
 - Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? [4]

For each boiler, indicate its horsepower (HP) rating: [100] [100] [200] 200

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

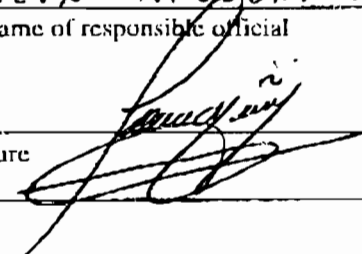
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

FELIX MALDONADO
Print name of responsible official


Signature

08/15/01
Date

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4125 7655

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0250956

HOTEL INTER*CONTINENTAL MIAMI
 CHIEF ENGINEER
 100 CHOPIN PLAZA
 MIAMI FL 33131

See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250956

HOTEL INTER*CONTINENTAL MIAMI
 CHIEF ENGINEER
 100 CHOPIN PLAZA
 MIAMI FL 33131

A. Received by (Please Print Clearly) J. LEWIS B. Date of Delivery 2001 JUN 6

C. Signature [Signature]

Agent
 Addressee

D. Is delivery address different from (see label)? Yes
 No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4125 7655

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 7825 6645

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total

AIRS ID # 0250956

Recip: HOTEL INTER*CONTINENTAL MIAMI
Street: CHIEF ENGINEER
City: 100 CHOPIN PLAZA
MIAMI FL 33131



HOTEL
INTER-CONTINENTAL
MIAMI

100 CHOPIN PLAZA-MIAMI, FL 33131

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/07/98	120798	192598 ANNUAL OPERATION FEE/TITLE V AIR GRL PER	50.00



HOTEL
INTER-CONTINENTAL
MIAMI

SUPPLIER # 1 CHECK #2029853 FOR 1 INVOICE(S) 50.00
SETTLEMENT REFERENCE NUMBER

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355010

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

DEC 22 98

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

DEC 29 1998

Do NOT Remove Label

AIRS ID # 0250956
HOTEL INTER*CONTINENTAL MIAMI
ANGEL SOUSA CHIEF ENGINEER
100 CHOPIN PLAZA
MIAMI FL 33131

RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



INTER-CONTINENTAL
HOTELS AND RESORTS

Best Available Copy

Inter-Continental Miami
THREE RAVINIA DRIVE
SUITE 2900
ATLANTA, GA 30346-2149

NET AMOUNT
*****\$50.00

0000000357

DEPARTMENT OF ENVIRONMENTAL

AS OF 12/19/2001

CHECK 003020454

VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
00033552	TITLE RENEWAL	12182001	50.00	.00	50.00
	TITLE V AIR GENERAL PERMITS				
TOTALS			50.00	.00	50.00

100671 (6/97)



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

412545 JAN 2 2002

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250956
 SIX CONTINENTS
 FELIX HALDONADO
 100 CHOPIN PLAZA
 MIAMI FL
 33131

FOR GOVERNMENT USE ONLY
 Org.: 3755010100 PO: A1
 Fund: 20-2-035001
 Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

JAN - 4 2002

RECEIVED



HOTEL
INTER-CONTINENTAL
MIAMI

December 20, 2002

**DEPARTMENT OF ENVIRONMENTAL
PROTECTION**

Title V Air General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

REF.: HOTEL INTER*CONTINENTAL MIAMI

Dear Sir:

Please find enclosed Check #003020454, amount of \$50.00, for payment of an annual operation fee.

Should you have any further questions, please contact me.

Yours truly


Felix Maldonado
Chief Engineer

Encl. a.s

000063



Inter-Continental Miami
PROCURE TO PAY
11580 GREAT OAKS WAY
ALPHARETTA, GA 30022

NET AMOUNT
*****\$50.00

SIX CONTINENTS

6201000357

DEPARTMENT OF ENVIRONMENTAL

AS OF 12/11/2002

CHECK 000955175

VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
00045331	ANNUAL 12/10/02 ANNUAL OPERATIN FEE 12/02	12102002	50.00	.00	50.00
TOTALS			50.00	.00	50.00

100671 (01/02)



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420815 DEC 18 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0250956

SIX CONTINENTS
FELIX HALDONADO
100 CHOPIN PLAZA
MIAMI FL
33131

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
DEC 20 2002

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



HOTEL
INTER-CONTINENTAL
MIAMI

RECEIVED
DEC 20 2002
Bureau of Air Monitoring
& Mobile Sources

December 16, 2002

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Title V Air General Permits Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

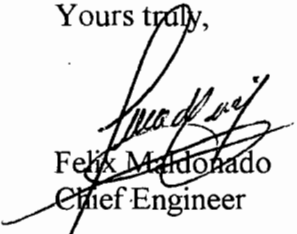
REF.: HOTEL INTER*CONTINENTAL MIAMI
HOLDER OF TITLE V AIR GENERAL PERMIT

Dear Sir:

Please find enclosed Check #000955175, amount of \$50.00 does hereby apply for the annual operation fee renewal.

Should you have any further questions, please contact me.

Yours truly,


Felix Maldonado
Chief Engineer

Encl. a.s

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390204

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00 RECEIVED

Do NOT Remove Label

AIRS ID # 0250956
HOTEL INTER*CONTINENTAL MIAMI
CHIEF ENGINEER
100 CHOPIN PLAZA
MIAMI FL 33131

DEC - 4 2000
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT PURPOSES
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273
RECEIVED
MAIL ROOM

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 1453 1880

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
03
 Postmark Here

Total Postage 10 AIRS ID # 0250963001AG
 Name (Please Print) CARLOS ORTIZ
 Street, Apt. No.; BRICKELL BAY ASSOCIATES INC
 11660 SW 88 STREET
 City, State, ZIP+ MIAMI FL 33176

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

 10 AIRS ID # 0250963001AG
 CARLOS ORTIZ
 BRICKELL BAY ASSOCIATES INC
 11660 SW 88 STREET
 MIAMI FL 33176

7099 3400 0000 1453 1880

2 Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
6/9/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 15510
2600 BLAIN STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 11 2003

RECEIVED

32399-2400



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 3347

Postage	\$	<i>03</i> <i>Received</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post 10 AIRS ID# 0250956001AG
 SIX CONTINENTS
 Sent To FELIX HALDONADO
 Street, Apt. 100 CHOPIN PLAZA
 or PO Box 1 MIAMI FL 33131
 City, State,

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

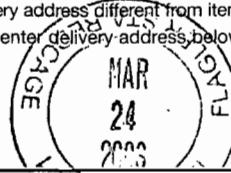
10 AIRS ID# 0250956001AG
 SIX CONTINENTS
 FELIX HALDONADO
 100 CHOPIN PLAZA
 MIAMI FL 33131

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 John Lewis Addressee

B. Received by (Printed Name) *John Lewis* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

7001 0320 0001 7976 3347

Restricted Delivery? (Extra Fee) Yes

2 Article Number
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

MAR 27 2003

RECEIVED

