

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

January 16, 2001

Mr. Joel Paige  
Doral Golf Resort  
and Spa Laundry Facility  
4400 Northwest 87 Avenue  
Miami, Florida 33178

Re: Facility No.: 0251089-001

Dear Mr. Paige:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 27, 2000.

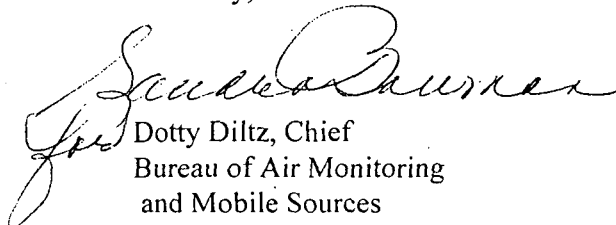
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0251089-001

p15

1.(a) "New" should be circled under  
status

RECEIVED  
DEC 14 2000

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

NOV 27 2000

Part III. Notification of Intent to Use General Permit

Air Quality  
Management Division

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KSL Hotel Corp., d.b.a. Doral Golf Resort and Spa
2. Site Name (For example, plant name or number):	Doral Golf Resort and Spa Laundry Facility
3. Hazardous Waste Generator Identification Number:	FLD 981029200
4. Facility Location: Street Address: City: Miami County: Miami-Dade Zip Code: 33178	4400 NW 87th Ave.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0051089-001

Responsible Official

6. Name and Title of Responsible Official: Name: Joel Paige Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Doral Golf Resort and Spa Street Address: 4400 NW 87th Ave. City: Miami County: Miami-Dade Zip Code: 33178	4400 NW 87th Ave.
8. Responsible Official Telephone Number: Telephone: (305) 392-4941 Fax: (305) 591-6692	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Gilbert Raxach,
10. Facility Contact Address: Street Address: City: Miami County: Miami-Dade Zip Code: 33178	8930 NW 58th Street
11. Facility Contact Telephone Number: Telephone: (305) 591-2296 Fax: ( )	

**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")
1993	Existing/New	RC/CA/None required	SAME
_____	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? [ N/A ]

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?

Approx. [ 60 ] 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 \_\_\_\_\_)

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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at 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 (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?  1

For each boiler, indicate its horsepower (HP) rating: 60

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:

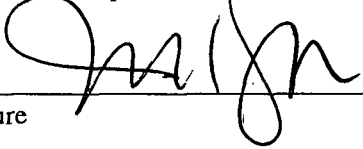
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Joel Paige  
Print name of responsible official

  
Signature

11-21-2000  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

DEPOSITED

ARMS ✓  
EXCELL ✓ 01/04/07

I V E L

TOTAL AMOUNT DUE: \$50.00

JAN 05 2007

Do NOT Remove Label  
& Mobile Sources

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

AIRS ID# 251089  
KSL HOTEL CORP  
4400 NW 87th Avenue  
MIAMI, FLORIDA 33178

RECEIVED  
JAN 03 2007  
Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

CK # 04003176

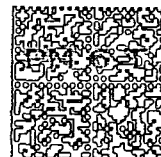


**DORAL**  
GOLF RESORT AND SPA

0440  
Accounting

MIAMI FL 331

29 DEC 2006



UNITED STATES  
02 1A \$ 00.39<sup>0</sup>  
0004377038 DEC 28 2006  
MAILED FROM ZIP CODE 33178

Department of Environmental Protection  
Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, FL 32399-2400

To  
F&A  
MS 77

32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 457289 DEC27 2005

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

251089 10  
DORAL GOLF RESORT AND SPA  
4400 NW 87th Avenue  
MIAMI, FL 33178

Bureau of Air Monitoring  
& Mobile Sources

DEC 29 2005

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

0480.725001

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 251089 10  
DORAL GOLF RESORT AND SPA  
4400 NW 87th Avenue  
MIAMI, FL 33178

**FOR GOVERNMENT USE ONLY**  
**ORG.: 37550101000 EO: A1**  
**FUND: 20-2-035001**  
**OBJECT: 002273**

STORAGE TANK  
REGULATION

095 SEP 29 PM 2:20

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D.E.P.

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

**Sent To** AIRS ID#0251089.....2<sup>nd</sup> Cert 05  
DORAL GOLF RESORT AND SPA  
**Street, Apt. No., or PO Box No.** 4400 NW 87th Avenue  
**City, State, ZIP+4** MIAMI, FL 33178

PS Form 3800, June 2004

7004 2510 0002 3939 4636

**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:**

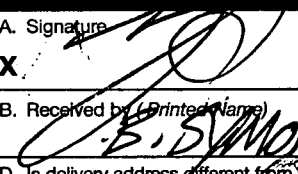
AIRS ID#0251089.....2<sup>nd</sup> Cert 05  
DORAL GOLF RESORT AND SPA  
4400 NW 87th Avenue  
MIAMI, FL 33178

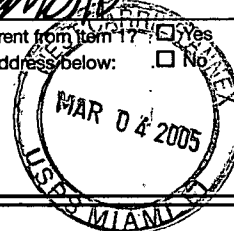
**2. Article Number**

*(Transfer from service)*

7004 2510 0002 3939 4636

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature**   Agent  
 Addressee
- B. Received by (Printed Name)** **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.

**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 •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

MAR 17 2005  
U.S. DEPT. OF AIR MONITORING & MOBILE SOURCES

ENVEL

32399+2400



Ans I.D. 0251889

448407 MAR 4 2005

MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING		
000079/45	FLORIDA DEPARTMENT OF ENVIRONMENTAL	02/28/2005	02033618	RE		
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
251089 251089	12 06 2004	50.00	.00	50.00	33725	DORAL GOLF RESORT SP
<b>TOTALS:</b>		50.00	.00	50.00		

RECEIVED  
MAR 7 2005  
MARRIOTT BUSINESS SERVICES  
AT MONTGOMERY



Marriott International, Inc  
Marriott Business Services  
1965 Marriott Drive  
Louisville, TN 37777

Accounts Payable Account  
Marriott Business Services  
(865) 980-4353

Citibank Delaware  
A subsidiary of Citicorp  
One Penn's Way  
New Castle, DE 19720

CHECK# 02033618

FIFTY AND NO/100 DOLLARS \*\*\*\*\*

CHECK DATE  
02/28/2005

EXACTLY \*\*\*\*\*50.00  
VOID AFTER 6 MONTHS PAST DATE OF ISSUE

PAY TO THE  
ORDER OF

FLORIDA DEPARTMENT OF ENVIRONMENTAL  
PROTECTION  
PO BOX 3070  
TALLAHASSEE FL 32315-3070

Marriott International, Inc.  
and affiliated companies

*Cardyn B. Handlon*

Authorized Representative

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here
AIRS ID# 251089 1stC Sent To DORAL GOLF RESORT AND SPA Street, Apt. No., or PO Box No. 4400 NW 87th Avenue City, State, ZIP+ MIAMI, FL 33178	
PS Form 3800, June 2002 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:

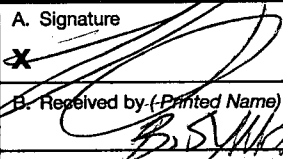
 AIRS ID# 251089 1stC  
 DORAL GOLF RESORT AND SPA  
 4400 NW 87th Avenue  
 MIAMI, FL 33178

 2. Article Number  
*(Transfer from service label)*

7004 2510 0002 3939 0645

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X 

 B. Received by *(Printed Name)*

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

 Agent's  
 Addressee

C. Date of Delivery

FEB 04 2005

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUREAU OF AIR MONITORING  
& MOBILE SOURCES  
RECEIVED  
FEB 11 2005





**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

435175 JAN122004

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

251089

~~XXXXXXXXXX~~  
DORAL GOLF RESORT AND SPA  
4400 NW 87TH AVENUE  
MIAMI FL 33178

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A-5  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
JAN 15 2004  
Bureau of Air Monitoring  
& Mobile SMI



BEST AVAILABLE COPY

THIS PORTION MUST BE PAID BY REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0251089  
DORAL GOLF RESORT AND SPA  
JOEL PAGE  
4400 NW 87TH AVENUE  
MIAMI FL 33178

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

*\*anbo*  
*refund*  
*paid 1/17/03*

427879 APR 14 2003  
Bureau of Air Force  
& Mobile Forces

RECEIVED  
APR 14 2003

*DDH A23057*

**KSL HOTEL CORPORATION****0066143**

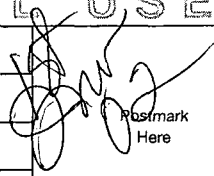
TITLEVAI0001

Title V Air General Points

98060657

3/31/2003

Description	Your Invoice Number	Invoice Date	Amount Paid	Discount	Net Amount
TitleVAirGeneralPermitRenFee	030318	3/18/2003	\$50.00	\$0.00	\$50.00
			\$50.00	\$0.00	\$50.00

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	Postmark Here
AIRS ID#0251089	
Sent To:	DORAL GOLF RESORT AND SPA
Street, or PO	JOEL PAGE
City, S	4400 NW 87TH AVENUE
	MIAMI FL 33178
PS Form 3811, July 1999 See reverse for instructions	

7001 0320 0001 7975 6202

**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.
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1. Article Addressed to:

AIRS ID#0251089  
DORAL GOLF RESORT AND SPA  
JOEL PAGE  
4400 NW 87TH AVENUE  
MIAMI FL 33178

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

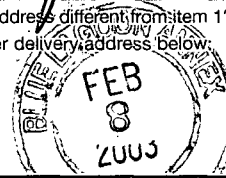
C. Signature



- Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below.

- Yes  
 No



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)

7001 0320 0001 7975 6202

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 •

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Branch of Air Monitoring  
on Mobile Sources

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

423059 FEB 17 2003

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  
FEB 19 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0251089  
DORAL GOLF RESORT AND SPA  
JOEL PAGE  
4400 NW 87TH AVENUE  
MIAMI FL  
33178

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412633 JAN 7 2002 X

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 # 0251089  
DORAL GOLF RESORT AND SPA  
JOEL PAGE  
4400 NW 87TH AVENUE  
MIAMI FL 33178

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

**KSL HOTEL CORPORATION****0054536**

4006055

Florida Dpt. Of Enviromental 98048229

12/20/01

Description	Your Invoice Number	Invoice Date	Amount Paid	Discount	Net Amount
PermitForTitleVAir	011217	12/17/01	\$50.00	\$0.00	\$50.00
			\$50.00	\$0.00	\$50.00