

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 9, 2001

Mr. John Cottrill
Ritz-Carlton Key Biscayne
455 Grand Bay Drive
Key Biscayne, Florida 33149

Re: Facility No.: 0251101-001

Dear Mr. Cottrill:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 6, 2001.

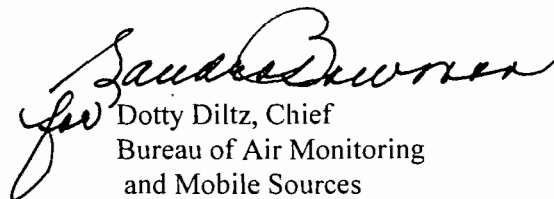
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

6/21/01 Called LM

0251101-001

P15

(a) add date Control Device Installed.
If same as purchase date add "Same".

RECEIVED

JUN 06 2001

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 01 2001

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

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): | RITZ-CARLTON Key BISCAYNE |
| 2. Site Name (For example, plant name or number): | The Ritz-Carlton Key Biscayne. |
| 3. Hazardous Waste Generator Identification Number: | |
| 4. Facility Location: Street Address: 455 Grand Bay Drive. City: Key Biscayne County: DADE Zip Code: 33149 | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 025/101-001 |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: JOHN W. COTTRILL Title: General Manager |
| 7. Responsible Official Mailing Address: Organization/Firm: RITZ-CARLTON Key BISCAYNE Street Address: 455 GRAND BAY DRIVE City: KEY BISCAYNE County: DADE Zip Code: 33149 |
| 8. Responsible Official Telephone Number: Telephone: (305) 365-4162 Fax: () |

Facility Contact (If different from Responsible Official)

| |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager): WILLIAM J. MASON Laundry Manager |
| 10. Facility Contact Address: Street Address: 455 GRAND BAY DRIVE City: KEY BISCAYNE County: DADE Zip Code: 33149 |
| 11. Facility Contact Telephone Number: Telephone: (305) 305-4162 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") |
|--|---|--|---|
| <u>10-2000</u> | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC/CA <input checked="" type="radio"/> None required <input type="radio"/> | <u> </u> |
| <u> </u> | Existing/New | RC/CA/None required | <u> </u> |
| <u> </u> | Existing/New | RC/CA/None required | <u> </u> |

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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") |
|--|---|--|---|
| <u> </u> | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC/CA <input checked="" type="radio"/> None required <input type="radio"/> | <u> </u> |
| <u> </u> | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC/CA <input checked="" type="radio"/> None required <input type="radio"/> | <u> </u> |
| <u> </u> | Existing/New | RC/CA/None required | <u> </u> |

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

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

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 0 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 May 31, 2001)

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 checked="" 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 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?

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

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.

John Cottrill
Print name of responsible official

[Signature]
Signature

May 18 / 01
Date

RECEIVED

AUG 8 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 30 2003

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

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): | The Ritz Carlton Key Biscayne | | |
| 2. Site Name (For example, plant name or number): | Key Biscayne. | | |
| 3. Hazardous Waste Generator Identification Number: | | | |
| 4. Facility Location: | 455 Grand Bay Dr. | | |
| Street Address: | | | |
| City: | Key Biscayne | County: | Dade |
| | | Zip Code: | 33149 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0251101-001 | | |

Responsible Official

| | | | |
|--|---|-----------|-------|
| 6. Name and Title of Responsible Official: | Name: Sergio Rueda Peña Title: Asst. Director of EWS. | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: | | |
| Street Address: | 455 Grand Bay Dr. | | |
| City: | Key Biscayne | County: | Dade |
| | | Zip Code: | 33149 |
| 8. Responsible Official Telephone Number: | Telephone: (305) 365 4161 Fax: (305) 365-4162 | | |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Mauricio Camacho | | |
| 10. Facility Contact Address: | Street Address: 455 Grand Bay Dr. | | |
| City: | Key Biscayne | County: | Dade |
| | | Zip Code: | 33149 |
| 11. Facility Contact Telephone Number: | Telephone: (305) 365 4131 Fax: (305) 365 4507 | | |

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") |
|--|---------------------|---------------------------------------|---|
| 10/2000 | Existing <u>New</u> | 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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

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 <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing <u>New</u> | 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?

[120] 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 10/31/2001)

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?

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

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.

Segisfredo Peña
Print name of responsible official

[Signature]
Signature

7/30/03
Date

file SB
8/12/2003

14426
AMOUNT PAID
50.00

INV DATE 12/08/03
INVOICE

REFERENCE
TITLE V AIR GENERAL PERMITS

INV AMOUNT
50.00

U

434574 DEC22 2003

AMS ID 0251101
3755-802273

X

Payee: DEPT. OF ENVIRONMENTAL PROTECTION

Net Amount this check 50.00
Our Account:

DETACH AND RETAIN THIS STATEMENT - THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE, IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

THE RITZ-CARLTON HOTEL COMPANY, L.L.C. - d/b/a
The Ritz-Carlton, Key Biscayne
Operating Account
455 Grand Bay Drive
Key Biscayne, FL 33149

MELLON UNITED NATIONAL BANK
MIAMI, FL 33166

14426

DATE

CHECK NO.

VOID AFTER 6 MONTHS
AMOUNT

12/18/03

014426

50.00

PAY

FIFTY AND 00/100 US DOLLARS

TO THE
ORDER
OF

DEPT. OF ENVIRONMENTAL PROTECTION
TITLE V AIR GENERAL PERMITS
RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL. 32315-3070

[Signature]

[Signature]

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT ANGLE TO VIEW

12/18/03
DEPT. OF ENVIRONMENTAL PROTECTION
TITLE V AIR GENERAL PERMITS
RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL. 32315-3070

Vertical barcode-like markings on the left edge.

5510

5521

MS#

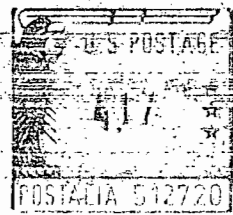
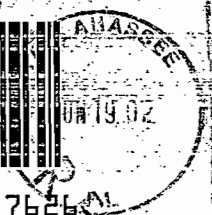
MC Acct #

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7000 0520 0020 9372 7626

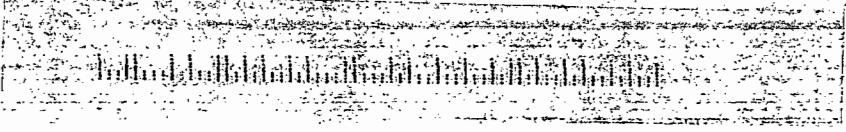


AIRS ID# 0251102
PRO-QUALITY CLEANERS
DINO CAMPANA
14912 SW 104 STREET
MIAMI FL 33196

RECEIVED
JUL 05 2002
Bureau of Air, Noise & Mobile Sources

15A
965

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+1
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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# 0251102
 PRO-QUALITY CLEANERS
 DINO CAMPANA
 14912 SW 104 STREET
 MIAMI FL 33196

2. Article Number (Copy from service label)

70000520002093727626

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

7000 0520 0020 9372 7626

Mailed 6/19/2002

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

Postmark
Here

PRO-QUALITY CLEANERS
 AIRS # 0251102
 14912 SW 104 STREET
 MIAMI FL 33196

PS Form 3800 February 2000

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION **THIS SECTION ON DELIVERY**

| | |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Received by (Please Print Clearly) <u>M. Rayo</u> B. Date of Delivery <u>3/9/02</u></p> <p>C. Signature <u>x Maria Rayo</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251101</p> <p>RITZ-CARLTON KEY BISCAAYNE JOHN COTTRILL 455 GRAND BAY DRIVE KEY BISCAAYNE FL 33149</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

7001 0320 0001 7976 0674

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL USE

| | | | | | | | | | | | | | | | | |
|--|---------|----|--|---------------|--|--|--|--|--|---|--|--|----------------------|--|----|------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 20%;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total Postage & Fees</td> <td>\$</td> </tr> </table> | Postage | \$ | | Certified Fee | | | Return Receipt Fee (Endorsement Required) | | | Restricted Delivery Fee (Endorsement Required) | | | Total Postage & Fees | | \$ | Postmark Here |
| Postage | \$ | | | | | | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | | | | | | |
| Total Postage & Fees | | \$ | | | | | | | | | | | | | | |

AIRS ID # 0251101

Ser RITZ-CARLTON KEY BISCAAYNE
 Str JOHN COTTRILL
 or 455 GRAND BAY DRIVE
 Cit KEY BISCAAYNE FL
 33149

PS Instructions

7001 0320 0001 7976 0674

| U.S. Postal Service | |
|--|---------------|
| CERTIFIED MAIL RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Provided) | |
| <div style="float: left; width: 150px; text-align: right;"> 7000 0600 0026 4128 8314 </div> <div style="float: right; width: 150px; text-align: left;"> AIRS ID # 0251101 </div> | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | |
| RITZ-CARLTON KEY BISCAIYNE JOHN COTTRILL 455 GRAND BAY DRIVE KEY BISCAIYNE FL 33149 | |
| Click here for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | |
|--|---|---------------------------------------|---------------------|------------|--------|--------------|--|--|--|--|--|--|--|---|--|
| <ul style="list-style-type: none"> 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. | <table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>Mike HORBA</td> <td>2/9/02</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> <i>Michael Horba</i> </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table> | A. Received by (Please Print Clearly) | B. Date of Delivery | Mike HORBA | 2/9/02 | C. Signature | | <input checked="" type="checkbox"/> <i>Michael Horba</i> | | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | D. Is delivery address different from item 1? <input type="checkbox"/> Yes | | If YES, enter delivery address below: <input type="checkbox"/> No | |
| A. Received by (Please Print Clearly) | B. Date of Delivery | | | | | | | | | | | | | | |
| Mike HORBA | 2/9/02 | | | | | | | | | | | | | | |
| C. Signature | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> <i>Michael Horba</i> | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | | | | | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | | | | | | | | | | | | | | | |
| If YES, enter delivery address below: <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| 1. Article Addressed to: <div style="text-align: right;">AIRS ID # 0251101</div> RITZ-CARLTON KEY BISCAIYNE JOHN COTTRILL 455 GRAND BAY DRIVE KEY BISCAIYNE FL 33149 | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | | | | | | | | | | | | | |
| 2. Article Number (Copy from service label) 7000 0600 0026 4128 8314 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | | | | | | | | | | | | | |

UNITED STATES POSTAL SERVICE



First-Class Mail
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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2002

RECEIVED



THE RITZ-CARLTON HOTEL COMPANY, L.L.C. - d/b/a - THE RITZ CARLTON, KEY BISCAYNE - 455 GRAND BAY DRIVE - KEY BISCAYNE, FL 33149

4288

| <u>INV DATE</u> | <u>INVOICE</u> | <u>REFERENCE</u> | <u>INV AMOUNT</u> | <u>AMOUNT PAID</u> |
|-----------------|----------------|------------------|-------------------|--------------------|
| 03/13/02 | CKREQ031302 | AIRS ID# 0251101 | 50.00 | 50.00 |

Payee: DEPT OF ENVIRONMENTAL PROTECTION

Net Amount this Check 50.00
Our Account:

DETACH AND RETAIN THIS STATEMENT. THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE. IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY.

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415437 MAR27 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 # 0251101
RITZ-CARLTON KEY BISCAYNE
JOHN COTTRILL
455 GRAND BAY DRIVE
KEY BISCAYNE FL
33149

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



Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

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

(CUT HERE)

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 251101 10
RITZ-CARLTON KEY BISCAYNE
455 Grand Bay Drive
KEY BISCAYNE, FL 33149

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JAN 20 2005
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