

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 21, 2005

Mr. Tom Sperandeo
The Ritz Carlton South Beach
One Lincoln Road
Miami Beach, Florida 33139

Re: Facility No.: 0251208-001

Dear Mr. Tom Sperandeo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 4, 2005.

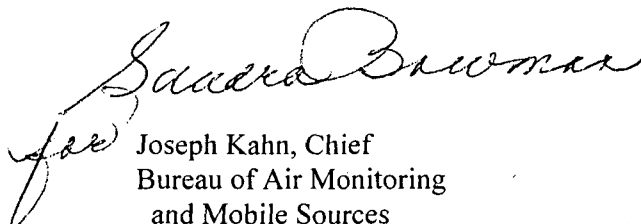
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES

NO ACTIVITY FOR FACILITY.....

SCC REPORTS

COMP. STATUS -- SNC MNC IN

- TWS.P.
Compliance Insp
Walkthrough

RECEIVED

RECEIVED

OCT 31 2005

NOV 04 2005

Air Quality Management Division
PERCHLOROETHYLENE DRY CLEANER
& Mobile Sources
AIR GENERAL PERMIT NOTIFICATION FORM

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 SOUTH BEACH		
2. Site Name (For example, plant name or number):	The RITZ CARLTON SOUTH BEACH		
3. Hazardous Waste Generator Identification Number:	UNKNOWN		
4. Facility Location:	1 LINCOLN RD		
Street Address:	MIAMI BEACH		
City:	County:	Zip Code:	
	DADE	33139	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251208-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: TOM SPERANDEU Title: DIRECTOR OF ENGINEERING		
7. Responsible Official Mailing Address:	Organization/Firm: 1 LINCOLN RD HW		
Street Address:	MIAMI BEACH		
City:	County:	Zip Code:	
	DADE	33139	
8. Responsible Official Telephone Number:	Telephone: (305) 970-8744 Fax: (786) 276-1009		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address:	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

7BDO7861

DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF THE ATTORNEY GENERAL
100 WATER STREET
ALBANY, NEW YORK 12242-1200
TEL: 518/474-2900
FAX: 518/474-2901

100-8021220

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")
12/11/2003	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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? []

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?

[115.8] 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: 150

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.

Tom Sperandio CEO
Print name of responsible official


Signature

10/17/05
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

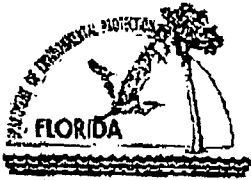
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Department of Environmental Protection

Charlie Crist
Governor

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

Michael W. Sole
Secretary - Designee

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

VID#0000041891

LOC# DEPTF

0410.691003

(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#251208
THE RITZ CARLTON
1 Lincoln Rd
MIAMI BEACH, FLORIDA 33139

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

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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
 One Penn's Way
 New Castle, DE

CHECK# 04187631

0000041891
 FIFTY AND NO/100 DOLLARS *****

CHECK DATE
 03/06/2007

EXACTLY *****
 VOID AFTER 6 MONTHS PAST

PAY TO THE
 ORDER OF

DEPT OF ENVIRONMENTAL PROTECTION
 RECEIPTS SECTION
 PO BOX 3070
 TALLAHASSEE FL 32315

Marriott International
 and affiliated companies

Cardy B. He
 Authorized Representative

Stephanie AP



MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT DETACH BEFORE DEPOSITING

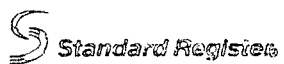
Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME			CHECK DATE	CHECK NO.	HANDLING
0000041891	DEPT OF ENVIRONMENTAL PROTECTION			03/06/2007	04187631	RE
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
02012007	02 01 2007	50.00	.00	50.00	73R50	MIAMI SOUTH BEACH RI
TOTALS:		50.00	.00	50.00		

*will fax inv.
3/19*

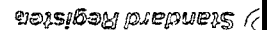
Ⓟ

SECURE



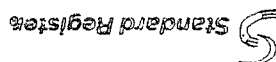
SECURE

SECURE



CURE

SECURE



SECURE



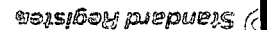
SECURE

SECURE



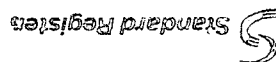
SECURE

SECURE



CURE

SECURE

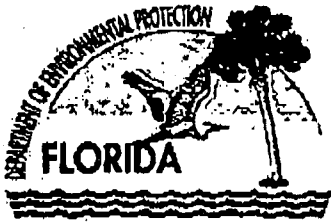


SECURE



SECURE

7112360



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

February 1, 2007

SECOND NOTICE OF ANNUAL OPERATION FEE

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for the calendar year 2006. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

/SV

Enclosure: Invoice Form

"More Protection, Less Process"
www.dep.state.fl.us



BUSINESS SERVICES

NORTH AMERICAN SHARED SERVICE CENTER

1965 Marriott Drive • Louisville • TN • 37777
(865) 980-4353 • Fax (240) 215-2040

FAX TRANSMITTAL SHEET

DATE: 3/19/2007

TO: ANN SULLVION

FAX #: 850-245-2464

COMPANY: _____

FROM: STEPHANIE

PHONE #: _____

SUBJECT: BACK UP INFO FOR CK#
04187631

Number of pages including cover sheet: 3

NOTES:
Thank You And Have A Great Day!!!

CONTACT SENDER REGARDING ANY PROBLEMS WITH TRANSMISSION OF THIS FAX.

MARRIOTT INTERNATIONAL, INC.

ID# 251208

459100 FEB 21 2006

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING		
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS	02/14/2006	03066662	RE		
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
210082	01 01 2006	50.00	.00	50.00	73R05	NAPLES RITZ CARLTON
TOTALS:		50.00	.00	50.00		

Refund pd 2/28



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

#0251208

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

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

0000108206

FIFTY AND NO/100 DOLLARS *****

CHECK# 03066662

62-20/311

CHECK DATE
02/14/2006

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

PAY TO THE
ORDER OF

TITLE V AIR GENERAL PERMITS RECEIPTS
PO BOX 3070
ID #251208
TALLAHASSEE FL 32315-3070

Marriott International, Inc.
and affiliated companies

Cardyn B. Handlon

Authorized Representative

FD# - 0251208

459434 FEB28 2006

MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING
Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING		
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS	02/23/2006	03095103	RE		
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
251208	01 09 2006	50.00	.00	50.00	73R50	MIAMI SOUTH BEACH RI
TOTALS:		50.00	.00	50.00		



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

#0251208

0000108206
FIFTY AND NO/100 DOLLARS *****

CHECK# 03095103

62-20/311

CHECK DATE
02/23/2006

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

PAY TO THE
ORDER OF

TITLE V AIR GENERAL PERMITS RECEIPTS
PO BOX 3070
ID #251208
TALLAHASSEE FL 32315-3070

Marriott International, Inc.
and affiliated companies

Cardyn B. Handlon

Authorized Representative