

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 28, 2000

Ms. Mary Scott  
Tampa Marriott Waterside  
405 Ice Palace Drive  
Tampa, Florida 33602

Re: Facility No.: 0571250-001

Dear Ms. Scott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 13, 2000.

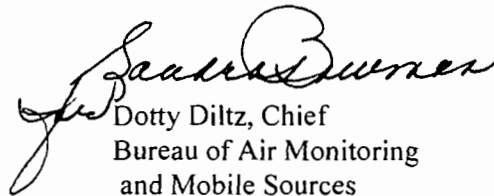
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:30 PM TIME OUT: 2:45 PM AIRS ID#: 0571250  
 TYPE OF FACILITY: Perc Drycleaners  
 FACILITY NAME: Tampa Marriot Cleaners DATE: 09-8-00  
 FACILITY LOCATION: 405 Ice Palace Dr.  
Tampa, FL 33602  
 RESPONSIBLE OFFICIAL: Tim Herschberger PHONE NUMBER: (813) 204-6361

- 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
<u>This inspection was start up</u>	
<u>and show the R.O. how to</u>	
<u>Maintain his Record keeping</u>	

**RECEIVED**  
 OCT 12 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 3 Month

(Approximate)

INSPECTION CONDUCTED BY: Mohammed Nozari

(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

*ADD*

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

FACILITY NAME: Tampa Marriott Cleaners DATE: Sept. 9, 2000  
 FACILITY LOCATION: 405 Ice Palace Dr.  
Tampa, FL 33602

Annual Reporting Period: \_\_\_\_\_ 19\_\_\_\_ TO September 9, 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: Timothy Henschel [Signature] Sept. 9, 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.

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)

AIRS ID#: <u>0571250</u>	DATE: <u>Sept 8, 00</u>	TIME IN: <u>2:30 PM</u>	TIME OUT: <u>2:45 PM</u>
FACILITY NAME: <u>Perc Dry Cleaners (Tampa Marriott Cleaners)</u>			
FACILITY LOCATION: <u>405 Ice Palace Dr.</u> <u>Tampa, FL 33602</u>			
RESPONSIBLE OFFICIAL: <u>TIM. Herschberger</u>		PHONE: <u>(813) 204-6361</u>	
CONTACT NAME: _____		PHONE: _____	

PART I: NOTIFICATION			
(check appropriate box)		Facility Compliance Status:	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data)	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>	<u>N/A</u>	<input type="checkbox"/>
		IN	<input type="checkbox"/>
		MNC	<input type="checkbox"/>
		SNC	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source 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)	<input type="checkbox"/>
2. New small area source 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)	<input checked="" type="checkbox"/>
3. Existing large area source 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)	<input type="checkbox"/>
4. New large area source 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)	<input type="checkbox"/>
5. This is a correct facility classification	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> 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 _____ gallons.	

**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 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input 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

Mohammad Nozari  
Inspector's Name (Please Print)

Sept 9, 2000  
Date of Inspection

M. Nozari  
Inspector's Signature

3 Month  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Tampa Marriott Cleaners

PAGE 1 OF 1

FACILITY ADDRESS: 405 Ice Palace Drive

CITY: Tampa

PHONE: (813)204-0923

MAILING ADDRESS: Same

CITY: Tampa

FLA

ZIP: 33602

INSPECTION DATE:  
September 8, 2000

TIME IN:  
1:30 PM

TIME OUT:  
2:45 PM

INSPECTION TYPE:  
Annual

STATUS:  
In Compliance

NEDS NUMBER: 0571250

SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner

CONTACT(S): Tim Herschberger

The purpose of the visit was a start up inspection. We found the following:

1. This was the initial inspection
2. The gauge temperature reading will be recorded weekly.
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc loaded directly with a hookup connection. No container of perc was at the site.
5. The monthly averages for perc consumption was recorded correctly for initial start up. Total of 136.50 gallons of perc was loaded to the dry cleaning machine and it was verified.
6. The machines were in operation today. No leaks or odors were noticed.
7. The waste from the dry cleaning machine will be properly store in the tied lid containers to be disposed in accordance with regulations.
8. There is one machine at this site the owner's manuals kept on site. The manual include startup, shutdown and malfunction plan.
9. The model is as follows

Union L 700 With a capacity of 55lbs

INSPECTED BY:  
Mohammad Nozari

DATE:  
September 8, 2000



0571250-001

8-8-2000

Spoke to Jim Herschberger (Facility Contact) and he stated that the dry to dry machine was originally purchased on July 25, 1999. The control device was made operational on 2/12/2000. The was not operational until after 2/12/2000. Mr. Herschberger also stated that the boiler on site has a horsepower rating of 50.

P14

1(a) Add date of Purchase from manufacturer.  
7/25/99

"New" should be circled under Status.

"RC" should be circled under Control Device Req.

add date Control device installed 2/12/2000

P15

5. Add horsepower for boiler (50)

P16 Responsible Official sign and date for changes made

1090442 Dec 1997.

3 machine Nov 1990

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0571250-001

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JUL 13 2009

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
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): HMC Hotel Development LLC
2. Site Name (For example, plant name or number): Tampa Marriott Waterside
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 405 Ice Palace Drive City: Tampa County: Hillsborough Zip Code: 33602
5. Facility Identification Number (DEP Use ONLY - do not fill in): 05M1250-001

Responsible Official

6. Name and Title of Responsible Official: Name: Mary Scott Title: General Manager
7. Responsible Official Mailing Address: Organization/Firm: Tampa Marriott Waterside Street Address: 405 Ice Palace Drive City: Tampa County: Hillsborough Zip Code: 33602
8. Responsible Official Telephone Number: Telephone: (813) 204-6301 Fax: (813) 221-0923

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Tim Herschberger - Asst. Director of Services
10. Facility Contact Address: Street Address: 405 Ice Palace Drive City: Tampa County: Hillsborough Zip Code: 33602
11. Facility Contact Telephone Number: Telephone: (813) 204-6361 Fax: (813) 221-0923

**Facility Information**

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

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

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")
_____	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

**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?

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 2/19/00)

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

MARY SCOTT

Print name of responsible official

M Scott

Signature

2/11/00

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.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### **Facility Information**

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

#### **Equipment Monitoring and Recordkeeping Information**

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

#### **Surrender of Existing DEP Air Permit(s)**

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

#### **Responsible Official Certification**

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.



3755-~~22~~73

2943494

MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING  
 WASHINGTON, D.C. 20058 **Marriott Business Services** (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING	
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS	03 19 2004	01618719	RE	
VOUCHER	INVOICE	DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
04370013 337U843	INE337U8020404 TAMPA DOWNTOWN	02 04 2004	50.00	.00	50.00
<b>TOTALS:</b>			50.00	.00	50.00

*refused  
 PD  
 2/04*



Marriott International, Inc.  
 and affiliated companies  
 Marriott Drive  
 Washington, D.C. 20058

Accounts Payable Account

**Marriott Business Services**  
 (865) 980-4353

01618719

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

CHECK DATE		
03	19	2004

AMOUNT
*****50.00

PAY TO THE TITLE V AIR GENERAL PERMITS RECEIP  
 ORDER OF PO BOX 3070  
 TALLAHASSEE FL 32315-3070

VOID AFTER 6 MONTHS PAST DATE OF ISSUE  
 Marriott International, Inc.  
 and affiliated companies

*Cardyn B. Handlon*

Authorized Representative

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



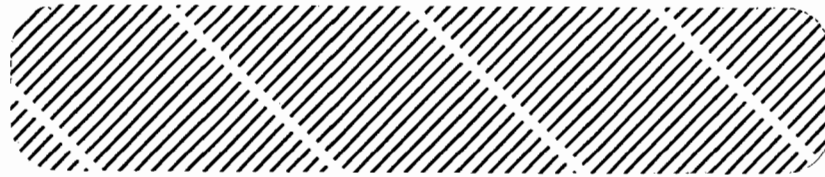
Marriott Business Services  
 North American Shared Services Center  
 1965 Marriott Drive  
 Louisville, TN 37777

PRE-SORT  
 FIRST CLASS



U.S. POSTAGE

00.273



4-111979 00018



2943494

MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING  
 WASHINGTON, D.C. 20058 **Marriott Business Services (865) 980-4353**

VENDOR NO.	VENDOR NAME			CHECK DATE	CHECK NO.	HANDLING
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS			03 19 2004	01618719	RE
VOUCHER	INVOICE	DATE		GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
04370013 337U843	INE337U8020404 TAMPA DOWNTOWN	02	04 2004	50.00	.00	50.00
<b>TOTALS:</b>				50.00	.00	50.00



Marriott International, Inc.  
and affiliated companies  
Marriott Drive  
Washington, D.C. 20058

Accounts Payable Account

Marriott Business Services  
(865) 980-4353

444932 JAN 24 2005

01996676

0000108206

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

CHECK DATE		
01	20	2005

AMOUNT
*****50.00

PAY TO THE TITLE AIR GENERAL PERMITS RECEIP  
ORDER OF PO BOX 3070  
TALLAHASSEE FL 32315-3070

VOID AFTER 6 MONTHS PAST DATE OF ISSUE  
Marriott International, Inc.  
and affiliated companies

*Cardyn B. Handlon*

Authorized Representative

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



KWSMS 32315



AMS ID 0571250

3755  
2273



Marriott International, Inc.  
and affiliated companies  
Marriott Drive  
Washington, D.C. 20058

Accounts Payable Account

Marriott Business Services  
(865) 980-4353

436185 FEB 10 2004

01565044

AIRS ID 0571250

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

CHECK DATE		
02	06	2004

AMOUNT
*****50.00

PAY TO THE DEPT OF ENVIRONMENTAL PROTECTION  
ORDER OF 2600 BLAIRSTONE RD  
TALLAHASSEE FL 32399-2405

VOID AFTER 6 MONTHS PAST DATE OF ISSUE  
Marriott International, Inc.  
and affiliated companies

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

*Cardyn B. Handlon*

Authorized Representative

2826266

MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING  
WASHINGTON, D.C. 20058 Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME			CHECK DATE	CHECK NO.	HANDLING
0000041891	DEPT OF ENVIRONMENTAL PROTECTION			02 06 2004	01565044	RE
VOUCHER	INVOICE	DATE		GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
04225926	INA337U8122303	12	23	2003	50.00	.00
337U848	TAMPA DOWNTOWN				AIRS ID 571250	50.00
<b>TOTALS:</b>				50.00	.00	50.00

3755  
2273



Marriott International, Inc.  
and affiliated companies  
Marriott Drive  
Washington, D.C. 20058

Accounts Payable Account

Marriott Business Services  
(865) 980-4353

00518043

0000041918  
FIFTY AND NO/100 DOLLARS \*\*\*\*\*

CHECK DATE		
03	18	2002

AMOUNT
*****50.00

PAY TO THE DEPT OF ENVIRONMENTAL PROTECT  
ORDER OF RECEIPTS SECTION  
PO BOX 3070  
TALLAHASSEE FL 32315-3070

VOID AFTER 6 MONTHS PAST DATE OF ISSUE  
Marriott International, Inc.  
and affiliated companies

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

*Cardyn B. Handlon*

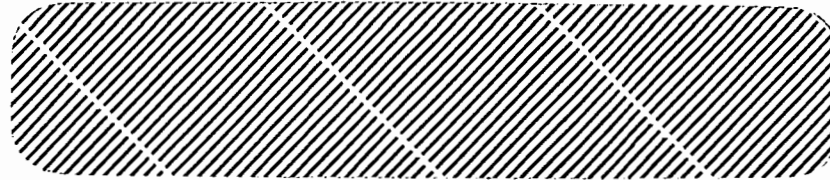
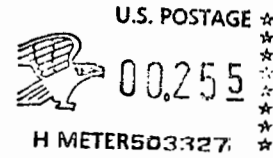
Authorized Representative



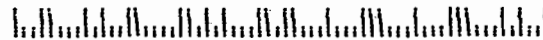


Marriott Business Services  
North American Shared Services Center  
1965 Marriott Drive  
Louisville, TN 37777

PRE-SORT  
FIRST CLASS  
BALTIMORE MD



ALMS 32315



1405360

MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING  
WASHINGTON, D.C. 20058 **Marriott Business Services (865) 980-4353**

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING	
0000041918	DEPT OF ENVIRONMENTAL PROTECT	03 18 2002	00518043	RE	
VOUCHER	INVOICE	DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
01129731 337U848	INA337U8020102 TAMPA DOWNTOWN	02 01 2002	50.00 AIRS ID 0571250	.00	50.00
<b>TOTALS:</b>			50.00	.00	50.00



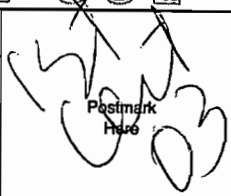


RTZ 1595 E000 0922 E002

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

ID# 571250

Sent To  
 MARY SCOTT  
 TAMPA MARRIOTT WATERSIDE  
 405 ICE PALACE DRIVE  
 TAMPA, FL 33602

PS Form 3811

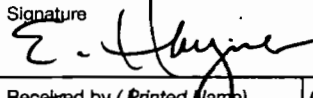
**SENDER: COMPLETE THIS SECTION**

- 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:

ID# 571250  
 MARY SCOTT  
 TAMPA MARRIOTT WATERSIDE  
 405 ICE PALACE DRIVE  
 TAMPA, FL 33602

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x   Agent  
 Addressee

B. Received by, (Printed Name) C. Date of Delivery  
 E. HAYDES 2-6-09

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

2 Article Number (Transfer from service) 7003 2260 0003 5651 2318

Internet  
Access

Mail

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

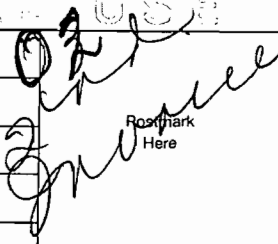
RECEIVED



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

7001 0320 0001 7976 3743

OFFICIAL USE

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

AIRS ID#0571250

Sent	TAMPA MARRIOTT WATERSIDE
Street or PO	MARY SCOTT 405 ICE PALACE DRIVE
City	TAMPA FL 33602

PS 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.

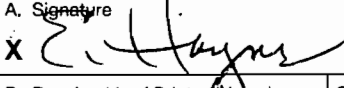
1 Article Addressed to:

AIRS ID#0571250

TAMPA MARRIOTT WATERSIDE  
 MARY SCOTT  
 405 ICE PALACE DRIVE  
 TAMPA FL  
 33602

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X 

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

E. HAYES 3-10-03

D. Is delivery address different from item 1?  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.

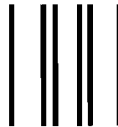
4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) 7001 0320 0001 7976 3743

STANT:

nquiry

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 15510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2003

RECEIVED

99+2400-01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

401451

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

RECEIVED  
MAIL ROOM  
JAN - 2 01

DATE 12-19-00  
AMOUNT 50.00  
ACCT. CODE 43-632101  
SIGNATURE \_\_\_\_\_  
SIGNATURE Dunn Allen

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0571250  
TAMPA MARRIOTT WATERSIDE  
MARY SCOTT  
405 ICE PALACE DRIVE  
TAMPA FL 33602

12-01-00

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

MARRIOTT HOTEL SERVICES, INC.  
AS AGENT FOR HMC HOTEL DEVELOPMENT CORP  
DBA TAMPA MARRIOTT WATERSIDE  
**TAMPA Marriott**  
WATERSIDE

700 South Florida Avenue  
Tampa FL 33602  
813-221-4900

000000001492  
DEPARTMENT OF ENVIRONMENTAL

CHECK NUMBER  
**71507081**  
0071507081

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
1416	12/19/2000	50.00	.00	50.00
CHECK DATE ▷		12/26/2000	CHECK AMOUNT ▷	
			50.00	

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

7001 0320 0001 7976 2012

**OFFICIAL USE**

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

Postmark  
Here

AIRS ID # 0571250

**Total Post** TAMPA MARRIOTT WATERSIDE  
**Sent To** MARY SCOTT  
 405 ICE PALACE DRIVE  
**Street, Apt. or PO Box** TAMPA FL  
**City, State, ZIP** 33602

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:

AIRS ID # 0571250  
 TAMPA MARRIOTT WATERSIDE  
 MARY SCOTT  
 405 ICE PALACE DRIVE  
 TAMPA FL  
 33602

2. Article Number (Copy from service label)

7001 0320 0001 7976 2012

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

*D. Keefe* 7/1/02

C. Signature

*x. D. Keefe*  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

102595-99-M-1789

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

**OFFICIAL USE**

7000 2870 0000 7027 5876

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Req.)		
Total P <sub>c</sub>		AIRS ID#0571250
TAMPA MARRIOTT WATERSIDE		
Sent To MARY SCOTT		
405 ICE PALACE DRIVE		
Street, A <sub>1</sub> TAMPA FL		
33602		
City, Stat.		

PS Form 3800, May 2000

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#0571223

IDEAL CLEANERS #1  
 MARGARET RUTHERFORD  
 1411 MARTIN LUTHER KING BLVD  
 TAMPA FL  
 33603

7000 2870 0000 7027 5876

2 Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

2/7

C. Signature

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:  No

3. Service Type

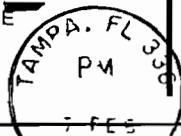
Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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 STOP 15510  
2600 BARKSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED

7-2399/3000





PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.

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 #0571250

TAMPA MARRIOTT WATERSIDE  
MARY SCOTT  
405 ICE PALACE DRIVE  
TAMPA FL  
33602

A. Received by (Please Print Clearly) **E. HAYNES** B. Date of Delivery **2-7-03**  
C. Signature **X E. Haynes**  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

700028700000 70275876

2 Article Number (Copy 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

BUREAU OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 15510  
2500 D'ARL STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2003

RECEIVED

