



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 25, 1996

Mr. Samir A. Shafei
Managing Director
Hilton at Walt Disney World Village
1751 Hotel Plaza Boulevard
Lake Buena Vista, Florida 32830

Re: Facility I.D. No. 0950336

Dear Mr. Shafei:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in November 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. Louis Nichols, Central District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Hilton
in the WALT DISNEY WORLD® Resort

RECEIVED
DEC 08 2003
Bureau of Air Monitoring
& Mobile Sources

August 27, 2001

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

RE: AIRS ID# 0950330

Dear Sir or Madam:

This correspondence is to advise you that this property has dismantled and removed its perchloroethylene dry cleaning facility, and wishes to surrender the captioned Title V Air General Permit. Please do not hesitate to contact me should you have any questions.

Sincerely,


Bob Gray
Director of Security and Safety

cc: Samir Shafei
James Grosso
Praduman Chauhan
John Steele
Andy Manganiello



IN THE WALT DISNEY WORLD RESORT

1751 HOTEL PLAZA BOULEVARD
LAKE BUENA VISTA, FL 32830
PHONE (407) 827-4000
FAX (407) 827-3887

RECEIVED
DEC 08 2003
Bureau of Air Monitoring
& Mobile Sources

FACSIMILE TRANSMITTAL SHEET

TO: Dept. of Environmental Protection	FROM: Stephan Ludwig
COMPANY:	DATE: 12/3/2003
FAX NUMBER: (850) 245-8858	TOTAL NO. OF PAGES INCLUDING COVER: 7
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: DRY CLEANING REGISTRATION	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

We are in receipt of your correspondence regarding Drycleaning at our property. I am attaching a copy of a letter sent to you on November 2002 which is self-explanatory.

If you have any questions, please do not hesitate to contact us.

STEPHAN R. LUDWIG
DIRECTOR OF FINANCE



Hilton
in the WALT DISNEY WORLD® Resort

3755
2273

0359999

Praduman S. Chauhan
Director of Finance

February 4, 1999

RECEIVED
MAIL ROOM
MAR - 9 99

Department of Environmental Protection
Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

RE: ANNUAL OPERATION FEE - 1999

Dear Sir/Madam:

Enclosed please find our check number 000984 in the amount of \$50.00 representing the annual operation fee for Title V Air General permit of the year 1999.

Should you have any questions or require further information, please advise.

Sincerely,

Praduman S. Chauhan
Director of Finance

PSC/aab Forms Title V General

cc: Mr. George Isaac
Mr. John J. Steele, Jr.
Ms. Cynthia Wynn

RECEIVED
FEB 12 1999
Bureau of Air Monitoring
& Mobile Sources

1751 Hotel Plaza Boulevard, P.O. Box 22781
Lake Buena Vista, FL 32830
Tel: +1 407 827 4000 Direct Line: +1 407 827 3836
Fax: +1 407 827 3887
An Official Walt Disney World Hotel
Reservations: www.hilton.com or 1-800-HILTONS



Department of Environmental Protection

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

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 can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0950330
HILTON @ WALT DISNEY WORLD
VILLAGE
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

Bureau of Air Monitoring
& Mobile Sources

FEB 12 1999

RECEIVED

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

Vendor: DEPT OF ENVIRONMENTAL PROTECTION

Vendor Number: 0000000381

Invoice Number	Date	Voucher ID	Invoice Amount	Discount	Net Amount
012599 RENEW PERMIT	01/25/1999	00002878	50.00	0.00	50.00
Total:			\$ 50.00	\$ 0.00	\$ 50.00

Return Check to:
Singh

CheckSeal™ Patent Number 4,951,864

FOLD

FOLD

Property Location

Hilton in the WDW Resort
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA, FL 32830

Check Number: 000984
Check Date: 01/31/1999

1

Important Notes

For payment inquiries, please call: 407-827-4000
HILTON HOTELS CORPORATION As Agent For TRC-LBV I Associates, Ltd. Hilton in the WALT DISNEY WORLD Resort

HILTON A.P. CHECK



Hilton in the Walt Disney World Resort
1751 Hotel Plaza Boulevard
P.O. Box 22781
Lake Buena Vista, Florida 32830-2781

DEPT OF ENVIRONMENTAL PROTECT
TITLE V AIR PERMITS (0950330)
P.O. BOX 3070
TALLAHASSEE, FL 32315-3070

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼



▼ To Open - Slide Finger Under This Edge To Release Seals ▼

SEAL

SEAL

SEAL



Hilton

in the WALT DISNEY WORLD® Resort

RECEIVED
SEP - 4 2001
Bureau of Air Monitoring
Mobile Sources

August 27, 2001

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

RE: AIRS ID# 0950330

Dear Sir or Madam:

This correspondence is to advise you that this property has dismantled and removed its perchloroethylene dry cleaning facility, and wishes to surrender the captioned Title V Air General Permit. Please do not hesitate to contact me should you have any questions.

Sincerely,


Bob Gray
Director of Security and Safety

cc: Samir Shafei
James Grosso
Praduman Chauhan
John Steele
Andy Manganiello

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

Bureau of Air Monitoring
& Mobile Sources
MAR 12 1998

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0950330 DATE: 1/29/98 TIME IN: 10:15 TIME OUT: 10:

FACILITY NAME: Hilton + Walt Disney World Village

FACILITY LOCATION: 1751 Hotel Plaza Blvd
Orlando FL 32830

RESPONSIBLE OFFICIAL: Samir Shafer PHONE: 407 827-3855

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 104 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Todd Fletcher
Inspector's Name (Please Print)

1/29/98
Date of Inspection

Todd Fletcher
Inspector's Signature

7/29/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:15 TIME OUT: 10:45 AIRS ID#: 0950330
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Hilton & Walt Disney World Village DATE: 1/29/98
 FACILITY LOCATION: 1751 Hotel Plaza Blvd
Ovlando Fl 32830
 RESPONSIBLE OFFICIAL: Samiv Shafei PHONE NUMBER: 407 827-3855

- 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>Leak Detection Not on a weekly Basis</u>	<u>six month reinspection</u>
<u>Condenser Temp Not on a weekly Basis</u>	<u>"</u>
<u>Running Pave Not in order Not totaled properly</u>	<u>"</u>

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 MAR 12 1998
 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: 7/29/98
 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 836-9524

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1200 AIRS ID#: 09503380

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Hilton & Walt Disney World Village DATE: 6/6/97

FACILITY LOCATION: 1751 ~~West~~ Hotel Plaza Blvd.
Ovlando FL 32830

RESPONSIBLE OFFICIAL: John Steele Jr PHONE NUMBER: 827-3855

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perv Consumption Log	six month reinspection
No Leak Detection Log	"
No Condenser Log	"

COMMENTS:

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

DATE OF NEXT INSPECTION: 12/6/97
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 838-9524

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
AUG 23 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0950330 DATE: 7/29/98 TIME IN: 0850 TIME OUT: 0915
 FACILITY NAME: HILTON AND WALT DISNEY WORLD VILLAGE
 FACILITY LOCATION: 1751 Hotel PLAZA BLVD.
ORLANDO FL 32830
 RESPONSIBLE OFFICIAL: SAMIR SHAFEE PHONE: 407-827-3855
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box) No notification form
 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 Y N Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 38 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? *Some time* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

ASSEFA HAI LEMAKIAM
Inspector's Name (Please Print)

2/27/98
Date of Inspection

Assefa Hailemariam
Inspector's Signature

2/4/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty box for additional site information]

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0850 TIME OUT: 0915 AIRS ID#: 0950330
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: HILTON AND WALT DISNEY WORLD VILLAGE DATE: 7/27/98
 FACILITY LOCATION: 1751 Hotel Plaza Blvd.
 RESPONSIBLE OFFICIAL: SAMIR SHACI PHONE NUMBER: 407-827-3855

- 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
Condenser Temp. NOT on a weekly basis	
REMAINING PERC NOT IN ORDER, NOT TOTALLED ADDED	

RECEIVED
 AUG 27 15:30
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: We will check in 2 week. Follow up 1998 DRY cleaner Cleared given

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

DATE OF NEXT INSPECTION: 2/4/99
 (Approximate)

INSPECTION CONDUCTED BY: ASSEFA HAILEMARIAM
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-836-7400



Hilton
at Walt Disney World® Village

August 27, 1996

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

Re: TITLE V GENERAL PERMIT NOTIFICATION FORM

Dear Sir/Madam:

Enclosed please find the completed Title V General Permit Notification Form which was requested in your letter dated July 22, 1996. As per your instructions, the original is being forwarded to your offices and a copy will be kept on site.

Should you have any questions or if there is any further information needed at this time, please advise.

Sincerely,

Praduman S. Chauhan
Comptroller

PSC:mlt/corr:deplaundry

cc: Mr. Samir A. Shafei
Mr. Curtis L. Brown
Mr. John J. Steele, Jr.
Ms. Cynthia Wynn
Mr. Teddy White

Hilton
GOLF RESORTS

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): HILTON HOTELS CORPORATION as agent for TRC-LBV I ASSOCIATES, LTD d/b/a
2. Site Name (For example, plant name or number): Hilton @ Walt Disney World Village
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1751 Hotel Plaza Blvd. City: Lake Buena Vista County: Orange Zip Code: 32830
5. Facility Identification Number (DEP Use): 0950330

Responsible Official

6. Name and Title of Responsible Official: Samir A. Shafei, Managing Director
7. Responsible Official Mailing Address: Organization/Firm: Hilton at Walt Disney World Village Street Address: 1751 Hotel Plaza Blvd City: Lake Buena Vista County: Orange Zip Code: 32830
8. Responsible Official Telephone Number: Telephone: (407) 827-3800 Fax: (407) 827-3887

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): John J. Steele Jr. Director Of Property Operations
10. Facility Contact Address: 1751 Hotel Plaza Blvd. Street Address: City: Lake Buena Vista County: Orange Zip Code: 32830
11. Facility Contact Telephone Number: Telephone: (407) 827 - 3855 Fax: (407) 560 - 2111

RECEIVED

SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

#0950330

10-2-96

Spoke to John Steele,
his boiler units
are exempt, natural
gas only

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

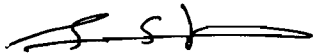
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

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

Responsible Official Certification

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

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



Signature Samir A. Shafei, Managing Director

August 27, 1996

Date

Acc

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

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0950330
HILTON HOTELS CORP SAMIR A SHAFEI 1751 HOTEL PLAZA BLVD LAKE BUENA VISTA FL 32830

Do NOT Remove Label

Annual Reporting Period: January 1 19 98 TO December 31 19 98

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: _____

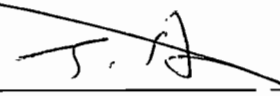
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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 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: <u>Samir A. Shafei, Managing Director</u>		<u>2/3/98</u>
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.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0950330

HILTON HOTELS CORP
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

RECEIVED
JUL 30 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: ⁷⁻²⁷⁻⁹⁸ ~~January 1~~ 8/27/96 19~~98~~ TO ⁷⁻²⁷⁻⁹⁸ ~~December 31~~ 6/6/97 19~~98~~

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: _____

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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 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: Samir A. Shafei, Managing Director T. A. 2/3/98
 Name (Please Print) Signature Date
x GARY MIRABILE Bey J. ... 7-27-98

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

=0950330

10-2-96
Spoke to John Steele,
his boiler units
are exempt, natural
gas only

RECEIVED
MAR 12 1996
Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Operator HILTON HOTEL TRC-LBV I A
2. Site Name (For example) Hilton @ V
3. Hazardous Waste
4. Facility Location Street Address: I City: Lake B
5. Facility Identification



830

6. Name and Title of Responsible Official Samir A. Sha

7. Responsible Official Mailing Address: Organization/Firm: Hilton at Walt Disney World Village Street Address: 1751 Hotel Plaza Blvd. City: Lake Buena Vista County: Orange Zip Code: 32830

8. Responsible Official Telephone Number: Telephone: (407) 827-3800 Fax: (407) 827-3887
--

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): John J. Steele Jr. Director Of Property Operations

10. Facility Contact Address: 1751 Hotel Plaza Blvd. Street Address: City: Lake Buena Vista County: Orange Zip Code: 32830
--

11. Facility Contact Telephone Number: Telephone: (407) 827 - 3855 Fax: (407) 560 - 2111

RECEIVED
SEP 3 1996
Bureau of Air Monitoring
& Mobile Sources



August 27, 1996

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

Re: TITLE V GENERAL PERMIT NOTIFICATION FORM

Dear Sir/Madam:

Enclosed please find the completed Title V General Permit Notification Form which was requested in your letter dated July 22, 1996. As per your instructions, the original is being forwarded to your offices and a copy will be kept on site.

Should you have any questions or if there is any further information needed at this time, please advise.

Sincerely,

A handwritten signature in black ink, appearing to read "Praduman S. Chauhan".

Praduman S. Chauhan
Comptroller

PSC:mlt/corr:deplaundry

cc: Mr. Samir A. Shafei
Mr. Curtis L. Brown
Mr. John J. Steele, Jr.
Ms. Cynthia Wynn
Mr. Teddy White



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): HILTON HOTELS CORPORATION as agent for TRC-LBV I ASSOCIATES, LTD d/b/a
2. Site Name (For example, plant name or number): Hilton @ Walt Disney World Village
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1751 Hotel Plaza Blvd. City: Lake Buena Vista County: Orange Zip Code: 32830
5. Facility Identification Number (DEP Use): 0950338

Responsible Official

6. Name and Title of Responsible Official: Samir A. Shafei, Managing Director
7. Responsible Official Mailing Address: Organization/Firm: Hilton at Walt Disney World Village Street Address: 1751 Hotel Plaza Blvd City: Lake Buena Vista County: Orange Zip Code: 32830
8. Responsible Official Telephone Number: Telephone: (407) 827-3800 Fax: (407) 827-3887

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11. Facility Contact Telephone Number: Telephone: (407) 827 - 3855 Fax: (407) 560 - 2111

RECEIVED

SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

*40 HP Natural Gas
 1/29/98*

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

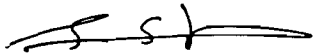
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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

Responsible Official Certification

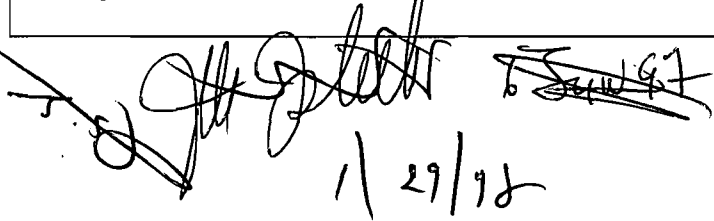
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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



Signature Samir A. Shafei, Managing Director

August 27, 1996
Date


11/29/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

JUL 26 1999

7-19-99
JW

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0950330 DATE: 7-16-99 TIME IN: 10:00 TIME OUT: 10:15
FACILITY NAME: Hilton @ Walt Disney World Village
FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830
RESPONSIBLE OFFICIAL: Samir A. Shafei PHONE: 407-827-3855
CONTACT NAME: PHONE:

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 119 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?

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

Ilka Bundy

Inspector's Name (Please Print)

7-16-99

Date of Inspection

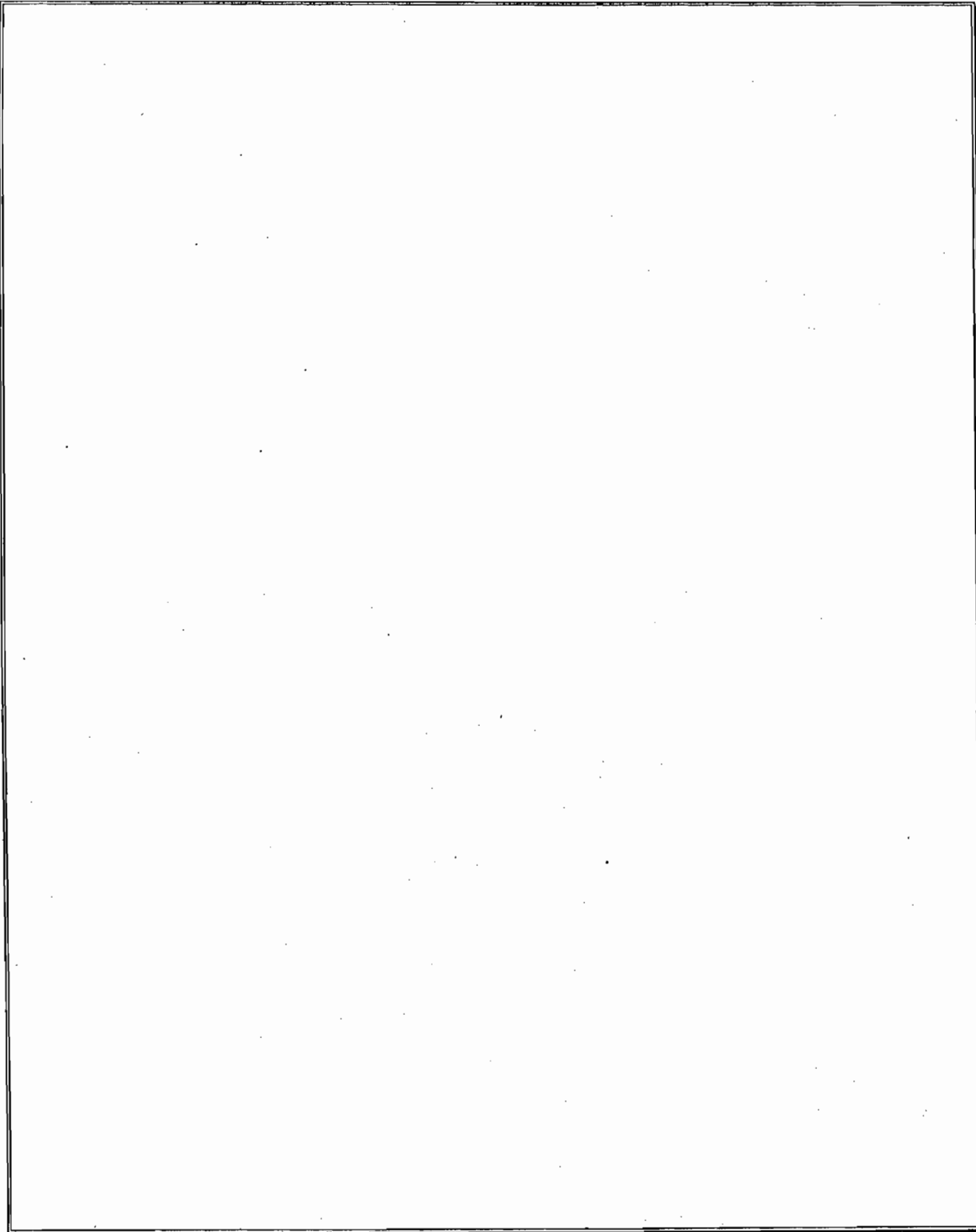
Ilka Bundy

Inspector's Signature

7-16-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



Orange County Environmental Protection Department

JD
7-19-99

AIRS ID#: 0950330

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Hilton @ Walt Disney World Village DATE: 7-16-99
 FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830

Annual Reporting Period: July 27 1998 TO July 16 1999

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

If NO, complete the following:

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

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

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

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

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

RESPONSIBLE OFFICIAL: *[Signature]* *[Signature]*
 Name (Please Print) Signature Date
John J. Steele Jr. 16 July 99

John J. Steele Jr. (CEOE)

*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.

JB
7-19-99

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1000 TIME OUT: 1040 AIRS ID#: 0950330
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Hilton @ Walt Disney World Village DATE: 7-16-99
 FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830
 RESPONSIBLE OFFICIAL: Samir A. Shafei PHONE NUMBER: 407-827-3855

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 7-16-2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

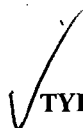
INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

ARMS 7/19/00 JB



TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION



JUL 24 2000

Bureau of Air Monitoring
& Mobile Sources 500

AIRS ID#: 0950330 DATE: 7-19-00 TIME IN: 1430 TIME OUT: 500

FACILITY NAME: Hilton @ Walt Disney World Village

FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830

RESPONSIBLE OFFICIAL: Samir A. Shafei PHONE: 407-827-3855

CONTACT NAME: PHONE:

PART I: NOTIFICATION

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
 - 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

- Facility indicated on notification form that it is: No notification form
(check appropriate box) Drop store/out of business/petroleum
- A.
- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
 - 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
 - 5. This is a correct facility classification Y N Can not determine
- If no, please check the appropriate classification:
- facility qualified for a general permit as number _____ above
 - facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 78 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

Ilka Bundy

Inspector's Name (Please Print)

7-19-00

Date of Inspection

Ilka Bundy

Inspector's Signature

7-19-01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1999
4-20-99 39.0

2000
4-20-00 39.0
2-28-00 39.00

RS ID#: 0950330

BEST AVAILABLE COPY

Revised 01/18/00

AAC

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

AFMS 7/19/00

JB

FACILITY NAME: Hilton @ Walt Disney World Village DATE: 19 Jul 00
 FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830

Annual Reporting Period: July 16, 1999 ~~2000~~ TO July 19 2000

I used 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

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 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: *Steve John F. [Signature]* 19 Jul 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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1430 TIME OUT: 1500 AIRS ID#: 0950330
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Hilton @ Walt Disney World Village DATE: 7-19-00
 FACILITY LOCATION: 1751 Hotel Plaza Blvd.
Orlando, FL 32830
 RESPONSIBLE OFFICIAL: Samir A. Shafei PHONE NUMBER: 407-827-3855

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 7-19-01
 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bund
 (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bund PHONE NUMBER: 407-836-1400



Hilton

in the WALT DISNEY WORLD® Resort

Praduman S. Chauhan
Director of Finance

January 18, 2000

Department of Environmental Protection
Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

RE: ANNUAL OPERATION FEE – 2000

Dear Sir/Madam:

Enclosed please find our check number 006654 in the amount of \$50.00 representing the annual operation fee for Title V Air General permit of the year 2000.

Should you have any questions or require further information, please advise.

Sincerely,

Praduman S. Chauhan
Director of Finance

PSC/lab Forms Title V Air General Permit

cc: Mr. George Isaac
Mr. John J. Steele, Jr.
Mr. Andy Manganiello

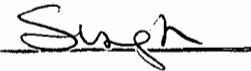
1751 Hotel Plaza Boulevard, P.O. Box 22781
Lake Buena Vista, FL 32830
Tel: +1 407 827 4000 Direct Line: +1 407 827 3836
Fax: +1 407 827 3887
An Official Walt Disney World Hotel
Reservations: www.hilton.com or 1-800-HILTONS

Vendor: FLORIDA DEPARTMENT OF ENVIRONMENTAL

Vendor Number: 0000001611

Invoice Number	Date	Voucher ID	Invoice Amount	Discount	Net Amount
120899 V AIR PERMIT	12/08/1999	00020851	50.00	0.00	50.00
Total:			\$ 50.00	\$ 0.00	\$ 50.00

CheckSeal™ Patent Number 4,951,864

Return Check to:


FOLD

Property Location

Hilton in the WDW Resort
 1751 HOTEL PLAZA BLVD
 P.O. BOX 22781
 LAKE BUENA VISTA, FL 32830-2781

Check Number: **006654**
 Check Date: **01/14/2000**

FLORIDA DEPARTMENT OF ENVIRONMENTAL
 PROTECTION
 5000 BLAGIER STONE ROAD
 0042-8822 FL 35388-5400

Important Notes

For payment inquiries, please call: 407-827-4000
 HILTON HOTELS CORPORATION As Agent For TRC-LBV I Associates, Ltd. Hilton in the WALT DISNEY WORLD Resort

HILTON A.P. CHECK



Hilton in the Walt Disney World Resort
1751 Hotel Plaza Boulevard
P.O. Box 22781
Lake Buena Vista, Florida 32830-2781

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼



▼ To Open - Slide Finger Under This Edge To Release Seals ▼

SEAL

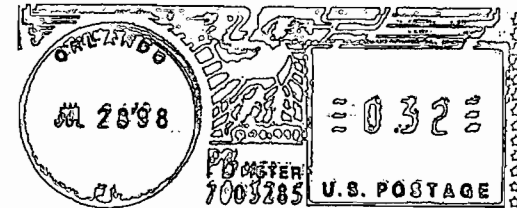
SEAL

SEAL



Hilton

at Walt Disney World® Village



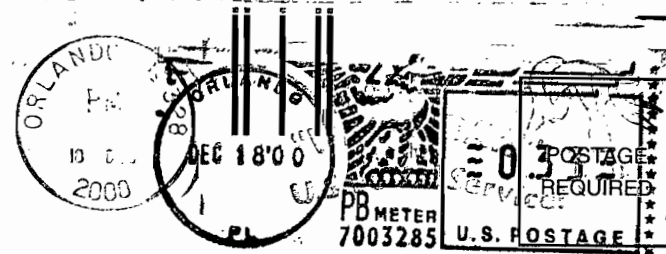
Department of Environmental Protection
Bureau of Air Monitoring &
Mobile Sources, NS 5510
2600 Blairstoe Road
Tallahassee, FL 32399-2400

32399-6564 01



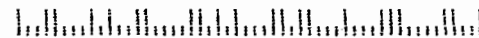
P.O

HILTON AT W.D.W.V.
1751 Hotel Plaza Boulevard
P. O. Box 22781
Lake Buena Vista, FL 32830

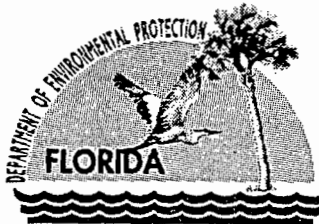


TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315-3070



K



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
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

400605

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 # 0950330
HILTON @ WALT DISNEY WORLD VILLAGE SAMIR A SHAFEI 1751 HOTEL PLAZA BLVD LAKE BUENA VISTA FL 32830

RECEIVED
MAIL ROOM
DEC 20 2005

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



Hilton

in the WALT DISNEY WORLD® Resort

Praduman S. Chauhan
Director of Finance

December 15, 2000

Department of Environmental Protection
Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

RE: ANNUAL OPERATION FEE – 2001

Dear Sir/Madam:

Enclosed please find our check number 011580 in the amount of \$50.00 representing the annual operation fee for Title V Air General permit of the year 2001.

Should you have any questions or require further information, please advise.

Sincerely,

Praduman S. Chauhan
Director of Finance

PSC/lab Forms Title V Air General Permit

cc: Mr. George Isaac
Mr. John J. Steele, Jr.
Mr. Andy Manganiello

1751 Hotel Plaza Boulevard, P.O. Box 22781
Lake Buena Vista, FL 32830
Tel: +1 407 827 4000 Direct Line: +1 407 827 3836
Fax: +1 407 827 3887
An Official Walt Disney World Hotel
Reservations: www.hilton.com or 1-800-HILTONS

Vendor: DEPT. OF ENVIRONMENTAL PROTECTION

Vendor Number: 0000002737

Invoice Number	Date	Voucher ID	Invoice Amount	Discount	Net Amount
121200	12/12/2000	00036927	50.00	0.00	50.00
DRY CLEANING PERMIT					
Total:			\$ 50.00	\$ 0.00	\$ 50.00

Return Check to:
Antene

Property Location

Hilton in the WDW Resort
1751 HOTEL PLAZA BLVD
P.O. BOX 22781
LAKE BUENA VISTA, FL 32830-2781

Check Number: 011580
Check Date: 12/13/2000

Important Notes

For payment inquiries, please call: 407-827-4000

The Hilton in the WDW Resort is an equal opportunity employer. All federal EEO and affirmative action requirements in race, sex, religion, national origin, handicap and Veteran status; veterans or disabled veterans status as found in 41 CFR 60-1.4, 60-250.4 and 60-741.4 are herein incorporated by reference.

HILTON HOTELS CORPORATION As Agent For TRC-LBV I Associates, Ltd. Hilton in the WALT DISNEY WORLD Resort

101

CheckSeal™ U.S. PATENT No. 4,951,864

CTP A/P I OD0005

FOLD

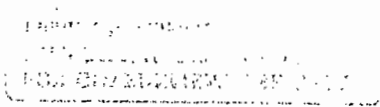
FOLD



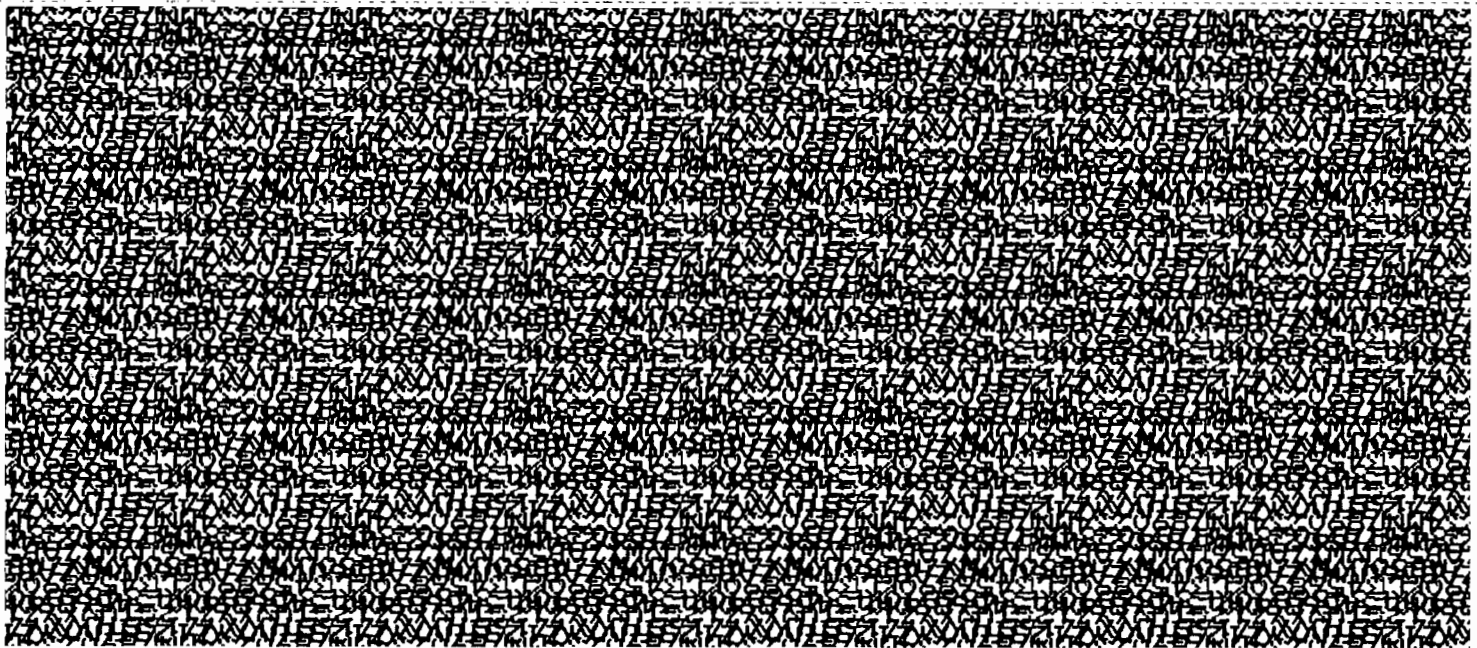
Hilton

in the WALT DISNEY WORLD® Resort

1751 Hotel Plaza Boulevard
P.O. Box 22781
Lake Buena Vista, Florida 32830-2781



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



To Open - Slide Finger Under This Edge To Release Seals

SEAL SEAL SEAL

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼

▼ To Open - Tear Along Perforation ▼



Hilton
at Walt Disney World® Village

January 17, 1997

Department of Environmental Protection
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400

Re: **TITLE V AIR GENERAL PERMIT ANNUAL FEE**

Dear Sir/Madam:

Attached please find our check number 018799 in the amount of \$50.00 representing annual fee for the Title V Air General Permit.

Should you have any questions or require additional information at this time, please advise.

Sincerely,

Praduman S. Chauhan
Controller

PSC:mlt/corr:titleV

cc: Mr. Curtis L. Brown
Mr. John J. Steele, Jr.
Ms. Cynthia Wynn
Mr. Teddy White

icc: Mr. Samir A. Shafei

Hilton
GOLF RESORTS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258631 ✓

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# 0950330
HILTON HOTELS CORP
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

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

RECEIVED
MAIL ROOM
JAN 21 97

PLEASE DETACH BEFORE
DEPOSITING CHECK

HILTON HOTELS CORPORATION
As Agent For TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

018799

INVOICE NO.	REFERENCE			INVOICE AMOUNT	DISCOUNT	NET AMOUNT	
	DESCRIPTION	MO	DATE DAY				YR.
011497	RENEWAL #0950330	01	14	97	\$50.00	\$1.00	\$50.00
						TOTAL	\$50.00

Return Check to:

Marilyn

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICES LISTED ABOVE.

AC-520



Hilton

1751 Hotel Plaza Blvd.
Lake Buena Vista, Fla. 32830
at Walt Disney World® Village

NATIONSBANK
NATIONSBANK OF FLORIDA, N.A.

018799

DOLLARS	CENTS
*****\$50.00*	

CK# 018799 DATE 01 | 14 | 97 PAY \$50* DOLLARS *00* CENTS

TO THE ORDER OF:

01-62073
DEPT OF ENVIRONMENTAL PROTECTION
TITLE V AIRE GENERAL PERMITS
P.O. BOX 3070
TALLAHASSEE, FL
323992400

HILTON HOTELS CORPORATION as Agent for
TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

[Signature]



PLEASE DETACH BEFORE
DEPOSITING CHECK

HILTON HOTELS CORPORATION
As Agent For TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

018799

INVOICE NO.	REFERENCE			INVOICE AMOUNT	DISCOUNT	NET AMOUNT	
	DESCRIPTION	MO	DATE DAY YR.				
011497	RENEWAL #0950330	01	14 97	\$50.00	\$1.00	\$50.00	
					TOTAL	\$50.00	

Return Check to:
Marilyn

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICES LISTED ABOVE.

AC-520

PLEASE DETACH BEFORE
DEPOSITING CHECK

HILTON HOTELS CORPORATION
As Agent For TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

025511

INVOICE NO.	REFERENCE			INVOICE AMOUNT	DISCOUNT	NET AMOUNT	
	DESCRIPTION	MO	DATE DAY				YR.
011698	RENEW PERMIT 9503	01	16	98	\$50.00	\$0.00	\$50.00
						TOTAL	\$50.00

Check for
Maulyn

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICES LISTED ABOVE.

AC-520



Hilton

1751 Hotel Plaza Blvd.
Lake Buena Vista, Fla. 32830
at Walt Disney World® Village

NATIONSBANK
NATIONSBANK OF FLORIDA, N.A.

025511

DOLLARS CENTS

CK# 025511 DATE 01 | 30 | 98 PAY
TO THE ORDER OF:

\$50* DOLLARS *00* CENTS

*****\$50.00*

01-62073
DEPT OF ENVIRONMENTAL PROTECTION
TITLE V AIR PERMITS (0950330)
P.O. BOX 3070
TALLAHASSEE, FL
323992400

HILTON HOTELS CORPORATION as Agent for
TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

[Signature]



PLEASE DETACH BEFORE
DEPOSITING CHECK

HILTON HOTELS CORPORATION
As Agent For TRC-LBV I Associates, Ltd.
Hilton at Walt Disney World Village

025511

INVOICE NO.	REFERENCE			INVOICE AMOUNT	DISCOUNT	NET AMOUNT
	DESCRIPTION	MO	DATE DAY YR.			
011698	RENEW PERMIT 9503	01	16 98	\$50.00	\$0.00	\$50.00
					TOTAL	\$50.00

Return Check to:
Maulyn

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICES LISTED ABOVE.

AC-520

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391481 ✓

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
JAN 25 00

Do **NOT** Remove Label

AIRS ID # 0950330
HILTON @ WALT DISNEY WORLD
VILLAGE
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302521 ✓

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#0950330
HILTON HOTELS CORP
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

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

7 333 613 014

US Postal Service
Receipt for Certified Mail

AIRS ID 0950330

HILTON HOTELS CORP
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HILTON HOTELS CORP
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

AIRS ID 0950330

4a. Article Number

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

FEB 18 1998

5. Received By: (Print Name)

R. Diaz

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

LAKE BUENA VISTA FL 32830
USPS - 32830

Thank you for using Return Receipt Service.

Z 333 660 340

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0950330

HILTON @ WALT DISNEY WORLD
VILLAGE
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

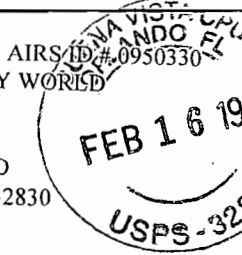
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Article Addressed to:

HILTON @ WALT DISNEY WORLD
VILLAGE
SAMIR A SHAFEI
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830



4a. Article Number

2333660340

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

7000 0520 0200 9372 7855

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

10 AIRS ID # 0950330001AG
 SAMIR A SHAFEI
 HILTON @ WALT DISNEY WORLD VILLAGE
 1751 HOTEL PLAZA BLVD
 LAKE BUENA VISTA FL 32830

PS Form 3800, February 2000 See Reverse for Instructions

Re-entitlement

SENDER: COM **ON DELIVERY**

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

<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. 	A. Received by (Please Print Clearly) <i>R. Davis</i> B. Date of Delivery
	C. Signature <i>R. Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 10 AIRS ID # 0950330001AG SAMIR A SHAFEI HILTON @ WALT DISNEY WORLD VILLAGE 1751 HOTEL PLAZA BLVD LAKE BUENA VISTA FL 32830	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Copy from service label) 7000 0520 0200 9372 7855	Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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