



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

February 21, 2007

Mr. David Martinez
The Westin Diplomat Resort and Spa
3210 South Ocean Drive
Hollywood, Florida 33326

Re: Facility No.: 0112592-002

Dear Mr. Martinez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 17, 2007.

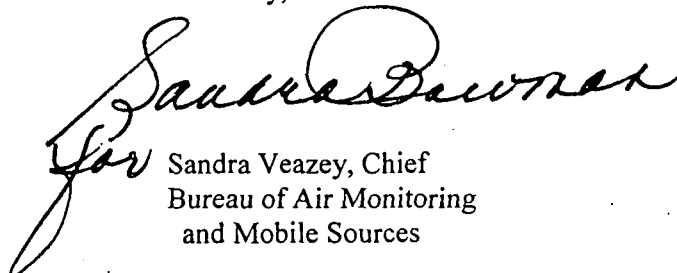
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2002-2006
SOC REPORT 6
COMP. STATUS - SNC MNC (N)

INS2-compliance inspection walk-through
2/2/2006
Insp-Broward Co - CB

RECEIVED

JAN 17 2007

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	THE WESTIN DIPLOMAT RESORT and Spa		
2. Site Name (For example, plant name or number):	SANTIE AS ABOVE		
3. Hazardous Waste Generator Identification Number:	FLR 0000 89318		
4. Facility Location:	3210 S. OCEAN DR		
Street Address:	City:	County:	Zip Code:
	Hollywood	Broward	33326
5. Facility Identification Number (DEP Use ONLY -- do not fill in):	0112592-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: DAVID MARTINEZ Title: Dir of Engineering		
7. Responsible Official Mailing Address:	Organization/Firm: 3555 SOUTH OCEAN DRIVE		
Street Address:	City:	County:	Zip Code:
	Hollywood	Broward	33326
8. Responsible Official Telephone Number:	Telephone: (954) 602-8777 Fax: (954) 602-9281		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	WILLIAM CULLITON (Laundry Mgr)		
10. Facility Contact Address:	3210 S. OCEAN DR		
Street Address:	City:	County:	Zip Code:
	Hollywood	Broward	33326
11. Facility Contact Telephone Number:	Telephone: (954) 602-8785 Fax: (954) 602-9263		

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")
<u>2001</u>	Existing/ <u>New</u>	<u>RC</u> /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?

115.8 gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

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

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

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

DAVID MARTINEZ
Print name of responsible official

David Martinez
Signature

1/16/07
Date

FedEx US Airbill
Express

FedEx
Tracking
Number

8525 1545 5404

Form
ID No.

0215

Recipient's Copy

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records. 852515455404

Date 1/16/07 FedEx Tracking Number

Sender's Name David Martinez Phone 954 602-8777

Company WESTIN DIPLOMAT

Address 3555 S OCEAN DR Dept./Floor/Suite/Room

City HOLLYWOOD State FL ZIP 33019-2844

2 Your Internal Billing Reference

3 To Recipient's Name Dickson E. Dibble Phone 850 921-9586

Company Dept. of Environmental Protection

Recipient's Address General Permits Section MS 5510
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address Bureau of Air Monitoring + Mobile Sources
To request a package be held at a specific FedEx location, print FedEx address here.

City Tallahassee State FL ZIP 32302-2400



4a Express Package Service

FedEx Priority Overnight Next business morning*
 FedEx Standard Overnight Next business afternoon*
 FedEx First Overnight Earliest next business morning delivery to select locations*
 FedEx 2Day Second business day*
 FedEx Express Saver Third business day*
FedEx Envelope rate not available. Minimum charge: One-pound rate

Packages up to 150 lbs. *To most locations

4b Express Freight Service

FedEx 1Day Freight* Next business day**
 FedEx 2Day Freight Second business day**
 FedEx 3Day Freight Third business day**

Packages over 150 lbs. **To most locations

* Call for Confirmation:

5 Packaging

FedEx Envelope*
 FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
 FedEx Box
 FedEx Tube
 Other

* Declared value limit \$500

6 Special Handling

SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
 HOLD Weekday at FedEx Location Not available for FedEx First Overnight
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Include FedEx address in Section 3.

Does this shipment contain dangerous goods?

One box must be checked.
 No Yes As per attached Shipper's Declaration
 Yes Shipper's Declaration not required
 Dry Ice Dry Ice, 9, UN 1845 x kg
Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging. Cargo Aircraft Only

7 Payment Bill to:

Sender Acct. No. in Section 1 will be billed.
 Recipient Third Party Credit Card
Enter FedEx Acct. No. or Credit Card No. below.
Obtain Recip. Acct. No. Cash/Check



Total Packages

Total Weight

Total Charges

Credit Card Auth.

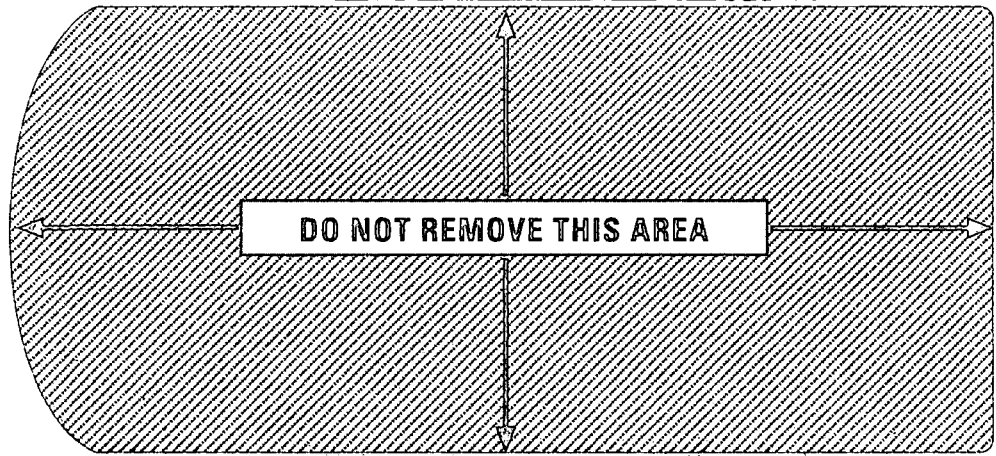
*Our liability is limited to \$100 unless you declare a higher value. See the FedEx Service Guide for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. Questions? Visit our Web site at fedex.com or call 1.800.GoFedEx 1.800.463.3339. SRS* Rev. Date 11/03 *Part #156279 ©1994-2003 FedEx* PRINTED IN U.S.A.

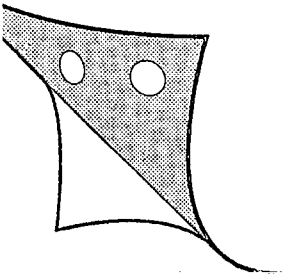
466

0315037559



Peel and Stick FedEx US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.
Please DO NOT remove "FedEx Copy."



PEEL FROM THIS CORNER.

RECEIVED

Martinez, David, Dir.Prop.Ops. (Diplomat)

JAN 17 2007

From: Dibble, Dickson [Dickson.Dibble@dep.state.fl.us]**Sent:** Wednesday, January 10, 2007 2:45 PM**To:** Martinez, David, Dir.Prop.Ops. (Diplomat)**Cc:** Bowman, Sandy**Subject:** AIRS ID# 0112592, DIPLOMAT PROPERTIES LIMITED PARTNERSHIP, d.b.a. THE WESTIN DIPLOMAT RESORT & SPABureau of Air Monitoring
& Mobile Sources

Dear Mr. Martinez,

It was a pleasure to speak with you today regarding your Perchloroethylene Dry Cleaner Air General permit and the renewal process. As I mentioned in our conversation the permit for your dry cleaning facility expired on December 09, 2006. Air General Permits are valid for a period of five (5) years and your last registration was submitted on November 08, 2001.

Below you will find the link to the subject item registration form. You may download and print the form from there. If you are the Responsible Official, please complete the form, print your name, sign your name and date the last page of the form. The form itself begins on page 14 and ends on page 17. Pages 1-13 provide an overview of the rule, and pages 18 thru 19 provide directions for completing the form.

[http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900\(2\).pdf](http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900(2).pdf)

Mail the signed and completed Part III of this form as soon as possible 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

Please keep a copy of the form for your records in the event your facility is visited by an inspector. From the date your form is received, your application will proceed thru a 30 day review period. Please fill out the form completely and according to the characteristics of your facility. Please don't forget to sign and date the form.

DO NOT SEND MONEY! We have already received your annual fee for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

Sincerely,

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

1/16/2007