



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 16, 2003

Mr. Jeff Brown
The Ritz-Carlton Naples Beach Resort
280 Vanderbilt Beach Road
Naples, Florida 34108

Re: Facility No.: 0210082-002

Dear Mr. Brown:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 2003.

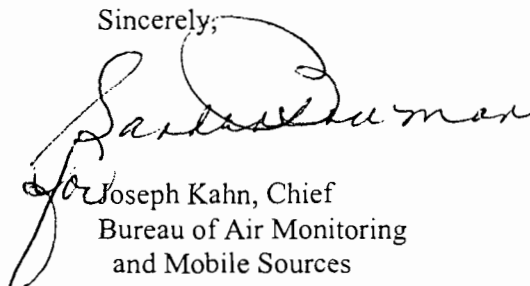
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

8/19/03 Called and spoke with Jeff Brown in Engineering and he stated that the 3 200HP boilers replaced the older boilers.

8/20/03 called to resolve RO issue and will have call back from facility.

Fees 97-02

SOC 3

Comp MAC

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
_ 2000	Existing/ <u>New</u>	<u>RC</u> /CA/None required	Same _____
_ 10/04/93	Existing/ <u>New</u>	<u>RC</u> /CA/None required	Same _____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

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

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

[265] 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 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 checked="" 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.

JEFF BROWN
Print name of responsible official

[Signature]
Signature

9-3-03
Date



THE RITZ-CARLTON®

FACSIMILE TRANSMISSION FORM

RECEIVED
SEP 3 2003
Bureau of Air Mobility
& Mobile Support

IMPORTANT NOTICE

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY AT THE TELEPHONE NUMBER LISTED BELOW. THANK YOU.

PLEASE DELIVER IMMEDIATELY

TO: Rick Butler

COMPANY: Fla. Dept. of Environmental Protection

FAX NUMBER: 850-922-6979 DATE 9/3/03

NUMBER OF PAGES: 5 INCLUDING COVER SHEET

FROM: Jeff Brown HOTEL 280 Vanderbilt Blvd Npls Fla

TELEPHONE NUMBER: (239) 598-3300 FAX NUMBER: (239) 598-6649

REMARKS/SUBJECT: Enclosed you will find the Laundry Permit.

Thank you.

Call if you have any questions.



The Hotel is operated by The Ritz-Carlton Hotel Company, L.L.C. pursuant to express written authority of the owner of the Hotel.

PLEASE CALL _____, EXT. _____ IMMEDIATELY IF THE TRANSMISSION IS ILLEGIBLE OR INCOMPLETE. THANK YOU.

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
2000	Existing/New	RC/CA/None required	Same
10/04/93	Existing/New	RC/CA/None required	Same
	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?

[265] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site?

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.

JEFF BROWN
Print name of responsible official

[Signature]
Signature

9-3-03
Date

RECEIVED

AUG 11 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG 07 2003

South District

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	THE RITZ-CARLTON HOTEL CO LLC		
2. Site Name (For example, plant name or number):	THE RITZ-CARLTON NAPLES BEACH RESORT		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	280 VANDERBILT BEACH ROAD		
City:	FL	County:	COLLIER
		Zip Code:	34108
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0210082-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	AREF SAYEGH	Title:	ASST EXEC ROOMS
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	280 VANDERBILT BEACH ROAD		
City:	FL	County:	COLLIER
		Zip Code:	34108
8. Responsible Official Telephone Number:			
Telephone:	(239) 598-3300	Fax:	(239) 598-6628
	X6149		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARCELLO AMARAL (LAUNDRY MANAGER)		
10. Facility Contact Address:			
Street Address:	SAME AS ABOVE		
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	(239) 598-3300	Fax:	(239) 598-6628
	EXT: 5033		

Facility Information

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

How many dry-to-dry machines do you have on-site? 02

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>2000</u> <i>man. date</i>	Existing/ <u>New</u>	RC/CA/None required	<u>Same</u>
<u>10/04/93</u>	Existing/ <u>New</u>	RC/CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	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:

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

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

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

 265 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 _____)

Facility Information

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

How many dry-to-dry machines do you have on-site? 02

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>2000</u> ^{man:} <u>10/04/93</u> _{Date}	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<u>Same</u>
_____	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<u>Same</u>
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

*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?

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_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
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Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

RECEIVED

APR 7 2003

D.E.P. - South District

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

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

Existing machines at small area source (NONE REQUIRED)

New machines at small area source Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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- (a) Purchase receipts and solvent purchases/solvent addition log
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- (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:

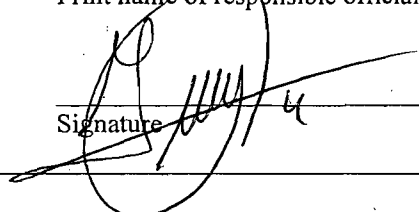
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
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Responsible Official Certification

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

GERARDO P. CARRILLO
Print name of responsible official

Signature 

8-6-2003
Date

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.

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

GERARDO P. CARRILLO
Print name of responsible official


Signature

8-6-2003
Date



THE RITZ-CARLTON®
NAPLES

RECEIVED
SEP 5 2003
Bureau of Air Monitoring
& Mobile Sources

Thursday, September 04, 2003

Department of Environmental Protection
Division of Air Resources Management
2600 Blair Stone Rd
Mail Station 5500
Tallahassee FL 32399
Attn: Rick Butler

0210082 -
002

Dear Rick;

Enclosed you will find the Air General Permit Notification form with information and signatures needed. Please feel free to call if you have any questions. (239) 598-3300 (6870).

Thank you.

Sincerely,



Jeff Brown
Director of Engineering





Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 8/21/2003 9/3/03

TO: Mr. Gerardo P. Canillo Mr. Jeff Brown

PHONE: 239-598-3300

FAX: 239-598-6649

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Auto Air General Permit

CC: _____

Total number of pages including cover sheet: 5

Message

Mr. Canillo, Brown

Please make the changes to the form as we discussed in our telephone conversation. My e-mail address is rich.butler@dep.state.fl.us. Contact me by phone or e-mail with questions.

Regards,
Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. *Dandy Bowman*

4. _____

2. *MS 5510*

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

SECRETARY'S SIGNATURE

DIV/DIST DIR SIGNATURE

MY SIGNATURE

YOUR SIGNATURE

DUE DATE _____

ACTION/DISPOSITION

DISCUSS WITH ME

COMMENTS/ADVISE

REVIEW AND RETURN

SET UP MEETING

FOR YOUR INFORMATION

HANDLE APPROPRIATELY

INITIAL AND FORWARD

SHARE WITH STAFF

FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____



MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING		
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS	01/18/2007	04061237	RE		
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
210082/2007 AIRS ID# 210082	01 09 2007	50.00	.00	50.00	73R05	NAPLES RITZ CARLTON
TOTALS:		50.00	.00	50.00		

Bureau # 4
a Mobil

JAN 25 2007

CE 110

3755-
2273
APCT#
210082



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

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

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

0000108206

FIFTY AND NO/100 DOLLARS *****

CHECK# 04061237

62-26/311

CHECK DATE
01/18/2007

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

PAY TO THE
ORDER OF

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

Marriott International, Inc.
and affiliated companies

Cardy B. Handlon

Authorized Representative

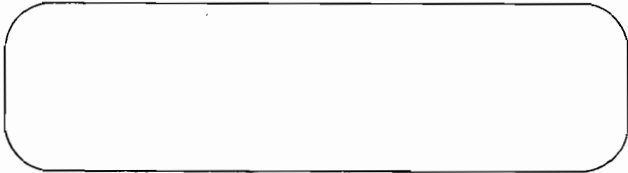
MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME			CHECK DATE	CHECK NO.	HANDLING
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS			01/18/2007	04061237	RE
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
210082/2007 AIRS ID# 210082	01 09 2007	50.00	.00	50.00	73R05	NAPLES RITZ CARLTON
TOTALS:		50.00	.00	50.00		

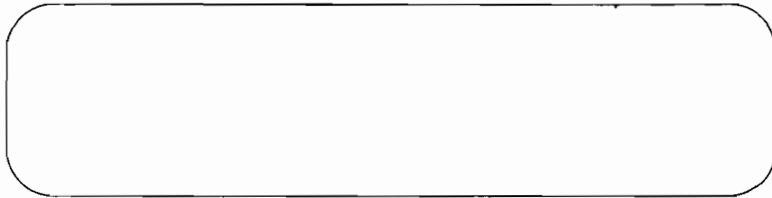
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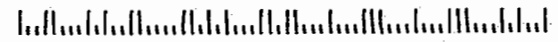
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AUTH 201
BALTIMORE MD
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Department of Environmental Protection

Jeb Bush
Governor

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

RECEIVED
Colleen M. Castille
Secretary

FEB 27 2006

Bureau of Air Quality
& Mobile Sources

TO: Holder of Title V Air General Permit

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

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

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

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 210082 1st
THE RITZ-CARLTON NAPLES
280 Vanderbilt Beach Road
NAPLES, FL 34108

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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DEC 23 2004
Bureau of Air Monitoring
& Mobile Sources

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AIRS ID# 210082 10
THE RITZ-CARLTON NAPLES
280 Vanderbilt Beach Road
NAPLES, FL 34108

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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INV DATE	INVOICE	REFERENCE	INV AMOUNT	AMOUNT PAID
12/17/04	121504	TITLE V AIR GENERAL PERMIT	50.00	50.00

Payee: DEPARTMENT OF ENVIRONMENTAL PROTECTION

Net Amount this Check 50.00
Our Account:

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434569 DEC22 2003


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

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AIRS ID#0210082

THE RITZ-CARLTON NAPLES
STEPHAN NAGY
280 VANDERBILT BEACH ROAD
NAPLES FL
34108


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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273