

Perchloroethylene Dry Cleaning Facility Notification **RECEIVED**

Facility Name and Location

OCT 2 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	THE RITZ-CARLTON CO.		
2. Site Name (For example, plant name or number):	THE RITZ-CARLTON - NAPLES		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	280 VANDERBILT BEACH RD		
Street Address:			
City:	NAPLES	County:	COLLIER Zip Code: 34108
5. Facility Identification Number (DEP Use):	0210082		

Bureau of Air Monitoring & Mobile Sources
 SOUTH FLORIDA DISTRICT
 RECEIVED
 10-2-97

Responsible Official

6. Name and Title of Responsible Official:	STEPHAN NAGY DIR. OF LAUNDRY - VALET		
7. Responsible Official Mailing Address:	SAME AS ABOVE		
Organization/Firm:			
Street Address:			
City:		County:	Zip Code:
8. Responsible Official Telephone Number:	Telephone: (941) 598-3300 Fax: (941) 598 6607		

Facility Contact (If different from Responsible Official)

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

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	<input checked="" type="checkbox"/>	11/93	11/93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source New small area source

Existing large area source New large area source

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 Regional Controller

Date

[Handwritten Signature]

July 02/97
Sept 16. 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Everything will be fixed

AIRS ID#: 0210082 DATE: 8-13-99 TIME IN: 12:40 TIME OUT: 13:06

FACILITY NAME: THE RITZ CARLTON

FACILITY LOCATION: 280 VANDERBILT BEACH Rd

NAPLES, FL 34108

RESPONSIBLE OFFICIAL: STEPHAN NAGY PHONE: 941 598-3300

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 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 checked="" type="checkbox"/> |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 * 220 ESTIMATE gallons. * 220 ESTIMATE

ONLY SENT DATA FROM JAN 99 THRU AUG 99 - APPEAR TO CORRECT

55 GALLONS EVERY 3 MONTHS

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | | |
|--|---|-------------------------------------|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <i>NOT SHOWN COMPLETE 12 MONTH.</i> |
| 2. Maintained rolling monthly averages of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <i>* MINGOT * FOURTH *</i> |
| 3. Maintained leak detection inspection and repair reports for the following: | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | <i>NO CORR.</i> |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <i>* MINGOT * FOURTH *</i> |
| 7. Maintained deviation reports? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A | |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? *Time & signature NOT NOTED*
- | | | | |
|---|---|---------------------------|---|
| 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

Wayne Lewis
Inspector's Name (Please Print)

8-13-99
Date of Inspection

Wayne Lewis
Inspector's Signature

Approximate Date of Next Inspection

323

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0210092 DATE: 05-15-00 TIME IN: 11:10 TIME OUT: 12:30

FACILITY NAME: THE RITZ CARLTON

FACILITY LOCATION: 280 UNDEENHILT BEACH ROAD
NAPLES, Florida 34108

RESPONSIBLE OFFICIAL: Steve Nagy PHONE: 941 598-3300

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"/></p> <p>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 type="checkbox"/></p> <p>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"/></p> <p>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 checked="" type="checkbox"/></p> <p>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 275 gallons.

6-7-5
10:22
55
6-99
55
1-10
55
1-31
55
4-20
55
275

Bureau of Air Monitoring
& Mobile Sources

JUN - 7 2000

RECEIVED

missed Temp 1/29
missed both 3/24
Revised 8/11/97
missed both 5/12

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 averages 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 ^{no} N/A ←
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 | Sills | <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

Wayne Lewis
Inspector's Name (Please Print)

May 15, 00
Date of Inspection

Wayne Lewis
Inspector's Signature

Approximate Date of Next Inspection

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

7000 1670 0213 0013 3095 5426 9TTH 4116

OFFICIAL USE

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

Postmark
Here
M... 02

Total Post: 10 **AIRS ID #** 0210082001AG

Sent To STEPHAN NAGY
Street, Apt. # THE RITZ-CARLTON NAPLES
City, State, Z 280 VANDERBILT BEACH ROAD
 NAPLES FL
 34108

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

OFFICIAL USE

7001 0320 0001 7976 2784

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

[Handwritten Signature]
Postmark
Here

AIRS ID#0210082

Sent To THE RITZ-CARLTON NAPLES
STEPHAN NAGY
Street, Apt. No., or PO Box No. 280 VANDERBILT BEACH ROAD
City, State, ZIP+4 NAPLES FL 34108

PS Form 3800, J

THE RITZ-CARLTON HOTEL COMPANY, L.L.C. D/B/A THE RITZ-CARLTON, NAPLES • 280 VANDERBILT BEACH ROAD • NAPLES, FLORIDA 34108-2300

185029

INV. DATE	INV. NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS	NET
12-1	210082	L/V TITLE V AIR GENERAL PERMIT	50.00	.00	50.00
	* TOTAL	12-0640 CHECK NO 185029	50.00	.00	50.00

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

401469

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

1-2-01 pd

Do NOT Remove Label

AIRS ID # 0210082
 THE RITZ-CARLTON NAPLES
 STEPHAN NAGY
 280 VANDERBILT BEACH ROAD
 NAPLES FL 34108

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

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

7797 7975 7000 0320 7001

OFFICIAL USE

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

Postmark
 Here

[Handwritten Signature]

Total Postage

AIRS ID#0210082

Sent To THE RITZ-CARLTON NAPLES
 STEPHAN NAGY
 Street, Apt. No. or PO Box No. 280 VANDERBILT BEACH ROAD
 City, State, Zip NAPLES FL 34108

PS Form 3800, January 2001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID#0210082
 THE RITZ-CARLTON NAPLES
 STEPHAN NAGY
 280 VANDERBILT BEACH ROAD
 NAPLES FL
 34108

2 Article Number
 (Transfer from service label)

7001 0320 0001 7975 7797

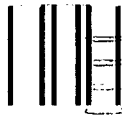
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Sarah Cole* Agent Addressee
 B. Received by (Printed Name) *Sarah Cole* C. Date of Delivery *2/27/03*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 03 2003

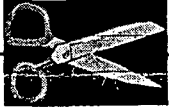
RECEIVED

04 11 P.M. 03 03 03 03 03 03

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

424341 MAR 3 2003

Do NOT Remove Label

AIRS ID#0210082
THE RITZ-CARLTON NAPLES
STEPHAN NAGY
280 VANDERBILT BEACH ROAD
NAPLES FL
34108

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

THE RITZ-CARLTON HOTEL COMPANY, L.L.C. - d/b/a- THE RITZ-CARLTON, NAPLES • 280 VANDERBILT BEACH ROAD • NAPLES, FLORIDA 34108-2300

210187

INV DATE	INVOICE	REFERENCE	INV AMOUNT	AMOUNT PAID
01/01/02	10102	AIRS ID# 0210082	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

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

413752 FEB 4 2002

Do NOT Remove Label

AIRS ID # 0210082
 THE RITZ-CARLTON NAPLES
 STEPHAN NAGY
 280 VANDERBILT BEACH ROAD
 NAPLES FL
 34108

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

173605

INV. DATE	INV. NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS	NET
216	210082	TITLE V AIR GENERAL PERMIT	50.00	.00	50.00
	* TOTAL	2- 604 CHECK NO 173605	50.00	.00	50.00

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

0392407

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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MAIL ROOM
FEB 21 00

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AIRS ID # 0210082
THE RITZ-CARLTON NAPLES
STEPHAN NAGY
280 VANDERBILT BEACH ROAD
NAPLES FL 34108

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

THE RITZ-CARLTON HOTEL COMPANY, L.L.C. D/B/A THE RITZ-CARLTON, NAPLES • 280 VANDERBILT BEACH ROAD • NAPLES, FLORIDA 34108-2300

157696

INV. DATE	INV. NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS	NET
1210	120898	GENERAL PERMIT. RULE 62-213.300. (3)	50.00	.00	50.00
	* TOTAL:	12- 317. CHECK NO 157696	50.00	.00	50.00

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

0354606

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

RECEIVED
MAIL ROOM
DEC 17 98

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
--

FOR GOVERNMENT USE ONLY Org.: 37591000 EC: B1 Fund: 20-2-03001 Obj.: 002273
--

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DEC 22 1998
Bureau of Air Mail
& Mobile Services

Z 333 613 394

US Postal Service

Receipt for Certified Mail

AIRS ID# 0210082

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

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	

Z 333 660 299

US Postal Service

Receipt for Certified Mail

Mailmark - Certified Mail

AIRS ID 0210082

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

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	

THE RITZ-CARLTON HOTEL COMPANY, L.L.C. D/B/A THE RITZ-CARLTON, NAPLES • 280 VANDERBILT BEACH ROAD • NAPLES, FLORIDA 34108-2300

149665

INV. DATE	INV. NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS	NET
4 1	40198	V AIR GENERAL PERMIT 0210082 FAC	75.00	.00	75.00
	* TOTAL	4- 454 CHECK NO 149665	75.00	.00	75.00

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

0311986

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# 0210082

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

RECEIVED
MAIL ROOM
APR 3 1998
Bureau of Air Monitoring
& Mobile Sources
APR 3 1998
RECEIVED
FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: B1
Fund: 20-2405001
Obj.: 002273