

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 15, 2002

Mr. Douglas Lowell
Orlando World Center
8701 World Center Drive
Orlando, Florida 32821

Re: Facility No.: 0950332-002

Dear Mr. Lowell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 2002.

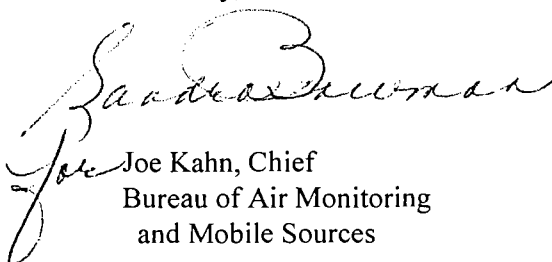
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Fees 96-01
SOC 4
Comp IN

Alexander, Genita

From: Gardner, Kelly
Sent: Friday, March 24, 2006 9:21 AM
To: Alexander, Genita
Subject: FW: Marriott International, Inc. Check



From: Thomas, Bruce X.
Sent: Friday, March 24, 2006 9:02 AM
To: Gardner, Kelly
Cc: Bowman, Sandy
Subject: FW: Marriott International, Inc. Check

002273
Aids# 950332

Kelly,

Your code and reference number are correct. Thank you for your help. Bruce

Bruce Thomas, P.E.
Division of Air Resource Management
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

-----Original Message-----

From: Bowman, Sandy
Sent: Thursday, March 23, 2006 1:39 PM
To: Thomas, Bruce X.
Subject: FW: Marriott International, Inc. Check

Bruce,

The only Marriott facility that I can find is 0950332. This facility has not paid for 2005. I does not have the "International" in its name nor is the address in TN.

Sorry to aboandon you, had to pick out the grout since the tile man was waiting .

STEPHEN is looking for you.

*Sandy Bowman
Environmental Administrator
Division of Air Resource
Management
850/921-9583 or
sandy.bowman@dep.state.fl.us*

-----Original Message-----

From: Gardner, Kelly
Sent: Thursday, March 23, 2006 8:31 AM
To: Bowman, Sandy; Schneider, Sheila; Friday, Barbara
Cc: Sullivan, Ann
Subject: Marriott International, Inc. Check

Buckner, Lee

From: Sullivan, Ann
Sent: Friday, September 09, 2005 2:53 PM
To: Bowman, Sandy; Adams, Patty
Cc: Thomas, Bruce X.; Buckner, Lee
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

Thanks guys!!

0950332

Ann R. Sullivan
Accounting Services Supervisor 1
FDEP - Administration/Revenue, MS-77
Room #276, Carr Building
Phone# 850-245-2458, SC 205-2458
Fax# 850-245-2464, SC 205-2464

RECEIVED
SEP 12 2005
Bureau of Air Monitoring
& Mobile Sources

-----Original Message-----

From: Bowman, Sandy
Sent: Friday, September 09, 2005 12:54 PM
To: Adams, Patty
Cc: Thomas, Bruce X.; Buckner, Lee; Sullivan, Ann
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

Patty,

I checked on this facility in ARMS. The AIRS ID that retrieved is 0950332. The payment appears to belong to the Title V General Permit Program: \$50.00 to object code 2273 and \$25.00 to object code 2274.

*Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us*

-----Original Message-----

From: Adams, Patty
Sent: Friday, September 09, 2005 11:13 AM
To: Bowman, Sandy
Subject: FW: AIRS ID# FLD131953986 / OHD980587364

Sandy,

If this isn't for a Title V general permit we better let somebody know. If it is - sorry. I kept telling them it wasn't for Air because I didn't recognize any of the reference numbers.

Thanks,
Patty

From: Buckner, Lee
Sent: Friday, September 09, 2005 11:03 AM
To: Adams, Patty
Cc: Sullivan, Ann; Carnley, Carol
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

The backup documentation that I received from Fred at Marriott A/P is a one page letter addressed to Holder of Title V Air General Permit. The bottom portion of the letter shows an amount due of \$75.00 and a label with the following address:

Orlando World Center Marriott
8701 World Center Drive
Orlando, FL 32821

Coding information is listed as follows: Org: 37550101000 EO: A1 Fund: 20-2-035001 Obj: 002273. I plan to use these codes to deposit the funds. Sorry for all of the confusion over this check.

-----Original Message-----

From: Sullivan, Ann
Sent: Friday, September 09, 2005 10:48 AM
To: Buckner, Lee
Cc: Adams, Patty
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

Lee will let you know what we need to do with the check as soon as he receives the back up.

Ann R. Sullivan
Accounting Services Supervisor 1
FDEP - Administration/Revenue, MS-77
Room #276, Carr Building
Phone# 850-245-2458, SC 205-2458
Fax# 850-245-2464, SC 205-2464

-----Original Message-----

From: Buckner, Lee
Sent: Friday, September 09, 2005 10:41 AM
To: Sullivan, Ann
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

I just spoke with someone from Marriott A/P. It appears that the check is for a Title V general permit. They will fax me the backup documentation. I'll pull it into my loose checks transmittal for today.

-----Original Message-----

From: Sullivan, Ann
Sent: Friday, September 09, 2005 10:01 AM
To: Buckner, Lee
Subject: RE: AIRS ID# FLD131953986 / OHD980587364

Please try to call Marriott today and ask for back up to be faxed.
Thanks.

Ann R. Sullivan
Accounting Services Supervisor 1
FDEP - Administration/Revenue, MS-77
Room #276, Carr Building
Phone# 850-245-2458, SC 205-2458
Fax# 850-245-2464, SC 205-2464

-----Original Message-----

From: Buckner, Lee
Sent: Thursday, September 08, 2005 3:28 PM
To: Carnley, Carol; Adams, Patty
Cc: Sullivan, Ann
Subject: AIRS ID# FLD131953986 / OHD980587364

I received a STCM payment registration with a check for \$75.00 from Marriott Business Services. A STCM ID was written on the invoice, 13643, but the normal STCM forms were not included. An AIRS ID number was also included on the invoice, FLD131953986 / OHD980587364. I'm pretty sure that this is in fact a STCM payment but I wanted to make sure that it doesn't belong to AIRS before I deposit the check. If you could help clear up whom this check belongs to I would appreciate the help.

Lee Buckner
Accountant I
Florida Department of Environmental Protection
3800 Commonwealth Blvd.
Suite 275 MS 77
Tallahassee, FL 32399

1965 Marriott Drive
Louisville, TN 37777
Phone: 865-980-4353
Fax: 240-215-2045



To: LEE BUCKNER

From: FRED

Fax: 850-245-2464

Date: 9/9/05

Phone:

Pages: 3

Re:

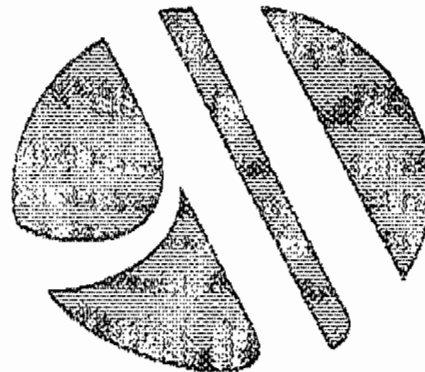
CC:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

•Comments:

If further information is required, please feel free to contact Marriott Business Services at 865-980-4353

Thank you,





Joe Bush
Governor

41591

Department of Environmental Protection

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

David B. Strubbs
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

0330
6/10/06



(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: \$75.00

Do NOT Remove Label

Orlando World Center Marriott
8701 World Center Drive
Orlando FL, 32821

PLEASE WRITE IN
FACILITY ADDRESS

FOR GOVERNMENT USE ONLY
Org.: 37850101000 EO: A1
Fund: 20-2-038001
Obj.: 002273



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

STORAGE TANK REGISTRATION (STCM) PAYMENTS

<p>SUBMITTED TO: FINANCE & ACCOUNTING OFFICE ATTN: Ann Sullivan MS 77</p>
--


The following payments were received by the DEP Storage Tank Regulation Office for Tank Registration fees and are forwarded under separate cover via inter-office mail for payment processing:

CHECK NO.	AMOUNT (\$)	ISSUER	FEE TYPE (Specify)	STCM ACCT (IF KNOWN)
2487572	75.00	Marriot International	STCM	13643
1817	75.00	Sunshine Petroleum Inc	STCM	53909
553	75.00	Lively Arts Center	STCM	58595
			STCM	
Total \$	\$225.00			

Fee Type: STCM = Storage Tank Facility Registration Payment

<p>Submitted by: Matthew Mask </p>	<p>Submit Date 9/1/2005 Night Deposit Bag No: 297389</p>
---	--

Lee,
please research this I noticed the
AIRS ID# on stub over though this
came from STCM ??

 9-8-05

MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME				CHECK DATE	CHECK NO.	HANDLING
0000038271	STATE EMERGENCY RESPONCE COMM				02/15/2007	04140556	OR
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION	
INA337E0FLA021507		500.00	.00	500.00	337E0	ORLANDO WORLD CTR RE	
TOTALS:		500.00	.00	500.00			

SECURE

7032112

SECURE



Standard Register

SECURE

SECURE



Standard

SECURE

Standard Register

SECURE

SECURE

Standard Register

SECURE



SECURE



Standard Register

SECURE

SECURE



Standard

SECURE

Standard Register

SECURE

Standard Register



SECURE

MARRIOTT INTERNATIONAL, INC.

REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING

Marriott Business Services (865) 980-4353

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING		
0000041891	DEPT OF ENVIRONMENTAL PROTECTION	08/23/2005	02487572	RE		
INVOICE NUMBER	DATE	GROSS AMOUNT	DISC AMOUNT	NET AMOUNT	APBU	APBU DESCRIPTION
INA337E008182005 AIRS ID# FLD131953986/OHD980587364		75.00	.00	75.00	337E0	ORLANDO WORLD CTR RE
<i>STCM 13643 ??</i>						
<i>REGULATION</i>						
<i>WASTEWATER TANK</i>						
<i>2005 AUG 24 PM 1:10</i>						
<i>RECEIVED</i>						
<i>D.E.P.</i>						
TOTALS:		75.00	.00	75.00		

3381658



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

0000041891

SEVENTY FIVE AND NO/100 DOLLARS *****

CHECK# 02487572

CHECK DATE
 08/23/2005

EXACTLY *****75.00

VOID AFTER 6 MONTHS PAST DATE OF ISSUE

PAY TO THE
 ORDER OF

DEPT OF ENVIRONMENTAL PROTECTION
 2600 BLAIR STONE RD
 MS4525
 TALLAHASSEE FL 32399-2400

Marriott International, Inc.
 and affiliated companies

Carly B Handlon

Authorized Representative

2517867

MARRIOTT INTERNATIONAL, INC. WASHINGTON, D.C. 20058
 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	03 19 2003	01114818	RE	
VOUCHER	INVOICE	DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
02742021	202035001	02 02 2003	50.00	.00	50.00
337U843	TAMPA DOWNTOWN				
TOTALS:			50.00	.00	50.00

Handwritten mark

3755
2273

per sandy

0950332

2517867

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

VENDOR NO.	VENDOR NAME	CHECK DATE	CHECK NO.	HANDLING	
0000108206	TITLE V AIR GENERAL PERMITS RECEIPTS	03 19 2003	01114818	RE	
VOUCHER	INVOICE	DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
02742021 337U843	202035001 TAMPA DOWNTOWN	02 02 2003	50.00	.00	50.00
TOTALS:			50.00	.00	50.00

FORM O208, O209, O832
REV 3/02



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

Accounts Payable Account

Marriott Business Services
(865) 980-4353

01114818

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

CHECK DATE
03 19 2003

AMOUNT
*****50.00

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

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

Cardyn B. Handlon

Authorized Representative

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



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

Derrick
Accounts Payable Account

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

Original of fee 420926 DEC 20 2002
Title 5 Air Gen Permit

00969012

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

CHECK DATE		
12	12	2002

AMOUNT
*****50.00

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

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

Cardyn B. Handlon

Authorized Representative

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

RECEIVED
JAN 02 2003
Bureau of Air, Monitoring
& Mobile Sources
SVC

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Scotley Bowman

Name of Individual/Office

6510

Mail Station Number

PAUL B. LOONEY
 FLDL L500-682-51-028
 130 CAMDEN RD. PH. 477-3060
 PENSACOLA, FL 32534

Found in F&A 12/17/02 3846
 Date 4/30/02

Best Available Copy

Pay to the Order of Florida Department of Environmental Prot. \$ 69.35

Sixty Nine + ³⁵/₁₀₀ Dollars

PEN AIR
 FEDERAL CREDIT UNION
 1495 E. Nine Mile Road * Pensacola, FL 32514
 Ph 1-850-505-3200

Paul B. Looney

For Copy Invoice - EGGA Prot 10802-12

on

David B. Struhs
 Secretary

MOBILE

RECEIVED
 JAN 02 2002
 Bureau of Air Monitoring
 & Mobile Sources

SUBMITTED TO F&A ON
 5/7/02

April 19, 2002

Mr. Paul B. Looney
 3809 Moffett Road (36618)
 P.O. Box 7434
 Mobile, Ala. 36670-0434

This invoice is for the copies of the 5 reports that you requested from Watershed Assessment Section of Department of Environmental Protection.

Total number of pages:

Single Sided 261 pages at \$.15 per page = Total Cost of **\$39.15**
 Double Sided 151 pages at \$.20 per page = Total Cost of **\$30.20**

GRAND TOTAL = \$69.35

Please make your check payable to the Florida Department of Environmental Protection. The check should be sent/delivered to the attention of Pat Waters at the address below.

Florida Department of Environmental Protection
 2600 Blair Stone Road MS#3555
 Room 238 Twin Towers Office Building
 Tallahassee, Florida 32399-2400

Please find enclosed check # 3846 for the above amount.

CONTRACT NO.			AMOUNT:	69.35
ORGANIZATION CODE			EO	OBJE
3735	10	10	000	MR 380030
DESCRIPTION:				DATE
INVOICE RECEIVED BY:			P Waters	5/7/02
SERVICES RECEIVED BY:			P Waters	5/2/02
SERVICES INSPECTED AND APPROVED BY:			P Waters	5/2/02
ORDER STATUS: PARTIAL			COMPLETE	X

Paul B. Looney

CL 37350
 01/04/01

fund: PFTF

12/17/02 - Dorothy picked up inter office mail envelope to use for mail-out and this check was in it

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

Printed on recycled paper.

Ann Sullivan
 12/17/02

RECEIVED

PAGE

OF

DIRECT DEPOSIT CASH RECEIPTS

CODED BY: JP DATE CODED: 12-26-02

JAN 02 2002

REVIEWED BY: JP 31-02 ENTERED BY: JP

Bureau of Air Monitoring
& Mobile Sources
TRANSACTION 30,31

RECORD DATE 12-20-02

DOC NO. 230673PP

ORGANIZATION	EO	OBJECT	P P I	AMOUNT	BI	VENDOR ID/ SUB-VENDOR ID	CATG/IN	DESCRIPTION	GL/ ODN	GRANT/ CONTRACT	PROJ.ID	OCA/ BPIN
3755010100	A1	072273		50.00		0202035001	230673	Marriott (Atlanta)				
37355010100	M7	010461		59.35		0202026001	230673	Paul B. Lornek				
3735601000	B2	030050		25.20		0202193001	230673	Ernie +/night Edwards				
2753802000	C2	499100		79.99		0202131001	230673	Turkey Schools				
3753502000	C2	499100		9.99		0202131001	230673	Kieth A. Loo/Kepen				
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
TR #334												
Line 0001		AR:009100		107.00				Robert Allen				
Line 0002		AR:009100		15.00				✓				
TOTAL AMOUNT				356.45	0.00							

EXPLANATION:

1) Sandy Bowman MS 5510

2) _____

3) Larry Teach MS-300

4,5) Steve Waters

TR-33 - Marie Derby

Page 15

1. (a) New should be circled under Status for 1997 machine.

Page 16

4. New Machines at small area source Refrigerated condenser should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

SEP 12 2002

RECEIVED

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): <i>Marriott International</i>
2. Site Name (For example, plant name or number): <i>ORLANDO World Center Marriott</i>
3. Hazardous Waste Generator Identification Number: <i>FLD013195398</i>
4. Facility Location: <i>8701 World Center Drive</i> Street Address: City: <i>ORLANDO FL</i> County: <i>Orange</i> Zip Code: <i>32821</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950332-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>DOUGLAS LOWELL</i> Title: <i>Laundry/WATER Manager</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>ORLANDO World Center</i> Street Address: <i>8701 World Center Drive</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32821</i> <i>32821</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 239-4200 Ext 85030</i> Fax: <i>(407) 238-8718</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Jeff PLUTZ - Director of Engineering</i>
10. Facility Contact Address: <i>8701 World Center Drive</i> Street Address: City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32821</i> <i>32821</i>
11. Facility Contact Telephone Number: Telephone: <i>(407) 239-4200 Ext 88630</i> Fax: <i>(407) 238-8501</i>

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")
12-01-1997	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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 [50]
- 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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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? 2 H.P. STEAM

For each boiler, indicate its horsepower (HP) rating: 2 5 0

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 _____

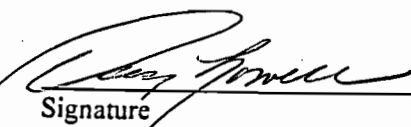
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Douglas Lowell
Print name of responsible official


Signature

09-06-02
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436423 FEB17 2004

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

ID# 0000041891
last label # DE 1176

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

FEB 20 2004

02/04/04

Do NOT Remove Label

ID# 950332 -04
DOUGLAS LOWELL
MARRIOTT'S ORLANDO WORLD CTR
8701 WORLD CENTER DR
ORLANDO, FL 32821

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469467 FEB 20 2007

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#950332
MARRIOTT HOTEL PROPERTIES
LIMITED PARTNP
8701 World Center Drive
ORLANDO, FLORIDA 32821

Bureau of Air Monitoring
& Mobile Sources

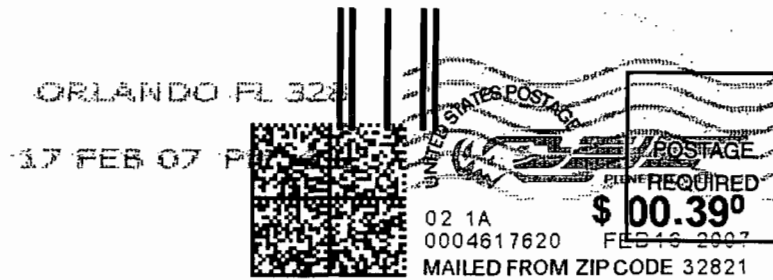
FEB 22 2007

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

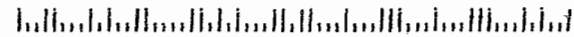
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Orlando World Center Marriott
Accounting
8701 World Center Drive
Orlando, FL 32821



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

323153070 BOSS



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE DELIVERY ADDRESS FOR A DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

iD# 950332
DOUGLAS LOWELL
MARRIOTT'S ORLANDO WORLD CTR
8701 WORLD CENTER DR
ORLANDO, FL 32821

2. Article Description:

PS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Perix Green Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/6/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

02595-02-M-1540

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

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7/2000

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	AIRS ID# 950332 1stC MARRIOTT'S ORLANDO WORLD CENTER 8701 World Center Drive ORLANDO, FL 32821
PS Form 3800, J	

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: AIRS ID# 950332 1stC MARRIOTT'S ORLANDO WORLD CENTER 8701 World Center Drive ORLANDO, FL 32821	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input 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
2. Article Number <i>(Transfer from service label)</i>	7003 0500 0004 0144 6569
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

Best Available Copy

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Quality
& Mobile Sources

FEB 9 2000

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OFFICIAL USE

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

1 AIRS ID#0950332.....2nd Cert 05
 Se MARRIOTT'S ORLANDO WORLD CENTER
 8701 World Center Drive
 or ORLANDO, FL 32821
 Ch _____

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0950332.....2nd Cert 05
 MARRIOTT'S ORLANDO WORLD CENTER
 8701 World Center Drive
 ORLANDO, FL 32821

2. Article Number

(Transfer from sender)

7004 2510 0004 6986 5708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *K. Alexander* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/4/05

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5610
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR

8 2005

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OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage AIRS ID# 950332 3rd Cert04	
Sent To MARRIOTT'S ORLANDO WORLD CENTER Street, Apt. 1 or PO Box N 8701 World Center Drive City, State, Z ORLANDO, FL 32821	
PS Form 380 See Reverse for Instructions	

7004 2510 0002 3939 9648

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="border: 1px dashed black; padding: 5px;">AIRS ID# 950332 3rd Cert04 MARRIOTT'S ORLANDO WORLD CENTER 8701 World Center Drive ORLANDO, FL 32821</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7004 2510 0002 3939 9648</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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