RECEIVED 10/14/10, See attached RECEIV PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM Air Quality 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.	ED) o
Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):]
RYC EXPRESS, LLC	
2. Site Name (For example, plant name or number):]
RGC EXPRESS, LLC	
3. Hazardous Waste Generator Identification Number:	1
FLD CE 506	
4. Facility Location: 1739 SW S型 ST. Street Address:	
City: HIAMI County: DADE Zip Code: 33135	
5. Facility Identification Number (DEP Use ONLY - do not fill in): Control of the control of th	004
Name: HALAIN SUAREZ Title: MGR	
7. Responsible Official Mailing Address: 1739 5W States Street Address:	
City: MIAMI County: DADE Zip Code: 33135	
8. Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () -	
P-mail: halain@roya	lgarmen
9. Name and Title of Facility Contact (For example, plant manager):	Lare.
Facility Contact (If different from Responsible Official) e-mail: halain@roya 9. Name and Title of Facility Contact (For example, plant manager): SAME	COMO
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

14

-10/27/10-ppoke with
Halain Suarez, machine
mot beingused at this
time MB -(1) machine

Facility Information

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

	schines do vou has		-/1/B) -/1/n
How many dry-to-dry ma	-	,	-(1)N
		e 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")
1288	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ners do you have (on-site? []	
	er machine on-site	I after September 22, 1993 are allower, please provide the following inf Control Device Required* (circle one)	
	Existing/New	RC/CA/None required	
	Existing/New Existing/New	RC/CA/None required RC/CA/None required	
	-	-	
*CONTROL DEVICE K	Existing/New Existing/New	RC/CA/None required RC/CA/None required	carbon adsorber
2.(a) How much perchloi	Existing/New Existing/New EY: RC = re roethylene (perc) ns (You must fill	RC/CA/None required RC/CA/None required efrigerated condenser CA = have you used within the last 12 m this in)	
2.(a) How much perchloing gallong (b) If less than 12 more	Existing/New Existing/New EY: RC = re roethylene (perc) ns (You must fill onths, how many?	RC/CA/None required RC/CA/None required efrigerated condenser CA = have you used within the last 12 m this in) [6] months	-(O)g
2.(a) How much perchloi	Existing/New Existing/New EY: RC = re roethylene (perc) ns (You must fill onths, how many?	RC/CA/None required RC/CA/None required efrigerated condenser CA = have you used within the last 12 m this in) [6] months	nonths? $-(O)gU$ p records: []

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 [X]
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 Carbon adsorber Refrigerated condenser Carbon adsorber 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [10] [1]
What type of fuel do you use? [
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
(e) Startup, shutdown, malfunction plan

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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
this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification. ALAIN SUAREZ The of responsible official Date

* RECEIVED VIA E-MAZL OCTOBER 14, ZOIO

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 1 3 2010

Air Quality

Part III. Notification of Intent to Use General Permit Management Division

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.

	mry Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RAC EXPRESS LLC Site Name (For example, plant name or number):
2	Site Name (For example, plant name or number):
	RGC EXPRESS, LLC
3.	Hazardous Waste Generator Identification Number:
	FLD CE 506 Facility Location: 1739 SW SM ST.
4.	Street Address:
	City: HIAMI County: DADE Zip Code: 33135
5	Facility Identification Number (DEP Use ONLY = do not fill in)
grant.	
	ponsible Official
6.	Name and Title of Responsible Official:
Nar	Responsible Official Mailing Address: 1739 5W 84h 5T.
7.	Responsible Official Mailing Address: 1720 511 241 57
	Organization/Firm:
	Street Address:
	Organization Firm.
8.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number:
	Street Address: City: MIAMI County: DADE Zip Code: 33135
8.	County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () -
8.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number:
8.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () -
8. Fac 9.	Street Address: City: MIRMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
8. Fac 9.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address:
8. Fac 9.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address:
Fac 9.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address: City: County: Zip Code:
Fac 9.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address: City: County: Zip Code:
Fac 9.	Street Address: City: MIAMI County: DADE Zip Code: 33135 Responsible Official Telephone Number: Telephone: (917) 975-4162 Fax: () - Lity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address: City: County: Zip Code:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information			
1.(a) DRY-TO-DRY MA	CHINES ONLY	<i>'</i>	
How many dry-to-dry mad	hines do you have	e on-site?	
For each dry-to-dry machi	ne on-site, please	provide the following information	n:
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 88	Existing/Nev		
	Existing/Nev	v RC/CA/None required	
	Existing/Nev	v RC/CA/None required	·
*CONTROL DEVICE KE	Y: RC = ref	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MACE	IINES ONLY		
How many washers do you	have on-site?		
How many dryers/reclaime	ers do you have or	n-site? []	
unit. If the transfer machin 1993, it is a NEW unit (no	e was purchased a units purchased	from the manufacturer between D	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, wed to operate under this general permation:
		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 KE	Y: RC = ref	rigerated condenser CA =	carbon adsorber
\(\frac{1}{2}\)	(You must fill the	1	onths?

New store: New machine

Unopened store [___] (date of expected opening _

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

3. What is the facility's source classification based of Indicate with an "X" Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	•
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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 a Rule 62-213, 300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	∑ or
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	401
What type of fuel do you use? [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log [X]
(b) Leak detection inspection and repair	ddition log [X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring
(e) Startup, shutdown, malfunction plan	لگا

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form apply notify the Department of any changes to the information contained in this notification. ALAIN SVAREZ TO 13 10 Date



Environmental Resources Management Air Quality Management Division 701 N.W. 1st Court, 2nd Floor Miami, Florida 33136-3912

DE233387

PRSRTD FIRST CLASS 10/15/10

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

H*UFS51 32399