

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT 02 2006
Bureau of Air, Water,
& Mobile Source

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):
VIATECH ENT. INC. DBA VALET CLEANERS

2. Site Name (For example, plant name or number):
VALET CLEANERS

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address: 5578 NORTH ORANGE BLOSSOM TRAIL
City: ORLANDO, FL. County: ORANGE Zip Code: 32810

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0950345-003

DR RAY
10/27/2006
JON HULLLESTON

Responsible Official

6. Name and Title of Responsible Official:
Name: JON HULLLESTON Title: PRESIDENT VIATECH ENT. INC.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 5578 NORTH ORANGE BLOSSOM TRAIL
City: ORLANDO County: ORANGE Zip Code: 32810

8. Responsible Official Telephone Number:
Telephone: (407) 297-8178 Fax: () (NONE)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
SAME

10. Facility Contact Address:
Street Address: SAME
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - SAME Fax: () -

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")
1999	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> 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
- 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) *JEK*

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? 1

For each boiler, indicate its horsepower (HP) rating: 20

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 _____

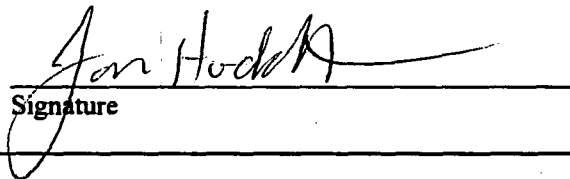
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

JON HUDDLESTON
Print name of responsible official


Signature

9/26/06
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES 196-2005..
SOC REPORTS 6.....
COMP. STATUS - SNC MNC (N)

INS2 - Compliance Inspection
walkthrough - 2/2/2006

INSP - Orange Co. - Citrus Co.
Orange CO - H. Progen

VALET CLEANERS

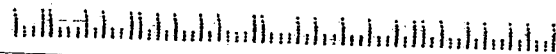
ORLANDO FL 328

28 SEP 2005 PM 2 L



DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES, MS 5510
2600 BLAIR STONE RD.
TALLAHASSEE, FL. 323 99-2400

3239946542 0001



0950345-003

5578 North Orange Blossom Trail
Orlando, Fl. 32810
Phone: (407) 297-8178
Cell: (407) 925-0809
Fax: 352-243-3791

Valet Cleaners

To: Dick Dibble

From: Jon Huddleston

Fax:

Date: October 13, 2006

Phone:

Pages: 3

Re: Sale of business notification

The following will serve as notice that the business operated by Viatch Enterprises Inc DBA Valet Cleaners, was sold effective October, 9, 2006. Our location is 5578 North Orange Blossom Trail, Orlando, Fl. 32810. The phone # is (407) 297-8178. The new owner is Antoni Michaelides, President of Michaelides Ent. LLC.

He has initiate the continuation of a new account and has forward the appropriate paperwork. If you have any questions, please call me.

Thanks,

Jon Huddleston

(407) 925-0809

PLEASE WITHDRAW my APPLICATION.

Jon Huddleston

RECEIVED

OCT 26 2006

OFFICE OF THE ATTORNEY GENERAL
Mobile Support

RAWN

BILL OF SALE AND GENERAL ASSIGNMENT

VIATECH ENTERPRISES, INC., Seller, in consideration of the sum of \$ 244,000.00 and other valuable consideration to it paid by MICHAELIDES ENTERPRISES, LLC, Buyer, Receipt of which is acknowledged, delivers, grants, bargains, sells and transfers forever to Buyer the goods and chattels (hereinafter referred to as the "property") described as follows:

The business currently operated as VALET CLEANERS, located at 5578 N. Orange Blossom Trail, Orlando, FL. 32810 which includes, but is not limited to, the following: stock in trade, fixtures, equipment, advertising control rights, good will, customer contracts and agreements, telephone and facsimile numbers currently in use, customer lists, trade names and license agreements, domain names, websites and email addresses, covenant not to compete, inventory, equipment and merchandise used in and about the business, free and clear of any debts, mortgages, or security interests except as expressly assumed. See schedule of equipment attached hereto to be transferred.

Seller covenants to Buyer that Seller is the lawful owner of the goods and chattels; Seller has good right to sell the property; and Seller will warranty and defend the sale of the property to Buyer against lawful claims and demands of all persons whatsoever.

Seller further warrants that the property is free and clear of all liens, encumbrances, claims and demands whatsoever and Seller agrees to pay any and all unassumed indebtedness on said property and to hold and save Buyer harmless from any liability for its payment, including reimbursement for damages, attorneys fees and costs incurred by Buyers.

All equipment and inventory transferred herein shall be in "AS IS" condition, except that all equipment except as specifically noted on the attached exhibit will be in working order at the time of closing.

"Seller" and "Buyer" shall be used for one or more, natural or artificial, persons which term shall include the heirs, legal representatives, successors and assigns of Seller and Buyers whenever the context so requires or admits.

Dated on August 8th, 2006

Signed, Sealed and Delivered in
the Presence of These Witnesses:

Hui Suk Welch
Witness

VIATECH ENTERPRICES, INC.

J. F. U...
Witness

Jon Huddleston
JON HUDDLESTON, President

STATE OF FLORIDA
COUNTY OF POLK ^{HSW} _{lake}

The foregoing instrument was acknowledged before me this 8th day of August, 2006 by Jon Huddleston who is personally known to me or who has produced FL DLRC # as identification and who did [] did not take an oath.



Hui Suk Welch
Commission #DD241210
Expires: Sep 25, 2007
Bonded Thru
Atlantic Bonding Co., Inc

Notary: Hui Suk Welch
Printed Name: Hui Suk Welch
Stamp: