

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 19, 2001

Mr. Fred Clark
Clark Craft Cleaners
5617 University Boulevard West
Jacksonville, Florida 32216

Re: Facility No.: 0310390-002

Dear Mr. Clark:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 2001.


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,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Wayne Tutt, Duval County

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

Printed on recycled paper.

Fees Paid 96-00
SOC 4
Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

SEP 17 2001

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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):	John E. Clark
2. Site Name (For example, plant name or number):	Clark Craft Cleaners
3. Hazardous Waste Generator Identification Number:	FLCESQG
4. Facility Location: Street Address: City: Jacksonville County: Duval Zip Code: 32216	5617 University Blvd. W.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310390-002

Responsible Official

6. Name and Title of Responsible Official: Name: Fred Clark Title: Manager	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (904) 731-0899 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>May 1999</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>same</u>
_____	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?

40 gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening)

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

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

All steam and hot water generating units exempt

OR

No such units on-site

How many boilers do you have on-site?

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

15

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.

Fred C. Clark

Print name of responsible official

Fred C. Clark

Signature

7/23/01

Date

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
2205600	CLARK CRAFT CLEANERS	J057954	07/24/00	1300013	PERC *DOWPER* - 5-GAL PAIL	2.0	PL
	MR JOHN CLARK	J060216	10/02/00			1.0	PL
	5617 UNIVERSITY BLVD W	J000663	10/23/00			1.0	PL
	JACKSONVILLE FL 32216	J004404	02/26/01			1.0	PL
		J005499	04/02/01			1.0	PL
		J007605	06/11/01			1.0	PL
		J009503	08/13/01			1.0	PL
					TOTAL GALLONS:	40.0	

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		J005499	04/02/01			1.0	PL
		J007605	06/11/01			1.0	PL
		J009503	08/13/01			1.0	PL
					TOTAL GALLONS:	40.0	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To AIRS ID#0310390.....2nd Cert 05
 CLARK CRAFT CLEANERS INC
 Street, Apt. or PO Box 5617 University Blvd W
 City, State JACKSONVILLE, FL 32216

PS Form 3811, February 2004

7004 2510 0002 3939 3387

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#0310390.....2nd Cert 05
 CLARK CRAFT CLEANERS INC
 5617 University Blvd W
 JACKSONVILLE, FL 32216

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

CLARK 3/4/05

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

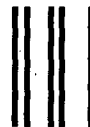
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 3387

UNITED STATES POSTAL SERVICE



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

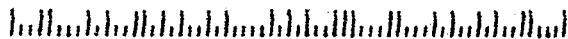
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 6610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 7, 2005

32399-2400



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
For delivery information visit our website at www.usps.com									
OFFICIAL USE									
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
Total Postage: AIRS ID# 310390 1stC Sent To: CLARK CRAFT CLEANERS INC 5617 University Blvd W JACKSONVILLE, FL 32216 <small>Street, Apt. No. or PO Box No.</small> <small>City, State, ZIP</small>									
<small>PS Form 3800, June 2002</small> <small>See Reverse for Instructions</small>									

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# 310390 1stC
 CLARK CRAFT CLEANERS INC
 5617 University Blvd W
 JACKSONVILLE, FL 32216

 2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

 A. Signature
 X  Agent
 Addressee

 B. Received by (Printed Name) C. Date of Delivery
 CLARK 2/17/15

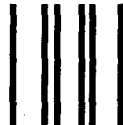
 D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

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

7004 2510 0002 3939 3653

 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 32309-2400

RECEIVED
MAR 1 2005

& Mobile Sources



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

7000 0600 0026 4128 8109

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipie **CLARK CRAFT CLEANERS**
Street, **FRED CLARK**
5617 UNIVERSITY BLVD W
City, St **JACKSONVILLE FL**
32216

PS Form Instructions

AIRS ID # 0310390

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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 2-13-02</p> <p>C. Signature <i>Brandie Benschaw</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0310390</p> <p>CLARK CRAFT CLEANERS FRED CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216</p>	<p>3. Service Type</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Return Receipt <input type="checkbox"/></p>	<p style="text-align: right;">102595-99-M-1789</p>

026 4128 8109

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

OFFICIAL USE

7001 0320 0001 7975 5229

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

Postmark
here

AIRS ID#0310390

Sent To **CLARK CRAFT CLEANERS**
FRED CLARK
 Street, Apt. No.,
 or PO Box No. **5617 UNIVERSITY BLVD W**
 City, State, ZIP+4 **JACKSONVILLE FL**
32216

PS Form 3800, Jan 1999

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#0310390

CLARK CRAFT CLEANERS
FRED CLARK
5617 UNIVERSITY BLVD W
JACKSONVILLE FL
32216

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature

X

Agent
 Addressee

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

2. Article Number *(Copy from service label)*

7001 0320 0001 7975 5229

UNITED STATES POSTAL SERVICE



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

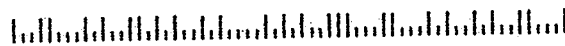
• Sender: Please print your name, address, and ZIP+4 in this box •

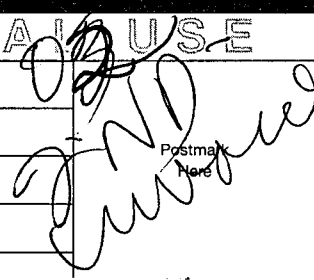
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
AIRS ID#0310390	
Sent To	CLARK CRAFT CLEANERS FRED CLARK
Street, or PO Box	5617 UNIVERSITY BLVD W
City, St	JACKSONVILLE FL 32216
PS Form 3811, August 2001	Instructions

7001 0320 0001 7975 5632

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#0310390

CLARK CRAFT CLEANERS
FRED CLARK
5617 UNIVERSITY BLVD W
JACKSONVILLE FL
32216

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 5632

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3-15-03

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




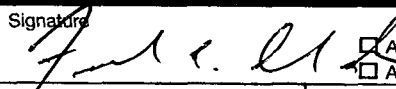
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

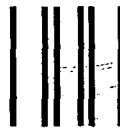
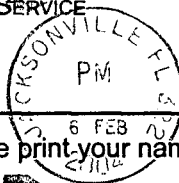
BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 15510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 19 2003
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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) _____	 Postmark Here
ID# 310390 FRED CLARK CLARK CRAFT CLEANERS 5617 UNIVERSITY BLVD W JACKSONVILLE, FL 32216	
PS Form 3800, June 2002 See Reverse for Instructions	

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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 310390 FRED CLARK CLARK CRAFT CLEANERS 5617 UNIVERSITY BLVD W JACKSONVILLE, FL 32216 </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	COMPLETE THIS SECTION ON DELIVERY A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (<i>Printed Name</i>) 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 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7003 2260 0003 5650 7840	

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 •

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

Bureau of Air Monitoring
Mobile Sources

FEB 9 2004

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 453558 MAR 22 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 310390 1st
CLARK CRAFT CLEANERS INC
5617 University Blvd W
JACKSONVILLE, FL 32216

Bureau of Air Mail
& Mobile Services

MAR 06 2006

RECEIVED

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447765 FEB28 2005

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# 310390 10
CLARK CRAFT CLEANERS INC
5617 University Blvd W
JACKSONVILLE, FL 32216

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437081 MAR 1 2004

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

10/18/07

Do NOT Remove Label

310390
FRED CLARK
CLARK CRAFT CLEANERS, *INC.*
5617 UNIVERSITY BLVD W
JACKSONVILLE FL 32216

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

RECEIVED
MAR 4 2004
Bureau of Air Missions
& Mobile Solutions



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

424325 MAR 3 2003

Do NOT Remove Label

AIRS ID#0310390

CLARK CRAFT CLEANERS
FRED CLARK
5617 UNIVERSITY BLVD W
JACKSONVILLE FL
32216

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414640 FEB28 2002

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# 0310390
CLARK CRAFT CLEANERS
FRED CLARK
5617 UNIVERSITY BLVD W
JACKSONVILLE FL
32216

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