



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 16, 2002

Mr. Tony S. Grant
Americlean Cleaners, Inc.
9444 Arlington Expressway
Jacksonville, Florida 32225

Re: Facility No.: 0310411-002

Dear Mr. Grant:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 14, 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: Mr. Wayne Tutt, Duval County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 14 2002
Bureau of Air Monitoring
& Mobile Sources

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):	TONY S. GRANT / AMERICLEAN CLEANERS, INC		
2. Site Name (For example, plant name or number):	# 7 / AMERICLEAN		
3. Hazardous Waste Generator Identification Number:	F002 - D0039 / F002 - D007		
4. Facility Location:	Street Address: 9444 ARLINGTON EXPRESSWAY City: JACKSONVILLE County: DUVAL Zip Code: 32225		
Facility Identification Number (DEP Use ONLY - do not fill in)	0310411-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: TONY S. GRANT Title: PRESIDENT / OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 9444 ARLINGTON EXPWAY City: JACKSONVILLE County: DUVAL Zip Code: 32225		
8. Responsible Official Telephone Number:	Telephone: (904) 721-8365 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TONY S. GRANT, PRESIDENT / OWNER		
10. Facility Contact Address:	Street Address: SAME City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: (904) 721-8365 Fax: () -		

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JUN 14 2002
Bureau of Air Monitoring
& Mobile Sources

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")
1987	Existing	RC/CA/None required	July 1996
_____	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) Since Dec 19

(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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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?

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

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) ELECTRIC

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 | <input checked="" type="checkbox"/> |
| (b) Leak detection inspection and repair | <input checked="" type="checkbox"/> |
| (c) Refrigerated condenser temperature monitoring | <input checked="" type="checkbox"/> |
| (d) Carbon adsorber exhaust perc concentration monitoring | <input type="checkbox"/> |
| (e) Startup, shutdown, malfunction plan | <input checked="" type="checkbox"/> |

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 _____

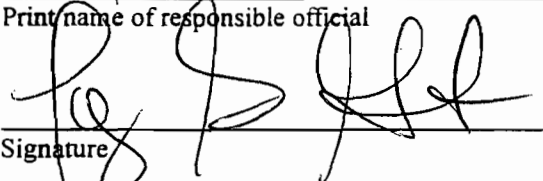
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

TONY S. GRANT
Print name of responsible official


Signature

6/11/02
Date



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 14, 2002

AIRS ID # 0310411

Mr. Tony S. Grant
2424 Townsquare Drive
Jacksonville, Florida 32216

Re: Americlean Cleaners #7

Dear Mr. Grant:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1329) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

/SB

Enclos



Tony S. Grant
Sheila M. Grant
2424 Townsquare Dr. 904-726-8845
Jacksonville, FL 32216

1329

DATE 6/12/02

PAID TO THE ORDER OF Dept of Environmental Protection \$ 50.00

justly

DOLLARS

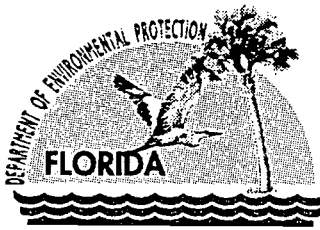
Security Features
Detailed on Back.

NAVY FEDERAL CREDIT UNION
VIENNA, VIRGINIA

AMERICLEAN CLEANERS #7
9444 Arlington Expwy
FOR JAX, FL 32225

CHECKS UNLIMITED - PEANUTS
TO RECORD IN 1-800-304-2244 • www.checks unlimited.com

MP



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

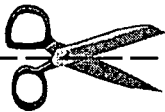
TO: Holder of Title V Air General Permit

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**



(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.

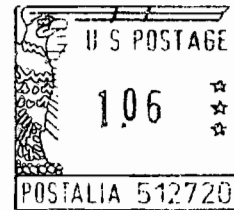
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

310411
TONY GRANT
AMERICLEAN CLEANERS
9444 ARLINGTON EXPWY
JACKSONVILLE FL 32225

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



RECEIVED

DEC 16 2003

Bureau of Air Monitoring
& Mobile Sources

310411
TONY GRANT
AMERICLEAN CLEANERS

GRAN444 322253811 1C03 12 12/12/03

RETURN TO SENDER

GRANT' TONY

MOVED LEFT NO ADDRESS

UNABLE TO FORWARD

RETURN TO SENDER



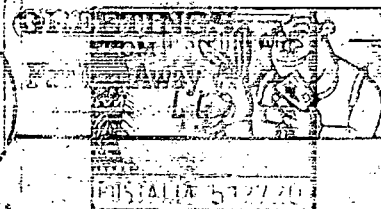
MS# 6510 MC Acct # 5529

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7003 2260 0003 5650 8427



RECEIVED

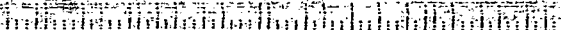
APR 12 2004

Division of Air Monitoring
& Mobile Sources

AMERICAN CLEANERS
TONY GRANT
9444 ARLINGTON EXPWY
JACKSONVILLE FL 32225

AMER444 322252920-1003-19-04/05/04
RETURN TO SENDER
AMERICAN
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

000000-000000000000



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. 		A. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: _____	
1. Article Addressed to: AMERICLEAN CLEANERS TONY GRANT 9444 ARLINGTON EXPWY JACKSONVILLE, FL 32225		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
2. Article Number: _____ (Transfer from service label)		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 <input type="checkbox"/> No		7003 2260 0003 5650 8427	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02/M-1540	

7003 2260 0003 5650 8427

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	323 Postmark Here CWO
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AMERICLEAN CLEANERS
Sent To	TONY GRANT
Street, Apt. No., or PO Box No.	9444 ARLINGTON EXPWY
City, State, ZIP+4	JACKSONVILLE, FL 32225
#0310 411	
PS Form 3800, June 2001 See reverse for instructions	

BEST AVAILABLE COPY

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 # 310411

TONY GRANT
 AMERICLEAN CLEANERS
 9444 ARLINGTON EXPWY
 JACKSONVILLE, FL 32225

COMPLETE THIS SECTION ON DELIVERY

A Signature

Agent

Addressee

B Received by (Printed Name)

C Date of Delivery

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

(transfer from service label)

7003 0500 0004 0144 9645

PS Form 3811 August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

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

2nd Cl
2003

AIRS ID # 310411

TONY GRANT
 AMERICLEAN CLEANERS
 9444 ARLINGTON EXPWY
 JACKSONVILLE, FL 32225

PS Form 3800 June 2002

See reverse for instructions


7003 0500 0004 0144 9645

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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ID# 310411 TONY GRANT AMERICLEAN CLEANERS 9444 ARLINGTON EXPWY JACKSONVILLE, FL 32225		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number _____ (Transfer from service label)		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? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

7003 2260 0003 5650 7925

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

ID# 310411
 TONY GRANT
 AMERICLEAN CLEANERS
 9444 ARLINGTON EXPWY
 JACKSONVILLE, FL 32225

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7925

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

OFFICIAL USE

Postage \$	Postmark Here <i>0228 3rd JAN 03</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID#0310411

Total AMERICLEAN CLEANERS

Sent To: TONY S GRANT

Street: 9444 ARLINGTON EXPWY

City, St: JACKSONVILLE FL

City, St: 32225

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0003 3104 9084

SENDER

- 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#0310411

AMERICLEAN CLEANERS
 TONY S GRANT
 9444 ARLINGTON EXPWY
 JACKSONVILLE FL
 32225

2. Article Number (Copy from service label)
 M000167000133108 9084



RECIPIENT SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
TONY S. GRANT *4/10/03*

C. Signature
[Signature] Agent Addressee

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

APR 15 2003

CEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
AIRS ID#0310411	
Sent To AMERICLEAN CLEANERS Street, TONY S GRANT or PO E 9444 ARLINGTON EXPWY City, St. JACKSONVILLE FL 32225	
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#0310411

 AMERICLEAN CLEANERS
 TONY S GRANT
 9444 ARLINGTON EXPWY
 JACKSONVILLE FL
 32225

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- 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
 (Transfer from service label)

7001 0320 0001 7976 4290

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 13 2003

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7975 5168

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

Restmark
 Here
[Handwritten Signature]

AIRS ID#0310411

Sent To
 AMERICLEAN CLEANERS
 TONY S GRANT
 Street, Apt. No.,
 or PO Box No. 9444 ARLINGTON EXPWY
 City, State, ZIP+4 JACKSONVILLE FL
 32225

PS Form 3800, Jan 99

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#0310411

AMERICLEAN CLEANERS
 TONY S GRANT
 9444 ARLINGTON EXPWY
 JACKSONVILLE FL
 32225

COMPLETE THIS SECTION ON DELIVERY

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

TONY GRANT *7/7/03*

C. Signature

[Handwritten Signature]

- 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 5168

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 11 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428520 APR21 2003

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

RECEIVED
APR 25 2003
Bureau of Air Monitoring
& Mobile Source

Do NOT Remove Label

AIRS ID#0310411
AMERICLEAN CLEANERS TONY S GRANT 9444 ARLINGTON EXPWY JACKSONVILLE FL 32225

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