



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

July 28, 1997

Mr. Eugene Liebovitz
Ru-Gen Cleaners, Inc.
1943 North Federal Highway
Boca Raton, Florida 33432

Re: Facility No.: 0990509

Dear Mr. Liebovitz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 1997.

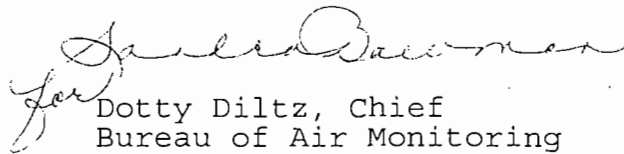
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

Printed on recycled paper.

3/8/99 called x # has been disconnected (EAB)

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:05 TIME OUT: 1:30 AIRS ID#: 0990509

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: RUGENZ CLEANERS, INC. DATE: 5/28/97

FACILITY LOCATION: 1943 N. FED. HWY., BOCARATON, FL 33432

RESPONSIBLE OFFICIAL: EUGENE LIEBOVITZ PHONE NUMBER: (561) 367-1588

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They failed to notify in 1996	Notification forms were given them in May 1997. Air ID # was issued in June 1997.

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION:

5/28/98

(Approximate)

INSPECTION CONDUCTED BY:

DONALD SIKAZWE

(Please Print)

INSPECTOR'S SIGNATURE:

Donald Sikazwe

PHONE NUMBER:

(561) 355-4537

#0990509

Ru-Genie Cleaners

p.13

7. add address

p.14

1.(a) add date control device
installed

1.(c) mark out "X"

3. should be new small
area source

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RU-GENE CLEANERS, INC		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 981 03 0976		
4. Facility Location:	Street Address: 1943 N. FEDERAL HWY City: BOCA RATON County: PALM BEACH Zip Code: 33432		
5. Facility Identification Number (DEP Use):	730400499 509500125 0990509		

Responsible Official

6. Name and Title of Responsible Official:	EUGENE LIEBOVITZ / President		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (561) 367-1588 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: () -		

RECEIVED

JUN 20 1997

Facility Information

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>may-96</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

*new
small
na*

Existing small area source New small area source

Existing large area source New large area source

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

Existing large area source.

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

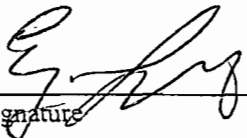
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.



Signature

5-14-97

Date

ARMS



PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990509 DATE: 5/28/97 TIME IN: 10:05 TIME OUT: 1:30
FACILITY NAME: RU-GENE CLEANERS, INC.
FACILITY LOCATION: 1943 N. FED. HWY., BOCA RATON, FL 33432

PART I: NOTIFICATION
(check appropriate box)
1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box)
A.
1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91)
4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91)
This is a correct facility classification. Y N
If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

- 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
- 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N
- 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
- 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
- 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
- 6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

- Has the responsible official:
(check appropriate boxes)
- 1. Maintained receipts for perc purchased? Y N
 - 2. Maintained rolling monthly averages of perc consumption? Y N
 - 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
 - 4. Maintained calibration data? (for direct reading instruments only) Y N N/A
 - 5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
 - 6. Maintained startup/shutdown/malfunction plan? Y N
 - 7. Maintained deviation reports? Y N
 Problem corrected? Y N
 - 8. Maintained compliance plan, if applicable? Y N N/A
- } BECAUSE
} PREVIOUS IS
} NEW

PART VI: LEAK DETECTION AND REPAIRS

- 1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N A

Physical detection (airflow felt through gaskets) Y N A

Odor (noticeable perc odor) Y N A

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N N/A

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N N/A

d. Kept in a clean and secure area when not in use? Y N N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N N/A

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N N/A

Door gaskets and seating Y N

Stills Y N N/A

Filter gaskets and seating Y N

Exhaust dampers Y N N/A

Pumps Y N

Diverter valves Y N N/A

Solvent tanks and containers Y N

Cartridge filter housings Y N N/A

Water separators Y N

[Signature]

Name of Responsible Official (Signature)

DONALD SIKAZWE

Inspector's Name (Please Print)

Donald SIKAZWE

Inspector's Signature

EUGENE LIEBOVITZ 3613671588

Name of Responsible Official (Print) & Phone #

5/28/97

Date of Inspection

5/28/98

Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area

Yes No

Waste area Yes No

Spotting area Sealed Yes No

2. Disposal of Water from Water Separator using approved evaporator

Yes No

or Waste Handler Pickup Water Yes No

Yes No

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

✓ ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:25 TIME OUT: 11:35 AIRS ID#: 0990509

TYPE OF FACILITY: Dry Cleaning RECEIVED

FACILITY NAME: RU-GENZ CLEANERS, INC. DATE: 7-16-99

FACILITY LOCATION: 1943 N. Fed HWY
Boca Raton, FL 33432

RESPONSIBLE OFFICIAL: PHONE NUMBER:

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Business Closed, Now some one with different type of Business. No information about RU-GENZ Cleaners, Inc. available.	N/A

COMMENTS:

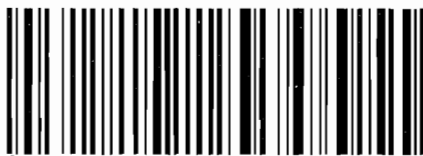
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: N/A (Approximate)

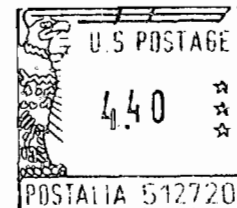
INSPECTION CONDUCTED BY: Q.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: Q.V. Chokshi PHONE NUMBER: 355-3070

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



7001 0320 0001 7975 8879



RECEIVED

APR 18 2002

Bureau of Air Monitoring
& Mobile Sources

AU

10 AIRS 0990509
EUGENE LIEPITZ
RU-GENE D
1943 N FEDERAL HWY
BOCA RATON FL 33432



- MOVED, LEFT NO ADDRESS
 - NOT DELIVERABLE AS ADDRESSED
 - UNABLE TO FORWARD
 - ATTEMPTED - NOT KNOWN
 - UNCLAIMED REFUSED
 - NO SUCH STREET - NUMBER
 - INSUFFICIENT ADDRESS
 - NO MAIL RECEPTACLE DECEASED
- FROM: BOCA RATON FL

Z 333 613 108

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID# 0990509

RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 333 613 089

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0990509

RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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:

10 AIRS ID # 0990509
EUGENE LIEBOVITZ
RU-GENE INC
1943 N FEDERAL HWY
BOCA RATON FL 33432

COMPLETE THIS SECTION ON DELIVERY

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

C. 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. Postmark Number (Copy from service label)

7001 0320 0001 7975 8879

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

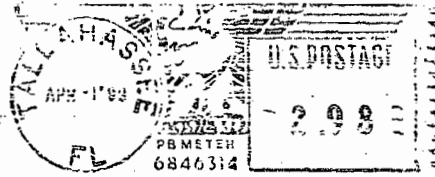
CERTIFIED

P 174 052 212

MAIL

3755030100
2529 1R MS#5910
BAMMS
JOEY ROBERTS

MLNA



AIRS-ID # 0990509
RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

RETURNED TO SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE TO FORWARD UNLESS
ROUTE NO 700

3755030100



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MC# 5510
37550301000

CERTIFIED

Z 333 660 611

MAIL

Name _____
1st Notice _____
2nd Notice _____
Return _____

AIRS ID # 0990509
RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

US POSTAGE
FEB 17 1999
TALLAHASSEE, FL

RETURNED TO
RENDER

- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED - NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE
ADDRESSED TO
TO FORWARD VIA
ROUTE NO. 112
CARRIER

Bureau of Air Monitoring
& Mobile Sources

FEB 17 1999

RECEIVED

100

Is your RETURN ADDRESS completed on the reverse side?

- SENDER**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0990509</p> <p>RU-GENE INC EUGENE LIEBOVITZ 1943 FEDERAL HWY BOCA RATON FL 33432</p>	<p>4a. Article Number 2333 660 611</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p style="text-align: center;">X</p>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 660 611

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0990509

RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 613 555

RECEIVED

18 31 06/23/99

MAIL

530307
MS5510

Bureau of Air Monitoring
& Mobile Sources

LETTER OF NONCOMPLIANCE

AIRS ID# 0990509

TO: RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

3343294333/2400

U.S. POSTAGE
277

TALLAHASSEE, FL 32301

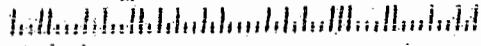
RETURNS TO SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS ADDRESSED - UNDELIVERABLE
ROUTE NO. DATE
CAR/INITIALS

16-0-3

18-31-99

RETURNS TO SENDER



PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: center;">AIRS ID# 0990509</p> <p>RU-GENE INC EUGENE LIEBOVITZ 1943 N FEDERAL HWY BOCA RATON FL 33432</p>	<p>4a. Article Number Z 333 613 555</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p style="text-align: center;">X</p>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

Z 333 613 555

US Postal Service
Receipt for Certified Mail

AIRS ID# 0990509

RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

use a different return address

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 613 108

MAIL

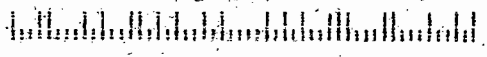
50304
MS5510

AIRS ID# 0990509
RU-GENE INC
EUGENE LIEBOVITZ
1943 N FEDERAL HWY
BOCA RATON FL 33432

RECEIVED
U.S. POSTAGE
APR 13 1999
Bureau of Air Monitoring
& Mobile Sources

- MOVED, LEFT NO ADDRESS
 - FORWARDING ORDER EXPIRED
 - ATTEMPTED - NOT KNOWN
 - UNCLAIMED - RETURNED
 - NO SUCH STREET
 - NO SUCH NUMBER
 - INSUFFICIENT ADDRESS
 - NO MAIL RECEPTACLE
 - TEMPORARILY AWAY
 - VACANT
- ROUTE NO. 6 DATE 4/8
CARR/INITIALS

33432-3334 16



OLD MAILING SERVICE

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0990509

RU-GENE INC
 EUGENE LIEBOVITZ
 1943 N FEDERAL HWY
 BOCA RATON FL 33432

4a. Article Number
 2333613100

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.