

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 25, 2002

Mr. Mark Nemitz
Arthrex Manufacturing, Inc.
2900 South Horseshoe Drive
Naples, Florida 34104

Re: Facility No.: 0210097-001

Dear Mr. Nemitz:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizers facility that you submitted on May 22, 2002.

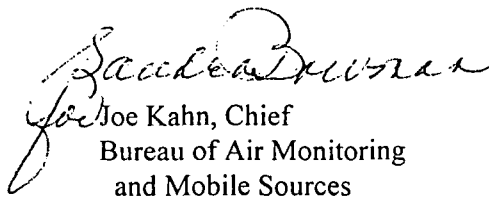
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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RECEIVED

MAY 22 2002

Bureau of Air Monitoring
& Mobile Sources

ETHYLENE OXIDE STERILIZERS
AIR GENERAL PERMIT NOTIFICATION FORM

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): Arthrex Manufacturing, Inc.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 2900 South Horseshoe Drive City: Naples County: Collier Zip Code: 34104
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0210097-001

Responsible Official

6. Name and Title of Responsible Official: Name: Mark Nemitz Title: QA/RA Manager
7. Responsible Official Mailing Address: Organization/Firm: Arthrex Manufacturing, Inc. Street Address: 2900 South Horseshoe Drive City: Naples County: Collier Zip Code: 34104
8. Responsible Official Telephone Number: Telephone: (941) 403 - 0860 Fax: (941) 403 - 0861

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. Ethylene oxide sterilization unit description.

(a) How many ethylene oxide sterilization units do you have on-site?

For each unit on-site, please provide the following information:

Vent Type (circle one)*	Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	Date Control Installed (if same as purchase date, write "SAME")
<input checked="" type="radio"/> SC <input checked="" type="radio"/> CE / AR	<u>August, 2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> YES / NO	<u>August, 2002</u>
<input checked="" type="radio"/> SC <input checked="" type="radio"/> CE / AR	<u>August, 2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> YES / NO	<u>August, 2002</u>
SC / CE / AR	_____	Existing / New	YES / NO	_____

*VENT TYPE KEY: SC = Sterilization Chamber CE = Chamber Exhaust AR = Aeration Room

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

2. (a) What was the total amount of ethylene oxide purchased in the latest 12 months? tons

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

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

3. What control technology is required for sterilization units pursuant to this general permit? (Indicate with an "X".)

Acid-water scrubber Other
Catalytic oxidation unit None required
Thermal oxidation unit

4. 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 for ethylene oxide purchases
- (b) Temperature monitoring for oxidizer units
- (c) Liquor tank level monitoring
- (d) Concentrations of ethylene glycol in scrubber systems
- (e) Exhaust concentrations of ethylene oxide
- (f) Performance testing
- (g) Instrument calibration

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

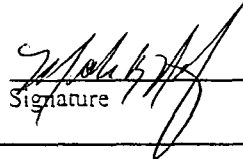
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the DEP air permit number(s) are: _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

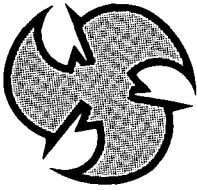
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Mark B. Nemitz
Print name of responsible official


Signature

5-20-02
Date



ENVIRONMENTAL ENGINEERING CONSULTANTS, INC.

Consulting

Engineers • Environmental Scientists

LETTER OF TRANSMITTAL

DATE	5/21/02	JOB NO.	2002048
RE:	Arthrex Manufacturing, Inc.		

TO Ms. Sandy Bowman
~~Florida Dept. of Environmental Protection~~
~~2600 Blair Stone Road - MS 5510~~
~~Tallahassee, Florida 32399-2400~~

GENTLEMEN:

- WE ARE SENDING YOU Attached Permit Applications Report Review Fees
 Shop Drawings Prints Plans Samples Specifications

COPIES	NO.	DESCRIPTION
1		Copy of Application for "Notification of Intent to Use General Permit"
		Title V Ethylene Oxide Sterilizers

THESE ARE TRANSMITTED as checked below:

- For approval For Your use As requested

REMARKS

Please call me if you have questions or comments at 800-229-3781

COPY TO

SIGNED: Jason Lichtenstein

5119 N. FLORIDA AVENUE • P.O. BOX 7854 • TAMPA FLORIDA 33603 (813) 237-3781

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

7001 0320 0001 7976 2777

OFFICIAL USE	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total Postage & Fees	\$ _____
AIRS ID#0210097	
Sent To	ARTHRA X MANUFACTURING
Street, Apt. No., or PO Box No.	MARK NEMITZ 2900 SOUTH HORSESHOE DRIVE
City, State, ZIP+4	NAPLES FL 34104
PS Form 3800, Jan 2001	

John J. ...
 Postmark Here

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#0210097

ARTHRA~~X~~ MANUFACTURING
 MARK NEMITZ
 2900 SOUTH HORSESHOE DRIVE
 NAPLES FL
 34104

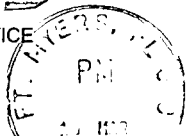
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
	3-10
C. Signature	<input type="checkbox"/> Agent
<i>John J. ...</i>	<input checked="" type="checkbox"/> Addressee
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

2 Article Number
 (Transfer from service label)

7001 0320 0001 7976 2777

UNITED STATES POSTAL SERVICE



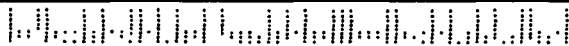
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 Quality
& Mobile Sources

MAR 12 2003





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

424989 MAR 6 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: \$50.00

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2003

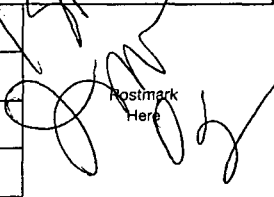
RECEIVED

Do NOT Remove Label

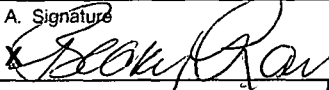
X

AIRS ID#0210097
ARTHRAX MANUFACTURING MARK NEMITZ 2900 SOUTH HORSESHOE DRIVE NAPLES FL 34104

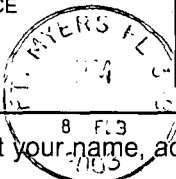
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID#0210097
Sent To	ARTHRIX MANUFACTURING
	MARK NEMITZ
Street, or PO Box	2900 SOUTH HORSESHOE DRIVE
City, State	NAPLES FL
	34104
PS Form 3811, January 2001 See Reverse for Instructions	

7001 0320 0001 7975 7711

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. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2-7-03</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#0210097</p> <p>ARTHRIX MANUFACTURING MARK NEMITZ 2900 SOUTH HORSESHOE DRIVE NAPLES FL 34104</p>	<p>3. Service Type</p> <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>
<p>2 Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7001 0320 0001 7975 7711	

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 STOP 15510
2810 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2100

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2005

2005021015510



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

OFFICIAL USE

7001 1140 0001 7556 4590

Postage	\$	03 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total: AIRS ID # 210097

Sender: ARTHRAX MANUFACTURING
 MARK NEMITZ
 2900 SOUTH HORSESHOE DRIVE
 NAPLES, FL 34104

PS Form 3800, January 2001 See Reverse for 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 # 210097
 ARTHRAX MANUFACTURING
 MARK NEMITZ
 2900 SOUTH HORSESHOE DRIVE
 NAPLES, FL 34104

2 Article (Transit)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 4-17-04

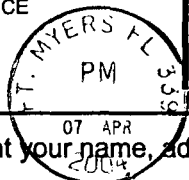
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7001 1140 0001 7556 4590

UNITED STATES POSTAL SERVICE



GREEN

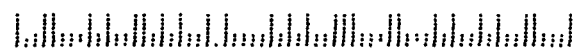
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

RECEIVED
APR 9 2004



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 # 210097

MARK NEMITZ
 ARTHRAX MANUFACTURING
 2900 SOUTH HORSESHOE DRIVE
 NAPLES, FL 34104

2 Article Number
(Transit)

7003 0500 0004 0144 7962

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Martinez* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

102595-02-M-1540

BEST AVAILABLE COPY

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 •

MAR 12 2004
TALLAHASSEE, FL
MAIL STATION 5510

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





RECEIVED
FEB 18 2004
Bureau of Air Monitoring
& Mobile Sources

Mrs. Sandy Bowman
Bureau of Air Monitoring & Mobile Sources
Mail Station 5510
Florida Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Facility No. 0210097-001

Dear Mrs. Bowman,

Arthrex Manufacturing Inc. received a Title V General Permit in 2002 for a planned ethylene oxide sterilizer system. For various reasons that system was never purchased and installed. For this reason I am requesting the Title V General Permit for Arthrex Manufacturing Inc. be closed. I have included the \$50.00 annual fee for the year 2003.

If you have any questions or if I may be of any further assistance, please do not hesitate to contact me at 239-591-6960.

Regards,

David L. Bumpous
Safety Manager
Arthrex, Inc.
1370 Creekside Blvd.
Naples, Florida 34108