

MAY 05 2011

ETHYLENE OXIDE STERILIZERS  
AIR GENERAL PERMIT NOTIFICATION FORM

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):  University Of Miami Tissue Bank (UMTB)
2. Site Name (For example, plant name or number): N/A
3. Hazardous Waste Generator Identification Number: FLD980555882
4. Facility Location: Street Address: 1951 NW 7 <sup>th</sup> Avenue City: Miami County: Miami Dade Zip Code: 33136 - 1107
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0251337-001</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: Kenneth Capezzuto Title: Executive Director, EH&S
7. Responsible Official Mailing Address: Organization/Firm: University of Miami Street Address: 1400 NW 10 Avenue, Ste. 405 City: Miami County: Miami Dade Zip Code: 33136
8. Responsible Official Telephone Number: Telephone: (305) 243 - 3400 Fax: (305) 243 - 3272

**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="checkbox"/> SC/ <input type="checkbox"/> CE/ <input type="checkbox"/> AR	09-2009	Existing/ <input checked="" type="checkbox"/> New	YES/ <input checked="" type="checkbox"/> NO	_____
SC/ <input checked="" type="checkbox"/> CE/ <input type="checkbox"/> AR	N/A	Existing/New	YES/ <input checked="" type="checkbox"/> NO	_____
SC/ <input type="checkbox"/> CE/ <input checked="" type="checkbox"/> AR	N/A	Existing/New	YES/ <input checked="" type="checkbox"/> 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.*

KENNETH A. CAPEZZUTO  
Print name of responsible official

Kenneth A. Capuzzo  
Signature

4/28/11  
Date

**Dibble, Dickson**

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**From:** Munro, Vaughan [VMunro@med.miami.edu]  
**Sent:** Thursday, May 05, 2011 11:13 AM  
**To:** Dibble, Dickson  
**Cc:** 'stevep@steriletech.com'; 'roman@steriletech.com'; Capezzuto, Kenneth P.  
**Subject:** University of Miami Tissue Bank Permit  
**Attachments:** UMTB Permit Application.pdf

Dear Mr. Dibble:

Attached for your review is a signed copy of the Ethylene Oxide Sterilizers Air General Permit Notification Form. If you have any questions, please do not hesitate to contact me. Thank you.



**Vaughan Munro**  
Hazardous Materials Manager  
University of Miami  
Environmental Health and Safety  
Miami, Florida  
305- 243-3268

**RECEIVED**

**MAY 05 2011**

**Bureau of Air Monitoring  
& Mobile Sources**

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