



Department of Environmental Protection

0310379

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 3, 1996

Mr. Jerry Bussell
Vice President Operations
Xomed Surgical Products
6743 Southpoint Drive N.
Jacksonville, Florida 32216

Dear Dr. Bussell:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizers facility that you submitted on September 17, 1996.

Please note that in November 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

cc: Ms. Lori Tilley, Duval County

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

*Revised***Ethylene Oxide Sterilization Facility Notification****Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Xomed Surgical Products
2. Site Name (For example, plant name or number): Xomed Surgical Products
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
5. Facility Identification Number (FID):

Responsible Official

6. Name and Title of Responsible Official: Jerry Bussell, Vice President Operations
7. Responsible Official Mailing Address: Organization/Firm: Xomed Surgical Products Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
8. Responsible Official Telephone Number: Telephone: (904) 296-9600 Fax: (904) 279-7587

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Marie Garnes, Director Technical Services
10. Facility Contact Address: Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
11. Facility Contact Telephone Number: Telephone: (904) 296-9600 Fax: (904) 279-7587

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>									
	#1	03-OCT-93	03-OCT-93	#2	01-MAR-94	08-DEC-94	#3	03-JAN-95	
Sterilization Chamber									
Joslyn		Aug 91	01 Nov 91						
Chamber Exhaust									
Joslyn		Aug 91	01 Nov 91						
Aeration Room									
Joslyn		Aug 91	01 Nov 91						

(b) Control devices are required, but not yet installed All control devices are installed. See note below.

2(a) What was the total amount of ethylene oxide purchased in the latest 12 months? 0.5 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 to be added to machines pursuant to this general permit?

(Indicate with an "X") None Required

Acid-water scrubber PL Other

Catalytic oxidation unit None required PL

Thermal oxidation unit

Note: Unit consists of 5 pallet stainless steel chamber, control console/data acquisition, vacuum pumping module, heat exchanger system, circulation blower system, steam generator, sterilant transfer station, water chiller, water heater, recovery module, reprocessing module, scrubber module (acid-water scrubber), Gow gas sampling system. All areas are monitored by a HNV system which is an ETD monitoring system. All equipment was purchased from Joslyn Sterilizer Corporation, 5815 Country Road 41, Farmington, NY 14425. (Phone 1-716-398-2680).

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

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 Rule 62-210.200, F.A.C., 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 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 Jerry Russell

Date August 28, 1996

Ethylene Oxide Sterilization Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Xomed Surgical Products
2. Site Name (For example, plant name or number): Xomed Surgical Products
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
5. Facility Identification Number (DEP Use): 0310379

Responsible Official

6. Name and Title of Responsible Official: Jerry Bussell, Vice President Operations
7. Responsible Official Mailing Address: Organization/Firm: Xomed Surgical Products Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
8. Responsible Official Telephone Number: Telephone: (904) 296-9600 Fax: (904) 279-7587

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Marie Garnes, Director Technical Services
10. Facility Contact Address: Street Address: 6743 Southpoint Drive N. City: Jacksonville County: Duval Zip Code: 32216
11. Facility Contact Telephone Number: Telephone: (904) 296-9600 Fax: (904) 279-7587

RECEIVED

AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

Equipment Monitoring and Recordkeeping Information

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- (a) Purchase receipts for ethylene oxide purchases
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- (d) Concentrations of ethylene glycol in scrubber systems
- (e) Exhaust concentrations of ethylene oxide
- (f) Performance testing
- (g) Instrument calibration

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I will promptly notify the Department of any changes to the information contained in this notification.

Signature Jerry Bussell

August 28, 1996
Date



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 REGION 4
 ATLANTA FEDERAL CENTER
 61 FORSYTH STREET
 ATLANTA, GEORGIA 30303-8960

RECEIVED

MAR 06 2003

DIVISION OF AIR
 RESOURCES MANAGEMENT

FEB 27 2003

4APT-AEEB

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jerry Bussell, VP Operations
 Medtronics XOMED
 6743 Southpoint Drive North
 Jacksonville, FL 32216-0980

RECEIVED

MAR 10 2003

Bureau of Air Monitoring
 & Mobile Sources

"FYI"

XC: SANDY B
 SCOTT S
 JIM P
 JOE
 TRINA

HR

3/7

Dear Mr. Bussell:

The purpose of this letter is to apprise you of the Environmental Protection Agency's (EPA) findings and evaluation of Medtronics XOMED (XOMED) compliance status following a compliance inspection of the ethylene oxide sterilizer facility on February 21, 2002. During the compliance inspection Mr. Floyd Ledbetter, the inspector, discovered that your facility was calculating your usage of ethylene oxide as the amount that is purchased and consumed by the facility versus that which is recycled. Our interpretation of 40 CFR Subpart O (Ethylene Oxide Emissions Standards for Sterilization Facilities) is that usage, as used in Subpart O Section 63.360(a), means the throughput amount of ethylene oxide in the sterilization chamber during all sterilizations, and not just that which was purchased and consumed.

In email correspondence of March 1, 2002, with EPA, XOMED stated that it placed 25.2 pounds of ethylene oxide in the sterilization chamber, 152 times in 2001. This constitutes 3,830 pounds in a one year period. This is clearly greater than the 1,000 pound amount specified in Subpart O Section 63.360, and therefore makes XOMED subject to all requirements for sources using more than 1000 pounds of ethylene oxide. These requirements include the provisions of Subpart O Sections 63.360 thru 63.367 regarding General Provisions, Compliance and Performance Testing, Monitoring Requirements, Test Methods and Procedures, Reporting Requirements, and Recordkeeping Requirements.

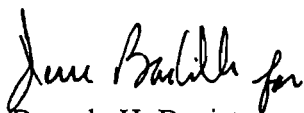
EPA acknowledges that Subpart O does not directly address how to calculate the amount used when sterilization gas is recycled. However, based on the language and purpose of the regulations, EPA believes that an interpretation based on the throughput of sterilization gas through the sterilization chamber, rather than an interpretation based on the amount of gas consumed by the system, is most appropriate. EPA's determination is based on the fact that the language of the regulations suggests that the focus of the calculation is on the throughput of sterilization gas in the sterilization chamber. The definition of *sterilization operation* ("...any time when ethylene oxide is removed from the sterilization chamber through the sterilization

chamber vent...”) indicates that the focus of the regulation is throughput. Similarly, the definition of *sterilization chamber vent* focuses on “...evacuation of ethylene oxide from the sterilization chamber...”. Thus, applicability focuses on the use of the equipment, not on the source of the sterilization gas. Consistent with this view, the control requirements at Section 360.362 define controls in terms of emission reductions at the chamber vent, not after other downstream equipment. Nothing in the language of Subpart O suggests that applicability should consider recycling by relying only on the amount of ethylene oxide purchased to replace lost gas or other concepts that incorporate the concept of controls.

EPA is requesting that the facility meet all the applicable requirements of Subpart O not later than 180 days from receipt of this correspondence. Your permit issued by the Florida Department of Environmental Protection is written with maximum flexibility, and it is our understanding it will not need to be modified for compliance with the additional Subpart O requirements.

Your attention to this matter is appreciated. If you have questions or comments in applying this regulation, please call Mr. Floyd Ledbetter at 404-562-9218.

Sincerely,



Beverly H. Banister

Director

Air, Pesticides, and Toxics

Management Division

cc: Howard L. Rhodes, FDEP
James L. Manning, JRESD



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 REGION 4
 ATLANTA FEDERAL CENTER
 81 FORSYTH STREET
 ATLANTA, GEORGIA 30303-6888

SANDY
 RECEIVED

MAR 06 2003

DIVISION OF AIR
 RESOURCES MANAGEMENT

File:

03/0379-002

FEB 27 2003

4APT-AEEB

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jerry Bussell, VP Operations
 Medtronics XOMED
 6743 Southpoint Drive North
 Jacksonville, FL 32216-0980

RECEIVED

MAR 10 2003 "F4I"

Bureau of Air Monitoring
 & Mobile Sources

XC: SANDY B
 Scott S
 Jim P

Joe
 TRINA
 3/7
 BILL, SANDY

Dear Mr. Bussell:

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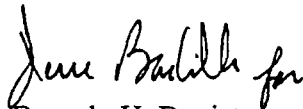
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Your attention to this matter is appreciated. If you have questions or comments in applying this regulation, please call Mr. Floyd Ledbetter at 404-562-9218.

Sincerely,



Beverly H. Banister
Director
Air, Pesticides, and Toxics
Management Division

cc: Howard L. Rhodes, FDEP
James L. Manning, JRES



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AUG 4 1997

Bureau of Air Monitoring
& Mobile Sources

July 31, 1997

Dotty Diltz, Chief
Bureau of Air Monitoring and Mobile Sources
Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

file
DEO

#0310379

Ref: Your memorandum of July 25, 1997 concerning Plant Explosions at Ethylene Oxide Sterilizers

Dear Ms. Diltz,

In response to your memorandum, the following is provided concerning the control technology in use at our sterilizer facility.

We have a Joslyn Sterilization System. The sterilization chamber, the chamber exhaust and Aeration Room were purchased in August 1991 and all control devices were installed on November 1, 1991.

The control unit consists of a 5 pallet stainless steel chamber, control console/data acquisition, vacuum pumping module, heat exchanger system, circulation blower system, steam generator, sterilant transfer station, water chiller, water heater, recovery module, reprocessing module, scurbber module (acid-water scrubber), Gow gas sampling system. All areas are monitored by a HNU system which is an ETO monitoring system.

All equipment was purchased from Joslyn Sterilizer Corporation, 5815 Country Road 41, Farmington, NY. (Phone 1-716-398-2680).

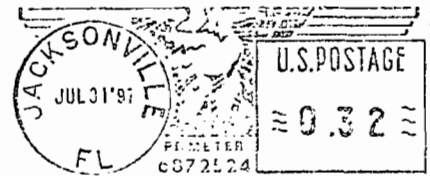
We are titled under the Title V Air Quality General Permit. The facility had its last annual inspection on July 11, 1997 by Mr. Jeffery Winter from the Department of Regulatory and Environmental Services and Air Quality Division. The facility was found to be in compliance with DEP Rule 62-213.3000, Florida Administrative Code (F.A.C.).

Sincerely,

Jerry Buswell
Vice President Operations



6743 Southpoint Dr. N.
Jacksonville, Florida 32216-0980



Ms. Dotty Diltz
Bureau of Air Monitoring & Mobile Sources
Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 323992-2400

3239926316



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:05 TIME OUT: 9:45 AIRS ID#: 0310379
 TYPE OF FACILITY: Ethykne Oxide Sterilizer
 FACILITY NAME: Xomed Surgical Products DATE: 7/11/97
 FACILITY LOCATION: 6743 South Point Dr. N.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Jerry Buswell, V.P. PHONE NUMBER: (904) 296-9600

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

COMMENTS:

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

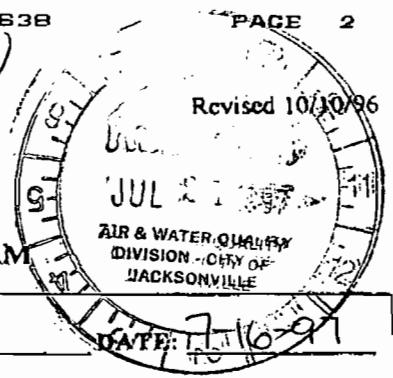
DATE OF NEXT INSPECTION: July, 1998
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: (904) 630-3484

AIRS ID#: 0310379

all



**ETHYLENE OXIDE STERILIZERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: XOMED SURGICAL PRODUCTS

FACILITY LOCATION: 6743 SOUTHPOINT DRIVE N.
Jacksonville, FL 32216

Annual Reporting Period: August 1996 to July 11 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

Exact period of non-compliance: from _____ to _____

AUG 20 1997

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: GERARD J BUSSELL
Name (Please Print)

Gerard J Busell 7/16/97
Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

ace

**ETHYLENE OXIDE STERILIZERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

RECEIVED

FEB 24 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID 0694823
INTERNATIONAL STERILIZATION LABORATORY Y MICHAEL MURPHY 217 SAMPEY ROAD GROVELAND FL 34736

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Michael J. Murphy 02-17-98

Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

ETHYLENE OXIDE STERILIZERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310379

XOMED SURGICAL PRODUCTS
 JERRY RUSSELL
 6743 SOUTHPOINT DRIVE N
 JACKSONVILLE FL 32216

Do **NOT** Remove Label

Annual Reporting Period: JANUARY 1 1997 TO December 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
 FEB 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Jerry Russell [Signature] 2/12/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

✓

~~DRY CLEANER~~ AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

②

AIRS ID#0310379

XOMED SURGICAL PRODUCTS
JERRY RUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

Bureau of Air Monitoring
& Mobile Sources

FEB 19 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: JANUARY 1 1997 TO December 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Jerry Russell [Signature] 2/12/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

ETHYLENE OXIDE STERILIZERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0310379 TIME IN: 9:05 TIME OUT: 9:45
 FACILITY NAME: Xomed Surgical Products
 FACILITY LOCATION: 6743 Southpoint Dr. N.
Jacksonville, FL 32216

PART I: NOTIFICATION

Facility notified DARM by 9/1/96
 Facility notified DARM 30 days prior to setup
 Facility failed to notify DARM to use a general permit

PART II: CONTROL TECHNOLOGY

Vent type(s) at the facility: Aeration Room
 Sterilization Chamber
 Chamber Exhaust

Sterilization Chamber Vent

Has one of the following emission control devices been installed? If yes, indicate type below. YES NO

Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other RECOVERY SYSTEM
(Must submit information to DEP for approval)

Chamber Exhaust Vent

No emission control device. *(must use direct measurement in Part III)*
 Emissions manifolded to sterilization chamber vent control device.
 Dedicated emission control device (indicate type below).

Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other SCRUBBER
(Must submit information to DEP for approval)

PART III: MONITORING REQUIREMENTS

Has the facility conducted an initial performance test? Y N
(Existing facilities by 6/8/98, new sources within 180 days after startup)

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?

ethylene glycol concentration scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed? Y N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within $\pm 10^\circ$ F? Y N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)* Y N

Direct Measurement

Has the facility installed a gas chromatograph? Y N

PART IV: RECORDKEEPING REQUIREMENTS

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments. Y N
- Records of ethylene oxide usage on a 12-month rolling average. Y N
- Records of all initial performance tests, including control efficiency determinations. Y N
- Records of all temperature monitoring. *(oxidation units only)* Y N N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)* Y N N/A
- Records of gas chromatograph calibration *(direct measurement only)* Y N N/A
- Records of scrubber liquor level. *(acid-water scrubbers only)* Y N N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)* Y N N/A

PART V: ADDITIONAL SITE INFORMATION

Additional Site Information, cont.

[Empty box for additional site information]

Jerry Buswell

Name of Responsible Official

Jeff Winter

Inspector's Name

[Handwritten Signature]

Inspector's Signature

7/11/97

Date of Inspection

7/98

Approximate Date of Next Inspection

ETHYLENE OXIDE STERILIZERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
 SEP 29 1998
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0310379 DATE: 9/4/98 TIME IN: 9:50 TIME OUT: 1045
 FACILITY NAME: Xomed Surgical Products
 FACILITY LOCATION: 6743 South Point Dr. N.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Jerry Buswell PHONE: (904) 296-9600
 CONTACT NAME: Debbie Branlitt PHONE: ext. 2099

PART I: NOTIFICATION

Facility notified DARM 30 days prior to setup
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PART II: CONTROL TECHNOLOGY

Vent type(s) at the facility: Aeration Room
 Sterilization Chamber
 Chamber Exhaust

Sterilization Chamber Vent

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Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other RECOVERY SYSTEM
(Must submit information to DEP for approval)

Chamber Exhaust Vent

No emission control device. *(must use direct measurement in Part III)*
 Emissions manifolded to sterilization chamber vent control device.
 Dedicated emission control device (indicate type below).

Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other _____
(Must submit information to DEP for approval)

PART III: MONITORING REQUIREMENTS

Has the facility conducted an initial performance test? Y N
(Existing facilities by 6/8/98, new sources within 180 days after startup)

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?

ethylene glycol concentration scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed? Y N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within $\pm 10^\circ$ F? Y N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)* Y N

Direct Measurement

Has the facility installed a gas chromatograph? Y N

PART IV: RECORDKEEPING REQUIREMENTS

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments. Y N
- Records of ethylene oxide usage on a 12-month rolling average. Y N
- Records of all initial performance tests, including control efficiency determinations. Y N
- Records of all temperature monitoring. *(oxidation units only)* Y N N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)* Y N N/A
- Records of gas chromatograph calibration *(direct measurement only)* Y N N/A
- Records of scrubber liquor level. *(acid-water scrubbers only)* Y N N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)* Y N N/A

Jeff Winter

Inspector's Name

Jeffrey White
Inspector's Signature

Date of Inspection

August, 1999

Approximate Date of Next Inspection

PART V: ADDITIONAL SITE INFORMATION

[Empty rectangular box for additional site information]

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:50 TIME OUT: 10:45 AIRS ID#: 0310379
 TYPE OF FACILITY: Ethylene Oxide Sterilization Facility
 FACILITY NAME: Xomed Surgical Products DATE: 9/4/98
 FACILITY LOCATION: 6743 South Point Dr. N.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Jerry Busse II PHONE NUMBER: 904-296-9600

- 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

RECEIVED
 SEP 29 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: August, 1999
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winter PHONE NUMBER: 904-630-2800

ETHYLENE OXIDE STERILIZERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

SEP 22 1999
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0310379 DATE: 7/30/99 TIME IN: 945 TIME OUT: 1030
FACILITY NAME: Xomed Surgical Products
FACILITY LOCATION: 6743 South Point Dr. N.
Jacksonville, FL. 32216
RESPONSIBLE OFFICIAL: Jerry Bussell PHONE: 904/296-9600
CONTACT NAME: Debbie Bramlitt PHONE: 904/296-9600

PART I: NOTIFICATION

Facility notified DARM 30 days prior to setup
Facility failed to notify DARM to use a general permit

PART II: CONTROL TECHNOLOGY

Vent type(s) at the facility: Aeration Room
 Sterilization Chamber
 Chamber Exhaust

Sterilization Chamber Vent
Has one of the following emission control devices been installed? If yes, indicate type below. Y N
 Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other _____
(Must submit information to DEP for approval)

Chamber Exhaust Vent
 No emission control device. *(must use direct measurement in Part III)*
 Emissions manifolded to sterilization chamber vent control device.
 Dedicated emission control device (indicate type below).
 Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other _____
(Must submit information to DEP for approval)

PART III: MONITORING REQUIREMENTS

Has the facility conducted an initial performance test?
(Existing facilities by 6/8/98, new sources within 180 days after startup) Y N

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?

ethylene glycol concentration scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed? Y N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within $\pm 10^\circ$ F? Y N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)* Y N

Direct Measurement

Has the facility installed a gas chromatograph? Y N

PART IV: RECORDKEEPING REQUIREMENTS

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments. Y N
- Records of ethylene oxide usage on a 12-month rolling average. Y N
- Records of all initial performance tests, including control efficiency determinations. Y N
- Records of all temperature monitoring. *(oxidation units only)* Y N N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)* Y N N/A
- Records of gas chromatograph calibration *(direct measurement only)* Y N N/A
- Records of scrubber liquor level. *(acid-water scrubbers only)* Y N N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)* Y N N/A

Jeff Winter

Inspector's Name

Jeff Winter
Inspector's Signature

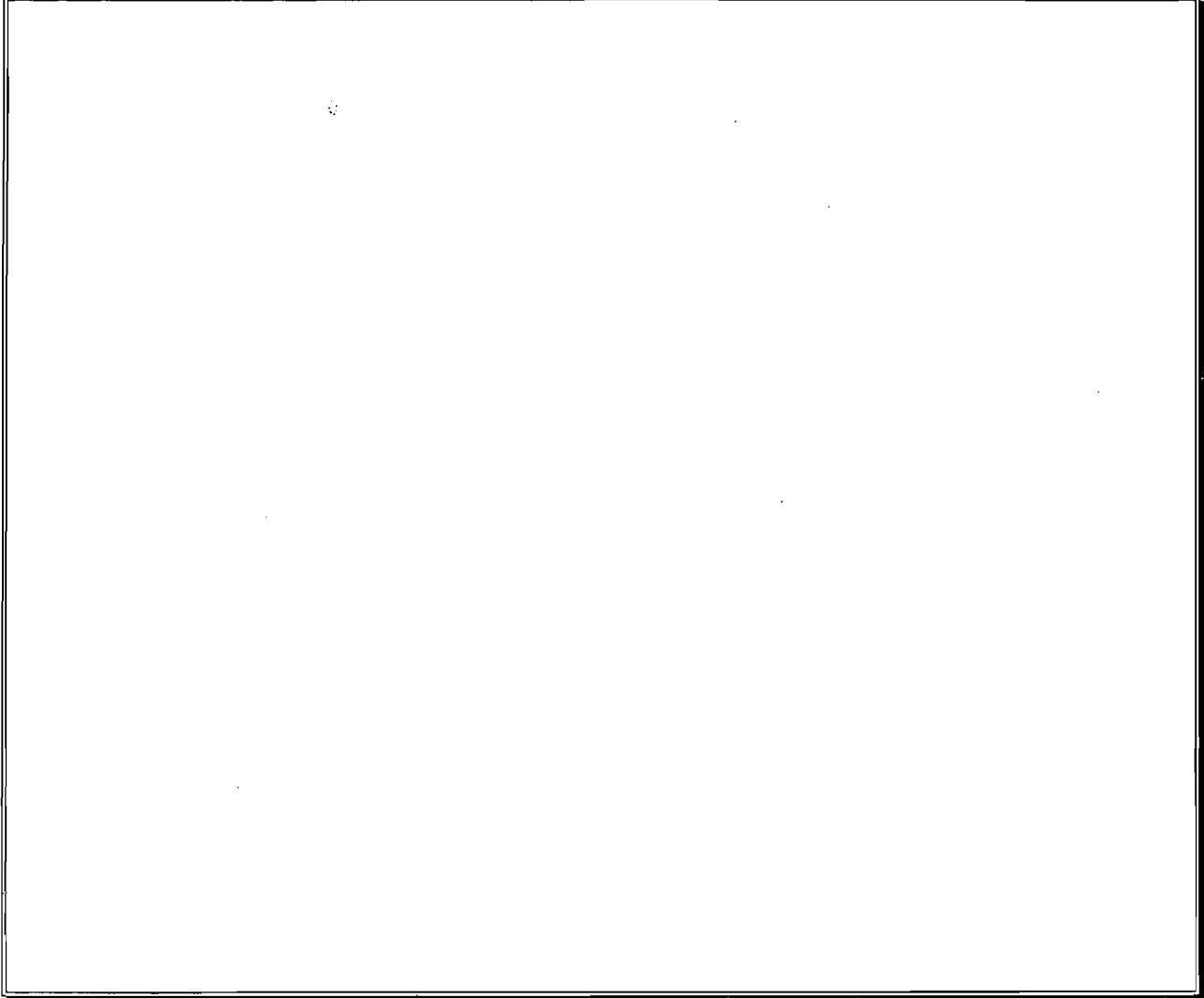
7/30/99

Date of Inspection

July, 2000

Approximate Date of Next Inspection

PART V: ADDITIONAL SITE INFORMATION



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

RECEIVED
SEP 10 3 27 1999
State of Air Monitoring & Mobile Services

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 945 TIME OUT: 1030 AIRS ID#: 03103279

TYPE OF FACILITY: Ethylene Oxide Sterilizer

FACILITY NAME: Xomed Surgical Products DATE: 7/30/99

FACILITY LOCATION: 6743 South Point Dr. N.
Jacksonville, FL 32216

RESPONSIBLE OFFICIAL: Jerry Bussell PHONE NUMBER: 904/296-9600

- 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

COMMENTS:

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

DATE OF NEXT INSPECTION: July, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winter PHONE NUMBER: 904/630-3484

AIRS ID#: 0310379

acc

Revised 10/10/96
RECEIVED
SEP 22 1999
Bureau of Air, Noise
& Mobile Sources

**ETHYLENE OXIDE STERILIZERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>Xomed Surgical Products</u>	DATE: <u>9/22/99</u>
FACILITY LOCATION: <u>6743 South Point Dr. N. Jacksonville, FL 32216</u>	

Annual Reporting Period: July 1, 1998 TO July 30, 1999

Based on each term or condition of the Title V general-air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: G J BUSSELL *G J Bussell* 9-8-99

Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



0310329

Date: MAY 17, 1995

Initial Notification Report

Applicable rule: Subpart O--National Emission Standards for EO Commercial Sterilization and Fumigation Operations

Effective date:¹ December 8, 1994

All facilities using 1 ton or more of ethylene oxide (EO) per year are required to submit this notification. See section 63.366 of subpart O and section 63.9 of subpart A.

The initial notification should be submitted to the appropriate authority within 120 days after the effective date (120 days after the effective date is April 8, 1995) or within 120 days after initial startup, whichever is later.

- 1. Print or type the following for each plant in which EO commercial sterilization and fumigation operations are performed:

Name of Owner/Operator XOMED

Mailing Address 6743 SOUTHPOINT DRIVE NORTH

City JACKSONVILLE State FLORIDA Zip Code 32216

Plant Name XOMED

Plant Address (if different than owner/operator's)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Plant Contact/Title _____

The only EO commercial sterilization and fumigation operations that are exempt from subpart O are those used for research and laboratory purposes (see section 112(c)(7) of the Clean Air Act).

- 2. Note the initial startup date for the source: 11-92
Month/day/yr

¹The date of promulgation in the Federal Register.

Plant Name: XOMED

3. Check the boxes that apply; note the compliance date.²

Compliance Date

Initial startup occurred on or before December 8, 1997. December 8, 1997

Initial startup occurred after December 8, 1997. (compliance date = initial startup date)

The facility uses 10 tons of EO or more per year.

* The facility uses 1 to 10 tons of EO per year. ^{100%} USE OXYFUME 2000; USE ONLY 800 LB OF ETHYLENE OXIDE

4. Complete the following table for each vent type (i.e., sterilization chamber or aeration room). If additional space is needed, make copies of this page. The first row of each section gives examples of appropriate entries.

Vent type	Sterilization chamber size (m ³)	No. of chambers of this size
Sterilization chambers	Example - 30 m ³	2
	680 FT. ³	1
CUMULATIVE STERILIZATION CHAMBER SIZE (m ³): ^a		
Vent type	Aeration room or aeration chamber size (m ³)	No. of rooms or chambers of this size
Aeration rooms or aeration chambers	Example - 280 m ³	1
	974 FT. ³	1

^aSummation of the volume of all sterilization chambers at the facility.

680 FT.³

²The date a source is required to be in compliance with the Ethylene Oxide Commercial Sterilization and Fumigation NESHAP.

Plant Name: XOMED

5. Complete the following table. If additional space is needed, make copies of this page. The first three rows give examples of appropriate entries.

Vent. type, (e.g., SCV, ARV, CEV) ^a	Applicable emission, limitation ^b
Example - two SCV (30 m ³)	99% emission reduction
Example - one ARV (280 m ³)	99% emission reduction
Example - two CEV (30 m ³)	5,300 ppmv
1 SCV	
1-CEV	
2-ARV	

^aSCV = sterilization chamber vent (includes sterilization chamber vacuum pump); ARV = aeration room vent; CEV = chamber exhaust vent (also referred to as back draft or door hood vent).

^bEmission limitations could be: 99% emission reduction; 1 ppmv concentration limit or 99% emissions reduction; or 5,300 ppmv concentration limit.

6. Emissions from the sterilization chamber vacuum pump will be controlled as follows (check one):

Emissions will be vented to a control device (i.e., control device for the sterilization chamber vent) and will be reduced by 99 percent.

A recirculating-fluid vacuum pump will be used.

7. Attach additional pages including any other information required by the State or local agency.

Plant Name: XOMED

8. Print or type the name and title of the Responsible Official for the plant:

BERT KEENE FACILITY MANAGER
Name Title

A Responsible Official can be:

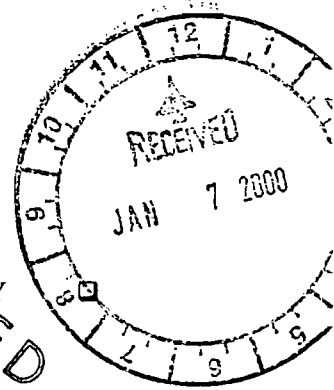
- The president, vice-president, secretary, or treasurer of the company that owns the plant;
- The owner of the plant;
- The plant engineer or supervisor; or
- A government official if the plant is owned by the Federal, State, City, or County government.

The Responsible Official must certify below that all of the information presented in this initial report is accurate and true.

I certify the information contained in this report to be accurate and true to the best of my knowledge.

Bert Keene 6-13-95
Signature of Responsible Official Date

ETHYLENE OXIDE STERILIZERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310379 DATE: 6/26/2000 TIME IN: 1030 TIME OUT: 1100
FACILITY NAME: Xomed Surgical Products
FACILITY LOCATION: 6743 Southpoint Drive N.
Jacksonville, FL 32216
RESPONSIBLE OFFICIAL: Jerry Bussell PHONE: 904-296-9600
CONTACT NAME: Debbie Bramlitt PHONE: 904-296-9600

PART I: NOTIFICATION

Facility notified DARM 30 days prior to setup
Facility failed to notify DARM to use a general permit

PART II: CONTROL TECHNOLOGY

Vent type(s) at the facility: Aeration Room
 Sterilization Chamber
 Chamber Exhaust

Sterilization Chamber Vent

Has one of the following emission control devices been installed? If yes, indicate type below. Y N

Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other _____
(Must submit information to DEP for approval)

Chamber Exhaust Vent

No emission control device. *(must use direct measurement in Part III)*

Emissions manifolded to sterilization chamber vent control device.

Dedicated emission control device (indicate type below).

Acid-Water Scrubber Thermal Oxidation Unit
 Catalytic Oxidation Unit Other _____
(Must submit information to DEP for approval)

PART III: MONITORING REQUIREMENTS

Has the facility conducted an initial performance test?
(Existing facilities by 6/8/98, new sources within 180 days after startup) Y N

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?
 ethylene glycol concentration scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed? Y N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within $\pm 10^\circ$ F? Y N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)* Y N

Direct Measurement

Has the facility installed a gas chromatograph? Y N

PART IV: RECORDKEEPING REQUIREMENTS

Has the facility maintained the following records?

Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipment. Y N

Records of ethylene oxide usage on a 12-month rolling average. Y N

Records of all initial performance tests, including control efficiency determinations. Y N

Records of all temperature monitoring. *(oxidation units only)* Y N N/A

Records of all ethylene oxide concentration monitoring. *(direct measurement only)* Y N N/A

Records of gas chromatograph calibration *(direct measurement only)* Y N N/A

Records of scrubber liquor level. *(acid-water scrubbers only)* Y N N/A

Records of ethylene glycol concentration. *(acid-water scrubbers only)* Y N N/A

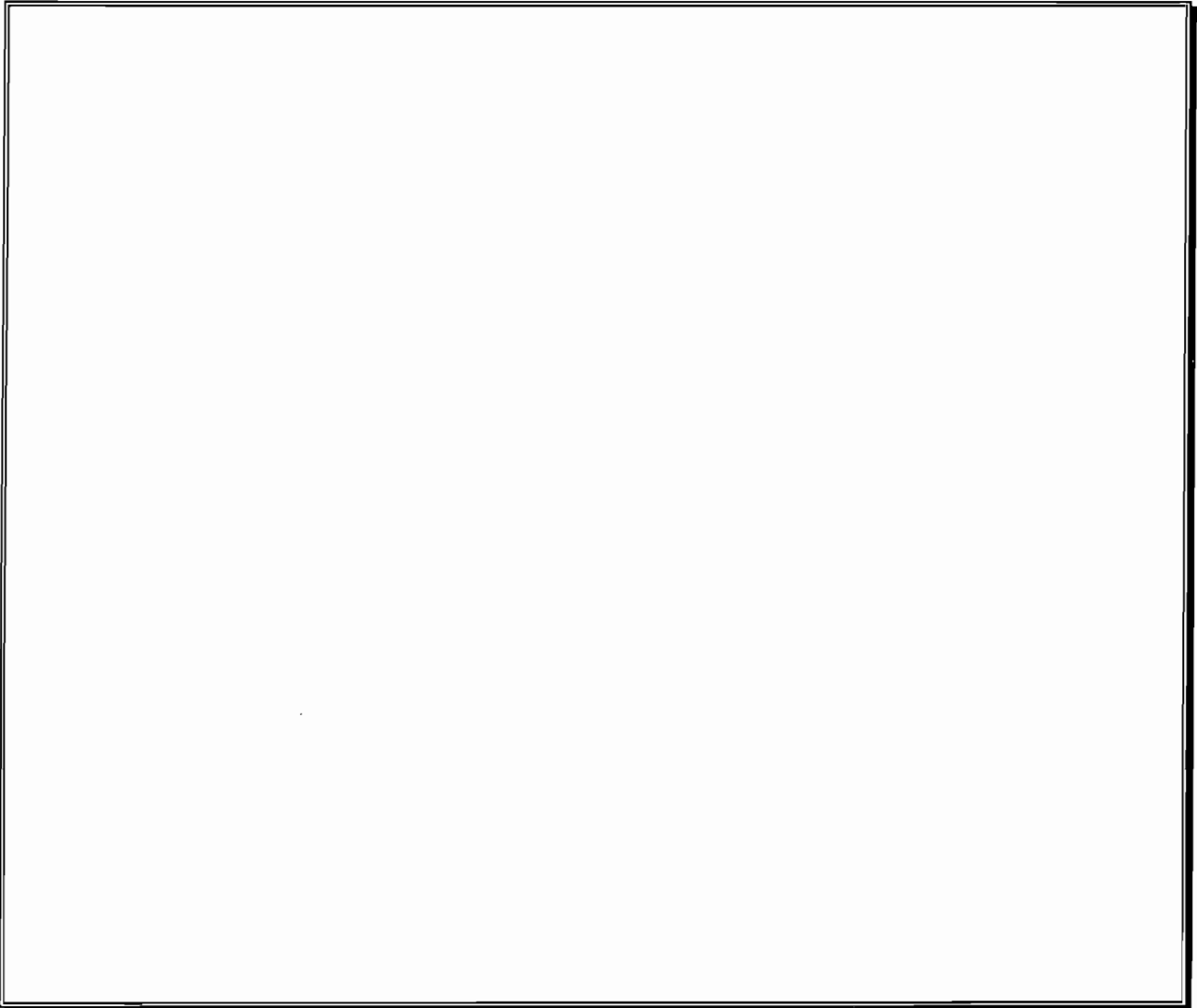
Jeff Winter
 Inspector's Name

Jeffrey Winter
 Inspector's Signature

6/26/2000
 Date of Inspection

June, 2001
 Approximate Date of Next Inspection

PART V: ADDITIONAL SITE INFORMATION



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>1030</u>	TIME OUT: <u>1100</u>	AIRS ID#: <u>0310379</u>
TYPE OF FACILITY: <u>Ethylene Oxide Sterilizer</u>		
FACILITY NAME: <u>Xomed Surgical Products</u>	DATE: <u>6/26/2000</u>	
FACILITY LOCATION: <u>6743 South Point Dr. N. Jacksonville, FL 32216</u>		
RESPONSIBLE OFFICIAL: <u>Jerry Bussell</u>	PHONE NUMBER: <u>904-279-7587</u>	

- 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

COMMENTS:

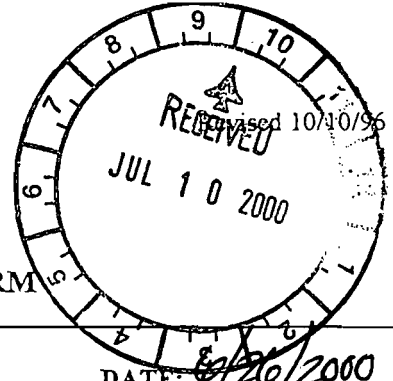
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: June, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffery Winter* PHONE NUMBER: 904-630-1212
ext. 3169

AIRS ID#: 0310379



ETHYLENE OXIDE STERILIZERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Xomed Surgical Products DATE: 8/26/2000
FACILITY LOCATION: 6743 South Point Drive N.
Jacksonville, FL 32216

Annual Reporting Period: July 30, 19 99 TO June 26, 2000

Based on each term or condition of the Title V general-air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: GERARD J BUSSELL Gerard Busnell 7-5-00
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

INVOICE DATE	INVOICE NUMBER	CONTROL NUMBER	AMOUNT	DISCOUNT	AMOUNT PAID	REMARKS
01/09/97	010997	119608	50.00		50.00	
				Check Total:	50.00	

XOMED • Jacksonville, Florida

TOTAL AMOUNT ON
CHECK IS LAST FIGURE
IN COLUMN ABOVE

VENDOR NO.
12709

CHECK NO.
21997

PAGE

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258666 ✓

3755
2273

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

JAN 22 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0310379
XOMED SURGICAL PRODUCTS INC
JERRY RUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 333 633 145

US Postal Service
Receipt for Certified Mail

AIRS ID 0310379

XOMED SURGICAL PRODUCTS
JERRY RUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

PS Form 3800 April 1995

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	

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 0310379
XOMED SURGICAL PRODUCTS
JERRY RUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

4a. Article Number

Z 333 633 145

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2-18-98 FEB 18 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

XO-Russell XOMED

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

DATE	INVOICE NUMBER	CONTROL NUMBER	AMOUNT	DISCOUNT	AMOUNT PAID	REMARKS
12/05/99	2000 CLEAN	208979	50.00		50.00	
Check Total:					50.00	

XOMED • Jacksonville, Florida :

TOTAL AMOUNT ON CHECK IS LAST FIGURE IN COLUMN ABOVE

VENDOR NO.
12709

CHECK NO.
946946

PAGE

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0391467

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 # 0310379
 XOMED SURGICAL PRODUCTS
 JERRY BUSSELL
 6743 SOUTHPPOINT DRIVE N
 JACKSONVILLE FL 32216

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

RECEIVED
 MAIL ROOM
 JAN 25 00

INVOICE DATE	INVOICE NUMBER	CONTROL NUMBER	AMOUNT	DISCOUNT	AMOUNT PAID	REMARKS
02/03/98	020398	152385	50.00		50.00	
Check Total:					50.00	

XOMED • Jacksonville, Florida

TOTAL AMOUNT ON
CHECK IS LAST FIGURE
IN COLUMN ABOVE

VENDOR NO.
12709

CHECK NO.
914400

PAGE

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

RECEIVED
MAIL ROOM
FEB 17 98 302847

Do **NOT** Remove Label

AIRS ID#0310379

XOMED SURGICAL PRODUCTS
JERRY RUSSELL
6743 SOUTHPPOINT DRIVE N
JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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

7001 0320 0001 7975 5267

OFFICIAL USE

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

Postmark Here

AIRS ID#0310379

Sent To
METRONIC XOMED
 Street, Apt. No., or PO Box No. **JERRY BUSSELL**
6743 SOUTHPOINT DRIVE N
 City, State, ZIP+4 **JACKSONVILLE FL**
32216

PS Form 3800, J

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#0310379

METRONIC XOMED
JERRY BUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL
32216

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 2/10/03
 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 Article Number (Copy from service label)

7001 0320 0001 7975 5267

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 1 1 2003

RECEIVED

32399-2400



 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422499 FEB 4 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

RECEIVED
FEB 07 2003
Bureau of Air Mail
& Mobile Services

Do **NOT** Remove Label

AIRS ID#0310379
METRONIC XOMED
JERRY BUSSELL
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL
32216

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



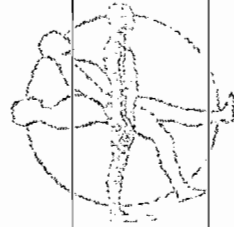
Medtronic

117759 001 DEPT OF ENVIRONMENTAL

1032394

6

VOUCHER NUMBER	INVOICE NUMBER	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT	DESCRIPTION
3035150	0120035000		01/20/2003	50.00	0.00	50.00	RON GUERIN SS-54
TOTALS				50.00	0.00	50.00	



Medtronic
When Life Depends on Medical Technology



Medtronic

Medtronic, Inc.
Shared Service Center
Attn: Accounts Payable
3850 Victoria Street North
Shoreview, MN 55126-2978

DEPT OF ENVIRONMENTAL
PROTECTION
PO BOX 3070
TALLAHASSEE FL 32315

INVOICE NUMBER	CONTROL NUMBER	AMOUNT	DISCOUNT	AMOUNT PAID	REMARKS
01/22/01	TITLEV	244015	50.00	50.00	
Check Total:				50.00	

MEDTRONIC XOMED • Jacksonville, Florida

TOTAL AMOUNT ON CHECK IS LAST FIGURE IN COLUMN ABOVE

VENDOR NO.
12709

CHECK NO.
966048

PAGE

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404427

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

<p>AIRS ID # 0310379 XOMED SURGICAL PRODUCTS JERRY BUSSELL 6743 SOUTHPOINT DRIVE N JACKSONVILLE FL 32216</p>
--

2/2/01

FEB - 1

RECEIVED
MAIL ROOM

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

Z 210 663 195

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

8 AIRS ID # 0310379001AG
JERRY BUSSELL
XOMED SURGICAL PRODUCTS
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

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 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 (Please Print Clearly) B. Date of Delivery <i>Cindy Edwards</i> 6-3-01</p> <p>C. Signature <input checked="" type="checkbox"/> Agent <i>[Signature]</i> <input 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>8 AIRS ID # 0310379001AG JERRY BUSSELL XOMED SURGICAL PRODUCTS 6743 SOUTHPOINT DRIVE N JACKSONVILLE FL 32216</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) Z 210 663 195</p>	