

ETHYLENE OXIDE STERILIZERS
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAY 14 2010

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): American Contract Systems, Inc.
2. Site Name (For example, plant name or number): Tampa Facility
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: Eagle Creek I Building, 8731 Florida Mining Blvd City: Tampa County: Hillsborough Zip Code: 33634 - 1259
5. Facility Identification Number (DEP Use ONLY - do not fill in): 057/420-001

Responsible Official

6. Name and Title of Responsible Official: Name: Philip Fleischhacker Title: Director of Sterilization Technologies
7. Responsible Official Mailing Address: Organization/Firm: American Contract Systems, Inc. Street Address: 4801 West 81st Street, Suite 110 City: Bloomington, MN County: Hennepin Zip Code: 55437
8. Responsible Official Telephone Number: Telephone: (952) 926 - 3515 Fax: (952) 926 - 2073

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Srean Ly - Supervisor
10. Facility Contact Address: Street Address: Eagle Creek I Building, 8731 Florida Mining Blvd City: Tampa County: Hillsborough Zip Code: 33634 - 1259
11. Facility Contact Telephone Number: Telephone: () - TBD Fax: () - TBD

Facility Information

1. Ethylene oxide sterilization unit description.

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

We will have 2 Gas-Injection units and 6 Aeration Chambers using 2 vents.

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")
SC/CE <input type="checkbox"/> AR <input type="checkbox"/>	<u>TBD</u>	Existing <input type="checkbox"/> New <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u> </u>
SC/CE <input type="checkbox"/> AR <input type="checkbox"/>	<u>TBD</u>	Existing <input type="checkbox"/> New <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u> </u>
SC/CE/AR	<u> </u>	Existing/New	YES/NO	<u> </u>

*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:

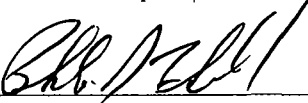
- ☐ I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the DEP air permit number(s) are: _____
- ☒ No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Philip J Fleischhacker
Print name of responsible official


Signature

5/10/10
Date



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Bloomington, MN 55437

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