

**ETHYLENE OXIDE STERILIZERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

0210122 - 001-AG

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Andy Owen/ Arthrex Inc.

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Arthrex Manufacturing Inc. Sterilization

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 6875 Arthrex Commerce Drive

City: Naples

County: Collier

Zip Code: 34120

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility.)

Fall 2014

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Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Tim Thompson Operation Manager for Sterilization

Facility Contact Telephone Numbers

Telephone: 239-598-4302 Fax: _____

Cell phone: 239-290-4177

E-mail: Tim.Thompson@Arthrex.com

Facility Contact Mailing Address

Organization/Firm: Arthrex Manufacturing

Mailing Address: 6875 Arthrex Commerce Drive

City: Naples

County: Collier

Zip Code: 34120

Correspondence Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: Keith Reynolds Associate Environmental Engineer

Correspondence Contact/Representative Telephone Numbers

Telephone: 239-642-5553 Fax: _____

Cell phone: 239-280-7056

E-mail: Keith.Reynolds@arthrex.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: Arthrex Inc.

Mailing Address: 1250 Creekside Parkway

City: Naples

County: Collier

Zip Code: 34108

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

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Facility Information

1. Ethylene oxide sterilization unit description.

(a) How many ethylene oxide sterilization units do you have on-site? [4]

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

Vent Type*	Date Initially Purchased From Manufacturer	Status	Control Device Required**	Date Control Installed (if same as purchase date, write "SAME")
<input checked="" type="checkbox"/> SC <input type="checkbox"/> CE <input checked="" type="checkbox"/> AR	In process of purchasing	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	In process of purchasing
<input type="checkbox"/> SC <input type="checkbox"/> CE <input type="checkbox"/> AR		<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SC <input type="checkbox"/> CE <input type="checkbox"/> AR		<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

** As defined at 40 C.F.R. Part 63, Subpart O

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

2. **Ethylene Oxide Usage**

If this is an **initial registration** for an ethylene oxide sterilizer, provide an estimate of the facility's expected ethylene oxide to be purchased over the next 12-month period.

None Currently Will Use 17,500 Lbs a Year

If this is a **re-registration** for an ethylene oxide sterilizer, provide the highest total amount of ethylene oxide purchased in any most recent 12 months.

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

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