

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

August 8, 2006

Mr. Barney Carter  
Medtronic ENT  
6743 Southpoint Drive, North  
Jacksonville, Florida 32216

Re: Facility No.: 0310379-003

Dear Mr. Carter:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizer facility that you submitted on July 3, 2006.

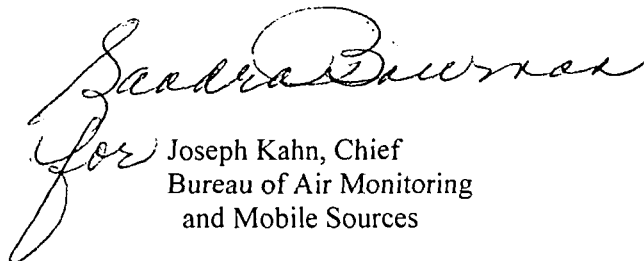
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
for Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SINC MINC (11)  
11/17/2005 - IN 196-2005  
EMISSION FEE DATES .....  
NO ACTIVITY FOR FACILITY.....  
SOC REPORTS...4.....

COMP STATUS SINC MINC IN  
Insp - Dava/Co - W Tuttle  
Ins2 - compliance inspection  
walkthrough

RECEIVED

JUL 03 2006

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): <b>Medtronic ENT</b>
2. Site Name (For example, plant name or number): <b>Medtronic ENT</b>
3. Hazardous Waste Generator Identification Number: <b>FLD984175240</b>
4. Facility Location: Street Address: <b>6743 Southpoint Drive North</b> City: <b>Jacksonville</b> County: <b>Duval</b> Zip Code: <b>32216</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0310379-003</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: <b>Barney Carter</b> Title: <b>Director of Technical Services</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>Medtronic ENT</b> Street Address: <b>6743 Southpoint Drive North</b> City: <b>Jacksonville</b> County: <b>Duval</b> Zip Code: <b>32216</b>
8. Responsible Official Telephone Number: Telephone: <b>(904) 332 - 8167</b> Fax: <b>(904) -</b>

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): <b>Tiffany Hickson, EHS Engineer</b>
10. Facility Contact Address: <b>Same as Mailing Address</b> Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: <b>(904) 332 - 6704</b> Fax: <b>(904) 332 - 8915</b>

**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 / CE / AR	<u>1992</u>	<input checked="" type="radio"/> Existing / New	<input checked="" type="radio"/> YES / NO	<u>1992</u>
SC / <input checked="" type="radio"/> CE / AR	<u>1992</u>	<input checked="" type="radio"/> Existing / New	YES / <input checked="" type="radio"/> NO	<u>1992</u>
SC / CE / <input checked="" type="radio"/> AR	<u>1992</u>	<input checked="" type="radio"/> Existing / New	YES / <input checked="" type="radio"/> NO	<u>NA</u>

\*VENT TYPE KEY: SC = Sterilization Chamber CE = Chamber Exhaust AR = Aeration Room  
 Note: The Vent Type indicated CE is actually a Chamber Drain in our system. A control device is installed, but not required.

(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:

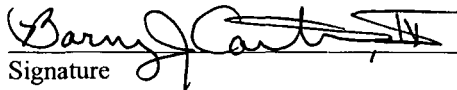
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the DEP air permit number(s) are: \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

**Barney Carter**  
Print name of responsible official

  
Signature

6/28/06  
Date

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal .

If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

- If you do not wish to continue your eligibility, please disregard this notice.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

469304 FEB152007

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0310379  
MEDTRONIC ENT  
6743 Southpoint Drive N  
JACKSONVILLE, FL 32216

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

AIRS ID#  
0310379



POSTAGE  
REQUIRED

MEDTRONIC  
6743 Southpoint Dr. N.  
Jax FL  
32216

TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070