

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 3, 2001

Mr. Jerry Bussell
Medtronic Xomed
6743 Southpoint Drive N
Jacksonville, Florida 32216

Re: Facility No.: 0310379-002

Dear Mr. Bussell:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizers facility that you submitted on July 2, 2001.

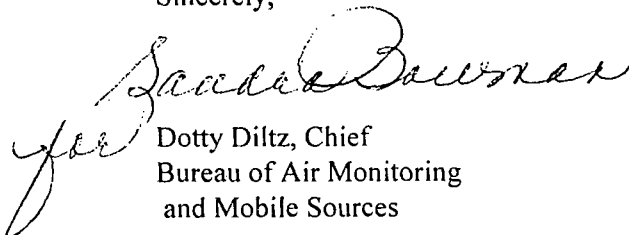
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

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Fees Paid
SOC 4
Compliance IN

ETHYLENE OXIDE STERILIZERS
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL - 2 2001

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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. See the 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): Medtronic Xomed
2. Site Name (For example, plant name or number): Medtronic Xomed
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 ONLY - do not fill in): 0310319-002

Responsible Official

6. Name and Title of Responsible Official: Name: Jerry Bussell Title: VP Global Operations
7. Responsible Official Mailing Address: Organization/Firm: Medtronic Xomed Street Address: 6743 Southpoint Drive N City: Jacksonville County: Duval Zip Code: 32216
8. Responsible Official Telephone Number: Telephone: (904) 296 - 9600 Fax: (904) 279-57587

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Ronald Guerin, Facility Manager
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. 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 <input type="radio"/> CE <input type="radio"/> AR	Aug 91	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> YES <input type="radio"/> NO	Same
<input type="radio"/> SC <input checked="" type="radio"/> CE <input type="radio"/> AR	Aug 91	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> YES <input type="radio"/> NO	Same
<input type="radio"/> SC <input type="radio"/> CE <input checked="" type="radio"/> AR	Aug 91	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> YES <input type="radio"/> NO	Same

*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:

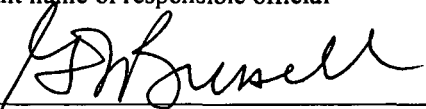
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the DEP air permit number(s) are: _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Jerry Bussell
Print name of responsible official


Signature

June 27, 2001
Date

Instructions for Completing Part III of Notification Form

The Ethylene Oxide Sterilizers Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the ethylene oxide sterilization facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458869 FEB13 2006

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

310379 8
METRONIC XOMED
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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435983 FEB 5 2004

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

310379
JERRY BUSSELL
METRONIC XOMED
6743 SOUTHPOINT DRIVE N
JACKSONVILLE FL 32216

~~RECEIVED~~
FEB 11 2004
FOR GOVERNMENT USE ONLY
Org.: 37550101000
Fund: 20-2-035001
Obj.: 002273
Res & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444318 JAN102005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 310379 8
METRONIC XOMED
6743 Southpoint Drive N
JACKSONVILLE, FL 32216

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

RECEIVED
JAN 11 2005
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413811 FEB 5 2002


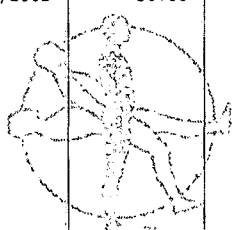
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0310379
 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				884530	6
VOUCHER NUMBER	INVOICE NUMBER	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT	DESCRIPTION
2406742	0107025000		01/07/2002	50.00	0.00	50.00	Ron Govern/SS-54
							
				Medtronic			
				<i>Where Life Depends on Medical Technology</i>			
TOTALS				50.00	0.00	50.00	

7003 2260 0003 5650 7857

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

ID# 310379
JERRY BUSSELL
METRONIC XOMED
 6743 SOUTHPOINT DRIVE N
 JACKSONVILLE, FL 32216

PS Form 3800, June 2002

See Reverse for Instructions

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:

ID# 310379
JERRY BUSSELL
METRONIC XOMED
 6743 SOUTHPOINT DRIVE N
 JACKSONVILLE, FL 32216

2 Article Number
(Transfer from service label)

7003 2260 0003 5650 7857

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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 •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Sources
& Mobile Monitoring

FEB 12 2004

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