7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Diesel	*2-03-001-01*	*56.3Gal/hr*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-001-01/Diesel	*FML01*	*<0.3 wt%*	*Negligible*	*137,000 BTU/GAL*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements *This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.*

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Diesel Fuel

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

: renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *004*

b. Company Designation: *New Fire Pump – 100 HP, Diesel*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *Cummins*

e. Model No.: *CFP59-F10*

f. Source Description: *Emergency Generator*

g. Rated Heat Input/Thruput: *100 HP*

h. Installation Date: *2008*

i. Exhaust Temperature *756* Units *°F*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *774* ACFM

7.2 CAM Information

Yes	No	
☐	☒	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☐	☒	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

Jdendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
FML01	*Fuel Material Location*	*004*	*Process*	*Variable*	*1/1*	*12/31*
004	*Process*	*S08*	*Point of Air Emission*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
.esel	*2-03-001-01*	*5.4 Gal/hr*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-001-01/Diesel	*FML01*	*<0.3 wt%*	*Negligible*	*137,000 BTU/GAL*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Diesel Fuel

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

r renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *111*

b. Company Designation: *2EG2 – Emergency Generator #2*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *Onan 100 Genset*

e. Model No.: *100 ENT EX 28920A*

f. Source Description: *Emergency Generator – Phase 2*

g. Rated Heat Input/Thruput: *173 HP*

h. Installation Date: *1989*

i. Exhaust Temperature *1,025* Units *°F*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *760* ACFM

7.2 CAM Information

Yes	No	
☐	☒	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☐	☒	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
FML02	*Fuel Material Location*	*111*	*Process*	*Variable*	*1/1*	*12/31*
111	*Process*	*S04*	*Point of Air Emission*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
atural Gas	*2-03-002-01*	*1,482 CFM @ full load*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-002-01/Natural Gas	*FML02*	*Negligible*	*Negligible*	*1,050 BTU/SCF*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Natural Gas

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *112*

b. Company Designation: *1EG1 – Emergency Generator #1*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *Onan 45 Genset*

e. Model No.: *45DYJ15R/11275D*

f. Source Description: *Emergency Generator – Phase 1*

g. Rated Heat Input/Thruput: *73 HP*

h. Installation Date: *1985*

i. Exhaust Temperature *1,112* Units *°F*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *127* ACFM

7.2 CAM Information

Yes	No	
☐	☒	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☐	☒	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
FML01	*Fuel Material Location*	*112*	*Process*	*Variable*	*1/1*	*12/31*
112	*Process*	*S03*	*Point of Air Emission*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
esel	*2-03-001-01*	*7 Gal/hr*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-001-01/Diesel	*FML01*	*<0.3 wt%*	*Negligible*	*137,000 BTU/GAL*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Diesel

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

r renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *113*

b. Company Designation: *3FP1 – Fire Pump #1*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *Cummins Diesel Engines*

e. Model No.: *6BTA59F2*

f. Source Description: *Fire Pump*

g. Rated Heat Input/Thruput: *82 KW*

h. Installation Date: *1992*

i. Exhaust Temperature *778* Units *°F*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *466* ACFM

7.2 CAM Information

Yes	No	
☐	☒	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☐	☒	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

Jdendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
FML01	*Fuel Material Location*	*113*	*Process*	*Variable*	*1/1*	*12/31*
113	*Process*	*S05*	*Point of Air Emission*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
.esel	*2-03-001-01*	*5.5 Gal/hr*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-001-01/Diesel	*FML01*	*<0.3 wt%*	*Negligible*	*137,000 BTU/GAL*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Diesel

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

r renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *114*

b. Company Designation: *30 KW Kohler Emergency Generator*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *Kohler*

e. Model No.: *30RZGB*

f. Source Description: *Emergency Generator*

g. Rated Heat Input/Thruput: *30 KW*

h. Installation Date: *2006*

i. Exhaust Temperature *1,050* Units *°F*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *250* ACFM

7.2 CAM Information

Yes	No	
☐	☒	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☐	☒	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

, ddendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
FML02	*Fuel Material Location*	*114*	*Process*	*100%*	*1/1*	*12/31*
114	*Process*	*S06*	*Point of Air Emission*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
atural Gas	*2-03-002-01*	*1.6 CFM @ full load*	*N/A*

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)
2-03-002-01/Natural Gas	*FML02*	*Negligible*	*Negligible*	*1,050 BTU/SCF*

*FML = Fuel Material Location

7.6 Limitations on Source Operation

This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements *This unit is part of group GRP2. Please refer to the source group applicable requirements in Section 4.2.*

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☐ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Natural Gas

7.9 Processing Steps *N/A*

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *101*

b. Company Designation: *33714-1000 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *ETC*

e. Model No.: *33714*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *200 lb/hr steam*

h. Installation Date: *1987*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

ɹdendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
101	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
101	*Sterilizer*	*S11*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
..hylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *102*

b. Company Designation: *363365-1000 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *Amsco*

e. Model No.: *363365*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *200 lb/hr steam*

h. Installation Date: *1987*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
102	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
102	*Sterilizer*	*S12*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

omplete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *103*

b. Company Designation: *1124-1000 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *ETC*

e. Model No.: *1124*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *200 lb/hr steam*

h. Installation Date: *1986*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
103	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
103	*Sterilizer*	*S13*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *104*

b. Company Designation: *J70-49-1000 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *Vacudyne*

e. Model No.: *J70-49*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *200 lb/hr steam*

h. Installation Date: *1990*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
104	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
104	*Sterilizer*	*S14*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *105*

b. Company Designation: *J78-56-1200 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *Vacudyne*

e. Model No.: *J78-65*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *250 lb/hr steam*

h. Installation Date: *1997*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
105	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
105	*Sterilizer*	*S15*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements *This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.*

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *106*

b. Company Designation: *STI-1300-1250 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *STI*

e. Model No.: *STI-1300*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *250 lb/hr steam*

h. Installation Date: *1996*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
106	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
106	*Sterilizer*	*S16*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *107*

b. Company Designation: *J91-24-3700 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *Vacudyne*

e. Model No.: *J91-24*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *200 lb/hr steam*

h. Installation Date: *1998*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
107	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
107	*Sterilizer*	*S17*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

ɔmplete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *108*

b. Company Designation: *STI-150 130 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *STI*

e. Model No.: *STI-150*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *30 lb/hr steam*

h. Installation Date: *1994*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
108	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
108	*Sterilizer*	*S18*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

r renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *109 [not currently operational]*

b. Company Designation: *400-05 225 cu.ft. sterilizer*

c. Plan Approval or Operating Permit No.: *39-313-027E*

d. Manufacturer: *ETC*

e. Model No.: *400-05*

f. Source Description: *Ethylene Oxide Sterilizer*

g. Rated Heat Input/Thruput: *50 lb/hr steam*

h. Installation Date: *Not Operational*

i. Exhaust Temperature *52* Units *°C*

j. Exhaust % Moisture *0-5%*

k. Exhaust Flow Volume: *200* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
109	*Sterilizer*	*C002*	*Deoxx*	*99%*	*1/1*	*12/31*
C002	*Deoxx*	*S02*	*Deoxx Stack #2*	*100%*	*1/1*	*12/31*
109	*Sterilizer*	*S19*	*Point of Air Emission*	*1%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence
Ethylene Oxide	*3-15-020-01*	*12 lb/cycle*	*N/A*

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements ***This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.***

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps ***See Application Text Section 2***

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 7 - Process Operational Inventory

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, complete this section if a new process is listed in Section 3 of this application.

7.1 General Source Information

a. Unit ID: *110*

b. Company Designation: *AR-001-Aeration Room*

c. Plan Approval or Operating Permit No.: *N/A*

d. Manufacturer: *N/A*

e. Model No.: *N/A*

f. Source Description: *De-gassing of sterilizer product*

g. Rated Heat Input/Thruput: *2,000,000 Btu/hr*

h. Installation Date: *1998*

i. Exhaust Temperature *250-300* Units *°F*

j. Exhaust % Moisture *0*

k. Exhaust Flow Volume: *16,000* ACFM

7.2 CAM Information

Yes	No	
☒	☐	Emissions unit uses a control device to achieve compliance with emission limitations or standards.
☒	☐	Potential **precontrol emissions of applicable pollutant are at least 100 percent of the major source amount.**

(Addendum 3 must be completed if both are checked "Yes")

7.3 Exhaust System Components

Explain how the exhaust components are configured:

From Unit ID	Unit Description	To Unit ID	Unit Description	Percent Flow	Begin Date	End Date
110	*Aeration Room*	*C001*	*Catalytic Oxidizer*	*100%*	*1/1*	*12/31*
C001	*Catalytic Oxidizer*	*S01*	*Oxidizer Stack #1*	*100%*	*1/1*	*12/31*

7.4 Source Classification Code (SCC) Listing for Standard Operation *N/A*

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence

7.5 Maximum Fuel Physical Characteristics *N/A*

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

*FML = Fuel Material Location

7.6 Limitations on Source Operation *N/A*

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

7.7 Source Applicable Requirements *This unit is part of group GRP1. Please refer to the source group applicable requirements in Section 4.2.*

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current Title V Operating Permit. If there are no changes, check the box to the right.

☒ No changes from current Title V Operating Permit.

Fuel/Product	Citation No.	Citation Limitation	Limitation Used

7.8 Raw Materials

List all of the raw materials used in this process to the extent that this information is needed to determine or regulate emissions.

Ethylene Oxide

7.9 Processing Steps **See Application Text Section 2**

To the extent that this information is needed to determine or regulate emissions, list all of the processing steps and raw materials for each step utilized to complete the material or product.

Step	Description	Raw Materials

7.10 Request for Confidentiality

Do you request that the information on this page be considered kept confidential?

☐ Yes ☒ No

If yes, include a justification for confidentiality that meets the requirements of 25 Pa. Code§ 127.411(d).

Section 8 - Control Device Information (duplicate this section as needed)

r renewals, only list new control devices not included in the current Title V Operating Permit.

8.1 General Control Device Information

a. Unit ID: *C001*

b. Company Designation: *Catalytic Oxidizer*

c. Used by Source(s): *110 - Aeration Room and 101-109 – ETO Sterilizers*

d. Type: *Catalytic Oxidizer*

e. Pressure Drop in H_20: *7" H_2O*

f. Capture Efficiency: *100%*

g. Scrubber Flow Rate (GPM): *16,000 CFM*

h. Manufacturer: *Donaldson*

i. Model No.: *16,000*

j. Installation Date: *12/97*

k. Control Device Efficiency Estimates for this control device: *99%*

Pollutant or CAS No.	Estimated Control Efficiency	Basis for Efficiency Estimate
Ethylene Oxide 75-21-8	*99% or ≤ 1 ppmv outlet concentration*	*40 CFR 63, Subpart O Testing*

8.2 Control Device Efficiencies for Hazardous Air Pollutants

Unit ID No.	Pollutant Name	CAS No.	Estimate Control Efficiency	Basis for Estimate
C-001	*Ethylene Oxide*	*75-21-8*	*99% or ≤ 1 ppmv outlet concentration*	*NESHAP Reg. 40 CFR 63, Subpart O Testing*

Section 8 - Control Device Information (duplicate this section as needed)

r renewals, only list new control devices not included in the current Title V Operating Permit.

8.1 General Control Device Information

a. Unit ID: *C002*

b. Company Designation: *84-186 Deoxx Unit*

c. Used by Source(s): *101—109 - ETO Sterilizers*

d. Type: *Wet Scrubber Deoxx Unit*

e. Pressure Drop in H_20: *N/A*

f. Capture Efficiency: *99%*

g. Scrubber Flow Rate (GPM): *500 CFM*

h. Manufacturer: *Chemrox*

i. Model No.: *84-186*

j. Installation Date: *1984*

k. Control Device Efficiency Estimates for this control device: *99%*

Pollutant or CAS No.	Estimated Control Efficiency	Basis for Efficiency Estimate
Ethylene Oxide 75-21-8	*99%*	*40 CFR 63, Subpart O Testing*

8.2 Control Device Efficiencies for Hazardous Air Pollutants

Unit ID No.	Pollutant Name	CAS No.	Estimate Control Efficiency	Basis for Estimate
C-002	*Ethylene Oxide*	*75-21-8*	*99%*	*40 CFR 63, Subpart O Testing*

Section 9 - Stack/Flue Information (duplicate this section as needed)

- renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

a. Unit ID: *S01* b. Company Designation: *Catalytic Oxidizer Stack*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): *42"* Height (ft): *8'* Base Elevation (ft): *380.0 ft*

e. Exhaust Temperature: *380 ◦ F* Exhaust % Moisture: *N/A* Exhaust Velocity (ft/sec): *27.8 max*

f. Exhaust Volume: *16,000 max* ACFM _____ Exhaust Volume: *16,000* SCFM

g. Distance to Nearest Property Line (ft): *240'*

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *110*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S02* b. Company Designation: *Deoxx Unit Stack*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): *6"* Height (ft): *8'* Base Elevation (ft): *380.0 ft*

e. Exhaust Temperature: *70 ◦ F* Exhaust % Moisture: *N/A* Exhaust Velocity (ft/sec): *5.3*

f. Exhaust Volume: *250* ACFM _____ Exhaust Volume: *250* SCFM

g. Distance to Nearest Property Line (ft): *180'*

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *101, 102, 103, 104, 105, 106, 107, 108, and 109*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

] **General Stack/Vent Information**

a. Unit ID: *S03* b. Company Designation: *1EG1Stack*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): *2"* Height (ft): *17 ft* Base Elevation (ft): *380.0 ft*

e. Exhaust Temperature: *1112 ◦ F* Exhaust % Moisture: *N/A* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *127* ACFM Exhaust Volume: *127* SCFM

g. Distance to Nearest Property Line (ft): *300'*

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *112*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S04* b. Company Designation: *2EG2 Stack*

c. Discharge Type: *Vertical, unobstructed open w/cap*

d. Diameter (ft): *3"* Height (ft): *19 ¾* Base Elevation (ft): *395.8 ft*

e. Exhaust Temperature: *1,025 ◦ F* Exhaust % Moisture: *N/A* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *760* ACFM Exhaust Volume: *760* SCFM

g. Distance to Nearest Property Line (ft): *540'*

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *111*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

General Stack/Vent Information

a. Unit ID: *S05* b. Company Designation: *3FP1Stack*

c. Discharge Type: *Vertical, unobstructed opening*

d. Diameter (ft): *4"* Height (ft): *7'4"* Base Elevation (ft): *380.0 ft*

e. Exhaust Temperature: *788 ◦ F* Exhaust % Moisture: *N/A* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *466* ACFM Exhaust Volume: *466* SCFM

g. Distance to Nearest Property Line (ft): *150'*

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *113*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

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a. Unit ID: *S06* b. Company Designation: *30 KW Kohler Emergency Generator Stack*

c. Discharge Type: *Vertical, unobstructed opening*

d. Diameter (ft): Height (ft): Base Elevation (ft):

e. Exhaust Temperature: *1,050* Exhaust % Moisture: *0-5%* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *250* ACFM Exhaust Volume: SCFM

g. Distance to Nearest Property Line (ft):

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *114*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

r renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

a. Unit ID: *S07* b. Company Designation: *New Emergency Generator Stack*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): Height (ft): Base Elevation (ft):

e. Exhaust Temperature: *995 ◦ F* Exhaust % Moisture: *0-5%* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *3,780* ACFM Exhaust Volume: *16,000* SCFM

g. Distance to Nearest Property Line (ft):

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *003*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S08* b. Company Designation: *New Fire Pump Stack*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): Height (ft): Base Elevation (ft):

e. Exhaust Temperature: *756◦ F* Exhaust % Moisture: *0-5%* Exhaust Velocity (ft/sec):

f. Exhaust Volume: *774* ACFM Exhaust Volume: SCFM

g. Distance to Nearest Property Line (ft):

h. Weather Cap?: ☐ Yes ☒ No

i. Used by Sources: *004*

j. UTM Zone: *18* UTM North: *4498.5* UTM East: *462*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

r renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

a. Unit ID: *S09* b. Company Designation: *KEWANEE – 19.5 MMBTU/HR STACK*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: *300◦ F* Exhaust % Moisture: *10* Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *031*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S10* b. Company Designation: *KEWANEE – 10.0 MMBTU/HR STACK*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: *300 ◦ F* Exhaust % Moisture: *10* Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *032*

j. UTM Zone: *18* UTM North: *4499.5* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

General Stack/Vent Information

a. Unit ID: *S11* b. Company Designation: *33714 - Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *101*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S12* b. Company Designation: *363365 - Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *102*

j. UTM Zone: *18* UTM North: *4499.5* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

General Stack/Vent Information

a. Unit ID: *S13* b. Company Designation: *1124 - Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *103*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S14* b. Company Designation: *J70–49 – Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *104*

j. UTM Zone: *18* UTM North: *4499.5* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

1 **General Stack/Vent Information**

a. Unit ID: *S15*

b. Company Designation: *J78-56 – Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *105*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S16*

b. Company Designation: *STI-1300 – Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *106*

j. UTM Zone: *18* UTM North: *4499.5* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

r renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

a. Unit ID: *S17*

b. Company Designation: *J91-24 – Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *107*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: *S18*

b. Company Designation: *STI-150 – Sterilizer Chamber Exhaust Vent*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *108*

j. UTM Zone: *18* UTM North: *4499.5* UTM East: *462.4*

k. Method of Obtaining UTM: *US GS Map-Catasauqua PA QuadRangle 40075-F4T4-024*

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

a. Unit ID: *S19*

b. Company Designation: *400-05 – Sterilizer Chamber Exhaust Vent (Not Operational)*

c. Discharge Type: *Vertical, unobstructed open*

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: *109*

j. UTM Zone: *18* UTM North: *4499.15* UTM East: *462.4*

. Method of Obtaining UTM: *US GS Map-Catasauqua, PA QuadRangle 400TS-F4TF-024*

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a. Unit ID: _____

b. Company Designation: _____

c. Discharge Type: _____

d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____

e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____

f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM

g. Distance to Nearest Property Line (ft): _____

h. Weather Cap?: ☐ Yes ☐ No

i. Used by Sources: _____

j. UTM Zone: _____ UTM North: _____ UTM East: _____

Method of Obtaining UTM: _____

›ction 10 - Fuel Material Location (FML) Information (optional)

For renewals, list new fuel material location information not specified in the current Title V Operating Permit.

10.1 Fuel Material Location Information

a. FML ID No.: *FML-01* Name: *Diesel Fuel Storage*

c. Capacity: *N/A* Units: d. Fuel: *No. 2 Diesel Fuel*

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? *N/A*

% Ash *Negligible* % Sulfur: *<0.3%* BTU Content: *137,000* Units: *BTU/GAL*

f. Used by Source(s): *003, 004, 112, & 113*

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a. FML ID No.: *FML-02* b. Name: *Natural Gas Distribution Line*

c. Capacity: *N/A* Units: d. Fuel: *Natural Gas*

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? *N/A*

% Ash *Negligible* % Sulfur: *Negligible* BTU Content: *1,050* Units: *BTU/scf*

f. Used by Source(s):

031, 032, 111, & 114

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a. FML ID No.: *FML-03* b. Name: *No. 6 Fuel Oil Storage*

c. Capacity: *N/A* Units: d. Fuel: *No. 6 Fuel Oil*

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? *N/A*

% Ash *<0.1 wt%* % Sulfur: *<1.0 wt%* BTU Content: *150,000* Units: *BTU/GAL*

f. Used by Source(s):

032

Section 11 - Compliance Plan for the Facility

		Yes	No
11.1	Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements during the permit duration?	☒	☐
11.2	Will your facility be in compliance with all applicable requirements presently scheduled to take effect during the term of the permit?	☒	☐
11.3	Will these requirements be met by the regulatory required dates?	☒	☐

If you checked "No" in Part 11.1, 11.2 or 11.3, answer the following questions:

11.4 Identify applicable requirement(s) for which compliance is not or will not be achieved:

Source ID No.	Citation No.

11.4.2 Briefly describe how compliance with this/these applicable requirement(s) will be achieved:

11.4.3. Provide a detailed schedule of compliance for the non-complying sources or activities identified in this section of the application. Include an enforceable sequence of corrective actions with milestone and projected compliance dates. *N/A*

Date	Action/Milestone

11.4.4. Indicate the submittal frequency I for the progress report (s): _____

11.4.5. Starting date for the submittal of the progress report(s): _____

Section 12 - Compliance Certification

12.1 Schedule for Compliance Certification Submission

a. Frequency of Submittal: *Annually*

b. Schedule specified in current Title V Operating Permit or proposed starting date: *April 1*

12.2 Monitoring Compliance

Is the site identified in this application in compliance with all applicable requirements and compliance certification requirements:

☒ Yes ☐ No

If "No", describe which requirements are not being met:

12.3 Certification of Compliance

Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I certify that I have the authority to submit this Permit Application on behalf of the applicant herein and that based on information and belief formed after reasonable inquiry, the statements and information contained in this application is correct to the best of my knowledge.

(Signed) For Al Kiani Date 3-31-09

Name (Typed) *Al Kiani*

Title: *Vice President/General Manager of PA/NJ Operations*

APPENDIX C –
LIST OF INSIGNIFICANT SOURCES

B. Braun Medical, Inc.
List of Insignificant Sources

Source ID	Source	Rated Capacity	Fuel
001	New Boiler 1	9.95 MMBtu/hr	Natural Gas
002	New Boiler 2	9.95 MMBtu/hr	Natural Gas
003[(a)]	New Emergency Generator	605 HP	Diesel
004[(a)]	New Fire Pump	100 HP	Diesel
005	New Natural Gas-Fired Humidifier 1	0.80 MMBtu/hr	Natural Gas
006	New Natural Gas-Fired Humidifier 2	0.80 MMBtu/hr	Natural Gas
007	New Natural Gas-Fired Domestic Water Heater	0.05 MMBtu/hr	Natural Gas
008	New Unit Heater 1	0.125 MMBtu/hr	Natural Gas
009	New Unit Heater 2	0.125 MMBtu/hr	Natural Gas
010	New Unit Heater 3	0.125 MMBtu/hr	Natural Gas
011	New Unit Heater 4	0.125 MMBtu/hr	Natural Gas
012	New Fresh Air Intake Heater	0.7204 MMBtu/hr	Natural Gas
013	New Diesel Fuel Storage Tank 1	785 gal	N/A
014	New Diesel Fuel Storage Tank 2	280 gal	N/A
015	Phase 3 - HVAC Steam Humidification Boiler	1.05 MMBtu/hr	Natural Gas
016	Phase 1 - HVAC Hot Water Boiler 1	1.80 MMBtu/hr	Natural Gas
017	Phase 1 - HVAC Hot Water Boiler 2	1.80 MMBtu/hr	Natural Gas
018	New Unit Heater 5	0.250 MMBtu/hr	Natural Gas
019	Receiving East Unit Heater 1	0.140 MMBtu/hr	Natural Gas
020	Receiving East Unit Heater 2	0.140 MMBtu/hr	Natural Gas
021	Receiving East Unit Heater 3	0.200 MMBtu/hr	Natural Gas
022	Receiving East Unit Heater 4	0.200 MMBtu/hr	Natural Gas
023	Compactor Room Direct Fired Space Heater	---	Natural Gas
024	Raw Materials Unit Heater	1.25 MMBtu/hr	Natural Gas

B. Braun Medical, Inc.
List of Insignificant Sources

Source ID	Source	Rated Capacity	Fuel
025	WIP Storeroom Unit Heater	0.50 MMBtu/hr	Natural Gas
026	Sterilization Hallway Unit Heater	0.140 MMBtu/hr	Natural Gas
027	Kit Sterilization Staging Unit Heater	0.40 MMBtu/hr	Natural Gas
028	Phase I Mechanical Room Hot Water Heater	0.078 MMBtu/hr	Natural Gas
029	Phase II Mechanical Room Hot Water Heater	< 2.5 MMBtu/hr	Natural Gas
030	Phase III Mechanical Room Hot Water Heater	0.67 MMBtu/hr	Natural Gas
112[(a)]	Existing Emergency Generator 1 (Phase I E-Gen)	73 BHP	Diesel
111[(a)]	Existing Emergency Generator 2 (Phase II E-Gen)	173 BHP	Natural Gas
113[(a)]	Existing Fire Pump	110 HP	Diesel
114[(a)]	30 KW Kohler Emergency Generator	30 KW	Natural Gas

[(a)] All fire pumps and emergency generators have been incorporated into TVOP 39-00055 as Group 2.

APPENDIX D –
ADDENDUM 1

COMMONWEALTH OF PENSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 1
METHOD OF COMPLIANCE WORKSHEET

Air Quality
APR - 1 RECD
Facility:
Permit:
File #:

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID	*23-2116774*
Firm Name	***B. Braun Medical Inc.***
Plant Code	*A*
Plant Name	***B. Braun Medical Inc.***

Applicable Requirement for: (check only one)

- ☐ Entire Site
- ☒ Group of Sources — Group ID *GRP1*
- ☐ Single Source — Unit ID
- ☐ Alternative Operating Scenario — Scenario Name

Citation No. ***40 CFR Part 63, Subpart O***

Compliance Method Based Upon ☒ Applicable Requirement ☐ CAM ☐ Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

- ☒ Monitoring
- ☐ Testing
- ☒ Reporting
- ☒ Record Keeping
- ☒ Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.) ***(1) temperature monitoring, (2) Ethylene glycol scrubber liquor concentration***

Monitoring Device Location ***(1) outlet of the catalyst bed/control room (2) Deoxx unit***

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

(1) Temperature of the catalyst bed outlet is monitored and recorded on a continuous basis pursuant to §63.364(c).

(2) Concentration of Ethylene glycol is sampled and recorded weekly pursuant to §63.364(b)(1) and §63.365(e)(1) <u>OR</u> The level of the scrubber liquor in the recirculation tank is measured and recorded pursuant to §63.364(b)(2) and §63.365(e)(2).

How will data be reported? ***Data is reported pursuant to the requirements of §63.366.***

SECTION C. TESTING

Reference Test Method Description

Reference Test Method Citation

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

(1) Temperature of the catalyst bed outlet is monitored and recorded on a continuous basis pursuant to §63.364(c).

(2) Concentration of Ethylene glycol is sampled and recorded weekly pursuant to §63.364(b)(1) and §63.365(e) <u>OR</u> The level of the scrubber liquor in the recirculation tank is measured and recorded pursuant to §63.364(b)(2) and §63.365(e)(2).

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

All reporting is completed pursuant to §63.366 – Reporting. All data is maintained for a period of five years.

Reporting Start Date ***Beginning after 40 CFR Part 63, Subpart O initial compliance date***

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).

The catalyst bed will be replaced with new catalyst material every five (5) years beginning March 31, 2009 in accordance with 40 CFR Part 63.363(b)(4)(iii) and B. Braun's letter to PADEP regarding the catalyst bed replacement, dated March 13, 2009.

COMMONWEALTH OF PENSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 1
METHOD OF COMPLIANCE WORKSHEET

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID	*23-2116774*
Firm Name	***B. Braun Medical Inc.***
Plant Code	*A*
Plant Name	***B. Braun Medical Inc.***

Applicable Requirement for: (check only one)

- ☐ Entire Site
- ☒ Group of Sources — Group ID *GRP2*
- ☐ Single Source — Unit ID
- ☐ Alternative Operating Scenario — Scenario Name

Citation No. ***25 PA Code 127.441 (Limitation on hours of operation for each source)***

Compliance Method Based Upon ☐ Applicable Requirement ☐ CAM ☒ Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

- ☐ Monitoring
- ☐ Testing
- ☐ Reporting
- ☒ Record Keeping
- ☐ Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.)
N/A

Monitoring Device Location

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

How will data be reported?

SECTION C. TESTING

Reference Test Method Description *N/A*

Reference Test Method Citation

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

On a monthly basis, the total hours of operation for each source will be recorded. Records will include:

(1) The name of the source which was operated.

(2) The hours of operation of each source.

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

N/A

Reporting Start Date

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).

The sources will be operated in accordance with the manufacturers' specifications and the source shall also be operated and maintained in accordance with good air pollution practices.

COMMONWEALTH OF PENSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 1
METHOD OF COMPLIANCE WORKSHEET

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID	*23-2116774*
Firm Name	***B. Braun Medical Inc.***
Plant Code	*A*
Plant Name	***B. Braun Medical Inc.***

Applicable Requirement for: (check only one)

- ☐ Entire Site
- ☒ Group of Sources — Group ID *GRP3*
- ☐ Single Source — Unit ID
- ☐ Alternative Operating Scenario — Scenario Name

Citation No. *25 Pa. Code §123.11*

Compliance Method Based Upon ☒ Applicable Requirement ☐ CAM ☐ Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

- ☐ Monitoring
- ☐ Testing
- ☐ Reporting
- ☐ Record Keeping
- ☒ Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.)
N/A

Monitoring Device Location

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

How will data be reported?

SECTION C. TESTING

Reference Test Method Description
N/A

Reference Test Method Citation

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

N/A

Reporting Start Date

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).

The sources will be operated in accordance with the manufacturers' specifications and the source shall also be operated and maintained in accordance with good air pollution practices.

COMMONWEALTH OF PENSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 1
METHOD OF COMPLIANCE WORKSHEET

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID *23-2116774*

Firm Name ***B. Braun Medical Inc.***

Plant Code *A*

Plant Name ***B. Braun Medical Inc.***

Applicable Requirement for: (check only one)

☐ Entire Site

☒ Group of Sources — Group ID *GRP3*

☐ Single Source — Unit ID

☐ Alternative Operating Scenario — Scenario Name

Citation No. ***25 Pa. Code §123.22***

Compliance Method Based Upon ☒ Applicable Requirement ☐ CAM ☐ Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

☐ Monitoring ☐ Testing ☐ Reporting

☐ Record Keeping ☒ Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.)
N/A

Monitoring Device Location

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

How will data be reported?

SECTION C. TESTING

Reference Test Method Description *N/A*

Reference Test Method Citation

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

N/A

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

N/A

Reporting Start Date

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).

The sources will be operated in accordance with the manufacturers' specifications and the source shall also be operated and maintained in accordance with good air pollution practices.

COMMONWEALTH OF PENSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 1
METHOD OF COMPLIANCE WORKSHEET

County: Air Quality
APR - 1 REC'D
Facility: Permit: File #:

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID	*23-2116774*
Firm Name	***B. Braun Medical Inc.***
Plant Code	*A*
Plant Name	***B. Braun Medical Inc.***

Applicable Requirement for: (check only one)

- ☐ Entire Site
- ☒ Group of Sources — Group ID *GRP3*
- ☐ Single Source — Unit ID
- ☐ Alternative Operating Scenario — Scenario Name

Citation No. ***25 Pa. Code §127.441 (fuel type and No. 6 fuel oil sulfur content)***

Compliance Method Based Upon ☒ Applicable Requirement ☐ CAM ☐ Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

- ☐ Monitoring ☐ Testing ☐ Reporting
- ☒ Record Keeping ☒ Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.)
N/A

Monitoring Device Location

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

How will data be reported?

SECTION C. TESTING

Reference Test Method Description *N/A*

Reference Test Method Citation

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

Monthly records will be maintained documenting the type of fuel burned in each source.

For bulk deliveries, records of the fuel sampling are maintained for each new shipment of fuel oil. For purchases from retail suppliers of No. 6 fuel oil, receipts are kept indicating the date, quantity, and sulfur content of fuel purchased.

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

N/A

Reporting Start Date

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).

For bulk deliveries, records of the fuel sampling are maintained for each new shipment of fuel oil. For purchases from retail suppliers of No. 6 fuel oil, receipts are kept indicating the date, quantity, and sulfur content of fuel purchased.

APPENDIX E –
ADDENDUM 3

2700-PM-AQ0015 11/2001

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

County: Air Quality
APR - 1 REC'D
Facility: Permit #:

ADDENDUM 3
CAM APPLICABILITY WORKSHEET FOR SOURCES

SECTION A. GENERAL INFORMATION

Federal Tax ID	*23-2116774*				
Firm Name	***B. Braun Medical Inc.***				
Plant Code	*A*	Source I.D.	***GRP1***		
Control Type	***Wet Scrubber Deoxx Unit***	AIRS Code No.	*N/A*	Pollutant	***Ethylene Oxide***
Control Make	***Chemrox***	Control Model No.	***84-186***	Control Efficiency	***99%***
Control I.D.	***C002***	Source or Emission Unit Name	***GRP1 – ETO Sterilizers and Aeration Room***		

SECTION B. MONITORING

The emissions unit is exempted from CAM because the emission limitations or standards are:

Yes	No	
☒	☐	Proposed by the EPA Administrator after November 15, 1990 pursuant to Sections 111 or 112 of the Clean Air Act.
☐	☒	Stratospheric ozone protection requirements under Title VI of the Act.
☐	☒	Acid Rain Program requirements pursuant to sections 404-407(b) or 410 of the Clean Air Act
☐	☒	Approved under an emissions trading program.
☐	☒	An emissions cap that meets the requirements specified in 40 CFR § 70.4(b)(12).
☐	☒	Determined by a continuous compliance method that does not use an assumed control factor
☐	☒	Requirements for a backup utility power emissions unit as defined in § 72.2 which:

Yes	No	
☐	☐	Is owned by a municipality and
☐	☐	Is exempt from all Part 75 monitoring requirements
☐	☐	Is operated solely for providing power during peak electrical demand or emergency situations
☐	☐	Has annual average emissions (for previous 3 years) of less than 50% of the major source cut off and emissions are expected to remain below 50 %

SECTION C. CAM STATUS

Yes	No	
☐	☒	CAM applies (be sure to include appropriate citation numbers under Source Applicable Requirements section of the application)
☐	☒	CAM Plan is attached or has been submitted
☐	☒	An Implementation Plan is attached

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ADDENDUM 3
CAM APPLICABILITY WORKSHEET FOR SOURCES

SECTION A. GENERAL INFORMATION

Federal Tax ID	*23-2116774*				
Firm Name	*B. Braun Medical Inc.*				
Plant Code	*A*	Source I.D.	*GRP1*		
Control Type	*Catalytic Oxidizer*	AIRS Code No.	*N/A*	Pollutant	*Ethylene Oxide*
Control Make	*Donaldson*	Control Model No.	*16,000*	Control Efficiency	*99% or ≤ 1 ppmv outlet concentration*
Control I.D.	*C001*	Source or Emission Unit Name	*GRP1 ETO Sterilizers and Aeration Room*		

SECTION B. MONITORING

The emissions unit is exempted from CAM because the emission limitations or standards are:

Yes	No	
☒	☐	Proposed by the EPA Administrator after November 15, 1990 pursuant to Sections 111 or 112 of the Clean Air Act.
☐	☒	Stratospheric ozone protection requirements under Title VI of the Act.
☐	☒	Acid Rain Program requirements pursuant to sections 404-407(b) or 410 of the Clean Air Act
☐	☒	Approved under an emissions trading program.
☐	☒	An emissions cap that meets the requirements specified in 40 CFR § 70.4(b)(12).
☐	☒	Determined by a continuous compliance method that does not use an assumed control factor
☐	☒	Requirements for a backup utility power emissions unit as defined in § 72.2 which:

Yes	No	
☐	☐	Is owned by a municipality and
☐	☐	Is exempt from all Part 75 monitoring requirements
☐	☐	Is operated solely for providing power during peak electrical demand or emergency situations
☐	☐	Has annual average emissions (for previous 3 years) of less than 50% of the major source cut off and emissions are expected to remain below 50 %

SECTION C. CAM STATUS

Yes	No	
☐	☒	CAM applies (be sure to include appropriate citation numbers under Source Applicable Requirements section of the application)
☐	☒	CAM Plan is attached or has been submitted
☐	☒	An Implementation Plan is attached

APPENDIX F –
MUNICIPAL NOTIFICATION CORRESPONDENCE

The following municipal notifications were sent to the local municipality and county where B. Braun is located pursuant to 25 Pa. Code §127.413. Certified mail receipts will be sent to PADEP under separate cover.

April 1, 2009

CERTIFIED MAIL

Ms. Sandra Pudliner
Township Manager
Hanover Township
2202 Grove Road
Allentown, PA 18103

Re: Submittal of Title V Operating Permit Renewal Application Revision

Dear Ms. Pudliner:

Pursuant to Title 25, Subpart C, Article III, Section 127.413 of the Pennsylvania Code, B. Braun Medical, Inc. (B. Braun) hereby notifies Hanover Township of its submittal of a Title V Operating Permit (TVOP) renewal application revision to the Pennsylvania Department of Environmental Protection (PADEP). B. Braun owns and operates a surgical and medical instrument apparatus manufacturing facility located at 901 Marcon Blvd., Allentown, PA, pursuant to the permit application shield provisions of Title V Operating Permit Number 39-00055 (TVOP 39-00055), which expired on November 30, 2005. A timely and complete renewal application was submitted in May 2005. A final permit is still pending. B. Braun also owns and operates a support facility located at 939 Marcon Blvd., Allentown, PA, which operates pursuant to the terms and conditions of State Only Operating Permit (SOOP) 39-00038.

The purpose of this TVOP renewal application revision is to incorporate the terms and conditions of SOOP 39-00038 into TVOP 39-00055 such that all of the existing sources at both facilities will be permitted under the terms and conditions of TVOP 39-00055. In addition, this Title V Renewal Application revision also includes changes associated with the Minor Operating Permit Modification Application that was submitted in 2007 for TVOP-39-00055, and other changes that have taken place since the submittal of the original TV Renewal Application.

PADEP will accept comments on the renewal application revision during a 30-day period which begins upon your receipt of this notification. A copy of the renewal application revision is available for review at PADEP's Wilkes-Barre office, or by contacting the undersigned. Any comments concerning the application should be transmitted to PADEP within 30 days of your receipt of this letter at the following address:

Pennsylvania Department of Environmental Protection
Northeast Regional Office
2 Public Square
Wilkes-Barre, PA
18711-0790

Should you have any questions, please contact me at (610) 596-2584.

Sincerely,
B. BRAUN MEDICAL, INC.

David R. Lauer
Environmental Health & Safety Manager

April 1, 2009

CERTIFIED MAIL

Mr. Donald T. Cunningham, Jr.
County Executive
Lehigh County
17 S 7th Street
Allentown, PA 18101

Re: Submittal of Title V Operating Permit Renewal Application Revision

Dear Mr. Cunningham:

Pursuant to Title 25, Subpart C, Article III, Section 127.413 of the Pennsylvania Code, B. Braun Medical, Inc. (B. Braun) hereby notifies Hanover Township of its submittal of a Title V Operating Permit (TVOP) renewal application revision to the Pennsylvania Department of Environmental Protection (PADEP). B. Braun owns and operates a surgical and medical instrument apparatus manufacturing facility located at 901 Marcon Blvd., Allentown, PA, pursuant to the permit application shield provisions of Title V Operating Permit Number 39-00055 (TVOP 39-00055), which expired on November 30, 2005. A timely and complete renewal application was submitted in May 2005. A final permit is still pending. B. Braun also owns and operates a support facility located at 939 Marcon Blvd., Allentown, PA, which operates pursuant to the terms and conditions of State Only Operating Permit (SOOP) 39-00038.

The purpose of this TVOP renewal application revision is to incorporate the terms and conditions of SOOP 39-00038 into TVOP 39-00055 such that all of the existing sources at both facilities will be permitted under the terms and conditions of TVOP 39-00055. In addition, this Title V Renewal Application revision also includes changes associated with the Minor Operating Permit Modification Application that was submitted in 2007 for TVOP-39-00055, and other changes that have taken place since the submittal of the original TV Renewal Application.

PADEP will accept comments on the renewal application revision during a 30-day period which begins upon your receipt of this notification. A copy of the renewal application revision is available for review at PADEP's Wilkes-Barre office, or by contacting the undersigned. Any comments concerning the application should be transmitted to PADEP within 30 days of your receipt of this letter at the following address:

Pennsylvania Department of Environmental Protection
Northeast Regional Office
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18711-0790

Should you have any questions, please contact me at (610) 596-2584.

Sincerely,
B. BRAUN MEDICAL, INC.

David R. Lauer
Environmental Health & Safety Manager