

## PUGET SOUND CLEAN AIR AGENCY

### Additional Notice of Construction Application Requirements for

### **ETHYLENE OXIDE STERILIZERS AND FUMIGATION DEVICES**

#### **General**

Description of Equipment and its Purpose [*Specify the type of equipment (sterilizer or fumigator, with or without separate aeration unit) and its intended use (hospital, veterinary, medical research, pharmaceutical manufacture, food products manufacture, contract sterilizer, other - be specific).*]

Identify which of the following categories the project fits into:

1. New Construction (*New construction also includes existing, unpermitted equipment or processes*)
2. Reconstruction (*Reconstruction means the replacement of components of an existing facility to such an extent that the fixed capital cost of the new components exceeds 50% of the fixed capital cost that would be required to construct a comparable entirely new facility*)
3. Modification (*Modification means any physical change in, or change in the method of operation of, a source, except an increase in the Hours of Operation or production rates (not otherwise prohibited) or the use of an alternative fuel or raw material that the source is approved to use under an Order of Approval or operating permit, that increases the amount of any air contaminant emitted or that results in the emission of any air contaminant not previously emitted*)
4. Amendment to Existing Order of Approval Permit Conditions

Estimated Hours of Operation (hr/day, day/wk, wk/yr) [*Estimate the hours of operation for the new sterilizer or fumigator - not necessarily the entire facility.*]

Estimated Installation Date [*Estimate the date when the new sterilizer or fumigator will be put into service.*]

#### **Sterilant Properties**

Type of Sterilant [*Specify the ethylene oxide content of the gas*]

Items to be Sterilized [*Specify the types of items to be sterilized (medical equipment, lab equipment, food, drugs, other - be specific).*]

Estimated Annual Sterilant Usage (lb/yr) [*Estimate the amount of sterilant to be used annually.*]

**Design** *[Most design information is available from the manufacturer or vendor. Submittal of a brochure, scale drawing or process and instrumentation diagram will facilitate the review of the permit application.]*

Make & Model *[Specify the manufacturer and model of the sterilizer or fumigator - not the serial number.]*

Interior Volume (ft<sup>3</sup>) *[Specify the interior volume of the sterilizer or fumigator (length times width times height)]*

Type of Vacuum Pump *[Specify recirculating or once-through]*

Amount of Sterilant per Load (lb) *[Specify the amount of sterilant required per load]*

**Stack** *[Required only for units without additional control equipment. Use permit forms for scrubbers, thermal oxidizers, condensers or reactors, as appropriate]*

Stack Height (ft) *[Specify the height of the top of the stack above ground level - not above the building or sea level.]*

Stack Diameter or Rectangular Cross-Sectional Dimensions (inches) *[Specify the internal dimensions - not the external dimensions]*

Exhaust Flowrate (acfm) *[Specify the airflow in actual cubic feet per minute.]*

Exhaust Temperature (°F) *[Specify the temperature of the exhaust leaving the stack.]*

Distance to Nearest Property Line (ft) *[Specify the distance from the base of the stack to the nearest property line.]*

Height, Length and Width of Buildings (ft) *[Specify the approximate dimensions of any buildings that are >40% of the stack height and are located within 5 building heights from the stack.]*

### **Operation and Maintenance**

Describe Preventive Maintenance *[Specify the periodic maintenance recommended by the manufacturer and its frequency.]*