



# Department of Environmental Protection

## Division of Air Resources Management

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FEB 15 2011

Bureau of Air Monitoring  
& Mobile Sources

### ETHYLENE OXIDE STERILIZERS AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form.  
Send completed form to the address listed in the instructions and keep a copy of the form  
for your files.

#### Facility Name and Location

1050437-001

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
<b>PREFERRED MEDICAL STERILIZATION</b>	
2. Site Name (For example, plant name or number):	
<b>WINTER HAVEN</b>	
3. Hazardous Waste Generator Identification Number:	
<b>UNKNOWN</b>	
4. Facility Location:	
Street Address: <b>101 INDUSTRIAL BLVD.</b>	
City: <b>WINTER HAVEN</b>	County: <b>POLK</b> Zip Code: <b>33880</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
<b># 1050437</b>	

#### Responsible Official

6. Name and Title of Responsible Official:	
Name: <b>MICHAEL MURPHY</b>	Title: <b>OPERATIONS MANAGER</b>
7. Responsible Official Mailing Address:	
Organization/Firm: <b>PREFERRED MEDICAL STERILIZATION</b>	
Street Address: <b>101 INDUSTRIAL BLVD.</b>	
City: <b>WINTER HAVEN</b>	County: <b>POLK</b> Zip Code: <b>33880 -1036</b>
8. Responsible Official Telephone Number:	
Telephone: <b>(863) 875-6934</b>	Fax: <b>(863) 875-6928</b>

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

9. Name and Title of Facility Contact (For example, plant manager):		
10. Facility Contact Address:		
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone:	Fax:	

## Facility Information

### 1. Ethylene oxide sterilization unit description.

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

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

Vent Type (circle one)*	Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	Date Control Installed (if same as purchase date, write "SAME")
<input checked="" type="radio"/> SC/CE/AR	<u>03/07/94</u>	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	
<input checked="" type="radio"/> SC/CE/AR	<u>1996</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	
<input checked="" type="radio"/> SC/CE/AR	<u>1998</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	
<input checked="" type="radio"/> SC/CE/AR	<u>1996</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	
SC/CE/ <input checked="" type="radio"/> AR	<u>2011</u>	Existing/ <input checked="" type="radio"/> New	YES/ <input checked="" type="radio"/> NO	

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

(b) Control devices are required, but not yet installed ☒ **X**

### 2. (a) What was the total amount of ethylene oxide purchased in the latest 12 months?

tons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner: ☐ New facility: ☒ **X**

Did not keep records: ☐

3. What control technology is required for sterilization units pursuant to this general permit?  
(Indicate with an "X".)

Acid-water scrubber	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Catalytic oxidation unit	<input type="checkbox"/>	None required	<input type="checkbox"/>
Thermal oxidation unit	<input type="checkbox"/>		

#### 4. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts for ethylene oxide purchases	<input checked="" type="checkbox"/>
(b) Temperature monitoring for oxidizer units	<input type="checkbox"/>
(c) Liquor tank level monitoring	<input checked="" type="checkbox"/>
(d) Concentrations of ethylene glycol in scrubber systems	<input checked="" type="checkbox"/>
(e) Exhaust concentrations of ethylene oxide	<input type="checkbox"/>
(f) Performance testing	<input checked="" type="checkbox"/>
(g) Instrument calibration	<input checked="" type="checkbox"/>

#### 5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

☐ I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the DEP air permit number(s) are: \_\_\_\_\_

☒ No DEP air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

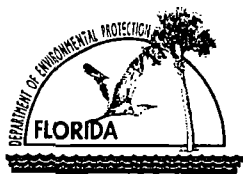
*I will promptly notify the Department of any changes to the information contained in this notification.*

**MICHAEL MURPHY**

Print name of responsible official

  
Signature

02-14-2011  
Date



# Department of Environmental Protection

## Division of Air Resources Management

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#### Responsible Official

6. Name and Title of Responsible Official: Name: <b>MICHAEL MURPHY</b> Title: <b>OPERATIONS MANAGER</b>
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Telephone:	Fax:	

## Facility Information

### 1. Ethylene oxide sterilization unit description.

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

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

Vent Type (circle one)*	Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	Date Control Installed (if same as purchase date, write "SAME")
<u>SC</u> /CE/AR	<u>03/07/94</u>	<u>Existing</u> /New	<u>YES</u> /NO	
<u>SC</u> /CE/AR	<u>1996</u>	Existing/ <u>New</u>	<u>YES</u> /NO	
<u>SC</u> /CE/AR	<u>1998</u>	Existing/ <u>New</u>	<u>YES</u> /NO	
<u>SC</u> /CE/AR	<u>1996</u>	Existing/ <u>New</u>	<u>YES</u> /NO	
SC/CE/ <u>AR</u>	<u>2011</u>	Existing/ <u>New</u>	YES/ <u>NO</u>	

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

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

### 2. (a) What was the total amount of ethylene oxide purchased in the latest 12 months?

[ 0 ] tons

(b) If less than 12 months, how many? [ 0 ] months

Check why it is less than 12 months: New owner: [ ] New facility: [ X ]

Did not keep records: [ ]



3. What control technology is required for sterilization units pursuant to this general permit?  
(Indicate with an "X".)

Acid-water scrubber	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Catalytic oxidation unit	<input type="checkbox"/>	None required	<input type="checkbox"/>
Thermal oxidation unit	<input type="checkbox"/>		

#### 4. Equipment Monitoring and Recordkeeping Information

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*I will promptly notify the Department of any changes to the information contained in this notification.*

**MICHAEL MURPHY**

Print name of responsible official

  
Signature

02-14-2011  
Date



3000 N. Ponce de Leon Blvd.  
Suite #4  
St. Augustine, FL 32084  
TEL. (904) 460-2295  
E-Mail: baker@atlantic.net

**RECEIVED**

**FEB 15 2011**

**Bureau of Air Monitoring  
& Mobile Sources**

February 10, 2011  
B-2650

Mr. Dick Dibble  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Florida Department of Environmental Protection  
26000 Blair Stone Road  
Tallahassee, Florida 32399-2400

RE: Preferred Medical Sterilization, Inc. (Preferred)  
Winter Haven, Florida Facility  
Air General Permit for Ethylene Oxide Sterilizers Application

Dear Mr. Dibble:

Attached are two (2) copies of the Air General Permit for Ethylene Oxide Sterilizers for the above referenced facility.

Perferred is a new facility and is planning to install and operate the following:

- 3 five pallet Sterilization Chambers.
- 1 one pallet Sterilization Chamber.
- 1 Aeration room.
- 1 acid scrubber to control the Ethylene Oxide emissions from the 4 sterilization chambers during the evacuation cycles of the sterilizing process and during chamber venting.
- 2 LP gas (Propane) boilers each rated at less than 3 million BTUs per hour.
- A 2,000 gallon liquid Nitrogen storage tank.

The scrubber will be tested within 180 days of startup to demonstrate at least 99% control efficiency. The liquid level of the scrubber's recirculation tank will be monitored weekly and maintained to not exceed the maximum level recorded during the stack test.

The facility will keep a twelve (12) month rolling summary of Ethylene Oxide usage.

Per 40 CFR Part 63.10(c)(5) through(13), the facility will submit an excess emissions report to the Department every six (6) months. If an air pollution control is not operating correctly or there is an upset it will be reported. The six month report will contain the following information:

- Monitoring system performance information on the maximum liquid level in the scrubber.
- Summary report.

Letter to Dick Dibble  
February 8, 2011  
Page 2 of 2

Preferred's current business plan is to operate the facility with less than ten (10) tons of Ethylene Oxide per year. However, should future business conditions improve, the facility hopes to expand. If this occurs Preferred will at that time apply for an air construction permit to obtain a Federally Enforceable State Operating Permit (FESOP) that would allow for additional equipment and increase the usage of Ethylene Oxide.

If you have any questions regarding this application, please give me a call. Thank you for your assistance in this matter.

Sincerely,

BAKER ENVIRONMENTAL ENGINEERING, INC.

A handwritten signature in black ink that reads "Bob Baker". The signature is written in a cursive, flowing style.

Robert A. Baker, P. E.

Attachments

Cc: Mike Murphy - Preferred Medical Sterilization, Inc.

**1 From**  
Date 2-14-11 Sender's FedEx Account Number

Sender's Name Michael Murphy Phone

Company First Federal Medical Station

Address 101 Industrial Blvd Dept./Floor/Suite/Room

City WINTER HAVEN State FL ZIP 33880

**2 Your Internal Billing Reference** documents

**3 To**  
Recipient's Name DICK DILLIE Phone

Company BURRIDGE FAIR MONITORING + ANALYSIS

Recipient's Address 1100 BLAIR STONE ROAD Dept./Floor/Suite/Room  
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address  
To request a package be held at a specific FedEx location, print FedEx address here.

City TLH HASSLE State FL ZIP 32299-1100

**4a Express Package Service** To add SATURDAY Delivery, see Section 6. **Packages up to 150 lbs.**  
\* To most locations

1 ☐ FedEx Priority Overnight Next business morning\* 5 ☒ FedEx Standard Overnight Next business afternoon\* 6 ☐ FedEx First Overnight Earliest next business morning delivery to select locations\*

3 ☐ FedEx 2Day Second business day\* 20 ☐ FedEx Express Saver Third business day\*  
FedEx Envelope rate not available. Minimum charge: One-pound rate.

**4b Express Freight Service** To add SATURDAY Delivery, see Section 6. **Packages over 150 lbs.**  
\*\* To most locations

7 ☐ FedEx 1Day Freight\* Next business day\*\* 8 ☐ FedEx 2Day Freight Second business day\* 83 ☐ FedEx 3Day Freight Third business day\*

\* Call for Confirmation: Declared value limit \$500.

**5 Packaging**

6 ☒ FedEx Envelope\* 2 ☐ FedEx Pak\* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. 3 ☐ FedEx Box 4 ☐ FedEx Tube 1 ☐ Other

**6 Special Handling** Include FedEx address in Section 3.

3 ☐ SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes. 1 ☐ HOLD Weekday at FedEx Location Not available for FedEx First Overnight. 31 ☐ HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods?  
One box must be checked.  
6 ☐ No 4 ☐ Yes As per attached Shipper's Declaration. 7 ☐ Yes Shipper's Declaration not required. 6 ☐ Dry Ice Dry ice, 9, UN 1845 x kg  
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. ☐ Cargo Aircraft Only

**7 Payment** Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No. ☐

1 ☐ Sender Acct. No. in Section 1 will be billed. 2 ☐ Recipient 3 ☒ Third Party 4 ☐ Credit Card 5 ☐ Cash/Check

FedEx Acct. No. 2668 257 44 Exp. Date

Total Packages Total Weight Total Charges

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

**8 NEW Residential Delivery Signature Options** If you require a signature, check Direct or Indirect.

☒ No Signature Required Package may be left without obtaining a signature for delivery. 10 ☐ Direct Signature Anyone at recipient's address may sign for delivery. Fee applies. 34 ☐ Indirect Signature If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. Fee applies.

# 520

