



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 17, 1997

Mr. Michael Murphy  
Chief Operations Officer  
International Sterilization  
Laboratory Corporation  
217 Sampey Road  
Groveland, Florida 34736

Re: Facility No.: 0694823

Dear Mr. Murphy:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizers facility that you submitted on October 20, 1997.


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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Ms. Sheila Schneider, Central District

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

#694823

§13 Equipment monitoring and Recordkeeping

(D) Required for acid-water scrubber.

RECEIVED

**Ethylene Oxide Sterilization Facility Notification**

Oct 20 1997

**Facility Name and Location**

Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): International Sterilization Laboratory Corporation
2. Site Name (For example, plant name or number): International Sterilization Laboratory Corporation
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 217 Sampey Road Street Address: City: Groveland County: Lake Zip Code: 34736
5. Facility Identification Number (DEP Use): <i>0694823</i>

**Responsible Official**

6. Name and Title of Responsible Official: Michael Murphy Chief Operations Officer
7. Responsible Official Mailing Address: Organization/Firm: International Sterilization Laboratory Street Address: 217 Sampey Road City: Groveland County: Lake Zip Code: 34736
8. Responsible Official Telephone Number: Telephone: (407) 429-3200 Fax: (407) 429 - 3269

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

9. Name and Title of Facility Contact (For example, plant manager): International Sterilization Laboratory Corporation
10. Facility Contact Address: 217 Sampey Road Street Address: City: Groveland County: Lake Zip Code: 34736
11. Facility Contact Telephone Number: Telephone: (352) 429 - 3200 Fax: (352) 429 - 3269

Cert#P111 252 743

**Facility Information**

1(a). Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		#1 03-OCT-93	03-OCT-93	#2	01-MAR-94	08-DEC-94	#3	03-JAN-95	
Sterilization Chamber									
	A	07-MAR-94	10-30-97	B	07-MAR-94	10-30-97	C	07-MAR-94	10-30-97
Chamber Exhaust									
	A	07-MAR-94	5300	B	07-MAR-94	10-30-97	C	07-MAR-94	10-30-97
Aeration Room									
	A	07-MAR-94	N/A	B	07-MAR-94	10-30-97	C	07-MAR-94	10-30-97

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

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

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

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

Did not keep records:

3. What control technology is required to be added to machines pursuant to this general permit? (Indicate with an "X".)

Acid-water scrubber  Other

Catalytic oxidation unit  None required

Thermal oxidation unit

Cert.# P111 252 743

**Facility Information**

1(a). Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 03-OCT-93 #2 01-MAR-94 08-DEC-94 #3 03-JAN-95									
Sterilization Chamber									
	D	07-MAR-94	10-30-97						
Chamber Exhaust									
	D	07-MAR-94	5300						
Aeration Room									
	D	07-MAR-94	N/A						

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

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

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New facility:   
 Did not keep records:

3. What control technology is required to be added to machines pursuant to this general permit?  
 (Indicate with an "X".)

Acid-water scrubber  Other   
 Catalytic oxidation unit  None required   
 Thermal oxidation unit

Cert.# P 111 252 743.

**Equipment Monitoring and Recordkeeping Information**

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

- (a) Purchase receipts for ethylene oxide purchases
- (b) Temperature monitoring for oxidizer units
- (c) Liquor tank level monitoring
- Concentrations of ethylene glycol in scrubber systems
- (e) Exhaust concentrations of ethylene oxide
- (f) Performance testing
- (g) Instrument calibration

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
- No 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 Rule 62-210.200, F.A.C., 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 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  
Signature

10-15-97  
Date

Cert. # 111 252 743



Michael J. Murphy  
V.P. Operations

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**International Sterilization Laboratory**

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217 Sampey Road · Groveland, Florida 34736

(800) 783-7416

(352) 429-3200  
Fax (352) 429-3269

JAN 26 1997

Bureau of Air Monitoring & Mobile Sources

P13 Equipment Monitoring and Recordkeeping  
Required for acid-water scrubber.

1. Facility Name	
2. Site Name	
3. Facility Address	
4. City	34736
5. State	74823
6. Zip Code	34736
7. Telephone Number	3269

Corrected  
*[Signature]*

9. Name and Title of Facility Contact (For example, plant manager)  
International Sterilization Laboratory Corporation

10. Facility Contact Address: 217 Sampey Road  
Street Address:  
City: Groveland County: Lake Zip Code: 34736

11. Facility Contact Telephone Number:  
Telephone: (352) 429 - 3200 Fax: (352) 429 - 3269

Cert#P111 252 743

RECEIVED

JAN 26 1998



RECEIVED

**Ethylene Oxide Sterilization Facility Notification**

OCT 20 1997

**Facility Name and Location**

Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): International Sterilization Laboratory Corporation
2. Site Name (For example, plant name or number): International Sterilization Laboratory Corporation
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 217 Sampey Road Street Address: City: Groveland County: Lake Zip Code: 34736
5. Facility Identification Number (DEP Use): <i>0694823</i>

**Responsible Official**

6. Name and Title of Responsible Official: Michael Murphy Chief Operations Officer
7. Responsible Official Mailing Address: Organization/Firm: International Sterilization Laboratory Street Address: 217 Sampey Road City: Groveland County: Lake Zip Code: 34736
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10. Facility Contact Address: 217 Sampey Road Street Address: City: Groveland County: Lake Zip Code: 34736
11. Facility Contact Telephone Number: Telephone: (352) 429 - 3200 Fax: (352) 429 - 3269

Cert#P111 252 743

RECEIVED

JAN 26 1998



**Facility Information**

1(a). Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 03-OCT-93 #2 01-MAR-94 08-DEC-94 #3 03-JAN-95									
Sterilization Chamber									
	D	07-MAR-94	10-30-97						
Chamber Exhaust									
	D	07-MAR-94	5300						
Aeration Room									
	D	07-MAR-94	N/A						

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

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

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

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

Did not keep records:

3. What control technology is required to be added to machines pursuant to this general permit?

(Indicate with an "X".)

Acid-water scrubber

Other

Catalytic oxidation unit

None required

Thermal oxidation unit

Cert.# P 111 252 743

**Equipment Monitoring and Recordkeeping Information**

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

- (a) Purchase receipts for ethylene oxide purchases
- (b) Temperature monitoring for oxidizer units
- (c) Liquor tank level monitoring
- (d) Concentrations of ethylene glycol in scrubber systems  *MJM*
- (e) Exhaust concentrations of ethylene oxide
- (f) Performance testing
- (g) Instrument calibration

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No 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 Rule 62-210.200, F.A.C., 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 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 Murray*  
Signature *Michael Murray*

*10-15-97*  
Date *01-21-98*

Cert. # 111 252 743

# ETHYLENE OXIDE STERILIZERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

RECEIVED  
OCT - 7 1998  
Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 0694823 DATE: 9/21/98 TIME IN: 10:25 TIME OUT: 11:05  
FACILITY NAME: International Sterilization Lab  
FACILITY LOCATION: 217 Sampsey Road  
Boweland, FL 34736  
RESPONSIBLE OFFICIAL: Mike Murphy PHONE: 352-429-3200  
CONTACT NAME: Same PHONE: Same

### PART I: NOTIFICATION

Facility notified DARM 30 days prior to setup

Facility failed to notify DARM to use a general permit

### PART II: CONTROL TECHNOLOGY

Vent type(s) at the facility:  Aeration Room  
 Sterilization Chamber  
 Chamber Exhaust

#### Sterilization Chamber Vent

Has one of the following emission control devices been installed? If yes, indicate type below.  Y  N

Acid-Water Scrubber  Thermal Oxidation Unit  
 Catalytic Oxidation Unit  Other \_\_\_\_\_  
(Must submit information to DEP for approval)

#### Chamber Exhaust Vent

No emission control device. (must use direct measurement in Part III)

Emissions manifolded to sterilization chamber vent control device.

Dedicated emission control device (indicate type below).

Acid-Water Scrubber  Thermal Oxidation Unit  
 Catalytic Oxidation Unit  Other \_\_\_\_\_  
(Must submit information to DEP for approval)

**PART III: MONITORING REQUIREMENTS**

Has the facility conducted an initial performance test?  Y  N  
*(Existing facilities by 6/8/98, new sources within 180 days after startup)*

**Acid-Water Scrubbers**

What process parameter is the facility monitoring to determine compliance?

- ethylene glycol concentration     scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?  Y  N

**Catalytic/Thermal Oxidation Units**

Has the facility installed a temperature sensor that is accurate to within  $\pm 10^\circ$  F?  Y  N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)*  Y  N

**Direct Measurement**

Has the facility installed a gas chromatograph?  Y  N

**PART IV: RECORDKEEPING REQUIREMENTS**

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments.  Y  N
- Records of ethylene oxide usage on a 12-month rolling average. *12000#s*  Y  N
- Records of all initial performance tests, including control efficiency determinations.  Y  N
- Records of all temperature monitoring. *(oxidation units only)*  Y  N  N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)*  Y  N  N/A
- Records of gas chromatograph calibration *(direct measurement only)*  Y  N  N/A
- Records of scrubber liquor level. *(acid-water scrubbers only) (weekly)*  Y  N  N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)*  Y  N  N/A

Saadia Qureshi  
 Inspector's Name

9/22/98  
 Date of Inspection

[Signature]  
 Inspector's Signature

9/99  
 Approximate Date of Next Inspection

PART V: ADDITIONAL SITE INFORMATION

has direct measurement on scrubber  
measures weekly.

record pHs to get concentration

has 12 mth rolling perc.

IN compliance

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:25 TIME OUT: 11:05 AIRS ID#: 0694823  
 TYPE OF FACILITY: ETO  
 FACILITY NAME: International Sterilization Lab DATE: 9/22/96  
 FACILITY LOCATION: 217 Samply Road, Cleveland FL 34736  
 RESPONSIBLE OFFICIAL: Mike Murphy PHONE NUMBER: 352-429-3200

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

**RECEIVED**  
 OCT - 7 1996  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:  
IN Compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/99  
 (Approximate)

INSPECTION CONDUCTED BY: Saadia Qureshi  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 893-3333



ETHYLENE OXIDE STERILIZERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE <u>10/14/99</u>
BY <u>RL</u>

TYPE OF INSPECTION: ANNUAL  
RE-INSPECTION

COMPLAINT/DISCOVERY   
Bureau of Air Monitoring  
Mobile Sources

AIRS ID#:	<u>0694823</u>	DATE:	<u>10-14-99</u>	TIME IN:	<u>10:30</u>	TIME OUT:	<u>11:30</u>	
FACILITY NAME:	<u>Intl. Sterilization Laboratory</u>							
FACILITY LOCATION:	<u>217 Sampsey Road</u> <u>Groveland, FL 34736</u>							
RESPONSIBLE OFFICIAL:	<u>Mike Murphy</u>	PHONE:	<u>(352) 429-3200</u>					
CONTACT NAME:	_____						PHONE:	_____

<b>PART I: NOTIFICATION</b>	
Facility notified DARM 30 days prior to setup	<input type="checkbox"/>
Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

<b>PART II: CONTROL TECHNOLOGY</b>	
Vent type(s) at the facility:	<input checked="" type="checkbox"/> Aeration Room <input checked="" type="checkbox"/> Sterilization Chamber <input checked="" type="checkbox"/> Chamber Exhaust
<u>Sterilization Chamber Vent</u>	
Has one of the following emission control devices been installed? If yes, indicate type below. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<input checked="" type="checkbox"/> Acid-Water Scrubber	<input type="checkbox"/> Thermal Oxidation Unit
<input type="checkbox"/> Catalytic Oxidation Unit	<input type="checkbox"/> Other _____ <i>(Must submit information to DEP for approval)</i>
<u>Chamber Exhaust Vent</u>	
<input type="checkbox"/> No emission control device. <i>(must use direct measurement in Part III)</i>	
<input checked="" type="checkbox"/> Emissions manifolded to sterilization chamber vent control device.	
<input checked="" type="checkbox"/> Dedicated emission control device (indicate type below).	
<input checked="" type="checkbox"/> Acid-Water Scrubber	<input type="checkbox"/> Thermal Oxidation Unit
<input type="checkbox"/> Catalytic Oxidation Unit	<input type="checkbox"/> Other _____ <i>(Must submit information to DEP for approval)</i>

**PART III: MONITORING REQUIREMENTS**

Has the facility conducted an initial performance test?  Y  N  
*(Existing facilities by 6/8/98, new sources within 180 days after startup)*

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?

ethylene glycol concentration  scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?  Y  N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within  $\pm 10^\circ$  F?  Y  N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)*  Y  N

Direct Measurement

Has the facility installed a gas chromatograph?  Y  N

**PART IV: RECORDKEEPING REQUIREMENTS**

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments.  Y  N
- Records of ethylene oxide usage on a 12-month rolling average.  Y  N
- Records of all initial performance tests, including control efficiency determinations.  Y  N
- Records of all temperature monitoring. *(oxidation units only)*  Y  N  N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)*  Y  N  N/A
- Records of gas chromatograph calibration *(direct measurement only)*  Y  N  N/A
- Records of scrubber liquor level. *(acid-water scrubbers only)*  Y  N  N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)*  Y  N  N/A

Randall Cunningham  
 Inspector's Name

10-14-99

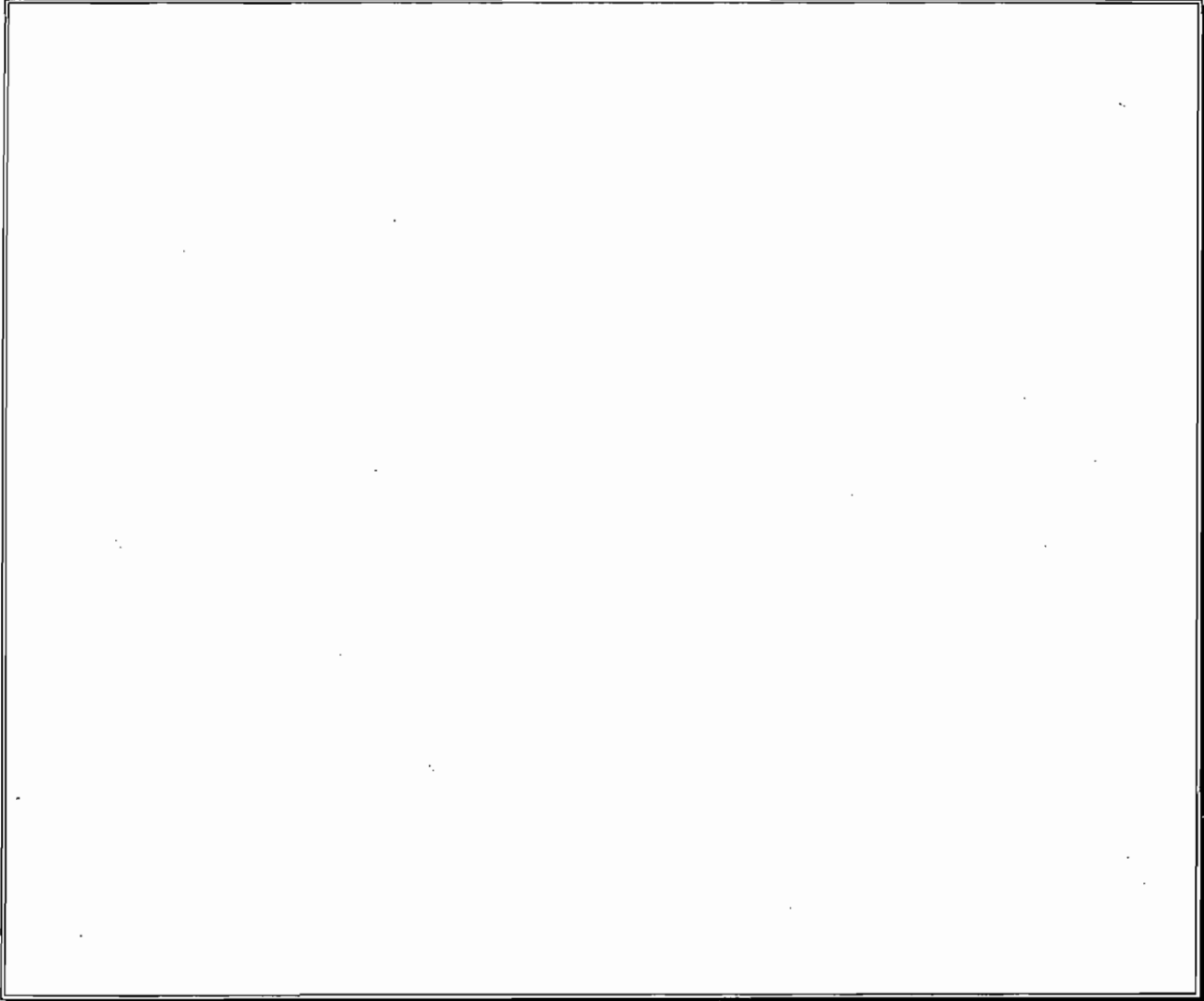
Date of Inspection

*[Signature]*  
 Inspector's Signature

10-2000

Approximate Date of Next Inspection

**PART V: ADDITIONAL SITE INFORMATION**



069 4823

~~PER~~ AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

FACILITY NAME: Intl. Sterilization Laboratory DATE: 10-14-99  
 FACILITY LOCATION: 217 Sampley Road  
Groveland, FL 34736

Annual Reporting Period: October 19 99 TO October 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Michael Murphy Michael Murphy 10-14-99  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:30 AIRS ID#: 0694823  
 TYPE OF FACILITY: Ethylene Oxide Sterilization  
 FACILITY NAME: Intl. Sterilization Laboratory DATE: 10-14-99  
 FACILITY LOCATION: 217 sampey Road  
Groveland, FL 34736  
 RESPONSIBLE OFFICIAL: Mike Murphy PHONE NUMBER: (352) 429-3200

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:  
In compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 10-2000 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (407) 893-3333

IN ARMS  
9/23/98  
80

# ETHYLENE OXIDE STERILIZERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Ad  
checked

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION  Lake

AIRS ID#: <u>0694823</u>	DATE: <u>9/21/98</u>	TIME IN: <u>10:25</u>	TIME OUT: <u>11:05</u>
FACILITY NAME: <u>International Sterilization Lab</u>			
FACILITY LOCATION: <u>217 Sampsey Road</u> <u>Boweland, FL 34736</u>			
RESPONSIBLE OFFICIAL: <u>Mike Murphy</u>		PHONE: <u>352-429-3200</u>	
CONTACT NAME: <u>Same</u>		PHONE: <u>Same</u>	

<b>PART I: NOTIFICATION</b>	
RECEIVED	
Facility notified DARM 30 days prior to setup <input checked="" type="checkbox"/>	DEC 14 1999
Facility failed to notify DARM to use a general permit <input type="checkbox"/>	

Bureau of Air Monitoring  
& Mobile Sources

<b>PART II: CONTROL TECHNOLOGY</b>	
Vent type(s) at the facility: <input checked="" type="checkbox"/> Aeration Room	
<input checked="" type="checkbox"/> Sterilization Chamber	
<input checked="" type="checkbox"/> Chamber Exhaust	
<u>Sterilization Chamber Vent</u>	
Has one of the following emission control devices been installed? If yes, indicate type below. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<input checked="" type="checkbox"/> Acid-Water Scrubber	<input type="checkbox"/> Thermal Oxidation Unit
<input type="checkbox"/> Catalytic Oxidation Unit	<input type="checkbox"/> Other _____ <small>(Must submit information to DEP for approval)</small>
<u>Chamber Exhaust Vent</u>	
<input type="checkbox"/> No emission control device. <small>(must use direct measurement in Part III)</small>	
<input type="checkbox"/> Emissions manifolded to sterilization chamber vent control device.	
<input checked="" type="checkbox"/> Dedicated emission control device (indicate type below).	
<input checked="" type="checkbox"/> Acid-Water Scrubber	<input type="checkbox"/> Thermal Oxidation Unit
<input type="checkbox"/> Catalytic Oxidation Unit	<input type="checkbox"/> Other _____ <small>(Must submit information to DEP for approval)</small>

**PART III: MONITORING REQUIREMENTS**

Has the facility conducted an initial performance test?  Y  N  
*(Existing facilities by 6/8/98, new sources within 180 days after startup)*

Acid-Water Scrubbers

What process parameter is the facility monitoring to determine compliance?

- ethylene glycol concentration  scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?  Y  N

Catalytic/Thermal Oxidation Units

Has the facility installed a temperature sensor that is accurate to within  $\pm 10^\circ$  F?  Y  N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)*  Y  N

Direct Measurement

Has the facility installed a gas chromatograph?  Y  N

**PART IV: RECORDKEEPING REQUIREMENTS**

Has the facility maintained the following records?

- Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipments.  Y  N
- Records of ethylene oxide usage on a 12-month rolling average. <sup>12000#s</sup>  Y  N
- Records of all initial performance tests, including control efficiency determinations.  Y  N
- Records of all temperature monitoring. *(oxidation units only)*  Y  N  N/A
- Records of all ethylene oxide concentration monitoring. *(direct measurement only)*  Y  N  N/A
- Records of gas chromatograph calibration *(direct measurement only)*  Y  N  N/A
- Records of scrubber liquor level. *(acid-water scrubbers only) (weekly)*  Y  N  N/A
- Records of ethylene glycol concentration. *(acid-water scrubbers only)*  Y  N  N/A

Saadia Qureshi  
 Inspector's Name

9/22/98  
 Date of Inspection

[Signature]  
 Inspector's Signature

9/99  
 Approximate Date of Next Inspection

PART V: ADDITIONAL SITE INFORMATION

has direct measurement on summer  
measures weekly.

record pHs to get concentration

has 12 mth rolling perc.

IN compliance



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:25 TIME OUT: 11:05 AIRS ID#: 0694823  
 TYPE OF FACILITY: ETO  
 FACILITY NAME: International sterilization Lab DATE: 9/22/96  
 FACILITY LOCATION: 217 Samply Road Broward FL 34736  
 RESPONSIBLE OFFICIAL: Mike Murphy PHONE NUMBER: 352-429-3200

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

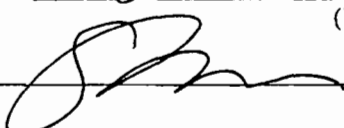
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:  
  
IN Compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/99  
(Approximate)

INSPECTION CONDUCTED BY: Saadia Qureshi  
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 893-3333

**ETHYLENE OXIDE STERILIZERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

ARMS UPDATED  
 DATE 10-18-00  
 BY Re

TYPE OF INSPECTION: ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)

AIRS ID#: 0694823 DATE: 10-18-00 TIME IN: 11:30 TIME OUT: 12:30  
 FACILITY NAME: Intl. Sterilization Laboratory  
 FACILITY LOCATION: 217 Sampey Rd.  
Groveland, FL 34736  
 RESPONSIBLE OFFICIAL: Mike Murphy PHONE: (352) 429-3200  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box) Facility Compliance Status: IN   
 1. New facility notified DARM 30 days prior to startup  (ARMS Data) MNC   
 2. Facility failed to notify DARM to use general permit  SNC

**PART II: CONTROL TECHNOLOGY**

Vent type(s) at the facility:  Aeration Room  
 Sterilization Chamber  
 Chamber Exhaust

Sterilization Chamber Vent  
 Has one of the following emission control devices been installed? If yes, indicate type below.  Y  
 Acid-Water Scrubber  Thermal Oxidation Unit  
 Catalytic Oxidation Unit  Other \_\_\_\_\_  
*(Must submit information to DEP for approval)*

Chamber Exhaust Vent  
 No emission control device. *(must use direct measurement in Part III)*  
 Emissions manifolded to sterilization chamber vent control device.  
 Dedicated emission control device (indicate type below).  
 Acid-Water Scrubber  Thermal Oxidation Unit  
 Catalytic Oxidation Unit  Other \_\_\_\_\_  
*(Must submit information to DEP for approval)*

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 OCT 27 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART III: MONITORING REQUIREMENTS**

Has the facility conducted an initial performance test?  Y  N  
*(Existing facilities by 6/8/98, new sources within 180 days after startup)*

**Acid-Water Scrubbers**

What process parameter is the facility monitoring to determine compliance?

ethylene glycol concentration  scrubber liquor tank level

If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?  Y  N

**Catalytic/Thermal Oxidation Units**

Has the facility installed a temperature sensor that is accurate to within  $\pm 10^\circ$  F?  Y  N

Has the facility verified the accuracy of the temperature sensor? *(must be performed semiannually)*  Y  N

**Direct Measurement**

Has the facility installed a gas chromatograph?  Y  N

**PART IV: RECORDKEEPING REQUIREMENTS**

Has the facility maintained the following records?

Owner's manuals, designs specifications, and other instructional materials for the sterilization unit and control equipment.  Y  N

Records of ethylene oxide usage on a 12-month rolling average.  Y  N

Records of all initial performance tests, including control efficiency determinations.  Y  N

Records of all temperature monitoring. *(oxidation units only)*  Y  N  N/A

Records of all ethylene oxide concentration monitoring. *(direct measurement only)*  Y  N  N/A

Records of gas chromatograph calibration *(direct measurement only)*  Y  N  N/A

Records of scrubber liquor level. *(acid-water scrubbers only)*  Y  N  N/A

Records of ethylene glycol concentration. *(acid-water scrubbers only)*  Y  N  N/A

Randall Cunningham  
Inspector's Name

10-18-00  
Date of Inspection

Rdall [Signature]  
Inspector's Signature

10-2001  
Approximate Date of Next Inspection

AIRS ID#: 0694823

**Best Available Copy**

Revised 01/18/00

**ETHYLENE OXIDE STERILIZERS  
AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Intl. Sterilization Laboratory DATE: 10-18-00  
 FACILITY LOCATION: 217 Sampey Rd,  
Groveland, FL 34736

Annual Reporting Period: October <sup>1999</sup> 20 TO October 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.*

RESPONSIBLE OFFICIAL: Michael Murphy Michael Murphy 10-18-00  
 Name (Please Print) Signature Date

Form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:30 AIRS ID#: 0694823  
 TYPE OF FACILITY: Sterilization  
 FACILITY NAME: Intl. Sterilization Laboratory DATE: 10-18-00  
 FACILITY LOCATION: 217 Sampey Rd.  
Groveland, FL 34736  
 RESPONSIBLE OFFICIAL: Mike Murphy PHONE NUMBER: 352-429-3200

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

In Compliance - Excellent Job

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 10-2001 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: Rdall [Signature] PHONE NUMBER: 407-893-3333



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**TOTAL AMOUNT DUE: \$50.00**

*1-22-01 pd*

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INTERNATIONAL STERILIZATION  
LABORATORY Y  
MICHAEL MURPHY  
217 SAMPEY ROAD  
GROVELAND FL 34736

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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INTERNATIONAL STERILIZATION LAB  
MICHAEL MURPHY  
217 SAMPEY ROAD  
GROVELAND FL  
34736

FOR GOVERNMENT USE ONLY  
Org: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj: 002273

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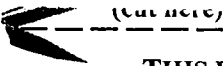
Postage	\$
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Return Receipt Fee (Endorsement Required)	
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Total Post 8      AIRS ID # 0694823001AG

Sent To      MICHAEL MURPHY  
Street, Apt.      INTERNATIONAL STERILIZATION LABORATORY  
City, State,      217 SAMPEY ROAD  
                         GROVELAND FL 34736





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 LABORATORY Y  
 MICHAEL MURPHY  
 217 SAMPEY ROAD  
 GROVELAND FL 34736

Bureau of Air Monitoring  
& Mobile Sources

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Obj.: 002273

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AIRS ID 0694823

INTERNATIONAL STERILIZATION  
LABORATORY Y  
MICHAEL MURPHY  
217 SAMPEY ROAD  
GROVELAND FL 34736

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0694823

INTERNATIONAL STERILIZATION  
LABORATORY Y  
MICHAEL MURPHY  
217 SAMPEY ROAD  
GROVELAND FL 34736

4a. Article Number

Z 333 613 154

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X Michael Murphy

Thank you for using Return Receipt Service.