

## 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

ρ/3	Equipment Monitoring and Record pepping
	the contract of the contract o
$(\mathcal{J})$	Required for acid-vater scrubber.
*** **	
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## RICFIVED

#### **Ethylene Oxide Sterilization Facility Notification**

UUT 2 v 1997

#### Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Com	npany Name (Name of	corporation, agency,	or individual owner):	
Int	ternational	Sterilizatio	n Laboratory	Corporation	
2.	Site Name (For exar	mple, plant name or nu	mber):		
Int	ternational	Sterilizatio	n Laboratory	Corporation	
		enerator Identification			
•	bucci Addicss.	17 Sampey Roa	4	7' 0 1	,
	City: Grovela		ounty: Lake	Zip Code:	34736
Э	Pacility Identification	on Number (DEP Use):			_ , , , , , , ,

#### Responsible Official

Name and Title of Responsible Official:	
•	
Michael Murphy Chief Operations Officer	
Responsible Official Mailing Address:	
Organization/Firm	
Street Address: International Sterilization Laboratory	ĺ
City: Groveland County: Lake Zip Code: 34736	
Responsible Official Telephone Number:	
Telephone: (407) 429-3200 Fax: (407) 429 - 3269	- 1
(1017, 425, 320)	
	Responsible Official Mailing Address:  Organization/Firm: Street Address:  Thternational Sterilization Laboratory City 7 Sampey Road  Tin Code:

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

9.	Name and Title of Facility Contact (For example, plant man	ager):
	International Sterilization Labo	oratory 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 Fa	x: (352)429 -3269

Cert#P111 252 743

DEP Form No. 62-213.900(3) Effective: 6-25-96

#### **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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#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	$\mathcal{B}$	07-MAR-94	10-30-97	C	07-MAR-94	1030-97
		ļ i	- 7		·	_	٠		
Chamber Exhaust						*	<u> </u>	1	L,
Chamber Exhaust	A	and more out	45300	1/5	07-MAR94	10-3097		07-MAR9H	11/2010
	11	Opried-44	20300		0 / = 114-117	10-30-11		D JOHNING PA	10-30-97
Aeration Room		1 4 4 4 4	·	1 2	<del> </del>				
	A	07-MARGH	N/A	$\mathcal{B}$	07MAR94	10-30-47	C	07-MAR 94	16-36-97
	+					_			
(b) Control devices at 2.(a) What was the total (b) If less than 12 mc Check why it is	il amou	int of ethylen	e oxide purch  7 months  New owner	hased			1	•1] tons	
			Did not kee	рю	.orus. []				
3. What control techno (Indicate with an "X		required to b	e added to m	nachii	nes pursuant	to this genera	al per	rmit?	
Acid-water scr	ubber	_ X _	Ot	ther			]		
Catalytic oxida	ation ur	nit []	No	one re	equired	[	]		
Thermal oxida	tion un	it []							

Cert.# P111 252 743

DEP Form No. 62-213.900(3)

Effective: 6-25-96

#### **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	QI .	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	:	03-OCT-93	#2	<del></del>	08-DEC-94		03-JAN-95	
Sterilization Chamber	<del></del>				<del></del>	<del></del>		<del></del>	<del></del> :
	D	07-MAR9	10-30-97						
			i				·		
Chamber Exhaust	<del></del>				<u> </u>			·	
	0	07-MAR94	(5300)						
		`	•						
Aeration Room	+		<u> </u>						
	D	07-MAK-94	N/A						`
(b) Control devices a  (a) What was the total  (b) If less than 12 mor  Check why it is le	amoun	t of ethylene w many? [	oxide purcha	[	] New facili			] tons	
What control technology (Indicate with an "X".		equired to be	added to mad	chine	s pursuant to	this general	perm	it?	
Acid-water scru	bber		Othe	r			•		
Catalytic oxidati	ion unit		None	e req	uired				
Thermal oxidation	on unit		:						

Cert.# P 111 252 743

DEP Form No. 62-213.900(3) Effective: 6-25-96

#### **Equipment Monitoring and Recordkeeping Information**

Check all logs which	h are required to be kept on-site in accordance with	the requirements of this general permit:
(a) Purchase receipt	ts for ethylene oxide purchases	[X]
(b) Temperature mo	onitoring for oxidizer units	
(c) Liquor tank leve	el monitoring	[ <u>x</u> ]
(Concentrations	of ethylene glycol in scrubber systems	[]
(e) Exhaust concent	trations of ethylene oxide	[X ]
(f) Performance tes	sting	[X ]
(g) Instrument calib	pration	[X_],
	Surrender of Existing Air Permi	it(s)
Please indicate with	an "X" the appropriate selection:	
	ereby surrender all existing air permits authorizing o ility indicated in this notification form; specifically,	<del>-</del>
	air permits currently exist for the operation of the f s notification form.	acility indicated in
	Responsible Official Certification	on
addressed in th inquiry, that th	ned, am the responsible official, as defined in Rule 6 is notification. I hereby certify, based on information e statements made in this notification are true, accus I terms and conditions of this general permit as set fo	on and belief formed after reasonable rate and complete. Further, I agree to
I will promptly	notify the Department of any changes to the informa	ation contained in this notification.
Muha Signature	al Munf.	10-15 - 97 Date



Michael J. Murphy V.P. Operations

## International Sterilization Laboratory

217 Sampey Road · Groveland, Florida 34736

(800) 783-7416

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

Cert#P111 252 743

## RECEIVED

JAN 2 6 1998

DEP Form No. 62-213.900(3) Effective: 6-25-96 Page 11 of 13

Bureau of Air Monitoring & Mobile Sources

**BEST AVAILABLE COPY** 



#### Ethylene Oxide Sterilization Facility Notification

DCX 20 1997

#### Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Com	pany Name	(Name of co	orporation, age	ncy, o	r individual	owner):
In	ternational	Sterili	zation	Laborato	ory	Corpora	tion

2. Site Name (For example, plant name or number):

International Sterilization Laboratory Corporation

3. Hazardous Waste Generator Identification Number:

4. Facility Location: 2.17 Sampley Road Street Address:

City: Groveland

County: Lake

Zip Code:

34736

Pacifity Identification Number (DEP Use):

0694823

#### Responsible Official

6. Name and Title of Responsible Official:

Michael Murphy Chief Operations Officer

7. Responsible Official Mailing Address:

Organization/Firm:

Street Address:

International Sterilization Laboratory 217 Sampey Road ZinCo

Lake

City: Groveland

County:

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

RECEIVED Cert#P111 252 743

JAN 2 6 1008

#### **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.

		,	,			<del>,</del>			,
		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device	ĺ	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	03-OCT-93	#2	01-MAR-94	08-DEC-94	#3	03-JAN-95	
Sterilization Chamber	1		4		**************************************			, , , , , , , , , , , , , , , , , , ,	
	A	07-MAR-94	10-30-97	B	07-MAR-94	10-30-97	C	07-MAR-94	1030-97
	-								
Chamber Exhaust			4	1					
	A	07-MOR-94	15300	$\mathcal{B}_{-}$	07-MAR94	10-3097	<u>C</u>	07-MARGH	10-30-91
Aeration Room	1111		Full time (S.Y.			managaran Sanja	147	10811477	
	A	07-MARGH	N/A	$\mathcal{B}$	07MAR94	10-30-97	(	07-MAR 94	16-36-97
			<u>'</u>						
(b) Control devices are 2.(a) What was the total a	·				X I in the latest	12 months?	1	.1] tons	
(b) If less than 12 mon Check why it is les			New owner	r: [	] New faci				
3. What control technolo (Indicate with an "X".)		required to b	e added to m	achi	nes pursuant	to this genera	al pei	mit?	
Acid-water scrub	ber	[ <u>X</u> ]	Ot	her		[	]		
Catalytic oxidati	on ur	nit []	No	one r	equired	[]	]		
Thermal oxidation	on un	it []							

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.

		Date	Date		Date	Date	Ţ	Date	Date
	- 1	Machine	Control	1	Machine	Control	l	Machine	Control
ł	- 1	Initially	Device ,		Initially	Device	ł	Initially	Device
Type of Machine	ID	1	Installed	מו	Purchased	Installed	מו	Purchased	Installed
Type of Machine	110	Purchased	mstaned	ID	Purchased	Instance	LID	Furchased	mstaned
Example	#1	03-OCT-93	03-OCT-93	#2	01-MAR-94	08-DEC-94	#3	03-JAN-95	
Sterilization Chamber		· · · · · · · · · · · · · · · · · · ·				<del></del>			
	D	07-MAR99	10-20-97		}				
		<u> </u>	i						
Chamber Exhaust	_								
	0	07-MAR94	(5300						
· · · · · · · · · · · · · · · · · · ·									
Aeration Room	<del> </del>	# Wall (1.1)	4676				Г		
<del></del>	$\mu$	07-MAK-94	N/H						
					<u></u>				<del> </del>
(b) Control devices an	_								
(a) What was the total	amoun	t of ethylene	oxide purcha	sed i	n the latest 1	2 months?. [		] tons	
(b) If less than 12 mon Check why it is le		12 months: 1				ty: []			
. What control technolo (Indicate with an "X".		equired to be	added to mad	hine	s pursuant to	this general	perm	it?	
Acid-water scrub	bber		Othe	r			•		
Catalytic oxidati	on unit		None	e requ	uired				
Thermal oxidation	on unit		:						

Cert.# P 111 252 743

DEP Form No. 62-213.900(3) Effective: 6-25-96

#### Equipment Monitoring and Recordkeeping Information

Check all logs	which are required to be kept on-site in accordance with t	he requirements of this general permit:
(a) Purchase re	eceipts for ethylene oxide purchases	[X]
(b) Temperatur	re monitoring for oxidizer units	
(c) Liquor tank	k level monitoring	[ <u>X</u> ]
(d) Concentrat	ions of ethylene glycol in scrubber systems	× mgm
(e) Exhaust co	ncentrations of ethylene oxide	[X_]
(f) Performane	ce testing	[X]
(g) Instrument	calibration	[ <u>X</u> ]
	Company day of Eniration Air Days 14	
·	Surrender of Existing Air Permit	(s)
Please indicate	with an "X" the appropriate selection:	
[]	I hereby surrender all existing air permits authorizing or facility indicated in this notification form; specifically, p	
Lx_]	No air permits currently exist for the operation of the fathis notification form.	scility indicated in
	Responsible Official Certificatio	n
addressed inquiry, th comply wi	ersigned, am the responsible official, as defined in Rule 62 in this notification. I hereby certify, based on information at the statements made in this notification are true, accur th all terms and conditions of this general permit as set fo aptly notify the Department of any changes to the informa	n and belief formed after reasonable ate and complete. Further, I agree to rth in Part II of this notification form.
Mul. Signature	hud Munt.	10-15-97 Date 01-21-98

Cert. # 111 252 743

DEP Form No. 62-213.900(3) Effective: 6-25-96

#### ETHYLENE OXIDE STERILIZERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCOVERY	Chil
			40,	7
AIRS ID#: <u>0694823</u>	DATE: <u>9/1/</u> 98	TIME I	N: 10:25 TIME QUE:	11, 62, 0
FACILITY NAME:	International			Onings .
FACILITY LOCATION:	217 Sa	mpey R	'cad	
	Brovelan	d, FL	. 34736	
RESPONSIBLE OFFICIAL	: Mike Mur	phy	PHONE: <u>352 - 429</u>	-3200
CONTACT NAME:	me		PHONE: Same	
·	<del></del>	<del></del>		
PART 1: NOTIFICATION				
Facility notified DARM 30 d			·	8
Facility failed to notify DAR	M to use a general perm	nit ·		
		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		
PART II: CONTROL TECH				
Vent type(s) at the facility:	Aeration Roo			
	Aeration Roo	Chamber	· · · · · · · · · · · · · · · · · · ·	
	Aeration Roo	Chamber		
	Aeration Roo  Sterilization C  Chamber Exh	Chamber		
Vent type(s) at the facility:	Aeration Roo  Sterilization C  Chamber Exh	Chamber aust	yes, indicate type below. 🗣	e on
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis	Aeration Roo  Sterilization C  Chamber Exh	Chamber aust		NO N
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis	Aeration Roo  Sterilization C  Chamber Exh  ssion control devices be atter Scrubber	Chamber  aust  en installed? If  Thermal Ox  Other	idation Unit	<b>P</b> □N
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis	Aeration Roo  Sterilization C  Chamber Exh  ssion control devices be atter Scrubber	Chamber  aust  en installed? If  Thermal Ox  Other		N
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis Acid-Wa	Aeration Roo Sterilization C Chamber Exh ssion control devices be ater Scrubber c Oxidation Unit	chamber  aust  en installed? If  Thermal Ox  Other  (Must submit in	idation Unit	N
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emis  Acid-Wa  Catalytic	Aeration Roo Sterilization C Chamber Exh ssion control devices be ater Scrubber Coxidation Unit	Chamber  aust  en installed? If  Thermal Ox  Other  (Must submit in	idation Unit	N
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emis  Acid-Wa  Catalytic  Chamber Exhaust Vent  No emission control device	Aeration Roo Sterilization C Chamber Exh ssion control devices be ater Scrubber Coxidation Unit  Coxidation Unit  Coxidation Unit  Coxidation Chamber versiterilization chambe	chamber aust  en installed? If  Thermal Ox  Other (Must submit in	idation Unit	м .
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis Acid-Wa  Catalytic  Chamber Exhaust Vent  No emission control device  Emissions manifolded to s	Aeration Room Sterilization C Chamber Exhibits and Chamber Exhibits are Scrubber at Coxidation Unit  Coxidation Unit  Coxidation Unit  Coxidation Chamber very chamber very condition Chamber very cold device (indicate type)	chamber aust  en installed? If  Thermal Ox  Other (Must submit in ment in Part III)  nt control device below).	idation Unit	N

	<del></del>	
PART III: MONITORING REQUIREMENTS		
Has the facility conducted an initial performance test? (Existing facilities by 6/8/98, new sources within 180 days after startup)	OY	□N
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?		□N
Catalytic/Thermal Oxidation Units		
Has the facility installed a temperature sensor that is accurate to within $\pm~10^\circ$ F?	ΩY	□N
Has the facility verified the accuracy of the temperature sensor? (must be performed semiannually	<i>)</i> 🗀 Y	ПN
Direct Measurement		
Has the facility installed a gas chromatograph?	ΩY	ПN
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.	<b>№</b> Y □N	
Records of ethylene oxide usage on a 12-month rolling average.	MAY ON	
Records of all initial performance tests, including control efficiency determinations.	ON ON	•
Records of all temperature monitoring. (oxidation units only)	OY ON	□N/A
Records of all ethylene oxide concentration monitoring. (direct measurement only)	OY ON	□N/A
Records of gas chromatograph calibration (direct measurement only)	OY ON	□N/A
- Records of scrubber liquor level. (acid-water scrubbers only) ( We evy)	DN YD	□N/A
_ Records of ethylene glycol concentration. (acid-water scrubbers only)	<b>®</b> Y □N	□N/A
	1	
Saadea Gereshi 9/22/98		
Inspector's Name Date of Inspec	tion	
192 9/99		<del></del>
Inspector's Signature Approximate Date of Next Inspect	ion	

has direct measurement on subsber measures weekly.
Theod PHs to get concentration
Las 12 mth rolling perc.

IN compliance

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:25 TIME OUT: 11:05	AIRS ID#: 0694823
type of facility: $\mathcal{ETD}$	
FACILITY NAME: International steriliz	atron Lab DATE: 9/22/90
FACILITY LOCATION: 217 Samply Road	proviland FL 34736
RESPONSIBLE OFFICIAL: Make Murphy	PHONE NUMBER: 352 -429 -3200
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Ď
	OC, I
	e Mobile Sources Out Cost Top 100 100 100 100 100 100 100 100 100 10
	Mobile Air Mr.
	OHICA OTIO
	A. 10
•	
COMMENTS:	
	·
IN Compliance	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9/49	
(Appl	roximate)
INSPECTION CONDUCTED BY: Saadia C	Yureshi
$\mathcal{L}$	sè Print) PHONE NUMBER: 893-333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 0 17 7555
Page	of Revised 10/96

#### ETHYLENE OXIDE STERILIZERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE_	1074-99
3Y <u>.</u>	Re

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

GOMPLAINT/DISCOVERY

240,0130 TIME OUT: 11:30 AIRS ID#: 0694823 DATE: 10-14-49 TIME IN: IntL. Sterilization Laboratory FACILITY NAME: FACILITY LOCATION: 217 Samply Road

Groveland, FL \$34736

RESPONSIBLE OFFICIAL: Mike Murphy PHONE: [3] CONTACT NAME: PHONE: \_\_

ART 1: NOTIFICATION	
Facility notified DARM 30 days prior to setup	
Facility failed to notify DARM to use a general permit	

OT WE CATHOLOGY			_
OL TECHNOLOGY			
facility: Aeration Ro	om		
Sterilization	Cha	amber	
Chamber Ex	khau	st .	
iber Vent			
wing emission control devices	been	installed? If yes, indicate type below.	
Acid-Water Scrubber		Thermal Oxidation Unit	
Catalytic Oxidation Unit		Other	
Vent		(man such myst manor to bb) yet approvely	
ntrol device. (must use direct measu	remen	it in Part III)	
folded to sterilization chamber	vent	control device.	
ion control device (indicate typ	e be	low).	
Acid-Water Scrubber		Thermal Oxidation Unit	
Catalytic Oxidation Unit		Other (Must submit information to DEP for approval)	
	Sterilization Chamber Extended to Sterilization Chamber Extended to Sterilization Chamber Extended to Sterilization Chamber Steriliz	Acid-Water Scrubber  Acid-Water Scrubber  Catalytic Oxidation Unit  Vent  Introl device. (must use direct measurement of olded to sterilization chamber vent ion control device (indicate type be Acid-Water Scrubber	Aeration Room  Sterilization Chamber  Chamber Exhaust  Wing emission control devices been installed? If yes, indicate type below.  Acid-Water Scrubber

PART III: MONITORING REQUIREMENTS			<del></del>
Has the facility conducted an initial performance test? (Existing facilities by 6/8/98, new sources within 180 days after startup)	Ø	ΔY	ΠN
Acid-Water Scrubbers			
What process parameter is the facility monitoring to determine compliance?			
ethylene glycol concentration <b>S</b> scrubber liquor tank level			
If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?	4	ZY.	□N
Catalytic/Thermal Oxidation Units			
Has the facility installed a temperature sensor that is accurate to within $\pm$ 10° F?	Ę	JΥ	ПN
Has the facility verified the accuracy of the temperature sensor? (must be performed semiannually	<i>v)</i> [	JΥ	ΩN
Direct Measurement			
Has the facility installed a gas chromatograph?	C	ΊY	DAN
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.	Zdy	DИ	
Records of ethylene oxide usage on a 12-month rolling average.	<b>AY</b>	ΠN	
Records of all initial performance tests, including control efficiency determinations.	DX.	ПN	
Records of all temperature monitoring. (oxidation units only)	ΩY	ΠN	MN/A
Records of all ethylene oxide concentration monitoring. (direct measurement only)	ΠY	DИ	₽\/A
Records of gas chromatograph calibration (direct measurement only)	ΠY	ПΝ	₽ N/A
Records of scrubber liquor level. (acid-water scrubbers only)	<b>5</b> 4	ПИ	□N/A
Records of ethylene glycol concentration. (acid-water scrubbers only)	₽₽Ŷ	ПN	□N/A
Randul Lunningham 10-14-49 Date of Inspec	tion	. <u> </u>	
MAM (-/- 10-2000			
Inspector's Signature Approximate Date of Next Inspect	ion		<del></del>

PART V: ADDITIONAL SITE INFORMATION	
	•
·	
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069 4823

## ANNUAL COMPLIANCE CENTRAL PERMIT ACL ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: <u>lath.</u> Sterilization Laboratory DATE: 10-14-29  FACILITY LOCATION: 217 Samply Road.
FACILITY LOCATION: 217 Samply Road
Groveland, FL 34736
Annual Reporting Period: October 1999 TO October 1999
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.
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
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: fromto
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 Murchy Mahul Muyel 10-14-99  Name (Please Print)  Signature  Date

<sup>\*</sup>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 💢 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10'.30  TYPE OF FACILITY: E+h.	TIME OUT: 11:3	dairs id#: 06	94823
FACILITY NAME: Int.	/		DATE: 10-14-99
FACILITY LOCATION: 21	1 sumpey Road	736	
RESPONSIBLE OFFICIAL:	The Mulphy	PHONE NUMBER:	19 (352) 429-320
CAN.	compliance requirements eval e 62-213.300, Florida Adminis	uated during this inspection, the facility trative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were noted:	compliance requirements eval	uated during this inspection, the follow	ving compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	<del></del>		
		-	
	·		
COMMENTS:			
In com	pliance		
The Annual Compliance Certification:  DATE OF NEXT INSPECTION:	on form has been properly cert $10 - 2000$	ified and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY	P / 11 (A	Spproximate)	
	phil 1	Please Print)	
INSPECTOR'S SIGNATURE:	1 July -	PHONE NUMBER:	170/1 675-5555

Revised 10/96

#### ETHYLENE OXIDE STERILIZERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

IN ARMS	
9/23/98	
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Ad		
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TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

	RE-INSPECTIC	)N		Lare
AIRS ID#: <u>0694823</u>	DATE: <u>9/1/</u> 9	18	TIME IN: <u>10:25</u> TIME OU	т: <u>[1]: 05</u>
FACILITY NAME:	Internationa	aQ	Stevilization Lab	
FACILITY LOCATION:	217 5	am	pey Road	
			pey load , Fr. 34736	
RESPONSIBLE OFFICIAL	: Mike Mu	uph	9	29 - 3200
CONTACT NAME:	me	•	o phone: <u>Secm</u>	<u> </u>
PART I: NOTIFICATION				
Facility marified DADM 20 d	 		RECEIVED	
Facility notified DARM 30 d Facility failed to notify DAR		ermit	DEC 1 4 1999	
			Bureau of Air Monitoring	
	TWO Y O O W		& Mobile Sources	
PART II: CONTROL TECH	INOLOGY			
Vent type(s) at the facility:	Aeration Ro	oom		
	Aeration Ro	Cham		
	Aeration Ro Sterilization Chamber Ex	Cham		
Vent type(s) at the facility:  Sterilization Chamber Vent	Aeration Ro Sterilization Chamber Ex	n Cham xhaust		DY ON
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis	Aeration Ro Sterilization Chamber Ex	n Cham xhaust been ir	lber .	ON ON
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emis	Aeration Ro Sterilization Chamber Ex	n Cham xhaust been ir	nstalled? If yes, indicate type below. Thermal Oxidation Unit	DA ON
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emis	Aeration Ro Sterilization Chamber Ex	cham chaust been ir	nstalled? If yes, indicate type below.  Thermal Oxidation Unit	DA ON
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emit  Acid-Wi	Aeration Ro Sterilization Chamber Ex ssion control devices ater Scrubber c Oxidation Unit	cham chaust been ir	nstalled? If yes, indicate type below.  Thermal Oxidation Unit  Other  (Must submit information to DEP for approval)	DA ON
Vent type(s) at the facility:  Sterilization Chamber Vent  Has one of the following emit  Acid-Wi  Catalytic  Chamber Exhaust Vent	Aeration Ro Sterilization Chamber Ex ssion control devices ater Scrubber c Oxidation Unit	been ir	nstalled? If yes, indicate type below. Thermal Oxidation Unit Other (Must submit information to DEP for approval)	DY ON
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emit Acid-Wi Catalytic Chamber Exhaust Vent  No emission control device	Aeration Ro Sterilization Chamber Ex ssion control devices ater Scrubber C Oxidation Unit ce. (must use direct measu sterilization chamber	been in	nstalled? If yes, indicate type below.  Thermal Oxidation Unit  Other  (Must submit information to DEP for approval)  In Part III)  ontrol device.	DA ON
Vent type(s) at the facility:  Sterilization Chamber Vent Has one of the following emis Acid-Wi Catalytic Chamber Exhaust Vent No emission control device Emissions manifolded to s Dedicated emission control	Aeration Ro Sterilization Chamber Ex ssion control devices ater Scrubber C Oxidation Unit ce. (must use direct measu sterilization chamber	been in	nstalled? If yes, indicate type below.  Thermal Oxidation Unit  Other  (Must submit information to DEP for approval)  In Part III)  ontrol device.	ON ON

PART III: MONITORING REQUIREMENTS		
Has the facility conducted an initial performance test? (Existing facilities by 6/8/98, new sources within 180 days after startup)	QY.	N
Acid-Water Scrubbers		
What process parameter is the facility monitoring to determine compliance?		
ethylene glycol concentration		
If the facility is monitoring the scrubber liquor tank level, has a liquid level indicator been installed?	24	מם
Catalytic/Thermal Oxidation Units		
Has the facility installed a temperature sensor that is accurate to within $\pm$ 10° F?	ΠY	ПИ
Has the facility verified the accuracy of the temperature sensor? (must be performed semiannually,	) <b>□</b> Y	N
Direct Measurement		
Has the facility installed a gas chromatograph?	ΩY	ПN
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.  70045	ON DN	
Records of ethylene oxide usage on a 12-month rolling average.	MD N	
Records of all initial performance tests, including control efficiency determinations.	ON ON	
Records of all temperature monitoring. (oxidation units only)	□Y □N	□N/A
Records of all ethylene oxide concentration monitoring. (direct measurement only)	OY ON	□N/A
Records of gas chromatograph calibration (direct measurement only)	OY ON	□N/A
- Records of scrubber liquor level. (acid-water scrubbers only) ( We very )	DN ON	□N/A
Records of ethylene glycol concentration. (acid-water scrubbers only)	MO AR	□N/A
	1	
Saaden Gereshi 9/21/98	<del></del>	
Inspector's Name Date of Inspec	tion	
1/99	•	
Inspector's Signature Approximate Date of Next Inspect	ion	

#### PART V: ADDITIONAL SITE INFORMATION

how direct measurement on scouldber measures weekly. record PHs to get concentration Las 12 mth rolling perc.

IN compliance

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 10: 25 TIME OUT: 1:05	AIRS ID#: 0694828
TYPE OF FACILITY:_ ETD	
FACILITY NAME: International steriliz	atron Lab DATE: 9/22/90
FACILITY LOCATION: 217 Samples Road	proveland FL 34736
RESPONSIBLE OFFICIAL: Mike murphy	PHONE NUMBER: 352 -429 -3200
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS:	
	·
IN ( Day Olivery o	
IN Compliance	- VEC NO
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION:	roximate)
	Pureshi
	se Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: \$93-3333
	of Revised 10/96

#### 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#: 0694923 DATE: 10-18-00 TIME IN: 11:30 TIME OUT: 12:30  FACILITY NAME: Intl. Sterilization Laboratory  FACILITY LOCATION: 217 Sampley Rd.  Groveland, FL 34736  RESPONSIBLE OFFICIAL: Mille 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   MNC				
2. Facility failed to notify DARM to use 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.				
Acid-Water Scrubber				
□ Catalytic Oxidation Unit □ Other				
Catalytic Oxidation Unit  Other  (Must submit information to DEP for approximation to DEP for ap				
□ 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).				
Dedicated emission control device (indicate type below).				
Acid-Water Scrubber   Thermal Oxidation Unit				
☐ Catalytic Oxidation Unit ☐ Other				

PART III: MONITORING REQUIREMENTS			
Has the facility conducted an initial performance test? (Existing facilities by 6/8/98, new sources within 180 days after startup)	,	<b>Z</b> Y	□N
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?	عر .	<b>1</b> Y	ΟN
Catalytic/Thermal Oxidation Units			
Has the facility installed temperature sensor that is accurate to within ± 10° F?		Y ·	Þγ
Has the facility verificia the accuracy of the temperature sensor? (must be performed semiannual	<i>(1)</i> )	ΊY	N
Direct Measurement			,
Has the facility installed a gas chromatograph?		ĴΥ	ØN
	٠		
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.	ØΥ	DN	
Records of ethylene oxide usage on a 12-month rolling average.	<b>Z</b> Y	□N	
Records of all initial performance tests, including control efficiency determinations.	Y	ΠN	
Records of all temperature monitoring. (oxidation units only)	ΩY	ΠN	ØN/A
Records of all ethylene oxide concentration monitoring. (direct measurement only)	ΠY	ПN	ØN/A
Records of gas chromatograph calibration (direct measurement only)	ΠY	ПN	ZN/A.
Records of scrubber liquor level. (acid-water scrubbers only)	ZY	ПΝ	□N/A
Records of ethylene glycol concentration. (acid-water scrubbers only)	ΖΊΥ	ΠИ	□N/A
Randall Conningham 10-18-00 Inspector's Name Date of Inspe		,	
Inspector's Name Date of Inspe	ction		
Paul 10-2001			
Inspector's Signature Approximate Date of Next Inspec	ction		

AIRS ID#: 0694823

the responsible official to use this form.

Revised 01/18/00

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

FACILITY NAME: <u>Intl. Stelilization</u> FACILITY LOCATION: 217 Samply	on Laboratory DATE: 10-18-00
FACILITY LOCATION: 217 Samply	Rd
Groveland, FL	
Annual Reporting Period: October	1999 TO October 200
Based on each term or condition of the Title V general air p	permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during t	the period covered by this statement. YES NO
If NO, complete the following:	·
#1. Term or condition of the general permit that has not be	een 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 be	een 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:	
·	<u> </u>
As the responsible official, I hereby certify, based on inform in this notification are true, accurate and complete.	nation and belief formed after reasonable inquiry, that the statements m
RESPONSIBLE OFFICIAL: Michael Mu Name (Please Prin	Aphy Mulail Many 10-18-00 Signature Date
m is made available to you or or aid in a li	seet your annual compliance contification requirements. It is at the

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	T K	PLAINT/DISCOVERY	RE-IN	SPECTION [
TIME IN: 11:30 TI	ME OUT: 12.3	O AIRS ID#	: 069 482	3
TYPE OF FACILITY: Sterilizat	ion			
FACILITY NAME: Intl. Ster	ilization	Laboratory	DATE:/	0-18-00
FACILITY LOCATION: 217 Sam	apey Rd.			
Grove	and, FL 3	47.3.6	262	//20 22 = 1
RESPONSIBLE OFFICIAL: M: 11e	unchy	PHONE NUM	1BER: <u>35 2-</u>	429-3200
Based on the results of the compliance with DEP Rule 62-213	•	•	he facility is found	to be in
Based on the results of the compliant discrepancies were noted:	nce requirements evalua	ted during this inspection, t	he following comp	liance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP A	ACTION REQ	JIRED
				-
<u>.</u>				
		·		
COMMENTS:			-	
In Complia	ince -	Excell	ent J	06
The Annual Compliance Certification form		ed and submitted to the insp	pector. YES	× NO□
DATE OF NEXT INSPECTION: $10-200$ (Approximate)				
INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)				
INSPECTOR'S SIGNATURE: 1407-893-3333				
	v 1	. 1		Davissal 10/06

403359

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0694823 INTERNATIONAL STERILIZATION

LABORATORY Y MICHAEL MURPHY 217 SAMPEY ROAD GROVELAND FL 34736 FOR GOVERNMENT USE ONLY-Org.: 37550101000 EO: X1 Fund: 20-2-035001 Obj.: 002273



# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING JAN16 2002

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

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0694823
INTERNATIONAL STERILIZATION LAB
MICHAEL MURPHY
217 SAMPEY ROAD
GROVELAND FL
34736

FOR GOVERNMENT USE ONLY OVE 537550101000 EO: A1 Fund: 20-2-035001 Obp: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
고나다	2. 1	// 3				
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m F-1	Return Receipt Fee (Endorsement Required)		Here			
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7 -	OCIN TO	EL MURPHY				
		NATIONAL STER RATORY	ILIZATION			
7000	City State :	MPEY ROAD ELAND FL 34736				
	PS Form 3800, May 2000	)	See Reverse for Instructions			

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FOR GOVERNMENT USE ONLY Org.: 37559101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**TOTAL AMOUNT DUE: \$50.00** 

FED 20 53

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

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

## .Z 333 618 154

US Postal Service

## Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID 0694823

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

	Postage	<b>4</b>
	Certified Fee	
	Special Delivery Fee	_
ıo	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800,	Postmark or Date	

N 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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID 0694823  INTERNATIONAL STERILIZATION  LABORATORY Y  MICHAEL MURPHY 217-SAMPEY ROAD  GROVELAND FL 34736	4a. Article No.  4b. Service 1  Registere	Type  ad Certified  Mail Insured  ceipt for Merchandise COD	ou for using Return Receipt Service.
our <u>RETUR</u>	5. Received By: (Print Name)  6. Signaturen (Addressee or Agent)  M  M  M  M  M  M  M  M  M  M  M  M  M	8. Addressee and fee is	e's Address (Only if requested paid)	Thank you

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt