

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 20, 2002

Mr. Michael Murphy  
International Sterilization Laboratory  
217 Sampey Road  
Groveland, Florida 34736

Re: Facility No.: 0694823-002

Dear Mr. Murphy:

The Department has received the Title V General Permit Notification Form for the ethylene oxide sterilizers facility that you submitted on August 16, 2002.

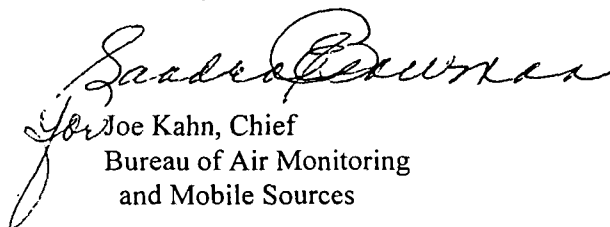
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

Fees Paid 97-01

SOC 4

Compliance IN

RECEIVED

AUG 16 2002

ETHYLENE OXIDE STERILIZERS  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KIKY R+D, LLC, DBA INTERNATIONAL STERILIZATION LAB.		
2. Site Name (For example, plant name or number):	INTERNATIONAL STERILIZATION LABORATORY		
3. Hazardous Waste Generator Identification Number:	0694823001 AG		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	217 Sampey Road.	GROVE LAND	LAKE 34734
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0694823-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	Michael Murphy	OPERATIONS MANAGER
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	INTERNATIONAL STERILIZATION LABORATORY	
	City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(352) 429 - 3200	(352) 429 - 3249

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/AR <input type="radio"/> PAILET	VACU DYNE before 1994	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	SAME
<input type="radio"/> SC/CE/AR <input type="radio"/> PAILET	VACU DYNE before 1996	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	SAME
<input type="radio"/> SC/CE/AR <input type="radio"/> PAILET	VACU DYNE before 1994	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> YES/ <input type="radio"/> NO	SAME
<input type="radio"/> SC/CE/AR <input type="radio"/> PAILET	NOT commish.	Existing	<input checked="" type="radio"/> YES/ <input type="radio"/> NO <input checked="" type="radio"/> NO	SAME

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

(b) Control devices are required, but not yet installed  control devices 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 for sterilization units pursuant to this general permit?  
(Indicate with an "X".)

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

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

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

Michael Murphy  
Signature

8-13-02  
Date

## Instructions for Completing Part III of Notification Form

The Ethylene Oxide Sterilizers Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the ethylene oxide sterilization facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

**Grant, Patricia**

---

**From:** Bowman, Sandy

**Sent:** Tuesday, August 22, 2006 10:03 AM

**To:** Grant, Patricia

Pat,

Please inactivate the file for AIRS ID #0694823. Thank you.

*Sandy*

8/22/2006

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

447013 FEB22 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 694823 8  
INTERNATIONAL STERILIZATION  
LABORATORY Y  
217 Sampey Road  
GROVELAND, FL 34736

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

RECEIVED  
FEB 23 2005  
FBI - FBI - A1 - MONITORING  
2 - ALBANY STATE



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7085 7003 0500 0004 0144 7085

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

AIRS ID# 694823 1stC  
 INTERNATIONAL STERILIZATION  
 LABORATORY Y  
 217 Sampey Road  
 GROVELAND, FL 34736

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse, so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 694823 1stC  
 INTERNATIONAL STERILIZATION  
 LABORATORY Y  
 217 Sampey Road  
 GROVELAND, FL 34736

2 Article Number  
*(Transfer from service label)*

7003 0500 0004 0144 7085

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) S. Telesco C. Date of Delivery 2/7

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

DARMMOBILE SOURCE CONTROL PROJECT  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air & Meteorology  
& Mobile Sources

RECEIVED  
FEB 9 2005

12400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435354 JAN16 2004

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**

Do NOT Remove Label

694823  
 MICHAEL MURPHY  
 INTERNATIONAL STERILIZATION  
 LABORATORY Y  
 217 SAMPEY ROAD  
 GROVELAND FL 34736

~~X~~  
 Bureau of Air  
 & Mobile  
 JAN 23 2004  
 FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: 3.1  
 Fund: 20-2-035001  
 Obj.: 002273

**International Sterilization Laboratory**

**5465**

Title V Air General Permits

12/17/2002

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/17/2002	Bill	0694823AIRSID#	50.00	50.00		50.00
				Check Amount		50.00

Cash- Operating Account 6185

50.00



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

420908 DEC20 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**

Do **NOT** Remove Label

AIRS ID#0694823

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

Bureau of Air Monitoring  
& Mobile Source  
 DEC 27 2002

FOR GOVERNMENT USE ONLY  
 Org.: 375501000 EO: AI  
 Fund: 20-2-035001  
 Obj.: 002273