



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

October 8, 2007

Mr. Larry Saylor  
Tropitone Furniture Company  
1401 Commerce Boulevard  
Sarasota, Florida 34243

Dear Mr. Saylor:

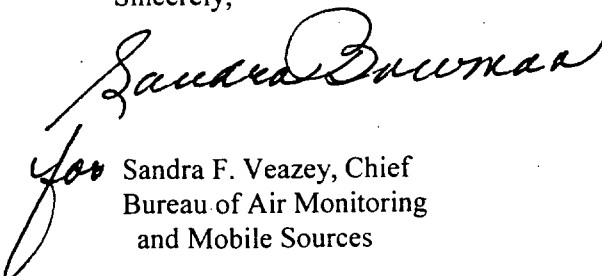
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on September 4, 2007. We have assigned ARMS # 0810219-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Christopher Bradley, Southwest District

**CAST POLYMER OPERATIONS  
AIR GENERAL PERMIT REGISTRATION FORM**

Bureau of Air Monitoring  
& Mobile Sources  
SEP 07 2007

RECEIVED

**Part II. Notification to Permitting Office**  
(Detach and submit to appropriate permitting office; keep copy onsite)

**Instructions:** To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

**0810219-001**

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.  
 Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.  
 Continue operating the facility after a change of ownership.  
 Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only**

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): \_\_\_\_\_  
 No air operation permits currently exist for this facility.

**General Facility Information**

**Facility Owner/Company Name** (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Tropitone Furniture Company

**Site Name** (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Sunwest Facility Sarasota

**Facility Location** (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: ~~19th Street North, Unit 4~~ **6500 19th STREET EAST, UNIT 4G** D.E.D.  
 City: Sarasota County: Manatee Zip Code: 34243

**Facility Start-Up Date** (Estimated start-up date of proposed new facility.) (N/A for existing facility)

9/27/07

**Owner/Authorized Representative**

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: Larry Saylor, Plant Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Tropitone Furniture Company

Street Address: 1401 Commerce Boulevard

City: Sarasota

County: Manatee

Zip Code: 34243

Owner/Authorized Representative Telephone Numbers

Telephone: 941-355-2715

Fax: (941) 355-2692

Cell phone (optional):

**Facility Contact (If different from Owner/Authorized Representative)**

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Larry Saylor, Plant Manager

Facility Contact Mailing Address

Organization/Firm: Tropitone Furniture Company

Street Address: 1401 Commerce Boulevard

City: Sarasota

County: Manatee

Zip Code: 34243

Facility Contact Telephone Numbers

Telephone: 941-355-2715 X 6160

Fax: (941) 355-2692

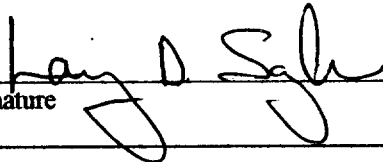
Cell phone (optional):

**Owner/Authorized Representative Statement**

This statement must be signed and dated by the person named above as owner or authorized representative

*I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.*

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

  
Signature

8/31/07  
Date

### **Material Usage Rates**

If this is an **initial registration** for a cast polymer operation, provide an estimate, in pounds, of the total quantity of styrene containing materials (resin and gelcoat) expected to be used over a 12-month period. Note: the general permit limits the usage of such material to 284,000 pounds (142 tons) in any consecutive 12-months.

150,000 pounds of gelcoat.

If this is a **re-registration** for a cast polymer operation, provide the highest 12-month total quantity, in pounds, of styrene containing materials (resin and gelcoat) used in the last five years. Indicate the 12-month period over which this usage occurred.

### **Description of Facility**

Below, or as an attachment to this form, provide a description of the cast polymer operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

The facility will be making table tops and other assemblies that are combined with the metal furniture fabricated at the company's facility at 1401 Commerce Boulevard, Sarasota, Florida 34243.

The process involves the use of flexible molds with the final assembly configuration. The mold is first cleaned and then a combination of gelcoat (clear and pigmented) and various texturing materials are put into the mold. When this process is complete the mold moves to the next stage.

The second part of the operation is to mix parts A and B of a urethane and urethane catalyst in sufficient quantity to fill the mold. The parts A and B are mixed in a container and, when completely mixed, the mixture is poured into the mold. The mixture is placed directly on the gelcoat put on the mold in the first step. The mold is covered and the urethane mixture reacts to form a urethane polymer. This polymer is the strength portion of the table top.

The molds vary in size depending on the assembly needed. The molds are used for multiple assemblies before requiring replacement. Usage depends on the combination of assemblies made and the materials required for each assembly. Annual usage is estimated to be 100,000 to 150,000 pounds of gelcoat materials.

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ORIGIN (POSTAL SERVICE USE ONLY)					
PO ZIP Code 34270	Day of Delivery Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd Oct Day	Postage \$ 16.25	Scheduled Date of Delivery		
Date Accepted 8/31/07	Month Day Year	Return Receipt Fee	Scheduled Time of Delivery		
Time Accepted 2:49 PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM Military	COD Fee	Insurance Fee	Total Postage & Fees	
Flat Rate <input type="checkbox"/> or Weight 2.7 lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Intl Alpha Country Code	Acceptance Emp. Initials QC		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. 9 Day 01	Time 10:55 AM	Employee Signature [Signature]
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
CUSTOMER USE ONLY		
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature.
Federal Agency Acct. No. or Postal Service Acct. No.		I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
<input type="checkbox"/> NO DELIVERY Weekend <input type="checkbox"/> Holiday		Mailer Signature

FROM: (PLEASE PRINT) PHONE (941) 355-2715

Tropitone Furniture Co.  
1401 Commerce Blvd.  
Sarasota, FL 34243

TO: (PLEASE PRINT) PHONE ( )

FL Dept. of Environmental Protection  
Receipts  
P.O. Box 3070  
Tallahassee, FL

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

**Florida Department of Environmental Protection**  
**Cash Receiving Application (CRA)**  
**Cashlisting by Deposit #: 281130 thru 281130**  
**Printed: 9/4/2007 4:41:57 PM - Page 9**

Cashlisting: **63827**    Cashlist Area: **3755**    Description: **DIV OF AIR RESOURCES MGMT.**  
 Deposit No: **281130**    Date Deposited: **09/04/2007**    Contact: **PATTY ADAMS**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	
002272	44642	476563	599096		TROPITONE EMERGENCY FUND, THE	1105	\$100.00		838088	747138	PFTF	
	44642	476569	599103		J. HERBERT CORP	4748	\$100.00		838096	747145	PFTF	
<b>Object Code 002272 Subtotal:</b>							<b>\$200.00</b>					
002278	44642	476564	599098		A. R. T. ENVIRONMENTAL INC.	1136	\$200.00	44773	838089	747140	APCTF	
	44642	476565	599099		ENVIRONMENTAL MITIGATION SERVI	2081	\$600.00	37461	838090	747141	APCTF	
	44642	476566	599100		ENVIRONMENTAL MITIGATION SERVI	2080	\$1,000.00	37150	838091	747142	APCTF	
	44642	476570	599104		CROSS CONSTRUCTION SERVICES, I	5501	\$100.00	45575	838097	747146	APCTF	
	44642	476571	599105		ELLIS ENVIRONMENTAL GROUP, LC	27324	\$100.00	45143	838098	747147	APCTF	
	44643	476581	599116		MANSFIELD INDUSTRIAL	244112	\$200.00	45242	838148	747158	APCTF	
<b>Object Code 002278 Subtotal:</b>							<b>\$2,200.00</b>					
<b>Cashlisting 63827 Total:</b>							<b>\$2,400.00</b>					