

FILE COPY

**Florida Department of Environmental Protection  
Division of Air Resource Management  
Application for Non Title V Air Permit  
Renewal**

December 18, 2012

0050026-006-AC

**Parthenon Prints, Inc.  
Panama City, FL**

**Table of Contents**

**Application Form  
Doc. "001" - VE Test Results**

**Prepared by:  
Parthenon Prints, Inc.  
PO Box 2505  
Panama City, FL 32402**

**RECEIVED**

**DEC 21 2012**

**NORTHWEST FLORIDA  
DEP**

Copies To:  
DEP, Pensacola (4)  
File (1)



# Department of Environmental Protection

## Division of Air Resources Management

### APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

#### I. APPLICATION INFORMATION

##### Identification of Facility

1. Facility Owner/Company Name: PARTHENON PRINTS, INC.	
2. Site Name: PARTHENON PRINTS	
3. Facility Identification Number: 0050026	4. Facility Status Code: ACTIVE

##### Application Contact

1. Name and Title of Application Contact: PAUL O'CONNOR OPERATIONS MANAGER	
2. Application Contact Mailing Address:  Organization/Firm: PARTHENON PRINTS Street Address: PO BOX 2505 City: PANAMA CITY State: FL Zip Code: 32402	
3. Application Contact Telephone Numbers: Telephone: (850 ) 769 - 8321 Fax: (850) 769 - 5374	

##### Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	

**Owner/Authorized Representative**

1. Name and Title of Owner/Authorized Representative:	DOROTHY HARRIS COMPTRROLLER
2. Owner/Authorized Representative Mailing Address:	Organization/Firm: PARTHENON PRINTS Street Address: PO BOX 2505 City: PANAMA CITY                      State: FL                      Zip Code: 32402
3. Owner/Authorized Representative Telephone Numbers:	Telephone: ( 850 ) 769 - 8321                      Fax: ( 850 ) 769 - 5374
4. Owner/Authorized Representative Statement:	<p><i>I, the undersigned, am the owner or authorized representative* of the facility addressed in this Application for Air Permit. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application 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 understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i></p> <p> _____ Signature</p> <p>_____ 12/13/12 Date</p>

\* Attach letter of authorization if not currently on file.

**Scope of Application**

<b>Emissions Unit ID</b>	<b>Description of Emissions Unit</b>	<b>Permit Type</b>	<b>Processing Fee</b>
001	SCREEN PRINTING, INK DRYING & EQUIPMENT CLEANING	AO2B	\$1,000.00

**Application Processing Fee**

Check one:  Attached - Amount: \$ 1,000.00  Not Applicable

**Application Comment**

## II. FACILITY INFORMATION

### Facility Contact

1. Name and Title of Facility Contact: PAUL O'CONNOR OPERATIONS MANAGER
2. Facility Contact Mailing Address: Organization/Firm: PARTHENON PRINTS Street Address: PO BOX 2505 City: PANAMA CITY State: FL Zip Code: 32402
3. Facility Contact Telephone Numbers: Telephone: ( 850 ) 769 - 8321 Fax: ( 850 ) 769 - 5374

### Facility Supplemental Requirements

1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Facility Plot Plan: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested

### Facility Comment

NOTE: ITEMS 1, 2, 3 & 4 WERE SUBMITTED WITH CONSTRUCTION APPLICATION.  
THERE HAVE BEEN NO CHANGES SINCE THAT TIME.

**III. EMISSIONS UNIT INFORMATION**

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

**Emissions Unit Description and Status**

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): FABRIC & WALL PAPER PRINTING COMBINED INTO ONE EMISSION UNIT CONNECTED TO CONTROL DEVICE	
2. Emissions Unit Status Code: ID: 001	3. Long-Term Reserve Shutdown Date:
4. Control Equipment Method/Description (limit to 200 characters per device or method): SCRUBBER MANUFACTURED BY CVM CORP. MODEL NO. 80 CTR-12	

**Emissions Unit Operating Capacity and Schedule**

1. Maximum Heat Input Rate:	19.9	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:		
4. Maximum Production Rate: 1.5 MM yards/YR Fabric; 6.0 MM yards/YR Wallpaper ----- 54,000 pounds mineral spirits		
5. Requested Maximum Operating Schedule:		
	hours/day	days/week
	weeks/year	6,0000 hours/year

Emissions Unit ID\_001\_\_\_\_\_

**Emissions Unit Supplemental Requirements**

1. Fuel Analysis or Specification [ ] Attached, Document ID:_____ [ X ] Not Applicable [ ] Waiver Requested
2. Compliance Test Report [ X ] Attached, Document ID:_001_____ [ ] Not Applicable [ ] Previously submitted, Date:_____
3. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [ X ] Not Applicable [ ] Waiver Requested
4. Operation and Maintenance Plan [ ] Attached, Document ID:_____ [ X ] Not Applicable [ ] Waiver Requested
5. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [ X ] Not Applicable

**Emissions Unit Comment**

NOTE: ITEMS 1, 3, & 4 WERE SUBMITTED WITH CONSTRUCTION APPLICATION.  
THERE HAVE BEEN NO CHANGES SINCE THAT TIME.

**Document ID: 001**

**Document Title: VE Method 9**



3410 WEST 9 MILE ROAD • PENSACOLA, FLORIDA 32526 • (850) 944-3392

SPECTRUM SYSTEMS  
3410 W. 9 Mile Rd.  
Pensacola, Florida

07-11-12

Mr. Paul O'Connor  
Parthenon Prints, Inc.  
909 W 39th Street  
Panama City, FL. 32405

Please find enclosed a copy of the report that details the work performed during visit to your plant on 7-11-12

Please contact us if we can answer questions about this report or if you have comments on how we can serve you better.

Thank you for your business.

*Sincerely,*  
*M. Aldridge*  
*Spectrum Systems*  
*Field Service Engineer*



## SERVICE REPORT

Mr. Paul O'Connor  
Parthenon Prints, Inc.  
909 W 39th Street  
Panama City, FL. 32405

On 07-11-12 SSI's M. Aldridge traveled to your plant located at 909 West 39<sup>th</sup> Street, Panama City, Bay County, for a scheduled visit for VE method 9 test as per your requirements for Permit No 0050026-005-AC.

The plant was running the 24 Color Fabric Printer as well as both PD-3 AND PD-4 Wall Paper Printers at the time of the VE. The pressure differential was @ 4.5 inches of water.

The test was performed on the roof of the plant which gave the best view of the exit stack. Mr. Mark Sumner from DEP was also on site and observed the VE test performed.

*Sincerely,*  
*M. Aldridge*  
Spectrum Systems  
Field Service Engineer



EPA  
VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)  
Method 9. 203A 203B Other \_\_\_\_\_

Company Name PARthenon PRINTS

Facility Name \_\_\_\_\_

Street Address 909 W. 39th STREET.

City PANAMA CITY State FL Zip 32405

Process SCREEN PRINTING Unit # 001 Operating Mode 100 %

Control Equipment WATER TANK BAG HOUSE Operating Mode 100 %

Describe Emission Point  
2 SQUARE STACKS  
CENTER OF ROOF

Height of Emiss. Pt. Start 4 FT. End SAME Height of Emiss. Pt. Rel. to Observer Start 4 FT. End SAME

Distance to Emiss. Pt. Start 37 FT. End SAME Direction to Emiss. Pt. (Degrees) Start 305° N End SAME

Vertical Angle to Obs. Pt. Start 78° End SAME Direction to Obs. Pt. (Degrees) Start 300 End SAME

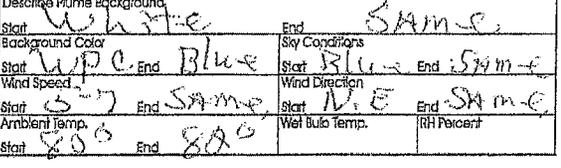
Distance and Direction to Observation Point from Emission Point Start 39 FT. 70° ENE End SAME

Describe Emissions  
Start NONE End SAME  
Emission Color Start NONE End SAME Attached  Detached  None

Describe Plume Background  
Start White End SAME  
Background Color Start White End Blue Sky Conditions Start Blue End SAME

Wind Speed Start 5-7 End SAME Wind Direction Start N.E End SAME

Ambient Temp. Start 80 End 80 Wet Bulb Temp. \_\_\_\_\_ RH Percent \_\_\_\_\_



Longitude \_\_\_\_\_ Latitude \_\_\_\_\_ Declination \_\_\_\_\_

Additional Information \_\_\_\_\_

Form Number 711112 Page 1 of 2  
Continued on VEO Form Number \_\_\_\_\_

Observation Date 7/11/12 Time Zone CENT Start Time 0820 End Time 0920

Min	0	15	30	45	Comments
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	0	0	0	0	
5	0	0	0	0	
6	0	0	0	0	
7	0	0	0	0	
8	0	0	0	0	
9	0	0	0	0	
10	0	0	0	0	
11	0	0	0	0	
12	0	0	0	0	
13	0	0	0	0	
14	0	0	0	0	
15	0	0	0	0	
16	0	0	0	0	
17	0	0	0	0	
18	0	0	0	0	
19	0	0	0	0	
20	0	0	0	0	
21	0	0	0	0	
22	0	0	0	0	
23	0	0	0	0	
24	0	0	0	0	
25	0	0	0	0	
26	0	0	0	0	
27	0	0	0	0	
28	0	0	0	0	
29	0	0	0	0	
30	0	0	0	0	

Observer Name (Print) Malcolm Aldridge

Observer's Signature [Signature] Date 7-11-12

Organization Spectrum

Certified by ETA Date 2-8-13

EPA  
VISIBLE EMISSION OBSERVATION FORM 1

Form Number 71112 Page 2 of 2  
Continued on VEO Form Number

Method Used (Circle One)  
Method 9 203A 203B Other

Company Name Parthenon Prints  
Facility Name  
Street Address 909 W. 39th Street  
City Panama City State FL Zip 32405

Process Screen Printing Unit # 100 Operating Mode 100%  
Control Equipment Water Tank Exhaust Operating Mode 100%

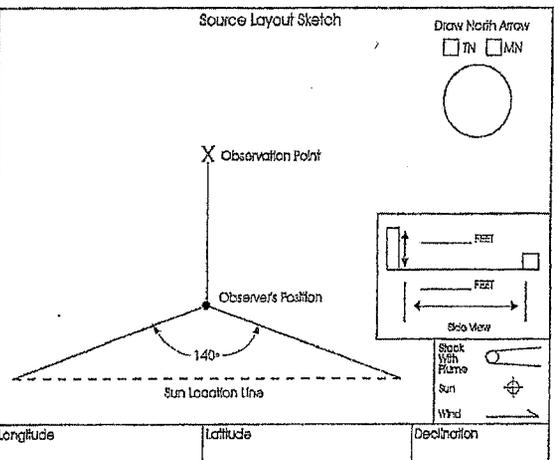
Describe Emission Point  
2 Square Stacks  
Center of Roof

Height of Emis. Pt. Start 4 ft End Same Height of Emis. Pt. Rel. to Observer Start 6 ft End Same  
Distance to Emis. Pt. Start 39 ft End Same Direction to Emis. Pt. (Degrees) Start 335 NW End Same

Vertical Angle to Obs. Pt. Start 75° End Same Direction to Obs. Pt. (Degrees) Start 300 End Same  
Distance and Direction to Observation Point from Emission Point Start 39 ft, 70° NE End Same

Describe Emissions  
Start None End Same  
Emission Color Start None End Same Water Droplet Plume Attached  Detached  None

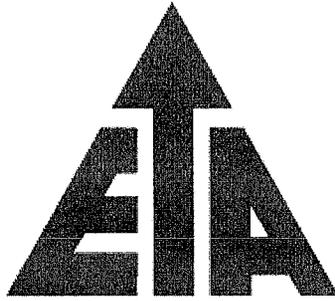
Describe Plume Background  
Start White End Same  
Background Color Start White End Blue Sky Conditions Start Blue End Same  
Wind Speed Start 5-7 End Same Wind Direction Start N.E End Same  
Ambient Temp. Start 80° End 80° Wet Bulb Temp. RH Percent



Observation Date	Time Zone	Start Time	End Time						
<u>7/11/12</u>	<u>Cent</u>	<u>0820</u>	<u>0920</u>	Sec	0	15	30	45	Comments
Mn	0	15	30	45					
1	0	0	0	0					
2	0	0	0	0					
3	0	0	0	0					
4	0	0	0	0					
5	0	0	0	0					
6	0	0	0	0					
7	0	0	0	0					
8	0	0	0	0					
9	0	0	0	0					
10	0	0	0	0					
11	0	0	0	0					
12	0	0	0	0					
13	0	0	0	0					
14	0	0	0	0					
15	0	0	0	0					
16	0	0	0	0					
17	0	0	0	0					
18	0	0	0	0					
19	0	0	0	0					
20	0	0	0	0					
21	0	0	0	0					
22	0	0	0	0					
23	0	0	0	0					
24	0	0	0	0					
25	0	0	0	0					
26	0	0	0	0					
27	0	0	0	0					
28	0	0	0	0					
29	0	0	0	0					
30	0	0	0	0					

Observer Name (Print) Michael Aldridge  
Observer's Signature [Signature] Date 7/11/12  
Organization Spectrum  
Certified By ETA Date 2-8-12

Additional Information



# VISIBLE EMISSIONS EVALUATOR

**Malcolm Aldridge**

This is to certify that the above named observer has met the specifications of Federal Reference Method 9 and is qualified as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates, Inc. of Raleigh, N.C.

This certificate is valid for six months from date of issue.

**400811**

Certificate Number

**ALD401520**

Student ID Number

**2/8/2012**

Date of Certification

**Orlando, FL**

Location

**8/9/2012**

Certification Expiration Date

**JAXS11**

Last Lecture

*Marty Hughes*  
Director of Training