

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 COMPTROLLER
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><u>12/13/12</u> Date</p>

* Attach letter of authorization if not currently on file.

Scope of Application

[illegible]

Application Processing Fee

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

Application Comment

[illegible]

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



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

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 39th 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

Field Work Order

[illegible]

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

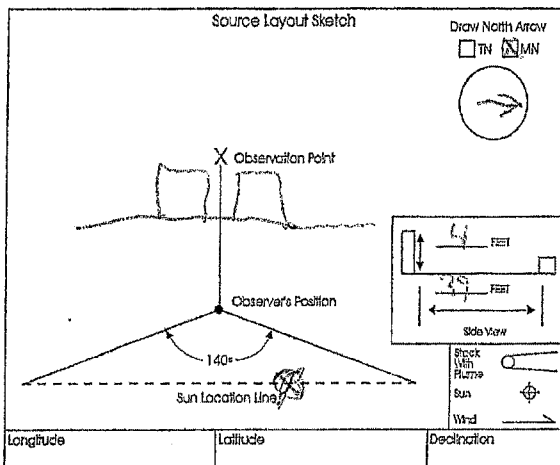
Process SCREEN PRINTING Unit # 001 Operating Mode 100 %
Control Equipment WATER TANK BAG HOUSE Operating Mode 100 %

Describe Emission Point
2 SQUARE STACKS
CENTER OF ROOF
Height of Emiss. Pt. 4 ft. End SAME Height of Emiss. Pt. Rel. to Observer 16 ft End SAME
Distance to Emiss. Pt. 37 ft. End SAME Direction to Emiss. Pt. (Degrees) 300° N End SAME

Vertical Angle to Obs. Pt. 78° End SAME Direction to Obs. Pt. (Degrees) 300 End SAME
Distance and Direction to Observation Point from Emission Point
Start 37 ft. 70° ENE End SAME

Describe Emissions
Start NONE End SAME
Emission Color NONE Water Droplet Plume NONE
Start NONE End SAME Attached ☐ Detached ☐ None ☒

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



Additional Information

Form Number 711112 Page 1 of 2
Continued on VEO Form Number _____

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

Observer's 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

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 Operating Mode 100%

Describe Emission Point 2 Square Stacks
Center of Roof
 Height of Emiss. Pt. 4 ft End Same Height of Emiss. Pt. to Observer 6 ft End Same
 Distance to Emiss. Pt. 39 ft End Same Direction to Emiss. Pt. (Degrees) 330 End Same

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

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

Describe Plume Background White End Same
 Background Color White End Same Sky Conditions Blue End Same
 Start White End Same Start Blue End Same
 Wind Speed 5-7 End Same Wind Direction N.E. End Same
 Ambient Temp. 80° End 82° Wet Bulb Temp. _____ RH Percent _____

Source Layout Sketch

Draw North Arrow ☐ TN ☐ MN

Observer's Position

Observation Point

Sun Location Line

140°

FEET

FEET

Scale View

Stack with Plume

Sun

Wind

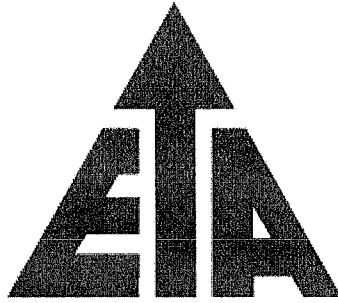
Longitude _____ Latitude _____ Declination _____

Additional Information _____

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

Sec	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 2-8-12



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