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		e of application: 🗌 New		Reise Reise						D
Fac	ility Name: ISKIWIT	And a second			5 permit at	iening munit	County: S			
Stre	et Address 604 MA	RBLE AVENUE	MEME	PHIS T	V 3810	7	Latitude (DD.DDI	D):	35.1744
		a city map, or a county map, identi					Longitude			-90.0375
_		Prevention Plan (SWPPP) been dev					Yes	🗆 No		
0wi H	SKIWITZ and C	n or legal entity which controls fac CO, INC dba ISKIW	ITZ MET	on; this may or ALS	may not be the	e same as the f	àcility name o	r the offi	icial con	ntact name)
	Official Contact Person JAMIE B ISKIW	Name: (Individual Responsible fo	or a Facility)	Title or Posit	VICI	EPRE	SIDEN	т		
1		4 MARBLE AVE		City: ME	MPHIS	3	State.	N	^{ip:} 38	107
	Phone:)901-52	26-8944		E-mail: IS	KIWIT	ZMETA	ALS@C		_	
	SAME AS #1	lame: (if appropriate, write "same		Title or Posit	tion:					
2	Facility Address (this r	Facility Address: (this may or may not be the same as street address) 604 MARBLE AVE					State:	TN Zip: 38107		_
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Department of Environment and Conservation - Division of Water Pollution Control Tennessee Multi-Sector General Permit (TMSP) ANNUAL STORM WATER MONITORING REPORT

			TMSP Number:	TNR054012		
Facility Name:	ility Name: Iskiwitz Metals		Phone Number:	901 526-8944		
Contact Person:	Jamie Iskiwitz					
This report is submitted for the following calendar year (e.g. 2002):		2014	Outfall Number:	SW-001		
List all TMSP sectors which apply to discharge from this outfall: N			Sample Date:	12/27/14		
Low Concentration	h Waiver (Note 3): list all parameters for which the fa- been a significant change in industrial activity or the p ea of the facility that drains to the outfall for which sa	cility is certifying collution prevention colling was waived:	Rainfall – 0.11 ind	ches		

In the spaces below, provide the results of storm water monitoring for the designated outfall. The parameters for which monitoring must be conducted depend on which industry sector(s) of the TMSP applies to the discharge. Look up your sector(s) in the permit and analyze for which apply. If parameter is not listed below, submit additional sheets. All samples should be collected by grab technique.

Cut-off Conc.	Annual Sample	Parameter (continued)	Cut-off Conc. (mg/L)	Result (mg/L)
		Magnesium, Total	0.0636	
	~0.005		0.0024	
4.0			2.679	
0.16854		1. Additionary offer at 15.	0.68	
30			15	
0.0159		Oil and Grease		
120	18	pH		
0.0636	<0.005	Phosphorus, Total (as P)		
		Selenium, Total	0.2385	-0.005
		Silver Total	0.032	<0.005
1.8	1.000		200	79
5.0				0.111
0.156	0.105	Zinc, Total		an mu amervisi
	Cut-off Conc. (mg/L) 0.75 4.0 0.16854 30 0.0159 120 0.0636 0.064 1.8 5.0	Cut-off Conc. (mg/L) Annual Sample Result (mg/L) 0.75 <0.005	Cut-off Conc. (mg/L)Annual Sample Result (mg/L)Parameter (continued)0.75<0.005	Curon Condition Result (mg/L) Farameter (condition) (mg/L) 0.75 <0.005

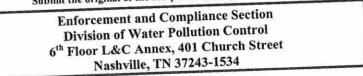
I certify under penalty of law that this document and all of its attachments were prepared under my direction or my supervision it accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on m inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the informatio nitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submittin

false information, including the possibility of fine and in	nprisonment for knowing violations.	1/14/15
Jamie Iskiwitz, Owner	· · · · · · · · · · · · · · · · · · ·	Date
Printed Name and Title of Authorized Agent	Signature of Authorized Agent	

Instructions

- 1. The purpose of this form is to report storm water (SW) monitoring results under the TMSP. Only 1 sample per calendar year is required (except Sec &H, for more details see the TMSP at www.tdec.net/permits/tmsp.htm). Grab samples should be collected within the first 30 minutes (or as soon thereat practical, but not to exceed one hour) of when the runoff or snowmelt begins discharging. A separate form must be submitted for each outfall. If more t sample is collected at any outfall, submit the average results of all monitoring data (for calculating average, use ½ of a detection level, if parameter w detected). New facilities must conduct sampling in the year during which permit coverage was obtained and during each following year. The completed must be submitted by March 31 of the following year, e.g. monitoring required during 2002 calendar year is due by March 31, 2003.
- If the results of annual SW runoff monitoring demonstrates that the facility has exceeded the cut-off concentration(s), the permittee must infor Division's local Environmental Assistance Center (EAC) in writing within 30 days from the time SW monitoring results were received, describing the cause of the exceedance(s). Furthermore, within 60 days from the time SW monitoring results were received, the facility must review its storm pollution prevention plan (SWPPP), make any modifications or additions to the plan which would assist in reducing runoff concentrations to less th monitoring cut-off concentrations for that parameter, and submit to the local EAC a summary of the proposed SWPPP modifications (including a timeta
- 3. Low Concentration Waiver When the average concentration for a pollutant calculated from monitoring data collected from the first 4 calendar y monitoring is less than the cut-off concentration, a facility may waive monitoring requirements in the last annual monitoring period. This form should I for certification of low concentration waiver provision.

Complete, sign and date this form before it is submitted. Keep a copy of the completed form for your records. Submit the original of the completed and signed form to:



ECT

Environmental Compliance & Testing

751 E. Brookhaven Circle, Memphis, TN 38117-4501 Phone: (901) 761-6197 Fax: (901) 685-2261 www.ectmemphis.com



AMOUNT

	BILL TO: CLIENT: ADDRESS:	lskiwitz Metals 604 Marble Ave Memphis, TN 38107			INVOICE NO. DATE: PROJECT: MANAGER:	12931 1/30/15 22760 DiAne Gordon
/	ATTN: PHONE:	Mr. Jamie Iskiwitz 901 526-8944	Fax:	901 526-8946		

	NUMBER	UNITS	RATE	AN	NOUNT
Date SERVICE DESCRIPTION	2		\$90.00	\$	180.00
Dec Annual Storm Water Monitoring Report 2014 Storm Water Sampling	2	hours	\$90.00		180.00
Lab Analysis Aluminum Iron Lead TSS Silver Coppr COD Zinc		tests tests tests tests tests tests tests tests tests tests	\$25.00 \$25.00 \$30.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	25.00 25.00 25.00 25.00 25.00 25.00 50.00 25.00
Date Received $2 - 12 - 15$ Pay On Date Paid $2 - 15$ Date Received $2 - 15$ Date Paid Theck # $78 - 511$ Code <u>690</u> Theorem Paid			TOTAL DU	IF: S	590.00

Thank you for your business!

MAKE CHECKS PAYABLE TO: ECT

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

FOR

ISKIWITZ METALS 604 MARBLE AVENUE MEMPHIS SHELBY COUTNY, TN 38107

PREPARED BY:

ENVIRONMENTAL TESTING & CONSULTING OF THE AMERICAS 751 E BROOKHAVEN CIRCLE MEMPHIS, TN 38117

PROJECT 23062

NOVEMBER 2005

