

Tennessee Department of Environment and Conservation Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243 1-888-891-8332 (TDEC)

Annual Reporting Form for the Pesticide General Permit (PGP)

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit

<u> </u>	ral Information		wie promote carein	aar you. ao ao a	iod iii. dit / ov die period
1. NPDES Permit Number:	Tracking TNP1	00002			
2. Operator Name:	***************************************				
3. Operator Contac a. Street: 2490	ct Information: 5 Central AU	e			
b. City: Mew	pNIS			TN	d. ZIP: 38104
	01.222.9715				-
4. Contact Informa	tion:				
a. Contact Name:	Cheryl Cla	usel	·		
b. Title:	Entomologi	5+			
c. E-mail:	Cheryl. Clau	sel@snel	by count	ytm.90	V
Was an adverse permit?	rse Incidents and Correct incident observed and/or co se incidents were observed of	orrective actions take	·	-	a for which you have coverage under the
					sestions 2-6 for each Pest Management Area in for non-electronic submissions).
Pest Management	Area # of ##				
Pest Manageme	nt Area Name:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································	
If applicable, propages, if needed):	ovide the date for any advers	se incidents as a res	ult of those treatm	ent(s), as desc	ribed in Part 6.4 of the permit (use additional
Date of adverse	incident observation:				
	ne Operator contacted the di eceived from the division.	vision to notify the A	gency of the adve	erse incident, w	ho the Operator spoke with at the division, and
a. Date:		c	. Who the Opera	ator spoke with	at the division:
b. Time:			. Instructions red	ceived from the	division:
				***************************************	***************************************
5. Date of submission o	of Thirty (30)-Day Adverse Inciden	t Written Report:			
	ive action(s), including spill respor y Adverse Incident Written Report		cide application activit	ties and the rationa	ale for such action(s), subsequent to those steps described
	11-11-11-11-11-11-11-11-11-11-11-11-11-				

Pest Management Areal*	C. Pest Management Area(s) (us	e additional pages	for each Pest Management Area)	
a No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from post control activities this year. Proceed to question 2. 2 Indicate the pesticide use pattern for the Pest Management Arias: a.	Pest Management Area# _ of ## _			
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b	a. No discharge from pest control activities this cal		g this box completes Section C if you had no discharge from [pest control activities this
a. Mosquito and Other Flying Insect Pest Control c. Animal Pest Control d. Forest Canopy Pest Control a. Frovide a description of the treatment area with the Pest Management Area, including location description: TCQTWENT CCQ IS CIL OF SWELD COUNTY, Tenness CC D. Size of treatment area (in acres or linear feet) d. Target Pest(e): MOSQUITOCS d. Target Pest(e): MOSQUITOCS 4. Name or location of any waters of the state to which discharges occurred: Street: City: State: ZIP Code: Company Name: Street: City: State: ZIP Code: Corriact Phose E-mate 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes no Not Applicable 6. Circle if quantity indicated is in the or gallons Add addisonal pages if recessary. Product Name VECTORS FC Quantity Applied (libs or gallons and pages) Application method: a. Aerially by fixed-wing bis or gallons bis or gallons c. Land-based sprayer (includes backpack, land vehicle mounted sprayer bis or gallons bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface bis or gallons c. Direct mixture (includes metering, subsurface	······································			
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3. For each treatment area (use additional pages for each treatment area, including location description: Tive Triver Triv	a. 🔀 Mosquito and Other Flying Insect Pest Control	b. Weed and Algae	Pest Control	
a. Provide a description of the treatment area within this Pest Management Area, including location description: TYPATYMENT CYCA IS ALL OF SNR IN COUNTY TENNESSEE b. Size of treatment area (in acres or linear feet). Sol. 1140 acres or linear feet. c. Name or location of any waters of the state to which discharges occurred: SCL Approach N Table 1 4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A). Company Name: Street: City: State: ZIP Code: Contact Phore E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes No Not Applicable E. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in low or gallons: Add additional pages if necessary. Product Name VECTORAL (1)	c. Animal Pest Control	d. Torest Canopy P	est Control	
b. Size of treatment area (in acres or linear feet). Sol. TWD c. Name or location of any waters of the state to which discharges occurred: SCE APKCMCLIX A Table 1 d. Target Pest(s): MOSQUITOCS 4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): Company Name: Street: City: State:	· · · · · · · · · · · · · · · · · · ·			
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c. Name or location of any waters of the state to which discharges occurred: SCE APRIACIX A TABLE 1 d. Target Pest(s):MOSQUITOES 4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): Company Name: Street: City:	-ireatment area	15 all of	shely county, lenness	,ee
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Street: City: State: ZIP Code: Contact Phone E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•		V	
Street: City: State: ZIP Code: Contact Phone E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name and contact information for pesticide applicator(s	s) (or check here if same as	s provided in Section A): 🔼	
City: State: ZIP Code: Contact Phone E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yet on the Not Applicable of the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in ibs or gallons: Add additional pages if necessary. Product Name Vectores For Quantity Applied (libs or gallons of product): Product Name Vectores For Quantity Applied (libs or gallons of product): Application method: a Aprication method: a Aprication method: a Aprication method: b Aprication method: c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayers with sor gallons subsurface applications) f Direct mixture (includes metering, subsurface applications) f Decembration State: ZIP Code: ZIP Code: ZIP Code: ZIP Code: ZIP Code: ZIP Code: A Yet S No Not Application A Countity Applied (libs or gallons of product): Application method: a Aprication method: b Output Name Yet Code C (1) Cuantity Applied (libs or gallons of product): Application method: a Aprication method: b Output Name Yet Code C (1) Cuantity Applied (libs or gallons of product): Application method: a Aprication method: a Apr	Company Name:			
Contact Phone E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:	Street:			
E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:	City:		State: ZIP Code:	_
E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Contact			
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6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary. Product Name Vectorex FG Quantity Applied (lbs or gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons Aerially by fixed-wing Ibs or gallons Ibs	E-mail:			
Product Name Vectorex Gallons: Add additional pages if necessary. Product Name Vectorex Gallons of product): Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft b. Bo or gallons b. Bo or gallons b. Aerially by rotary aircraft b. Bo or gallons b. Aerially by rotary aircraft b. Bo or gallons b. Bo o	5. Was this pest control activity addressed in your Pesticion	de Discharge Monitoring Pl	an (PDMP) before pesticide application: X Yes No	Not Applicable
Product Name Vectolex FG EPA Pa.ND 13049-20 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayer) d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications) for gallons Application method: a. Aerially by fixed-wing b. Aerially by fixed-wing c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications) f. Chemigation Product Name Vectorac (IS Quantity Applied (ibs or gallons of product): Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft Libs or gallons c. Land-based sprayer (includes backpack, land vehicle mounted sprayer, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications) f. Direct mixture (includes metering, subsurface applications) ibs or gallons ibs or gallons ibs or gallons	6. Enter the total amount of each pesticide product applied	d for the reporting year by t		
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b. Aerially by rotary aircraft	Application method:		Application method:	
c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer lbs or gallons e. Direct mixture (includes metering, subsurface applications) f. Chemigation lbs or gallons c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer lbs or gallons e. Direct mixture (includes metering, subsurface applications) lbs or gallons f. D lbs or gallons lbs or gallons lbs or gallons	a. Aerially by fixed-wing	ibs or gallons	a. Aerially by fixed-wing	Ibs or gallons
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f. Chemigation lbs or gallons lbs or gallons lbs or gallons	e. Direct mixture (includes metering,			-
Months (12 State of Schools)	- , ,	he or gallone		the or authors
		lbs or gallons		

C. Pest Management Area(s) (use additional pages for each Pest Management Area)				
Pest Management Area# \(\ldot\) of ## \(\ldot\)				
Have any discharges from pest control activities occurred in this calendar year?				
a. The discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest of year. Proceed to section D.	control activities this			
b. X Yes. Proceed to question 2.				
2. Indicate the pesticide use pattern for the Pest Management Area:				
a. Mosquito and Other Flying Insect Pest Control b. Weed and Algae Pest Control				
c. Animal Pest Control d. Forest Canopy Pest Control				
3. For each treatment area (use additional pages for each treatment area):				
a. Provide a description of the treatment area within this Pest Management Area, including location description:	500			
Treatment area is all of shelby county. Tennes	344			
501, てはつ b. Size of treatment area (in acres or linear feet): acres or linear feet.				
c. Name or location of any waters of the state to which discharges occurred:				
See Appendix A Table 1				
d. Target Pest(s): NOSQUITOCS				
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):				
·				
Company Name:				
Street:				
City: State: ZIP Code:				
Contact				
Phone				
E-mail:				
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes No !!	Not Applicable			
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application Circle if quantity indicated is in lbs or gailons: Add additional pages if necessary.	n method.			
	Quantity Applied (lbs or			
	gallons of product):			
Application method: Application method:				
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b. Aerially by rotary aircraft lbs or gallons b. Aerially by rotary aircraft lbs or gallons	lbs or gallons			
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d. Aquatic vehicle mounted sprayer lbs or gallons d. Aquatic vehicle mounted sprayer	lbs or gallons			
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f. Chemigationlbs or gallons	lbs or gallons			
g. Other (specify): Ibs or gallons y):	lbs or gallons			

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury.

externent is subject to the penalties of perjury.
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itle: Administrator
-Mail: Kasia. elexander @ Shelby countyty gou
Signature/Responsible K. Sch-alecce Date: 12 30 2019
Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)
Vireparer Cheryl Clausel
Organization: Shelby County Health Department
thone: 901 222 9727 Date: 12 30 20 19
-Mail: Cheryl. Clause Osnelbycountyth.gov