



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.

A. General Information

- 1. NPDES Permit Tracking Number: TNP100002
2. Operator Name:
3. Operator Contact Information:
a. Street: 2480 Central Ave
b. City: Memphis TN d. ZIP: 38104
e. Telephone: 901-222-9715
4. Contact Information:
a. Contact Name: Cheryl Clausel
b. Title: Entomologist
c. E-mail: Cheryl.Clausel@shelbycountytn.gov

B. Adverse Incidents and Corrective Actions

- 1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?
a. No adverse incidents were observed or corrective action was taken. (Proceed to Section C)
b. Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for non-electronic submissions).

Pest Management Area # of ##

2. Pest Management Area Name:

3. If applicable, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed):

Date of adverse incident observation: [] [] [] [] [] [] [] [] [] []

4. Date and time the Operator contacted the division to notify the Agency of the adverse incident, who the Operator spoke with at the division, and any instructions received from the division.

a. Date: [] [] [] [] [] [] [] [] [] [] c. Who the Operator spoke with at the division: _____

b. Time: _____ d. Instructions received from the division: _____

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report: [] [] [] [] [] [] [] [] [] []

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report:

Blank lines for describing corrective actions.

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 1 of ## 1

1. Have any discharges from pest control activities occurred in this calendar year?

- a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. 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:

Treatment area is all of Shelby County, Tennessee

b. Size of treatment area (in acres or linear feet): 501,760 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): MOSQUITOES

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 method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
<u>VECTOLEX FG</u>		<u>VECTOBAC GS</u>	
<u>EPA Reg. NO 73049-20</u>		<u>EPA Reg. NO 73049-10</u>	
Application method:		Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons		a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons	
b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons		b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons	
c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons		c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons		d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons		e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons	
f. <input type="checkbox"/> Chemigation _____ lbs or gallons		f. <input type="checkbox"/> _____ lbs or gallons	
g. <input checked="" type="checkbox"/> Other (specify): <u>Broadcast</u> <u>(lbs)</u> or gallons		g. <input checked="" type="checkbox"/> Other: <u>Broadcast</u> <u>(lbs)</u> or gallons	

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 1 of ## 1

1. Have any discharges from pest control activities occurred in this calendar year?
- a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. 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:
Treatment area is all of Shelby County, Tennessee

b. Size of treatment area (in acres or linear feet): 501,760 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): MOSQUITOES

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 method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Agnique MMF Quantity Applied (lbs or gallons of product): _____

EPA Reg. NO 53263-28

Application method:

a. Aerially by fixed-wing _____ lbs or gallons

b. Aerially by rotary aircraft _____ lbs or gallons

c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons

d. Aquatic vehicle mounted sprayer _____ lbs or gallons

e. Direct mixture (includes metering, subsurface applications) _____ lbs or gallons

f. Chemigation _____ lbs or gallons

g. Other (specify): _____ lbs or gallons

Product Name KONTROL 4-4 Quantity Applied (lbs or gallons of product): _____

EPA Reg. NO 73748-4

Application method:

a. Aerially by fixed-wing _____ lbs or gallons

b. Aerially by rotary aircraft _____ lbs or gallons

c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons

d. Aquatic vehicle mounted sprayer _____ lbs or gallons

e. Direct mixture (includes metering, subsurface applications) _____ lbs or gallons

D. Certification

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.

Printed Name: Kasia Smith-Alexander

Title: Administrator

E-Mail: Kasia.alexander@shelbycountyttn.gov

Signature/Responsible Official: K. Smith-Alexander Date:

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Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)

Preparer Name: Cheryl Clause

Organization: Shelby County Health Department

Phone: 901 222 9727 Date:

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E-Mail: Cheryl.Clause@shelbycountyttn.gov