From:
 Stiefel, Michael B

 To:
 Elizabeth Rorie

 Cc:
 Vojin Janjic

Subject: TVA ANNUAL REPORTS FOR THE PESTICIDE GENERAL PERMIT

Date: Friday, February 12, 2016 9:15:28 AM

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Beth:

Attached are TVA's annual reports for calendar year 2015 as required by the Pesticide General NPDES Permit.

Thanks,

Mike

Mike Stiefel, P.E. (TN)

Tennessee Valley Authority Water Permitting, Compliance, and Monitoring 1101 Market Street, BR 4A Chattanooga, TN 37402-2801

Tel: 423.751.6844 Fax: 423.751.7011 Cell: 423.902-9522



Tennessee Valley Authority, 1101 Market Street, BR 4A, Chattanooga, Tennessee 37402-2801

February 12, 2016

Division of Water Resources Attention: Permit Section - Pesticide General Permit William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 11th Floor Nashville, Tennessee 37243

Dear Madam or Sir:

TENNESSEE VALLEY AUTHORITY (TVA) NATURAL RESOURCES (NR) AND RIVER MANAGEMENT (RM) - ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBERS TNP100003 AND TNP1000009 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed are completed annual reports for herbicide treatments in water or water's edge at TVA dams and reservoirs in calendar year 2015. These reports include:

- 1. Aquatic vegetation management in TVA reservoirs (TNP100003); and
- 2. Herbicide applications in areas adjacent to TVA dams and reservoirs to reduce or eliminate invasive plant species, enhance waterfowl and/or other wildlife habitat, and to maintain the integrity of rip-rap and other manmade structures (TNP100009).

Please note that TVA is submitting separate annual reports for vegetation control on TVA transmission line rights-of-way (TNP100005) and at Coal and Gas Operations sites (TNP100013).

If you have any questions or need additional information, please call Mike Stiefel at (423) 751-6844 in Chattanooga, or you may contact him by email at mbstiefel@tva.gov.

Sincerely.

Terry E. Cheek Senior Manager

Water Permits, Compliance, and Monitoring

Enclosures

Division of Water Resources Page 2 February 12, 2016

MBS:SMF Enclosures cc (Enclosures) :

- D. G. Brewster, CAB 1A-GVA
- E. R. Crews, PSC 1E-C
- B. M. Hartis, FAB 1A-GVA
- M. B. High, PSC 1E-C
- S. R. Kramer, LP 1F-C
- G. R. Signer, WT 6A-K
- R. C. Tolene, WT 7B-K
- ECM, ENVrecords



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 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 Gener	ral Informatio	n	ocarring during	the previous calend	ar year as detai	led in Part 7 of the permit.
1. NPDES Permit		П				
Number:	Tracking	TNP10000	03			
2. Operator Name:		Tennessee	Valley	Authority	- Aquat	tic Vegetation Management
3. Operator Contac a. Street: 3941		's Chapel			_	
b. City: Gunt	ersville	2			12 1 2 1	25056
e. Telephone: 2	56-891-6	608			AL	d. ZIP: 35976
4. Contact Informat	ion:					
a. Contact Name:	David G	. Brewster				
b. Title:	Manager	, Natural H	Resourc	e Manageme	ent, Wes	t Operations
c. E-mail:	dgbrews	ter@tva.go	V			8
 Was an adverse permit? a. X No adverse b. Yes, an adverse 	incident observ e incidents were verse incident v	observed or correct	actions take tive action was	as taken. (Proceed	to Section C)	of for which you have coverage under the estions 2-6 for each Pest Management Area in for non-electronic submissions).
Pest Management A	Area # of #	#			, 3000.011	ior non-electronic submissions).
2. Pest Managemen	nt Area Name: _					
3. If applicable, prov pages, if needed):	ride the date for	any adverse incide	nts as a resu	It of those treatme	nt(s), as descri	bed in Part 6.4 of the permit (use additional
Date of adverse in	ncident observa	ition:	ШШ			
 Date and time the any instructions re 	Operator contactions of the	acted the division to division.	notify the Ag	gency of the advers	se incident, who	o the Operator spoke with at the division, and
a. Date:	Ј Ш Ц		C.	Who the Operate	or spoke with a	t the division:
b. Time:			d.	Instructions rece	ived from the o	tivision:
5. Date of submission of	Thirty (30)-Day Ad	verse Incident Written R	Report:	шшш		
6. Describe any corrective in the Thirty (30)-Day in	e action(s), includir Adverse Incident V	ng spill responses, resultritten Report:	ting from pestici	de application activitie	s and the rationale	e for such action(s), subsequent to those steps described

C. Pest Management Area(s) (t	ise additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 4	additional pages	for each Pest Management Area)	
Have any discharges from pest control activities			
Have any discharges from pest control activities occur No discharge from pest control activities occur	rred in this calendar year?		
year. Proceed to section D.	alendar year. Note: Checking	this box completes Section C if you had no discharge from	pest control activities this
D. LA Yes. Proceed to question 2.			
Indicate the pesticide use pattern for the Pest Manage	ement Area:		
a. Mosquito and Other Flying Insect Pest Control	b. X Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe		
3. For each treatment area (use additional pages for each	h treatment area):		
 Provide a description of the treatment area within 	this Pest Management Area	, including location description:	
Chickamauga Reservoir, Tennes	see River. A tota	l of 29 sites within the 35,400 acre	reservoir
were treated in calendar year	2015.	•	7000
b. Size of treatment area (in acres or linear feet). 1.	8 acres or linear for	pot	
c. Name or location of any waters of the state to wh			
		eigs, and Rhea counties, TN. Applications	
the vicinity of public recreation	areas such as ramps.	parks, piers, and non-profit camps.	occurred in
			-
d Target Pest(s): <u>Submerged vegetation (i.e.</u> ,	hydrilla, southern naiad	d, spinyleaf naiad, American pondweed, small pond	weed, Watershield
4. Name and contact information for pesticide applicator(
Company Name Aqua Services, I		and the section A).	
- Again Delvices,			
Street: 23360 Highway 431			Ĥ
City: Guntersville		- INITI	
74 SECTION 1		State: A L ZIP Code: 35976	_
Contact Terry Goldsby			
Phone 256-582-9101			
E-mail: terryg@aquaservicesin	C.COM		
5. Was this pest control activity addressed in your Postion			
Was this pest control activity addressed in your Pesticide Enter the total amount of each posticide and the control of each posticide	te Discharge Monitoring Plan	(PDMP) before pesticide application. X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add add.	for the reporting year by the tional pages if necessary.	product name, EPA Registration Number(s) and by application	ation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name Komeen	
EPA Reg. No. 100-1390	gallons	1000 000 000 000 100 000 000 000 000 00	Quantity Applied (lbs or gallons
Application method:	of product):	EPA Reg. No. 67690-25	of product):
a. Aerially by fixed-wing	B 44	Application method:	
b. Aenally by rotary aircraft	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
c Land-based sprayer (includes backpack,	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	lbs or gallons	 Land-based sprayer (includes backpack) land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons
 d. Aquatic vehicle mounted sprayer 	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. X Direct mixture (includes metering.	224 lbs o gallon	e. X Direct mixture (includes metering, subsurface	312 lbs or gallons
subsurface applications) (Airboat with submerged trailin f. Chemigation		applications) (Airboat with submerged trailing)	\sim 1
g. Other (specify):	lbs or gallons		lbs or gallons
g. L. J. Outer (Specify).	lbs or gallons	y)'	ibs or gallons

C. Pest Management Area(a) (c			
		for each Pest Management Area)	
Pest Management Area# 1 of ## 4 (CO			
Have any discharges from pest control activities occur	rred in this calendar year?		
	alendar year. Note: Checking	this box completes Section C if you had no discharge from	pest control activities this
b. XX Yes. Proceed to question 2.			
Indicate the pesticide use pattern for the Pest Manage	ement Area:		
a. Mosquito and Other Flying Insect Pest Control	b. X Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe	est Control	
3. For each treatment area (use additional pages for each	th treatment area):		
Provide a description of the treatment area within	this Pest Management Area	, including location description:	
Chickamauga Reservoir, Tennes	see River. A tota	l of 29 sites within the 35,400 acre	reservoir
were treated in calendar year	2015.		5.5
b. Size of treatment area (in acres or linear feet). 1	18 acres or linear fe	eet.	
 Name or location of any waters of the state to wh 	ich discharges occurred:		
		leigs, and Rhea counties, TN. Applications	occurred in
the vicinity of public recreation	areas such as ramps,	parks, piers, and non-profit camps.	
d. Target Pest(s) Submerged vegetation (i.e.,	hydrilla, southern naiac	d. spinyleaf naiad, American pondweed, small pond	lugad Watershield
			weed, watershield
4. Name and contact information for pesticide applicator(s) (or check here if same as	provided in Section A).	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby	i ii l	State: ZIP Code: 35976	-
1		_	
Phone 256-582-9101			
E-mail: terryg@aquaservicesin	ic.com		
5. Was this pest control activity addressed in your Pestici	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
	d for the reporting year by the	product name, EPA Registration Number(s) and by application	
Product Name Current			1
Product Name Culteric	Quantity Applied (lbs or gallons	Product Name	Quantity Applied (lbs or
EPA Reg. No. 70506-248	of product):		gallons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	lbs or gallons	c. Land-based sprayer (includes backpack,	Ibs or gallons
pressure canopy sprayer)		land vehicle mounted sprayers, high pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. X Direct mixture (includes metering.	312 lbs o gallon	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications) (Airboat with submerged trailing Chemiqation		applications)	ios or garioris
g. Other (specify):	lbs or gallons	11	lbs or gallons
3 L 3 0000 (Spoor))	lbs or gallons	у):	lbs or gallons

	lice additional manner C 1 B	
Pest Management Area# 2 of ## 4	use additional pages for each Pest Management Area)	
1. Have any discharged Area# 2 of ## 4		
Have any discharges from pest control activities occi	surred in this calendar year?	
year. Proceed to section D.	calendar year. Note: Checking this box completes Section C if you had no dischar	oe from past control act.
b. X Yes. Proceed to question 2.		ge from pest control activities this
Indicate the pesticide use pattern for the Pest Manag	Dement Area	
a Mosquito and Other Flying Insect Pest Control	b 🗵 Weed and Algae Pest Control	
c. Animal Pest Control	d. Forest Canopy Pest Control	
For each treatment area (use additional pages for each	ich treatment area)	
 a. Provide a description of the treatment area within 	in this Pest Management Area, including location description	
Nickajack Reservoir, Tennesse	ee River. A total of 14 sites within the 10,370 ac	re reservoir
were treated in calendar year	2015.	
b. Size of treatment area (in acres or linear feet): 5	66 acres or linear feet.	All the second s
 Name or location of any waters of the state to wh 	hich discharges occurred:	
	ver) in Marion and Hamilton counties, TN. Applications oc	curred in
the vicinity of public recreation	areas such as ramps, parks, piers, and non-profit camps.	
	hydrilla, southern naiad, spinyleaf naiad, American pondweed, smal	l pondweed, Watershield
Name and contact information for and in-	(s) (or check here if same as provided in Section A).	
this contact information for pesticide applicator	and a starte as provided in Section A).	
Company Name: Aqua Services,	Inc.	
Company Name. Aqua Services, : Street: 23360 Highway 431 City: Guntersville		
Company Name: Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby	Inc.	
Company Name: Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101	Inc. State: A L ZIP Code: 35976	
Company Name: Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby	Inc. State: A L ZIP Code: 35976	
Company Name: Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesin	State: A L ZIP Code: 35976	No. District
Company Name. Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesin Was this pest control activity addressed in your Pesticite.	State: A L ZIP Code: 35976 C. Com Ide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes	No Not Applicable
Company Name. Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesin Was this pest control activity addressed in your Pesticie Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add	State: A L ZIP Code: 35976 C. Com Ide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes	No Not Applicable papplication method.
Company Name. Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesin Was this pest control activity addressed in your Pesticite.	State: A L ZIP Code: 35976 C. COM Inc. Com Inde Discharge Monitoring Plan (PDMP) before pesticide application: X Yes and for the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or Product Name Komeen	application method.
Company Name. Aqua Services, : Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesin Was this pest control activity addressed in your Pesticie Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add	State: A L ZIP Code: 35976 C. COM Ide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes and for the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or Product Name Komeen gallons	Quantity Applied (lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terry@@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390	State: A L ZIP Code: 35976 C. COM Ide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes and for the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or gallons of product): EPA Reg. No. 67690-25	application method. Quantity Applied (lbs or
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390	State: A L ZIP Code: 35976 C. COM Ide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes and for the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or gallons of product): EPA Reg. No. 67690-25 Application method:	Quantity Applied (lbs or gallons of product):
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 application method:	State: A L ZIP Code: 35976 The come of the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or gallons of product): EPA Reg. No. 67690-25 Application method: ibs or gallons a Aerially by fixed-wing	Quantity Applied (lbs or gallons of product): lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack.	State: A L ZIP Code: 35976 Com	Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft	State: A L ZIP Code: 35976 Com	Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pesticite product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	State: A L ZIP Code: 35976 Com	Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering,	State: A L ZIP Code: 35976 acc.com Inde Discharge Monitoring Plan (PDMP) before pesticide application: X Yes and for the reporting year by the product name, EPA Registration Number(s) and by ditional pages if necessary. Quantity Applied (lbs or gallons of product): EPA Reg. No. 67690-25 Application method: bs or gallons Aerially by fixed-wing bs or gallons Description descript	Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons lbs or gallons lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering, subsurface applications)	State: A L ZIP Code: 35976 C. COM	Quantity Applied (lbs or gallons of product): lbs or gallons
Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 E-mail: terryg@aquaservicesir Was this pest control activity addressed in your Pestici Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add Product Name Tribune EPA Reg. No. 100-1390 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering,	State: A L ZIP Code: 35976 C. COM	Quantity Applied (lbs or gallons of product): lbs or gallons

C Pest Management Arga(a) (c			
C. Test Wanagement Area(s) (t	ise additional pages	for each Pest Management Area)	
Pest Management Area# 2 of ## 4 (CC			
Have any discharges from pest control activities occur	urred in this calendar year?		
 No discharge from pest control activities this of year. Proceed to section D. 	calendar year. Note: Checking	this box completes Section C if you had no discharge from	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manag	ement Area		
a Mosquito and Other Flying Insect Pest Control	b. X Weed and Algae	Pest Control	
c. Animal Pest Control			
For each treatment area (use additional pages for each second secon	d. ☐ Forest Canopy Pe	est Control	
Provide a description of the treatment area within	on treatment area):	1.1.2.1	
Nickajack Reservoir, Tennesse	e River. A total	, including location description: of 14 sites within the 10,370 acre r	ogovinoi v
were treated in calendar year			eservoir
The same of the sa		100	
and (in dolos of lifedi feet). 1		eet.	
c. Name or location of any waters of the state to wh		22000 2400000 NO 10000 NO 10000 NO 1000	
the vicinity of public recreation	River) in Marion and	Hamilton counties, TN. Applications occur	red in
ene vicinity of papers recreation	areas such as ramps,	parks, piers, and non-profit camps.	
 d. Target Pest(s): <u>Submerged vegetation (i.e.</u>, 	hydrilla, southern naiac	d, spinyleaf naiad, American pondweed, small pond	iweed, Watershield
4. Name and contact information for pesticide applicators	(s) (or check here if same as	provided in Section A):	
Company Name: Aqua Services,		provided in Section A).	
inqua Delvices,	inc.		
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIR Code: 35976	
		State: A L ZIP Code: 35976	_
Contact Terry Goldsby			
Phone 256-582-9101			-
E-mail: terryg@aquaservicesir	nc.com		
5 Was this past control activity addressed in			_
6. Enter the total amount of each positive and at	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
Circle if quantity indicated is in lbs or gallons: Add add	id for the reporting year by the litional pages if necessary.	e product name, EPA Registration Number(s) and by applic	ation method.
Product Name Current	Quantity Applied (lbs or	Product Name	Overth Assistant
EPA Reg. No. 70506-248	gallons		Quantity Applied (lbs or gallons
Application method:	of product):		of product):
a. Aerially by fixed-wing	lbs or gallons	Application method:	
b. Aerially by rotary aircraft		a. Aerially by fixed-wing	lbs or gallons
c. Land-based sprayer (includes backpack,	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high	lbs or gallons	 c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	lbs or gallons
pressure canopy sprayer)		pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
E. X Direct mixture (includes metering, subsurface applications)	_69_ lbs o gallon	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications) (Airboat with submerged trailir f. Chemigation		applications)	
g. Other (specify):	lbs or gallons	ý):	lbs or gallons
umr statemen ti zerbatusta niveta nucevita o Grid	lbs or gallons		lbs or gallons

C. Pest Management Area(s) (u	se additional page	s for each Pest Management Area)	
Pest Management Area# 3 of ## 4	se additional page	s for each Pest Management Area)	
1 Have any discharges (
Have any discharges from pest control activities occur No discharge from pest period activities occur	red in this calendar year?		
year. Proceed to section D.	ilendar year, Note, Check	ing this box completes Section C if you had no discharge from	m pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manage	ment Area:		
a Mosquito and Other Flying Insect Pest Control	b. 🛛 Weed and Alga	e Pest Control	
c Animal Pest Control	d. Forest Canopy		
3. For each treatment area (use additional pages for each	treatment area)	Pest Control	
Provide a description of the treatment area within	this Pest Management Ar	ea, including location description	
Pickwick Reservoir, Tennessee	River. A total	of 2 sites within the 43,100 acre res	servoir
were treated in calendar year :	2015.	>	
b. Size of treatment area (in acres or linear feet)7	acres or linea	rigat	
c. Name or location of any waters of the state to which		1001	
Pickwick Reservoir (Tennessee River		v. TN Applications occurred in	
the vicinity of public recreation a	reas such as ramps	s, parks, piers, and non-profit camps.	
d. Target Pest(s) <u>submerged</u> vegetation (i.e., h	nydrilla, southern nai	ad, spinyleaf naiad, American pondweed, small pon	dweed, Watershield
4. Name and contact information for pesticide applicator(s) (or check here if same a	s provided in Section A):	
Company Name: Aqua Services, I			
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby		State: ZIP Code: 35976	_
Phone 256-582-9101			
E-mail: terryg@aquaservicesing	c.com_		
5. Was this pest control activity addressed in your Pesticide	e Discharge Monitoring Pl	an (PDMP) before restrict	
6. Enter the total amount of each nesticide product applied	for the case of	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
Circle if quantity indicated is in lbs or gallons: Add additi	ional pages if necessary.	ne product name, EPA Registration Number(s) and by applic	ation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name Komeen	Quantity Applied (ibs or
EPA Reg. No. 100-1390	gallons of product):	EPA Reg. No. 67690-25	gallons
Application method:	or producty.	Application method:	of product):
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
 Aerially by rotary aircraft 	lbs or gallons	b. Aerially by rotary aircraft	
c. Land-based sprayer (includes backpack,	lbs or gallons	c. Land-based sprayer (includes backpack,	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)		land vehicle mounted sprayers, high	lbs or gallons
d. Aquatic vehicle mounted sprayer	the or gallone	pressure canopy sprayer)	
e. X Direct mixture (includes metering.	lbs or gallons	d. Aquatic vehicle mounted sprayer	ibs or gallons
subsurface applications) (Airboat with submerged trailing	11 ibs o gallon	 E. X Direct mixture (includes metering, subsurface applications) 	42.5 lbs or gallons
f. Chemigation	noses)lbs or gallons	(Airboat with submerged trailing	0000
g. Other (specify):	lbs or gallons	y):	lbs or gallons
	- Jos or ganoris		lbs or gallons

C. Pest Management Area(s)			
	(use additional page	es for each Pest Management Area)	
Pest Management Area# 4 of ## 4		genent / treat	
1. Have any discharges from pest control activities of	occurred in this calendar year?	e e	
 a \(\subseteq \) No discharge from pest control activities the year. Proceed to section D. 	is calendar year. Note: Check	ing this box completes Section C if you had no discharge fro	om pest control activities the
b. X Yes. Proceed to question 2.			para some of delivings (1)
2. Indicate the pesticide use pattern for the Pest Man	agement Area		
a. Mosquito and Other Flying Insect Pest Conf	trol b. Weed and Alga	e Past Control	
c. Animal Pest Control	d. Forest Canopy		
For each treatment area (use additional pages for	each treatment area)		
 Provide a description of the treatment area wi 	thin this Pest Management Ar	ea, including location description:	
Beech Reservoir, Beech River	. A total of 3 si	ites within the 875 acre reservoir	
were treated in calendar year			77.70
b. Size of treatment area (in acres or linear feet):		r feet.	18.0000
c. Name or location of any waters of the state to			
Beech Reservoir (Beech River) ir	Henderson County, T	N. Applications occurred in	
the vicinity of public recreation	n areas such as ramps	s, parks, piers, and non-profit camps.	
			The state of the s
	, nyarira, southern nai	ad, spinyleaf naiad, American pondweed, small pon	ndweed, Watershield
. Name and contact information for pesticide applicat	or(s) (or check here if same a	s provided in Section A):	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby		ZIF Code. 33370	
Phone 256-582-9101			
Phone 256-582-9101	inc.com		
Phone 256-582-9101 E-mail: terryg@aquaservices:			
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest	icide Discharge Monitoring Pla	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticite product annount of each pesticite product announced to the pesticite product and the pestic	icide Discharge Monitoring Pla	an (PDMP) before pesticide application: X Yes No he product name, EPA Registration Number(s) and by applic	Not Applicable cation method.
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest	icide Discharge Monitoring Pli- lied for the reporting year by the dditional pages if necessary.	he product name, EPA Registration Number(s) and by applic	Cation method.
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons	he product name, EPA Registration Number(s) and by applic	Quantity Applied (ibs or
Phone 256-582-9101 E-mail: terryg@aquaservicesi Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or	Product Name Current EPA Reg. No. 70506-248	Cation method.
Phone 256-582-9101 E-mad: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons: Add an Product Name Tribune EPA Reg. No. 100-1390 Application method:	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons of product):	Product Name Current EPA Reg. No. 70506-248 Application method:	Quantity Applied (ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 Application method: a Aerially by fixed-wing	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons	Product Name _Current EPA Reg. No70506-248 Application method: a Aerially by fixed-wing	Quantity Applied (ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons of product):	Product Name _Current Product Name _Current EPA Reg. No70506-248 Application method: a Aerially by fixed-wing b Aerially by rotary a rcraft	Quantity Applied (ibs or gallons of product):
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 pplication method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons	Product Name _Current EPA Reg . No70506-248 Application method: a Aerially by fixed-wing b Aerially by rotary a roraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	Quantity Applied (ibs or gallons of product): ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer	icide Discharge Monitoring Pla lied for the reporting year by the dditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons	Product Name _Current Product Name _Current EPA Reg. No70506-248 Application method: a Aerially by fixed-wing b Aerially by rotary a roraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	Quantity Applied (ibs or gallons of product): ibs or gallons ibs or gallons ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering, subsurface anniirations)	icide Discharge Monitoring Platied for the reporting year by the diditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallonslbs or gallonslbs or gallonslbs or gallonslbs or gallons	Product Name Current EPA Reg. No. 70506-248 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft 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	Quantity Applied (ibs or gallons of product): ibs or gallons ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering.	icide Discharge Monitoring Place I lied for the reporting year by the diditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons	Product Name _Current EPA Reg. No70506-248 Application method: a Aerially by fixed-wing b Aerially by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer	Quantity Applied (ibs or gallons of product): ibs or gallons
Phone 256-582-9101 E-mail: terryg@aquaservices: Was this pest control activity addressed in your Pest. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add an Product Name Tribune EPA Reg. No. 100-1390 Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering, subsurface applications)	icide Discharge Monitoring Platied for the reporting year by the diditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallonslbs or gallonslbs or gallonslbs or gallonslbs or gallons	Product Name _Current EPA Reg. No70506-248 Application method: a Aerially by fixed-wing b Aerially by rotary aircraft 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)	Quantity Applied (ibs or gallons of product): ibs or gallons

C. Pest Management Area(s) (u	ise additional pages	for each Pest Management Area)	
Pest Management Area# 4 of ## 4 (co	ntinued)	roi each rest (yianagement Area)	
Have any discharges from pest control activities occur	med in this calcada		
a. No discharge from pest control activities this c	alendar year Note: Checking	g this box completes Section C if you had no discharge from	
b. X Yes. Proceed to section D.	you. Hote. Gliecking	g this box completes Section C if you had no discharge from	pest control activities this
Indicate the pesticide use pattern for the Pest Manage a. Mosquito and Other Flying Insect Pest Control			
	b. X Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe	est Control	
For each treatment area (use additional pages for eac Provide a description of the treatment area units)	h treatment area):		
Provide a description of the treatment area within Beech Reservoir, Beech River.	A total of 3 sit	niculating location description: es within the 875 acre reservoir	
were treated in calendar year	2015	es within the 875 acre reservoir	
6 (in dores of linear feet); 6	acres or linear fo	cet.	
waters of the state to wh	ch discharges occurred:		
Beech Reservoir (Beech River) in H	enderson County, TN.	Applications occurred in	11171
		parks, piers, and non-profit camps.	
 Target Pest(s). <u>submerged vegetation (i.e.</u>, 	hydrilla, southern naiac	d. spinyleaf naiad, American pondweed, small pond	dweed, Watershield
4. Name and contact information for pesticide applicator(s) (or check here if same as	provided in Sealing At C	
Company Name: Aqua Services, I		provided in Section A):	
qua betvices, i	nc.		
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby		State: A L ZIP Code: 35976	÷
Phone 256-582-9101			
E-mail: terryg@aquaservicesin	C COM		
5. Was this pest control activity addressed in your Pesticic	le Discharge Monitoring Plan	(PDMP) before pesticide application; X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add addi	I for the reporting year by the tional pages if necessary.	product name, EPA Registration Number(s) and by application	ation method.
Product Name Clipper	Quantity Applied (lbs or	Product Name	Quantity Applied (lbs or
EPA Reg. No. 59639-161	gallons of product):		gallons
Application method:	or p. oudot),	Application method:	of product):
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aeriaily by rotary aircraft	lbs or gallons
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	ibs or gallons	 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	Ibs or gallons
d. Aquatic vehicle mounted sprayer	ibs or gallons	pressure canopy sprayer) d. Aquatic vehicle mounted sprayer	lha as asllana
e. X Direct mixture (includes metering,	1 (bs)or gallons	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications) (Airboat with submerged trailing Chemigation	g hoses)	applications)	ibs or gallons
g. Other (specify):	lbs or gallons	100	lbs or galions
375777	ibs or gallons	у):	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 statement is subject to the penalties of perjury.

statement is subject to the penalties of perjury.	8
Printed Name: Rebecca C. Tolene	
Title: Vice President, Natural Resources	
E-Mail: rctolene@tva.gov	
Signature/Responsible Telecur University	Date: 02 10 2016
Annual Report Preparer (Complete if the Annual Report w	as prepared by someone other than the certifier)
Preparer Name: Mike Stiefel	
Organization: Tennessee Valley Authority, Water Permit	s, Compliance, and Monitoring
Phone: 423-751-6844	Date: 02 03 2016
E-Mail: mbstiefel@tva.gov	



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 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 calculators and the following the previous calculators are the first occurring during the previous calculators are the first occurring during the previous calculators.

year for all pesticide activities covered under the permit occurring du	iring the previous calendar year as detailed in Part 7 of the normit
A. General Information	o permit.
1. NPDES Permit Tracking Number: TNP100009	=
2. Operator Name: Tennessee Valley Av	uthority -Natural Resources
3. Operator Contact Information: a. Street: 3696 Alabama Highway 69 b. City: Guntersville e. Telephone: 256-571-4289	A L d. ZIP: 35976
a. Contact Information: a. Contact Name: David G. Brewster	
	source Management, West Operations
dgbrewster@tva.gov	
a. No adverse incidents were observed or corrective action D. Yes, an adverse incident was observed and/or a corrective action.	tive action was taken (Complete questions 2.5.1
Pest Management Area # of ##	titions were taken. Copy this section for non-electronic submissions).
Pest Management Area Name:	
ANNO ALPOSTITURA TAPERRO APPROCADO A	esult of those treatment(s), as described in Part 6.4 of the permit (use additional
Date of adverse incident observation:	
 Date and time the Operator contacted the division to notify the any instructions received from the division. 	Agency of the adverse incident, who the Operator spoke with at the division, and
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:	
 Describe any corrective action(s), including spill responses, resulting from pering the Thirty (30)-Day Adverse Incident Written Report: 	esticide application activities and the rationale for such action(s), subsequent to those steps described

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? 2. \[\text{No transfer from Pest control activities occurred in this calendar year?} \]	
a. No discharge from pest control activities this calendar year?	
No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from per b.	est control activities this
2 - 3 - 1 occes 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)	
Provide a description of the treatment area within this Pest Management Area, including location description.	
Vegetation control on reservoir land tracts and levees	
b. Size of treatment area (in acres or linear feet). ~22 acres orlinear feet.	100
c. Name or location of any waters of the state to which discharges occurred.	
Chickamauga Reservoir (Tennessee River) McKinley Branch Sub-impoundment (11	
and Washington Ferry Wildlife Management Area Sub-impoundment (11 acres)	acres)
d Target Pest(s): Giant Cutgrass	100000000000000000000000000000000000000
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): X	
Company Name: Aqua Services, Inc.	
Street: 23360 Highway 431	
State: AL ZIP Code: 35976	
Contact Terry Goldsby	
Phone 256-582-9101	
E-mail terryg@aquaservices.com	
5. Was this pest control activity addressed in your Posticida Disabase Market St.	
6. Enter the lotal amount of each pesticide product applied for the annual	Not Applicable
 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 gallons: Add additional pages if necessary. 	n method.
Product Name Rodeo® Quantity Applied (lbs or Product Name	0
EPA Reg. No. 62719-324 gallons	Quantity Applied (lbs or gallons
Application method	of product):
a. Aerially by fixed-winglbs or gallons a. Aerially by fixed-winglbs or gallons	
b. Aenally by rotary aircraft lbs or gallons Aenally by rotary aircraft	lbs or gallons
c. Land-based sprayer (includes backpack	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer) bs or gallons C. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	l bs or gallons
d. Aquatic vehicle mounted sprayer lbs or gallons d. Aquatic vehicle mounted sprayer	lbs or gallens
e. Direct mixture (includes metering.	ibs or gallons
applications)	lbs or gallons
f. Chemigation G X Other (specify): Graph Airboat and hand before gallons Graph Airboat and hand before gallons	lbs or gallons
spray guns 11 lbs (gallons)	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.

statement is subject to the penalties of perjury.
Printed Name: Rebecca C. Tolene
Title: Vice President, Natural Resources
E-Mail: rctolene@tva,gov
Signature/Responsible Official: Date: 02 10 2016
Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)
Preparer Name: Michael B. Stiefel
Organization: TVA Environmental Permits, Compliance, and Monitoring
Phone: 423 751 6844 N/A Date: 02 03 2016
E-Mail: mbstiefel@tva.gov



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 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.

between the permit occurring during the previous calendar year as detailed in Part 7 of the partition	a or the lollowing
A. General Information 1. NPDES Permit Tracking TEND 1.0.0.0.0.0.	
Number: TNP100009	
2. Operator Name: Tennessee Valley Authority - River Management	
3. Operator Contact Information: a. Street: 1101 Market Street, BR 4D b. City: Chattanooga	
e Telephone: 423-751-2201	
4. Contact Information: a. Contact Name: Terry E. Cheek	
b. Title: Senior Manager - Water Permits, Compliance, and Monito	oring
c E-mail: techeek@tva.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 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 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 pages, if needed): Date of adverse incident observation: Date and time the Operator contacted the division to notify the Agency of the adverse incident, who the Operator spoke with at the cany instructions received from the division: c. Who the Operator spoke with at the division: d. Instructions received from the division:	ment Area in additional
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 in the Thirty (30)-Day Adverse Incident Written Report:	steps described

C. Pest Management Area(s)	(uso addition 1		
Past Manager	use additional pages	for each Pest Management Area)	
1 on the agene in Alean_1 of ## 1			
Have any discharges from pest control activities occ	curred in this calendar year?		
year. Proceed to section D.	calendar year. Note. Checking	g this box completes Section C if you had no discharge from	
b. X Yes. Proceed to question 2.		o il you had no discharge from	n pest control activities this
2. Indicate the pesticide use pattern for the Pest Mana	Gement Asses		
a. Mosquito and Other Flying Insect Pest Contri			
c. Animal Pest Control			
Count Charles County Control (County County) (Advanced in County	d. Forest Canopy Pe	est Control	
For each treatment area (use additional pages for each provide a description of the treatment area.	ach treatment area):		
a sescription of the treatment area with	nin this Pest Management Area	, including location description:	
Vegetation control on and	in the vicinity	of TVA dams	
1100			
b. Size of treatment area (in acres or linear feet):	~74 acros or		
c. Name or location of any waters of the state to w	biob dissess	eet,	
Haley Cr., Big Cr., Lost Cr., Browns Cr	Pinew Cr. Provide		
Little Tenn. R. (Loudon Co.); Ococe R.	(Polk Co): Duck D. (D-de	y Br. (Henderson Co.); Tennessee R. (Hardin, Mar	ion, Loudon Co.);
to.// CITHER Rive	r (Anderson, Campbell Co	ord, Coffee Co.); Nolichucky R. (Green Co.); Sou	th Fork Holston R.
d. Target Pest(s). Nuisance vegetation		// French Bload River (Sevier Co.)	
4. Name and contact information for pesticide applicato	ela) la caballa la		
Company Name:	r(s) (or check here if same as p	provided in Section A); X	
Company Name:			
Street:			
City:		State: ZIP Code:	
Contact			_
With the second transfer and transfer and the second transfer and transfer			
Phone			
E-mail:			
5. Was this pest control activity addressed in your Resti			
6. Enter the total amount of costs and side	cide Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add ad	ed for the reporting year by the ditional pages if necessary.	product name, EPA Registration Number(s) and by applications	ation method.
Product NameRodeo®	Quantity Applied (lbs or	Product Name Habitat®	
EPA Reg. No. 62719-324	gallons		Quantity Applied (lbs or gallons
	of product):	EPA Reg. No. 241-426-6769	O of product):
Application method:		Application method:	
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	45 lbs o gallons	 Land-based sprayer (includes backpack, 	8.2 lbs o gallons
pressure canopy sprayer)		land vehicle mounted sprayers, high	
d. Aquatic vehicle mounted sprayer	lbs or gallons	pressure canopy sprayer) d. Aquatic vehicle mounted sprayer	
e. Direct mixture (includes metering.	250 Med 21 14.3 P. C. L.	10 <u>10 10 10 10 10 10 10 10 10 10 10 10 10 1</u>	lbs or gallons
subsurface applications)	lbs or gallons	Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	los or gallana		
g. Other (specify):	los or gallons	y);	ibs or gallons
	lbs or gallons		lbs or gallons

C. Pest Management Area(s) (use additional name	for each Pest Management Area)	
Post Managament A 1	use additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 1 (c	continued)		
Have any discharges from pest control activities occ No discharge from pest control activities occ	curred in this calendar year?		
year. Proceed to section D.	calendar year, Note. Checking	this box completes Section C if you had no discharge from	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Mana	gement Area:		
a Mosquito and Other Flying Insect Pest Contro	b. X Weed and Algae I	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe		
3. For each freatment area (use additional pages for each		si Control	
 Provide a description of the treatment area with 	in this Pest Management Area.	including location description:	
Vegetation control on and	in the vicinity	of TVA dams	
b. Size of treatment area (in acres or linear feet).	~74 acres or linear to	nat .	
c. Name or location of any waters of the state to w		et.	
		y Br. (Henderson Co.); Tennessee R. (Hardin, Mar	ton Loudon Co L.
Little Tenn. R. (Loudon Co.); Ocoee R.	(Polk Co.); Duck R. (Bedf	ord, Coffee Co.); Nolichucky R. (Green Co.); Sou	th Fork Holston P
(Sullivan, Washington Co.); Clinch Rive	r (Anderson, Campbell Co.); French Broad River (Sevier Co.)	TOTA HOTOCOT K.
d. Target Pest(s) Nuisance vegetation	1		STATE OF THE STATE
4. Name and contact information for pesticide applicato	r(s) (or check here if same as r	provided in Section A): X	
Company Name:			
Street:			
City:	TOTAL BANK TO STATE OF THE STAT	P.T. F	
		State: ZIP Code:	2
Contact			
Phone			
E-mail:			
5 Woodbar and a skyl to the sk			
		(PDMP) before pesticide application; $\ igsim \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
 Enter the total amount of each pesticide product applications. Circle if quantity indicated is in lbs or gallons. Add ad 	ed for the reporting year by the ditional pages if necessary.	product name, EPA Registration Number(s) and by applic	ation method.
Product NameElement®	Quantity Applied (lbs or	Product Name	
EPA Reg. No. 62719-37	gallons	Floduct Name	Quantity Applied (lbs or gallons
	of product):		of product):
Application method: a. Aerially by fixed-wing	lba as walless	Application method:	600 FB
b. Aerially by rotary aircraft	ibs or gallons	a. Aerially by fixed-wing	lbs or gallons
c. X Land-based sprayer (includes backpack,	ibs or gallons	b. Aerially by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	4.4 ibs orgalions	 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	Ibs or gallons
 Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	lbs or gallons		lbs or gallons
g. Other (specify)		y):	
	iod ur garioris		lbs or gallons

C. Pest Management Area(s)	use additional pages	for each Pest Management Area)	
Pest Management Area# 1 -6## 1	ase additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 1 (c	continued)		
a. No discharge from pest control activities this	curred in this calendar year?		
year. Proceed to section D.	calendar year. Note: Checking	this box completes Section C if you had no discharge from	n pest control activities this
1 23 1 roceed to question 2.			
Indicate the pesticide use pattern for the Pest Manage Mosquito and Other Flying learned Park 19.			
- Trying insect Pest Control	b. 🔀 Weed and Algae f	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe	st Control	
3. For each treatment area (use additional pages for ea	ach treatment area):		
a. Provide a description of the treatment area with	in this Pest Management Area.	including location description:	
Vegetation control on and	in the vicinity	of TVA dams	
b. Size of treatment area (in acres or linear feet):	~74 acres or linear fo	et.	
c. Name or location of any waters of the state to w	hich discharges occurred:		
Haley Cr., Big Cr., Lost Cr., Browns Cr	., Piney Cr., Dry Cr., Dry	Br. (Henderson Co.); Tennessee R. (Hardin, Mar	ion, Loudon Co.);
Little Tenn, R. (Loudon Co.); Ocoee R.	(Polk Co.); Duck R. (Bedfo	ord, Coffee Co.): Nolichucky R (Green Co.): Sou	th Fork Holston R.
(Sullivan, Washington Co.); Clinch Rive d. Target Pest(s): Nuisance vegetation	r (Anderson, Campbell Co.	; French Broad River (Sevier Co.)	(100)
			TO THE CONTRACT OF THE CONTRAC
Name and contact information for pesticide applicator	r(s) (or check here if same as p	rovided in Section A): X	
Company Name:			
Street:			
City:		State: ZIP Code:	
Contact			
Phone			
E-mail:			
e-mail:			
5. Was this pest control activity addressed in your Pestion	cide Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add ad	nd for the court of the	product name, EPA Registration Number(s) and by applic	ation method.
Product NameElement®	smortal pages it necessary.		
	Quantity Applied (lbs or gallons	Product Name	Quantity Applied (lbs or
EPA Reg. No. 62719-37	of product):		gallons of product):
Application method:		Application method:	6
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	ibs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 Eand-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	4.4 lbs orgalions	c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	lbs or gallons
d. Aquatic vehicle mounted sprayer	ibs or gallons	pressure canopy sprayer) d. Aquatic vehicle mounted sprayer	lho es astress
e. Direct mixture (includes metering,	lbs or gallons	Direct mixture (includes metering, subsurface)	lbs or galions
subsurface applications)	ios or gallons	applications)	lbs or gallons
f. Chemigation	lbs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	O'	lbs or gallons
			ros or garions

D. Cer	tification
my inquiry of the information sub- penalties for sub-	enalty of law that this document and all attachments were prepared under my direction or supervision in accordance signed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of e person or persons who manage the system, or those persons directly responsible for gathering the information, the mitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant mitting false information, including the possibility of fine and imprisonment for knowing violations. A false ect to the penalties of perjury.
Printed Name:	John J. McCormick
Title: Vice	President, Safety, River Management, and Environment
E-Mail: _j	jmccormic@tva.ggv
Signature/Respo Official:	Date: 02 10 2016
Annual	Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)

TVA Environmental Permits, Compliance, and Monitoring

N/A

Date: 02 09 2016

Preparer

Organization:

Name:

Phone:

E-Mail:

Michael B. Stiefel

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