From: Figgures, Sharon Mclin
To: Water Permits

Cc: Shaffer, Gregory P; Pearman, Paul Jonathan

Subject: [EXTERNAL] 2023 Pesticide General Permit Annual Reports

Date: Tuesday, February 13, 2024 10:55:12 AM

Attachments: <u>image001.pnq</u>

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Please find attached your copy of the subject.

Thanks

Sharon Figgures

Business Support Representative Regulatory Environmental Programs



W. 423-751-7235 M. 706-639-7223 E. <u>sdmclin@tva.gov</u> 1101 Market Street, Chattanooga, TN 37402



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1101 Market Street, BR 2C, Chattanooga, Tennessee 37402

Sent Via Electronic Transmittal

February 13, 2024

Tennessee Department of Environment and Conservation
Division of Water Resources (water.permits@tn.gov)
Attn: Water-Based Systems Unit – 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) - ANNUAL REPORTS FOR GENERAL NPDES PERMIT NUMBERS TNP100003, TNP1000009, TNP100005, AND TNP100013 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed are completed annual reports for herbicide treatments in water or water's edge at TVA sites, transmission lines, dams and reservoirs in calendar year 2023. These reports include:

- 1. Aquatic vegetation management in TVA reservoirs (TNP100003),
- 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 man-made structures (TNP100009),
- 3. Herbicide applications along transmission lines performed by TVA Right-of-Way and/or its contractors (TNP100005), and
- 4. Herbicide treatments performed by TVA Power Operations coal and gas generation sites (TNP100013).

If you have questions or need additional information, please call Greg Shaffer at (865) 632-6365 or by email at gshaffer@tva.gov.

Sincerely,

Paul Pearman Senior Manager

Paul Peann

Water Permits, Compliance, and Monitoring

Enclosures



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	al Information					
1. NPDES Permit T	racking	ID40000				
Number:	J 11	NP100003				
2. Operator Name:	TV/	A - Aquatic Vegetatior	n Management			
3. Operator Contac a. Street: 3941	Information: Brasher's C	hapel Road				
_{b. City:} Gunt	ersville		A L d. ZIP: 35976			
e. Telephone: 2	56-891-6608		G. 21F. 3 3 3 7 8			
4. Contact Informat	ion:					
a. Contact Name:	David G. Bre	ewster				
b. Title:	Manager, Nat	tural Resource	e Management, West Operations			
c. E-mail:	dgbrewster@t	tva.gov				
1. Was an adverse permit?		or corrective actions taker	n for any Pest Management Area for which you have coverage under the as taken. (Proceed to Section C)			
			action was taken. (Complete questions 2-6 for each Pest Management Area in s were taken. Copy this section for non-electronic submissions).			
Pest Management A	Area # of ##					
Pest Management Area Name:						
3. If applicable, provpages, if needed):	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					
Date of adverse i	ncident observation:					
Date and time the any instructions re	e Operator contacted the ceived from the division	ne division to notify the Agn.	gency 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 Inc	cident Written Report:				
	ve action(s), including spill re Adverse Incident Written Re		cide application activities and the rationale for such action(s), subsequent to those steps described			

C. Pest Management Area(s) (uso	e additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 2			
Have any discharges from pest control activities occurre	ed in this calendar year?		
 a. No discharge from pest control activities this cale year. Proceed to section D. b. Yes. Proceed to question 2. 	endar year. Note: Checkin	ng this box completes Section C if you had no discharge from	pest control activities this
	ant Arac		
 Indicate the pesticide use pattern for the Pest Managem Mosquito and Other Flying Insect Pest Control 	b. X Weed and Algae	a Root Control	
_	_		
c. Animal Pest Control	d. Forest Canopy F	Pest Control	
For each treatment area (use additional pages for each to a. Provide a description of the treatment area within the Chickamauga Reservoir, Tennesse were treated in calendar year 2.	nis Pest Management Are ee River. A tot	ea, including location description: al of 21 sites within the 35,400 acre	reservoir
b. Size of treatment area (in acres or linear feet): 62 -	5 acres or linear	feet.	
c. Name or location of any waters of the state to which			
,		Meigs, and Rhea counties, TN. Applications	occurred in
the vicinity of public recreation as	reas such as ramps	, parks, piers, and non-profit camps.	
Submerged vegetation (i.e., h) d. Target Pest(s): and cutgrass	ydrilla, southern nai	ad, spinyleaf naiad, American pondweed, small pond	weed, Watershield
Name and contact information for pesticide applicator(s)	(or check here if same as	s provided in Section A):	
Company Name: Jones Fish Hatche	eries & Distril	butors LLC dba Aqua Services	
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Derek Smith			
Phone 256-582-9101			
E-mail: dereks@aquaservicesinc	.com		
5. Was this pest control activity addressed in your Pesticide	e Discharge Monitoring Pl	an (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 additi		the product name, EPA Registration Number(s) and by application	ation method.
Product Name Tribune	Quantity Applied (lbs or	Product NameCurrent	Quantity Applied (lbs or
	gallons of product):	EPA Reg. No. 70506-248	gallons of product):
Application method:	o. p. 0000,	Application method:	о. р.осоо,
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
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	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	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing	35 lbs o gallons	e. X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing)	162.5 lbs or gallons
f. Chemigation	lbs or gallons	(Allboat with Submerged trailing	lbs or gallons
g. Other (specify):	lbs or gallons	ÿ):	lbs or gallons

C. Pest Management Area(s) (us	e additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 2_			
1. Have any discharges from pest control activities occurr	ed in this calendar year?		
year. Proceed to section D.	endar 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 Manager			
a. Mosquito and Other Flying Insect Pest Control	b. 🛛 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	treatment area):		
a. Provide a description of the treatment area within	•		
Chickamauga Reservoir, Tenness	ee River. A tota	of 21 sites within the 35,400 acre	reservoir
were treated in calendar year 2	2023.		
b. Size of treatment area (in acres or linear feet): 62	.5acres or linear f	eet.	
c. Name or location of any waters of the state to which	ch discharges occurred:		
Chickamauga Reservoir (Tennessee R	iver) in Hamilton,	Meigs, and Rhea counties, TN. Applications	occurred in
the vicinity of public recreation a	reas such as ramps,	parks, piers, and non-profit camps.	
d. Target Pest(s): Submerged vegetation (i.e., h	ydrilla, southern naia	d, spinyleaf naiad, American pondweed, small pond	weed, Watershield
and cutgrass)			
Name and contact information for pesticide applicator(s) (or check here if same as	provided in Section A):	
Company Name: Jones Fish Hatch	eries & Distrib	outors LLC dba Aqua Services	
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	-
Contact Derek Smith			
Phone 256-582-9101			
E-mail: dereks@aquaservicesin	c.com_		
5. Was this pest control activity addressed in your Pesticid	e Discharge Monitoring Pla	nn (PDMP) before pesticide application: X Yes No	Not Applicable
		e product name, EPA Registration Number(s) and by application	
Circle if quantity indicated is in lbs or gallons: Add addi	tional pages if necessary.	_	
Product Name Aquathol K	Quantity Applied (lbs or	Product NameEcomazypyr	Quantity Applied (lbs or
EPA Reg. No.70506-174	gallons of product):	EPA Reg. No. 66222-168	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,	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 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,	125 lbs o gallons	e. X Direct mixture (includes metering, subsurface	15 lbs orgallons
subsurface applications)	ss a gailong	applications) (airboat submerged trailing hoses)	
f. (Airboat with submerged trailing hoses)	lbs or gallons	,	lbs or gallons
g. Other (specify):	lbs or gallons	ý):	lbs or gallons

C. Pest Management Area(s) (uso	e additional pages	for each Pest Management Area)	
Pest Management Area# 2 of ## 2_			
1. Have any discharges from pest control activities occurred	ed in this calendar year?		
 a. No discharge from pest control activities this cale year. Proceed to section D. b. X Yes. Proceed to question 2. 	endar year. Note: Checking	this box completes Section C if you had no discharge from	pest control activities this
Indicate the pesticide use pattern for the Pest Managem	ont Aroa:		
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 each a. Provide a description of the treatment area within the Nickajack Reservoir, Tennessee	nis Pest Management Area	a, including location description: of 16 sites within the 10,370 acre re	eservoir
were treated in calendar year 2	023.	`	
b. Size of treatment area (in acres or linear feet): <u>42</u>	acres or linear f	eet.	
c. Name or location of any waters of the state to which	n discharges occurred:		
Nickajack Reservoir (Tennessee Rive			
the vicinity of public recreation as	reas such as ramps,	parks, piers, and non-profit camps.	
and cutgrass)		d, spinyleaf naiad, American pondweed, small pond	weed, Watershield
4. Name and contact information for pesticide applicator(s)	(or check here if same as	provided in Section A):	
Company Name: Jones Fish Hatche	eries & Distrib	outors LLC dba Aqua Services	
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	_
Contact Derek Smith			
Phone 256-582-9101			
E-mail: dereks@aquaservicesinc	c.com_		
Was this pest control activity addressed in your Pesticide	e Discharge Monitoring Pla	in (PDMP) before pesticide application: X Yes No	☐ Not Applicable
	for the reporting year by th	ne product name, EPA Registration Number(s) and by application	
Product Name Tribune	Quantity Applied (lbs or	Product Name <u>Current</u>	Quantity Applied (lbs or
EPA Reg. No. 100-1390	gallons of product):	EPA Reg. No. 70506-248	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
 Land-based sprayer (includes backpack, 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, subsurface applications)	78 lbs o gallons	e. X Direct mixture (includes metering, subsurface applications)	195 lbs orgallons
(Airboat with submerged trailing f. Chemigation	hoses) lbs or gallons	(Airboat with submerged trailing	hoses) lbs or gallons
g. Cther (specify):	lbs or gallons	ý):	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.

Printed Name:	Rebecca Hayden
Title: Direc	ctor, Natural Resources
E-Mail: rl	.hayden@tva.gov
Signature/Resp Official:	ponsible Rebecculanden Date: 02 05 2024
Annua	al Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)
Preparer Name:	Greg Shaffer
Organization:	Tennessee Valley Authority, Water Permits, Compliance, and Monitoring
Phone: 86	Date: 02 01 2024
E-Mail: 98	shaffer@tva.gov