

From: [Figures, 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: [image001.png](#)
[image002.png](#)
[image003.png](#)
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[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Please find attached your copy of the subject.

Thanks

Sharon Figures
Business Support Representative
Regulatory Environmental Programs



W. 423-751-7235 M. 706-639-7223 E. sdmclin@tva.gov
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,

A handwritten signature in black ink that reads "Paul Pearman". The signature is written in a cursive, flowing style.

Paul Pearman
Senior Manager
Water Permits, Compliance, and Monitoring

Enclosures

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

Pest Management Area# 1 of ## 2

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:

Chickamauga Reservoir, Tennessee River. A total of 21 sites within the 35,400 acre reservoir were treated in calendar year 2023.

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 discharges occurred:

Chickamauga Reservoir (Tennessee River) in Hamilton, Meigs, and Rhea counties, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.

Submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield

d. Target Pest(s): and cutgrass

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):

Company Name: Jones Fish Hatcheries & Distributors LLC dba Aqua Services

Street: 23360 Highway 431

City: Guntersville

State: AL

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 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 <u>Tribune</u>	Quantity Applied (lbs or gallons of product):	Product Name <u>Current</u>	Quantity Applied (lbs or gallons of product):
EPA Reg. No. <u>100-1390</u>		EPA Reg. No. <u>70506-248</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 checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)	<u>35</u> lbs or <u>gallons</u>	e. <input checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)	<u>162.5</u> lbs or <u>gallons</u>
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons		_____ lbs or gallons

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

Pest Management Area# 1 of ## 2

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:

Chickamauga Reservoir, Tennessee River. A total of 21 sites within the 35,400 acre reservoir were treated in calendar year 2023.

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 discharges occurred:

Chickamauga Reservoir (Tennessee River) in Hamilton, Meigs, 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 naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield and cutgrass)

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):

Company Name: Jones Fish Hatcheries & Distributors LLC dba Aqua Services

Street: 23360 Highway 431

City: Guntersville

State: AL

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 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>Aquathol K</u>		<u>Ecomazypr</u>	
<u>EPA Reg. No. 70506-174</u>		<u>EPA Reg. No. 66222-168</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 checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)	<u>125</u> lbs or <u>gallons</u>	e. <input checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (airboat submerged trailing hoses)	<u>15</u> lbs or <u>gallons</u>
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons		_____ lbs or gallons

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

Pest Management Area# 2 of ## 2

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:

Nickajack Reservoir, Tennessee River. A total of 16 sites within the 10,370 acre reservoir were treated in calendar year 2023.

b. Size of treatment area (in acres or linear feet): 42 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

Nickajack Reservoir (Tennessee River) in Marion County, 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 naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield and cutgrass)

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):

Company Name: Jones Fish Hatcheries & Distributors LLC dba Aqua Services

Street: 23360 Highway 431

City: Guntersville

State: AL

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 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 <u>Tribune</u>	Quantity Applied (lbs or gallons of product):	Product Name <u>Current</u>	Quantity Applied (lbs or gallons of product):
<u>EPA Reg. No. 100-1390</u>		<u>EPA Reg. No. 70506-248</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 checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) <u>78</u> lbs or <u>gallons</u>		e. <input checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) <u>195</u> lbs or <u>gallons</u>	
f. <input type="checkbox"/> Chemigation _____ lbs or gallons		(Airboat with submerged trailing hoses) _____ lbs or gallons	
g. <input type="checkbox"/> Other (specify): _____ lbs or gallons		y): _____ lbs or gallons	

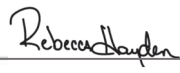
D. Certification

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: Rebecca Hayden

Title: Director, Natural Resources

E-Mail: rlhayden@tva.gov

Signature/Responsible Official:  Date:

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Annual 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: 865-617-7432 Date:

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E-Mail: gshaffer@tva.gov