



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

February 7, 2020

TN Dept. of Env. & Conservation
FEB 10 2020
Division of Water Resources

Tennessee Department of Environment
and Conservation (TDEC)
Division of Water Resources
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) - POWER OPERATIONS COAL AND GAS
GENERATION SITES - ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBER
TNP100013 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed is a completed annual report for herbicide treatments performed by TVA Power
Operations coal and gas generation sites in calendar year 2019.

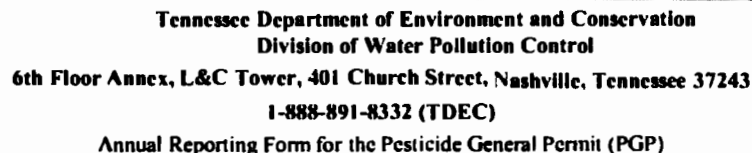
Please note that TVA is submitting separate annual reports for aquatic vegetation management
(TNP100003), vegetation management along transmission line corridors (TNP100005), and
reservoir shoreline vegetation management (TNP100009).

If you have questions or need additional information, please call Chad Reed at (423) 751-3948
or by email at chreed@tva.gov.

Sincerely,

Kelly A. Love
General Manager
Regulatory Environmental Programs

Enclosures



A. General Information

B. Adverse Incidents and Corrective Actions

a. ☒ No adverse incidents were observed or corrective action was taken. (Proceed to Section C)

b. ☐ Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for non-electronic submissions).

2. Pest Management Area Name: _____

Date of adverse incident observation: | | | | |

a. Date: | | | | | | | | | |

c. Who the Operator spoke with at the division: _____

b. Time: _____

d. Instructions received from the division:

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

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

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

Pest Management Area# 1 of # 2 (TVA Coal Fired Plants)

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:
Applications of herbicides at water's edge occurred at Cumberland Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2019.
- b. Size of treatment area (in acres or linear feet): 210.5 acres or _____ linear feet.
- c. Name or location of any waters of the state to which discharges occurred:
Cumberland River in Stewart County, Holston River in Hawkins County, Watts Bar Reservoir in Roane County, and Kentucky Reservoir in Humphreys County.
- d. Target Pest(s): Unwanted vegetation on rip-rap and other structures.

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

Company Name: _____

Street: _____

City: _____

State:

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.
 Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name <u>Garlon 3A</u>	Quantity Applied (lbs or gallons of product):	Product Name <u>Element 3A</u>	Quantity Applied (lbs or gallons of product):
EPA Registration No. <u>62719-37</u>		EPA Registration No. <u>62719-37</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 checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>1</u> lbs or <u>gallons</u>		c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>15</u> lbs or <u>gallons</u>	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons		d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons		e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons	
f. <input type="checkbox"/> Chemigation _____ lbs or gallons			
g. <input type="checkbox"/> Other (specify): _____ lbs or gallons			

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

Pest Management Area# 1 of ## 2 (Coal Fired Plants continued)

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:
Applications of herbicides at water's edge occurred at Cumberland Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2019.
- b. Size of treatment area (in acres or linear feet): 210.5 acres or _____ linear feet.
- c. Name or location of any waters of the state to which discharges occurred:
Cumberland River in Stewart County, Holston River in Hawkins County, Watts Bar Reservoir in Roane County, and Kentucky Reservoir in Humphreys County.
- d. Target Pest(s): Unwanted vegetation on rip-rap and other structures.

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

Company Name: _____

Street: _____

City: _____

State: ☐ ☐ ☐

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
<u>Rodeo</u>		<u>Habitat</u>	
<u>62719-324</u>		<u>241-426-67690</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 checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>66</u> lbs or <u>gallons</u>	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>15</u> lbs or <u>gallons</u>
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons	y): _____	_____ lbs or gallons

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

Pest Management Area# 2 of ## 2 (TVA Gas Fired Plants)

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:

Applications of herbicides at water's edge occurred at Brownsville Combustion Turbine

b. Size of treatment area (in acres or linear feet): 2 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:
Unnamed tributary to Carter Creek

d. Target Pest(s): Unwanted vegetation

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

Company Name: _____

Street: _____

City: _____

State:

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.
Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name <u>Habitat</u>	Quantity Applied (lbs or gallons of product):	Product Name _____	Quantity Applied (lbs or gallons of product):
EPA Registration No. <u>241-426-6769</u>		EPA Registration No. _____	
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 checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>0.25</u> lbs or <u>gallons</u>	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	_____ lbs or <u>gallons</u>
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons	y): _____	_____ lbs or gallons

D. Certification

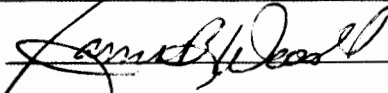
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons 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: Jacinda B. Woodward

Title: Senior Vice President, Power Operations

E-Mail: jbwoodward@tva.gov

Signature/Responsible
Official:



Date: 12/06/2020

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

Preparer
Name: Chad Reed

Organization: Water Permits, Compliance, and Monitoring

Phone: 423-751-3948

Date: 02/03/2021

E-Mail: chreed@tva.gov