

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

TN Dept. of Finv. & Conservation

FER 1 A 2020

Division of Water Resources

February 7, 2020

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



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.

year for all positions	DOUTING COTOLO	Toron un permit cooning of		pro provided delicital year de decision in a district di lito permit.
A. Genera	al Information	1		
NPDES Permit To Number:	racking	TNP100013	_	
2. Operator Name:		Tennessee Valley	Aut	chority - Power Operations (Coal and Gas)
3. Operator Contact	Information:			
a. Street:	1101 Ma	rket Street, LP 3K		
b. City:	Chattan	•		T N d. ZIP: 37402
e. Telephone:	423-751	-4096		
4. Contact Informati	on:			
a. Contact Name:	Chad H.	Reed		
b. Title:	Water Spe	cialist, Water Per	mit	s, Compliance, and Monitoring
c. E-mail:	chreed@tv	ra.gov		
permit? a. No adverse b. Yes, an advented which advented which advented which advented which advented which advented which applicable, proving pages, if needed): Date of adverse in the any instructions real. Date:	verse incidents were verse incidents was incidents was a constant of # at Area Name: ride the date for incident observing Operator conficeived from the	e observed or corrective actions as a sation:	ctive ction	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 a were taken. Copy this section for non-electronic submissions). It of those treatment(s), as described in Part 6.4 of the permit (use additional pency of the adverse incident, who the Operator spoke with at the division, and Who the Operator spoke with at the division: Instructions received from the division:
	ve action(s), includ	dverse incident Written Report: ing spill responses, resulting from Written Report:	pestic	ide application activities and the rationale for such action(s), subsequent to those steps described
				THE

C. Pest Management Area(s) (us	C. Pest Management Area(s) (use additional pages for each Pest Management Area)									
Pest Management Area# 1 of # 2 (TVA Coal Fired Plants)										
Have any discharges from pest control activities occur	red in this calendar year?									
	lendar year. Note: Checking t	his box completes Section C if you had no discharge from p	est control activities this							
year. Proceed to section D. b. X Yes. Proceed to question 2.										
2. Indicate the pesticide use pattern for the Pest Manager	ment Area:									
a. Mosquito and Other Flying Insect Pest Control	b. 🔼 Weed and Algae P	est Control								
c. Animal Pest Control	d. Forest Canopy Pes	t Control								
3. For each treatment area (use additional pages for each	h treatment area):									
a. Provide a description of the treatment area within	_									
		occurred at Cumberland Fossil Pl								
Fossil Plant, Johnsonville F	Possil Plant, and	Kingston Fossil Plant in Calenda	ar Year 2019.							
b. Size of treatment area (in acres or linear feet): $\frac{21}{}$	0.5acres or linear fee	et.								
c. Name or location of any waters of the state to whi										
		r in Hawkins County, Watts Bar Reserv	oir in Roane							
County, and Kentucky Reservoir	in Humphreys Coun	ity.								
d. Target Pest(s): <u>Unwanted vegetation</u>	on rip-rap and oth	er structures.								
4. Name and contact information for pesticide applicator(s) (or check here if same as p	rovided in Section A): X								
	, (a. c									
Company Name:										
Street:										
City		State: ZIP Code:								
City:										
Contact										
Phone										
E-mail:										
5. Was this pest control activity addressed in your Pestick	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	Not Applicable							
		product name, EPA Registration Number(s) and by applica								
Circle if quantity indicated is in lbs or gallons: Add add										
Product Name Garlon 3A	Quantity Applied (lbs or	Product Name Element 3A	Quantity Applied (lbs or							
EPA Registration No. 62719-37	EPA Registration No. 62719-37 gallons of product): EPA Registration No. 62719-37 of product):									
Application method:										
a. Aerially by fixed-wing	_ · · · · -									
b. Aerially by rotary aircraft										
 C. X Land-based sprayer (includes backpack, iand vehicle mounted sprayers, high pressure canopy sprayer) 	1 lbs orgalions	 c. [X] Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	15 lbs or alions							
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons							
e. Direct mixture (includes metering, subsurface applications)	ibs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons							
f. Chemigation	lbs or gallons		ibs or gallons							
g. Other (specify):	lbs or gallons	у):	ibs or gallons							

C. Pest Management Area(s) (u	se additional pages fo	or each Pest Management Area)								
Pest Management Area# 1 of ## 2 (Coal	Fired Plants co	ntinued)								
1. Have any discharges from pest control activities occur										
a. No discharge from pest control activities this ca	alendar year. Note: Checking t	his box completes Section C if you had no discharge from	pest control activities this							
year. Proceed to section D. b. X Yes. Proceed to question 2.										
Indicate the pesticide use pattern for the Pest Manage										
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae P	est Control								
	_									
c. Animal Pest Control d. Forest Canopy Pest Control										
For each treatment area (use additional pages for each Require a description of the treatment area within	•	Santania de Carta de								
Provide a description of the treatment area within Applications of herbicides		occurred at Cumberland Fossil Pi	lant John Sevie							
		d Kingston Fossil Plant in Caler								
			idal leal 2019.							
b. Size of treatment area (in acres or linear feet): $\frac{21}{2}$	0.5acres or linear fee	et.								
 Name or location of any waters of the state to white Cumberland River in Stewart Company 		r in Hawkins County, Watts Bar Reser	voir in Roane							
County, and Kentucky Reservoir in Hum	phreys County.									
J. Tarant Davids. Manager and manager and a										
d. Target Pest(s): <u>Unwanted vegetation</u>	on rip-rap and oth	er structures.								
4. Name and contact information for pesticide applicator(s) (or check here if same as p	rovided in Section A): 🔀								
Company Name:										
Street:										
City:		State: ZIP Code:								
Contact			-							
Phone	7									
E-mail:										
5. Was this pest control activity addressed in your Pestici	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	Not Applicable							
Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add		product name, EPA Registration Number(s) and by applica	ation method.							
Product Name Rodeo	, , , , , , , , , , , , , , , , , , , ,									
62719-324	gallons gallons gallons 62719-324 of product): 241-426-67690 of product):									
Application method: Application method:										
a. Aenally by fixed-wing	a. Aerially by fixed-wing lbs or gallons a. Aerially by fixed-wing lbs or gallons									
b. Aerially by rotary aircraft	erially by rotary aircraft ibs or gallons b Aerially by rotary aircraft ibs or gallons									
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	66 lbs orgalions	c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	15 lbs or allons							
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	ibs or gallons							
e. Direct mixture (includes metering.	Direct mixture (fact data protection									
subsurface applications)	lbs or gallons	applications)	ios of gallons							
f. Chemigation	lbs or gallons		lbs or gallons							
g. Other (specify):	ibs or gallons	y):	ibs or gallons							

C. Pest Management Arca(s) (luse additional pages for each Pest Management Arca) Pest Management Arca*				
1. Hive very discharges from pest control activities occurred in 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. (In the pesticide use pattern for the Pest Management Area: a Mesquito and Other Fingin Insect Pest Control b. (In the pesticide use pattern for the Pest Management Area: a Mesquito and Other Finging Insect Pest Control d. Forest Canopy Pest Control c Animal Pest Control d. Forest Canopy Pest Control 5. For each treatment area (use additional pages for each treatment area): a. Provide a discription 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 (use additional pages for each treatment area): a. Provide a discription 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				
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 question 2	Pest Management Area# 2 of ## 2 (TVA)	Gas Fired Plant	:s)	
year - Proceed to question 2.		•		
b	No discharge from pest control activities this cale wear. Proceed to section D.	ndar year. Note: Checking	this box completes Section C if you had no discharge from p	pest control activities this
a Mosquito and Other Flying Insect Pest Control c Animal Pest Control d Forest Canopy Pest Control a Provide a description of the treatment area with 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	_ •			
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	2. Indicate the pesticide use pattern for the Pest Manageme	ent Area:		
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): c. Name or location of any waters of the state to which discharges occurred. Unnamed tributary to Carter Creek d. Target Pest(s): <u>Unwanted vegetation</u> 4. Name and contact information for pesticide application(s) (or check here if same as provided in Section A): Company Name: Street: City: City: State: Linear feet 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 in its or gallons: Add additional pages if necessary. Application method: a Acrially by fixed-wing bis or gallons bis or gallons c Zi Land-based sprayer (includes backpack, land wehicle mounted sprayers, high pressure canopy sprayer) d Aqualic vehicle mounted sprayers, high pressure canopy sprayer d Aqualic vehicle mounted sprayers, high pressure canopy sprayer d Chemigation bis or gallons to Chemigation bis or gallons to Chemigation to Chemig	a. Mosquito and Other Flying Insect Pest Control	b. X Weed and Algae F	est Control	
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 quantify indicated is in los regalions: Add additional pages if necessary. Product Name Habitat Quantity Applied (bs or of product): Application method: a Aerially by fixed-wing bs or galions b Aerially by rodary aircraft bs or galions c X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure carropy sprayer) d Aquatic vehicle mounted sprayers, high pressure carropy sprayer d Aquatic vehicle mounted sprayers bs or galions subsurface applications bs or galions b Derect mixture (includes metering, subsurface applications) 1 Chemigation bs or galions 1 Chemigation chemical providers chemica	c. Animal Pest Control	d. Forest Canopy Per	st Control	
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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): \begin{align*} \text{Company Name:} Street: City:	Applications of herbicides a	it water's edge	occurred at Brownsville Combust	cion Turbine
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 ibs or gallons. Add additional pages if necessary. Product Name Habitat Quantity Applied (lbs or Product Name Habitat) Application method: Application method: a Aenally by fixed-wing bs or gallons b Aenally by fixed-wing bs or gallons c X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Application mixture (includes metering bs or gallons subsurface applications) e Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct productive (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (includes metering bs or gallons e) I Direct mixture (inc	b. Size of treatment area (in acres or linear feet): 2	acres or linear fe	et.	
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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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	d. Target Pest(s): <u>Unwanted vegetation</u>			
Street: City: State: ZIP Code: Contact Phone E-mail:	4. Name and contact information for pesticide applicator(s)	(or check here if same as p	provided in Section A): 🔀	
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 ibs or gallons: Add additional pages if necessary. Product Name Habitat \ Quantity Applied (lbs or gallons of product): Application method: a \ Aerially by fixed-wing \ Ibs or gallons of product): Application method: a \ Aerially by fixed-wing \ Ibs or gallons b \ Aerially by rotary aircraft \ Ibs or gallons c \ X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d \ Aquatic vehicle mounted sprayer \ Ibs or gallons e \ Direct mixture (includes metering, subsurface applications) 1. \ Chemigation \ Aquatic vehicle mounted sprayer \ Ibs or gallons b \ Agailons \ Aquatic vehicle mounted sprayer \ Ibs or gallons c \ Direct mixture (includes metering, subsurface applications) 1. \ Chemigation \ Aquatic vehicle mounted sprayer \ Ibs or gallons 1. \ Chemigation \ Agailons \ Agai	Company Name:			
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 ibs or gallons: Add additional pages if necessary. Product Name Habitat Quantity Applied (lbs or product Name Papel Stration No. 241-426-6769 Product): Application method: a Aerially by fixed-wing Ibs or gallons b Aerially by fixed-wing Ibs or gallons c X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer Ibs or gallons e Direct mixture (includes metering, subsurface applications) 1. Chemigation Ibs or gallons b or gallons c Ibs or gallons c Ibs or gallons d Aquatic vehicle mounted sprayer Ibs or gallons e Direct mixture (includes metering, subsurface applications) 1. Chemigation Ibs or gallons b or gallons c Ibs or gallons c Ibs or gallons c Ibs or gallons d Ibs or gallons				
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5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:	Phone			
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Office (specify):	f. Chemigation	ibs or gallons		lbs or gallons
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D. Certific	ation																		
I certify under penal with a system design my inquiry of the pe information submitt penaltics for submitt statement is subject	ed to as rson or p ed is, to ing false	sure the ersons the bes inform	at qua s who st of m nation	lified p manag ny knov n, inclu	e the s vledge	nel pro system and b	operl , or t elicf	iy gati hose true	hered perso , accu	and ons di orate,	evaluirecti and	uated y rest comp	the in onsit	formation for the formation fo	tion s gathe ware	ubmi ring that t	itted. (the in here a	On the format re sign	basis o ion, the nificant
			_		•	•													

statement is subject to the penalties of perjury.								
Printed Name:	Jacinda B. Woodward							
Title: Sen	ior Vice President, Power Operations							
E-Mail: j	bwoodward@tva.gov							
Signature/Respo Official:	nsible Amost Least	Date: 02062020						
Annua	Annual Report Proparer (Complete if the Annual Report was prepared by someone other than the certifier)							
Preparer Name:	Chad Reed	we was a superior of the ball of the superior						
Organization: Water Permits, Compliance, and Monitoring								
Phone: 42	23-751-3948	Date: 02 03 2 02 0						
E-Mail: C	hreed@tva.gov							