



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

Sent Via Electronic Transmittal

May 24, 2022

Tennessee Department of Environment
and Conservation (water.permits@tn.gov)
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) – NOTICES OF INTENT FOR GENERAL NPDES
PERMIT NUMBERS TNP100003, TNP100005, TNP100009, AND TNP100013 – DISCHARGES
FROM THE APPLICATION OF PESTICIDES

Enclosed are completed Notices of Intent for continued coverage under the reissued General
NPDES Permit for the Application of Pesticides.

If you have questions or need additional information, please contact Greg Shaffer at
(865) 617-7432 or by email at gshaffer@tva.gov.

Sincerely,

A handwritten signature in cursive script that reads "Paul Pearman".

Paul J. Pearman
Senior Manager
Water Permits, Compliance, and Monitoring

Enclosures



**Tennessee Department of Environment and Conservation
Division of Water Resources**

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243
888-891-8332 (TDEC)

Notice of Intent (NOI) of Coverage Under the Pesticide General Permit (PGP)

Submission of this completed NOI constitutes notice that the Operator identified in Section B intends to be authorized to discharge pollutants to waters of the state within the pest management area identified in Section C of the Pesticide General Permit (PGP). Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the permit; agrees to comply with all applicable terms and conditions of the permit; and understands that continued authorization under the permit is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement for large entities to prepare a Pesticide Discharge Management Plan (PDMP) prior to NOI submittal. Refer to the instructions at the end of this form to complete your NOI.

A. Notice of Intent Status

1. Mark whether this is the first time you are requesting coverage under the PGP or if this is a change of information for a discharge already covered under the PGP. If this is a change of information, supply the NPDES permit tracking number for the discharge.

a. Original NOI Submission

b. NOI Change of Information: TNP 100009 (NPDES Permit Tracking Number)

Please note: When selecting A.1.b please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that need to be modified.

B. Operator Information

1. Operator Name: TVA - RIVER AND RESOURCE STEWARDSHIP (NATURAL RESOURCES AND DAM SAFETY)

2. Operator Type (check one):

a. Federal government

b. State government

c. Local government

d. Mosquito control district (or similar)

e. Irrigation control district (or similar)

f. Weed control district (or similar)

g. Other: If other, provide brief description of type of operator: _____

3. Are you a large entity as defined in Appendix A of the permit? (check one):

Yes No

Please note: If you answer "Yes" to this question you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.

4. Mailing Address:

a. Street: 1101 MARKET STREET, LP 2K-C

b. City: CHATTANOOGA

c. State:

| | |
|---|---|
| T | N |
|---|---|

d. ZIP Code: 37402

e. Telephone: 423 - 751 - 6336 Ext _____

f. Fax: _____ - _____ - _____

g. Contact Name: ALLEN A. CLARE, VP RIVER & RESOURCE MANAGEMENT

h. E-mail: AACLARE@TVA.GOV

C. Pest Management Areas: Complete Section C for each Pest Management Area for which coverage under Pesticide General Permit is desired.

Pest Management Area # 1 of # 2

1. Pest Management Area Name: VEGETATION CONTROL ON RESERVOIR LAND TRACTS AND LEVEES

Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail.

HERBICIDE APPLICATIONS FOR INVASIVE PLANT CONTROL AND ENHANCING WATERFOWL AND WILDLIFE HABITAT. SEE ATTACHED MAPS.

2. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas considered "federal facilities" as defined by the permit? Yes No

3. Mailing address and contact information of the pesticide applicator (or check here if same as provided in Section B):

a. Street: 3941 BRASHER'S CHAPEL ROAD

b. City: GUNTERSVILLE

c. State: A L

d. ZIP Code: 35976

e. Telephone: 256 - 891 - 6608 Ext

f. Fax: _____ - _____ - _____

g. Contact Name: DAVID G. BREWSTER, MANAGER NATURAL RESOURCES, WEST OPS

h. E-mail: DGBREWSTER@TVA.GOV

4. Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):

a. Mosquito and Other Flying Insect Pest Control

c. Animal Pest Control

b. Weed and Algae Pest Control

d. Forest Canopy Pest Control

5. Receiving Waters (check one):

a. Coverage requested for all waters of the state within the Pest Management Area identified above.

b. Coverage requested specifically for the following waters of the state within the Pest Management Area identified above.

c. Coverage requested for all waters of the state within the Pest Management Area identified above except for:

6. Outstanding National Resource Waters (ONRWs)

Is coverage requested for discharge to a Outstanding National Resource Water(s) of the United States? Yes No
If yes, answer a and b:

a. Name of ONRWs: _____

b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:

7. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a product of degradation of such an active ingredient. See Part 1.1.2.1 of the permit. Check one:

a. Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient

b. Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

C. Pest Management Areas: Complete Section C for each Pest Management Area for which coverage under Pesticide General Permit is desired.

Pest Management Area # 2 of ## 2

1. Pest Management Area Name: _____

Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail.

HERBICIDE APPLICATIONS TO DAMS, SADDLE DAMS, AND OTHER STRUCTURES TO FACILITATE
INSPECTIONS AND MAINTAIN STRUCTURAL INTEGRITY

2. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas considered "federal facilities" as defined by the permit? Yes No

3. Mailing address and contact information of the pesticide applicator (or check here if same as provided in Section B):

a. Street: CUF

b. City: CUMBERLAND CITY

c. State:

| | |
|---|---|
| T | N |
|---|---|

d. ZIP Code: 37050

e. Telephone: 423 368 5827

f. Fax: _____

g. Contact Name: RYAN ALLEN BLOUNT, SR MANAGER, PO&T FACILITIES

h. E-mail: RABLOUNT@TVA.GOV

4. Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):

- a. Mosquito and Other Flying Insect Pest Control c. Animal Pest Control
b. Weed and Algae Pest Control d. Forest Canopy Pest Control

5. Receiving Waters (check one):

- a. Coverage requested for all waters of the state within the Pest Management Area identified above.
b. Coverage requested specifically for the following waters of the state within the Pest Management Area identified above.

c. Coverage requested for all waters of the state within the Pest Management Area identified above except for:

6. Outstanding National Resource Waters (ONRWs)

Is coverage requested for discharge to a Outstanding National Resource Water(s) of the United States? Yes No
If yes, answer a and b:

a. Name of ONRWs: _____

b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:

7. Water Quality Impaired Waters

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- a. Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient
b. Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

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 gather and evaluate 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: ALLEN A. CLARE
Title: VICE PRESIDENT, RIVER & RESOURCES STEWARDSHIP
E-Mail: AACLARE@TVA.GOV
Signature/Responsible Official:  Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 1 | 7 | / | 2 | 0 | 2 | 2 |
|---|---|---|---|---|---|---|---|---|---|

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

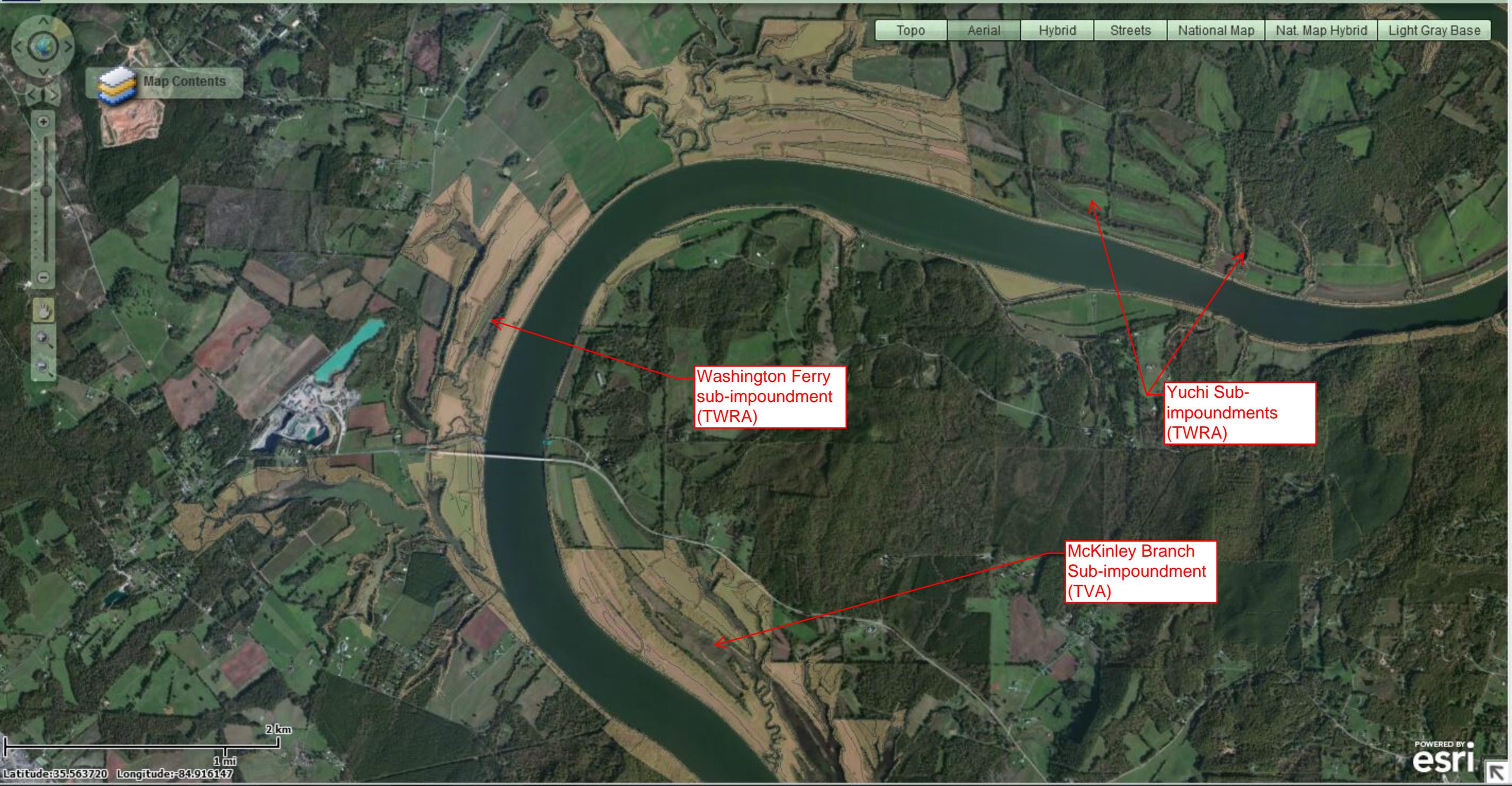
Preparer Name: GREGORY P. SHAFFER
Organization: TVA WATER PERMITTING, COMPLIANCE, AND MONITORING
Phone: 865 - 617 - 7432 Ext Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 1 | 6 | / | 2 | 0 | 2 | 2 |
|---|---|---|---|---|---|---|---|---|---|

E-Mail: GSHAFFER@TVA.GOV



Map Contents



Washington Ferry sub-impoundment (TWRA)

Yuchi Sub-impoundments (TWRA)

McKinley Branch Sub-impoundment (TVA)



Map Contents



TWRA's Yuchi
Refuge. Aerial is
pre-constuction of
sub-impoundment.
Approx. 5 acres to
treat.

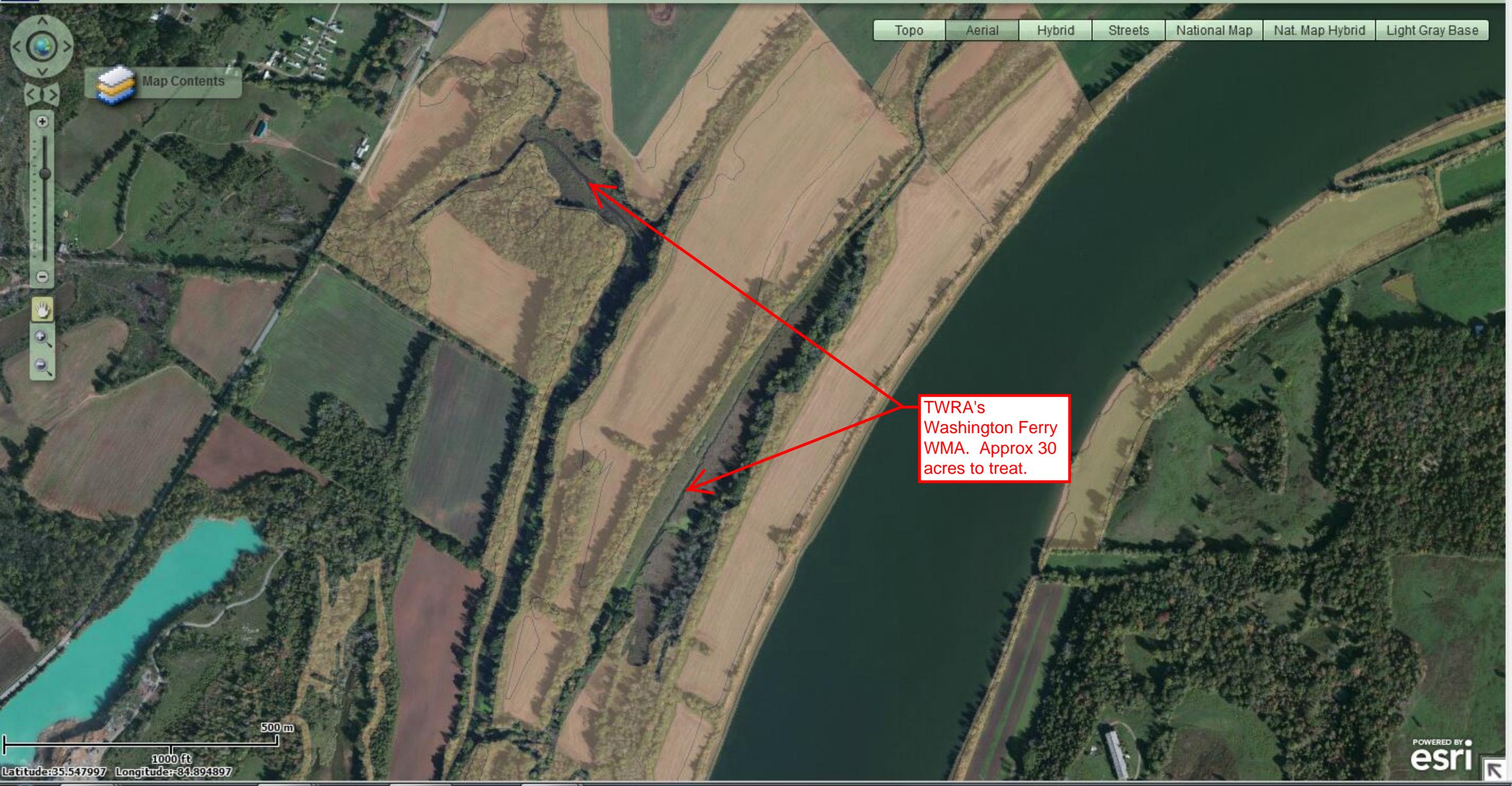
500 m

1000 ft

Latitude: 35.558491 Longitude: -84.846452



Map Contents



TWRA's
Washington Ferry
WMA. Approx 30
acres to treat.

500 m

1000 ft

Latitude: 35.547997 Longitude: -84.894897



Map Contents

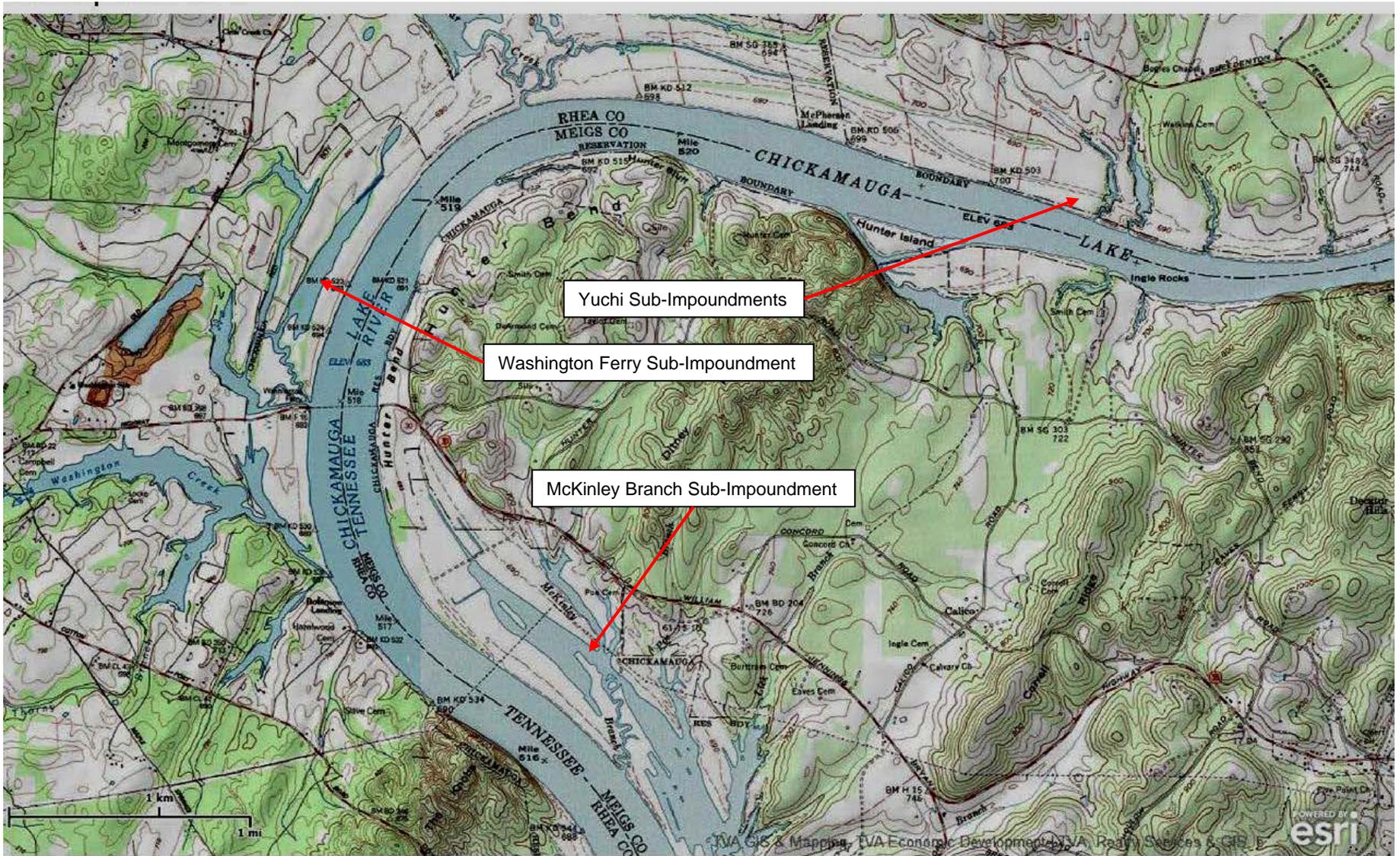
TVA's McKinley Br. sub-impoundment
Approx. 55 acres to treat.



Map Contents

Levee Maintenance
area. (McKinley
Branch)
Coordinates: 35.521
450, -84.860108
Length; 745 feet
(0.39 acres)

0.23 ft



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Sub-Impoundment Treatment Areas on Chickamauga Reservoir
(Refer to the aerial photographs following this page)

TVA Power & Non-power Dams in Tennessee

