

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

Pest Management Area# 1 of ## 1

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:

Vegetation control on and in the vicinity of TVA dams

b. Size of treatment area (in acres or linear feet): 155.9 acres or _____ linear feet.

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

Tennessee River and tributaries in the vicinity of TVA dams

d. Target Pest(s): Nuisance 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	EPA Reg. No.	Quantity Applied (lbs or gallons of product):	Product Name	EPA Reg. No.	Quantity Applied (lbs or gallons of product):
<u>Rodeo®</u>	<u>62719-324</u>	<u>66.6</u> lbs or <u>gallons</u>	<u>Garlan 3A®</u>	<u>62719-37</u>	<u>25.9</u> lbs or <u>gallons</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>66.6</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>25.9</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			_____ lbs or gallons

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- 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:

Vegetation control on and in the vicinity of TVA dams

b. Size of treatment area (in acres or linear feet): 155.9 acres or _____ linear feet.

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

Tennessee River and tributaries in the vicinity of TVA dams

d. Target Pest(s): Nuisance 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 Habitat Quantity Applied (lbs or gallons of product): _____

EPA Reg. No. 241-426-67690

Product Name Glyphosate Quantity Applied (lbs or gallons of product): _____

EPA Reg. No. 81927-8

Application method:

- a. Aerially by fixed-wing _____ lbs or gallons
- b. Aerially by rotary aircraft _____ lbs or gallons
- c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 14.5 lbs or gallons
- d. Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. Chemigation _____ lbs or gallons
- g. Other (specify): _____ lbs or gallons

Application method:

- a. Aerially by fixed-wing _____ lbs or gallons
- b. Aerially by rotary aircraft _____ lbs or gallons
- c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 6.0 lbs or gallons
- d. Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. Direct mixture (includes metering, subsurface applications) _____ lbs or gallons

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a. Provide a description of the treatment area within this Pest Management Area, including location description:

Vegetation control on and in the vicinity of TVA Dams

b. Size of treatment area (in acres or linear feet): 155.9 acres or _____ linear feet.

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

Tennessee River and tributaries in the vicinity of TVA dams

d. Target Pest(s): Nuisance 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	EPA Reg. No.	Quantity Applied (lbs or gallons of product):	Product Name	EPA Reg. No.	Quantity Applied (lbs or gallons of product):
<u>Triclopyr</u>	<u>.81927-11</u>	<u>8.3</u> lbs or gallons	<u>Arsenal5G</u>	<u>.34913-24</u>	<u>20.0</u> lbs or gallons
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>8.3</u> lbs or gallons	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<u>20.0</u> 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 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			_____ lbs or gallons

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

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d. Target Pest(s): Nuisance 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	EPA Reg. No.	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
Milestone	62719-519	0.003 lbs or gallons		
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)		0.003 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 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: Allen Clare

Title: Vice President, River and Resource Stewardship

E-Mail: aaclare@tva.gov

Signature/Responsible Official:  Date: 02 10 2022

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

Preparer Name: Greg Shaffer

Organization: TVA Environmental Permits, Compliance, and Monitoring

Phone: 865 632 6365 N/A Date: 02 11 2022

E-Mail: gshaffer@tva.gov