

**From:** [Reed, Chad Howard](#)  
**To:** [Elizabeth Rorie](#)  
**Subject:** RE: TNP100005 TVA - Transmission Line Right-of-Way Maintenance  
**Date:** Wednesday, February 14, 2018 1:55:57 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[image007.png](#)  
[image008.png](#)  
[image009.png](#)

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**Here is a couple more that were mailed to TDEC on Monday.**

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### **Chad Reed**

Water Specialist  
Water Permits, Compliance & Monitoring

Tennessee Valley Authority  
1101 Market Street  
Chattanooga, TN 37402

423-751-3948 (w)  
256-608-9903 (m)  
[chreed@tva.gov](mailto:chreed@tva.gov)



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**From:** Reed, Chad Howard  
**Sent:** Wednesday, February 14, 2018 2:51 PM  
**To:** 'Elizabeth Rorie'  
**Subject:** RE: TNP100005 TVA - Transmission Line Right-of-Way Maintenance

**No Prob!**

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### **Chad Reed**

Water Specialist  
Water Permits, Compliance & Monitoring

Tennessee Valley Authority  
1101 Market Street

Chattanooga, TN 37402

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**From:** Elizabeth Rorie [<mailto:Elizabeth.Rorie@tn.gov>]  
**Sent:** Wednesday, February 14, 2018 2:45 PM  
**To:** Reed, Chad Howard; Cheek, Terence Edward; Roelofs, Tricia Lynn  
**Cc:** Vojin Janjic; [mfoley@superiorforestry.com](mailto:mfoley@superiorforestry.com); [coylambert@gmail.com](mailto:coylambert@gmail.com); [jwebb0711@yahoo.com](mailto:jwebb0711@yahoo.com)  
**Subject:** RE: TNP100005 TVA - Transmission Line Right-of-Way Maintenance

**TVA External Message. Please use caution when opening.**

Mr. Reed,

I'm not sure what's wrong with my reading comprehension today.  
Thanks for catching the error!



**Beth Rorie** | Secretary  
Division of Water Resources, Permits  
Tennessee Tower, 11<sup>th</sup> Floor  
312 Rosa L. Parks Ave.  
Nashville, TN 37243  
p. 615-532-1172  
[elizabeth.rorie@tn.gov](mailto:elizabeth.rorie@tn.gov)

We value your feedback! Please complete our [customer satisfaction survey](#).

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**From:** Reed, Chad Howard [<mailto:chreed@tva.gov>]  
**Sent:** Wednesday, February 14, 2018 11:21 AM  
**To:** Elizabeth Rorie; Cheek, Terence Edward; Roelofs, Tricia Lynn  
**Cc:** Vojin Janjic; [mfoley@superiorforestry.com](mailto:mfoley@superiorforestry.com); [coylambert@gmail.com](mailto:coylambert@gmail.com); [jwebb0711@yahoo.com](mailto:jwebb0711@yahoo.com)  
**Subject:** RE: TNP100005 TVA - Transmission Line Right-of-Way Maintenance

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

Ms. Rorie,

The attached document mentioned below is the required annual report for the Pesticide General Permit (PGP), not a NOI.

---

**Chad Reed**

Water Specialist  
Water Permits, Compliance & Monitoring

Tennessee Valley Authority  
1101 Market Street  
Chattanooga, TN 37402

423-751-3948 (w)  
256-608-9903 (m)  
[chreed@tva.gov](mailto:chreed@tva.gov)



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**From:** Elizabeth Rorie [<mailto:Elizabeth.Rorie@tn.gov>]  
**Sent:** Wednesday, February 14, 2018 12:15 PM  
**To:** Cheek, Terence Edward; Roelofs, Tricia Lynn; Reed, Chad Howard  
**Cc:** Vojin Janjic; [mfoley@superiorforestry.com](mailto:mfoley@superiorforestry.com); [coylambert@gmail.com](mailto:coylambert@gmail.com); [jwebb0711@yahoo.com](mailto:jwebb0711@yahoo.com)  
**Subject:** TNP100005 TVA - Transmission Line Right-of-Way Maintenance

**TVA External Message. Please use caution when opening.**

All,

This email is to acknowledge the receipt of a TNP NOI. This email is a notification of receipt only and does not confirm or imply an authorization to operate. The document has been uploaded to

Waterlog. Correspondence received by TDEC becomes part of the public record and can be viewed here: [Water Resources Permits Dataviewer](#).

### Bill of Rights for Permit Applicants (TCA §69-3-141)

Permit applicants shall have the right to know who will be reviewing their application and the time required to complete the full review process. You will be notified regarding the completeness of your application by the permit writer assigned to your application within 30 days of its submittal. However, if your application is a Notice of Intent (NOI) to be covered under one of our general permits, if the application is deemed to be complete, separate notification about the completeness of the application will not be made. The Notice of Coverage (NOC) will simply be issued within 30 days.

Please consider saving a copy of this email for your records.



**Beth Rorie** | Secretary  
Division of Water Resources, Permits  
Tennessee Tower, 11<sup>th</sup> Floor  
312 Rosa L. Parks Ave.  
Nashville, TN 37243  
p. 615-532-1172  
[elizabeth.rorie@tn.gov](mailto:elizabeth.rorie@tn.gov)

We value your feedback! Please complete our [customer satisfaction survey](#).



Tennessee Valley Authority, 1101 Market Street, BR 4A, Chattanooga, Tennessee 37402

February 12, 2018

Tennessee Department of Environment  
and Conservation (TDEC)  
Division of Water Resources  
Attn: Water-Based Systems Unit – Pesticide General Permit  
William R. Snodgrass TN 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 NUMBERS  
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 2017.

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](mailto:chreed@tva.gov).

Sincerely,

A handwritten signature in blue ink that reads "Terry E. Cheek".

Terry E. Cheek  
Senior Manager  
Water Permits, Compliance, and Monitoring

Enclosures

TDEC  
Page 2  
February 12, 2018

CHR:SMF

Enclosure

cc (Enclosure):

E. J. Arnell, GFP 1A-GLT  
T. E. Bailey, JSF 1A-RGT  
H. J. Bumpus, CUF 1A-CCT  
T. P. Butler, KFP 1A-KST  
M. S. Cashon, Ashland, MS  
A. A. Clare, LP 3K-C  
S. M. Conners, LP 3K-C  
A. M. Dennison, KFP 1A-KST  
K. K. Dodson, JOF 1A-NJT  
T. L. Gamble, PAF 1A-DRK  
M. A. Gean, COL 1A-TSA  
M. T. Gray, GFP 1A-GL  
D. A. Hardy, LCP 1A-BVT  
M. S. Hatley, ASP 1A-MET  
S. L. Holland, JOF 1A-NUT  
K. A. Love, SP 6B-C  
C. S. McCarty, CUF 1A-CCT  
C.G. Rodenhauer, CUF 1A-CCT  
K. R. Shore, CUF 1A-CCT  
S. K. Stagnolia, BRF 1A-CTT  
D. A. Thorpe, SCC 1A-SOM  
B. D. Trout, BCT 1A-BVT  
D. P. Watson, JSF 1A-RG  
ECM, ENVrecords

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.

### A. General Information

1. NPDES Permit Tracking Number: TNP100013
2. Operator Name: Tennessee Valley Authority - Power Operations (Coal and Gas)
3. Operator Contact Information:
- a. Street: 1101 Market Street, LP 3K
- b. City: Chattanooga
- c. State: TN
- d. ZIP: 37402
- e. Telephone: 423-751-4096
4. Contact Information:
- a. Contact Name: Terry E. Cheek
- b. Title: Senior Manager, Water Permits, Compliance, and Monitoring
- c. E-mail: techeek@tva.gov

### B. Adverse Incidents and Corrective Actions

1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?
- 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).

Pest Management Area # \_\_\_\_\_ of ## \_\_\_\_\_

2. Pest Management Area Name: \_\_\_\_\_

3. If applicable, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed):

Date of adverse incident observation:

4. Date and time the Operator contacted the division to notify the Agency of the adverse incident, who the Operator spoke with at the division, and any instructions received from the division.

- a. Date: 



- b. Time: \_\_\_\_\_
- c. Who the Operator spoke with at the division: \_\_\_\_\_
- 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 Allen Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2017.

b. Size of treatment area (in acres or linear feet): 22.25 acres or \_\_\_\_\_ linear feet

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

McKeller Lake in Shelby 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>Element 3A</u>	
		<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) _____ lbs or gallons		c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>4.5</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			
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 Allen Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2017.
- b. Size of treatment area (in acres or linear feet) 22.25 acres or \_\_\_\_\_ linear feet
- c. Name or location of any waters of the state to which discharges occurred:  
McKeller Lake in Shelby 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>17.5</u> lbs or gallons		c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>4.3</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			
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# 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 Lagoon Creek and John Sevier Combined Cycle Plants

b. Size of treatment area (in acres or linear feet) 86.5 acres or \_\_\_\_\_ linear feet

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

Holston River in Hawkins County and wet weather conveyance to unnamed tributary at mile 1.8 to Lagoon Creek at mile 10.2 in Haywood 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 Rodeo

62719-324

Quantity Applied (lbs or gallons of product)

\_\_\_\_ lbs or gallons

\_\_\_\_ 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) 29.5 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

Product Name Element 3A

62719-37

Quantity Applied (lbs or gallons of product)

\_\_\_\_ lbs or gallons

\_\_\_\_ 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) 3 lbs or gallons  
d. ☐ Aquatic vehicle mounted sprayer \_\_\_\_\_ lbs or gallons  
e. ☐ Direct mixture (includes metering, subsurface applications) \_\_\_\_\_ lbs or gallons  
\_\_\_\_ lbs or gallons  
\_\_\_\_ 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.

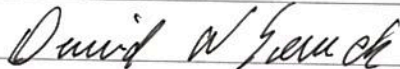
Printed Name: David W. Sorrick

Title: Senior Vice President, Power Operations

E-Mail: dwsorrick@tva.gov

Signature Responsible

Official:



Date: 02 12 2018

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 08 2018

E-Mail:

chreed@tva.gov