Reed, Chad Howard From: 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

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

### **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













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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!

#### **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













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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; <u>mfoley@superiorforestry.com</u>; <u>coylambert@gmail.com</u>; <u>jwebb0711@yahoo.com</u>

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

We value your feedback! Please complete our customer satisfaction survey.

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; coylambert@gmail.com; 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













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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; <a href="mailto:mfoley@superiorforestry.com">mfoley@superiorforestry.com</a>; <a href="mailto:com">coylambert@gmail.com</a>; <a href="mailto:jwebb0711@yahoo.com">jwebb0711@yahoo.com</a>

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: <u>Water Resources Permits</u> <u>Dataviewer</u>.

# 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

We value your feedback! Please complete our <u>customer satisfaction survey</u>.



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) RESOURCES AND RIVER MANAGEMENT - ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBERS TNP100003 AND TNP100009 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed are completed annual reports for herbicide treatments in water or water's edge at TVA dams and reservoirs in calendar year 2017. These reports include:

- 1. Aquatic vegetation management in TVA reservoirs (TNP100003), and
- Herbicide applications in areas adjacent to TVA dams and reservoirs to reduce or eliminate invasive plant species, enhance waterfowl and/or other wildlife habitat, and to maintain the integrity of rip-rap and other manmade structures (TNP100009).

Please note that TVA is submitting separate annual reports for vegetation control on TVA transmission line rights of way (TNP100005) and at Coal and Gas Operations sites (TNP100013).

If you have questions or need additional information, please call Chad Reed at (423) 751-3948, or by email at <a href="mailto:chreed@tva.gov">chreed@tva.gov</a>.

Sincerely,

Terry E. Cheek Senior Manager

Water Permits, Compliance, and Monitoring

**Enclosures** 

TDEC Page 2 February 12, 2018

CHR:SMF Enclosures cc (Enclosures):

D.L. Bowling, WT 11A-K

D. G. Brewster, CAB 1A-GVA

E. R. Crews, PSC 1E-C

F. B. Edmondson, WTR 1A-GR

B. M. Hartis, FAB 1A-GVA

M. B. High, PSC 1E-C

S. R. Kramer, LP 1F-C

K. A. Love, SP 6B-C

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.

		eo ancer me permit occurrin	ig during the previous caler	dar year as detai	led in Part 7 of the permit
	ral Informatio	on .			
NPDES Permit 1     Number:	Tracking	TNP100003			
2. Operator Name:		Tennessee Val	lley Authority	y - Aquat	cic Vegetation Management
Operator Contact     Street 3941		r's Chapel Roa			3
b. City: Gunt	ersville	9		12 1 7 1	35006
e. Telephone: 2	56-891-6	5608		AL	d. ZIP; 35976
4. Contact Informati	ion:				
a. Contact Name:	David G	. Brewster			
b Title:	Manager	, Natural Reso	ource Managem	ent, Wes	t Operations
c. E-mail	dgbrews	ter@tva.gov	Manya 2001-21107		
<ol> <li>Was an adverse i permit?</li> </ol>	ncident observ	nd Corrective Actions red and/or corrective actions to observed or corrective are			for which you have coverage under the
b. Yes, an adv	verse incident v	vas observed and/or a cor	rrective action was taken	/Complete -	estions 2-6 for each Pest Management Area in for non-electronic submissions).
Pest Management A	rea # of #	#	solution for tenerit, Co	py this section	or non-electronic submissions).
2. Pest Managemen	t Area Name:				
					bed in Part 6.4 of the permit (use additional
Date of adverse in	ncident observa	ation:			
<ol> <li>Date and time the any instructions red</li> </ol>	Operator controlled	acted the division to notify division	the Agency of the adver	se incident, who	the Operator spoke with at the division, and
a Date	ГШЦ		c. Who the Operat	or spoke with a	the division:
b Time:			d. Instructions rece		
		verse Incident Written Report:	ШШЦ		
in the Thirty (30)-Day A	action(s), includir Adverse Incident V	ng spil responses, resulting from Vritten Report:	m pesticide application activitie	s and the rationale	for such action(s), subsequent to those steps described
***					

C. Pest Management Area(s) (r	ise additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 5	and didnitional pages	for each Pest Management Area)	
Have any discharges from pest control activities occu     No discharge from pest control activities this of year. Proceed to section D.	urred in this calendar year? calendar year. Note: Checking	this box completes Section C if you had no discharge fro	m pest control actual as the
b X Yes. Proceed to question 2.			pour connect activates this
2. Indicate the pesticide use pattern for the Pest Manage	ement Area		
a. Mosquito and Other Flying Insect Pest Control	b X Weed and Algae I	Post Control	
c Animal Pest Control	d Forest Canopy Pe		
3. For each treatment area (use additional pages for each	th treatment area):		
a Provide a description of the treatment area within	n this Pest Management Area.	including location description.	
		l of 29 sites within the 35,400 acre	reservoir
were treated in calendar year	2017.		
b. Size of treatment area (in acres or linear feet): _8	39 acres or linear fe	et	
c. Name or location of any waters of the state to wh			
		eigs, and Rhea counties, TN. Applications	a occurred in
		parks, piers, and non-profit camps.	o occurred in
			-
u larger rushs) Submerged vegetation (i.e.,	hydrilla, southern naiad	, spinyleaf naiad. American pondweed, small pon	dweed, Watershield
4 Name and contact information for pesticide applicator(	s) (or check here if same as p	provided in Section A):	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			
Prone 256-582-9101			
E-mail terryg@aquaservicesin	IC COM		
5. Was this pest control activity addressed in your Pesticion	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
<ol> <li>Enter the total amount of each pesticide product applie Circle if quantity indicated is in ibs or gallons: Add add</li> </ol>	d for the reporting year by the itional pages if necessary.	product name, EPA Registration Number(s) and by applications	cation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name Current	Quantity Applied (lbs or
EPA Reg. No. 100-1390	gallons of product):	EPA Reg. No. 70506-248	galons
Application method:	,,	Application method	of product):
a Aenally by fixed-wing	lbs or gallons	a Aerially by fixed-wing	ibs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	
c Land-based sprayer (includes backpack,	lbs or gallons	c. Land based sprayer (includes backpack,	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	DS G Galloris	land vehicle mounted sorayers, high pressure canopy sprayer)	Ibs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	Ibs or gallons
e. X Direct mixture (includes metering,	168 lbs o gallon	e. X Direct mixture (includes metering subsurface	170 lbs or Gallons
subsurface applications) (Airboat with submerged trailin Chemigation		applications) (Airboat with submerged trailing	
g. Other (specify):	lbs or gallons		lbs or gallons
s. L. Outer (specify).	lbs or gallons	)	lbs or gallons

C. Pest Management Area(s) (use additional pages for each Pest Management Area)  Pest Management Area# 1 of ## 5 (continued)  1. Have any discharges from pest control activities occurred in this calendar year?  a	ties this
<ol> <li>Have any discharges from pest control activities occurred in this calendar year?</li> <li>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 calendar year. Note. Checking this box completes Section C if you had no discharge from pest control b.  Yes. Proceed to guestion 2.</li> <li>Indicate the pesticide use pattern for the Pest Management Area.         <ol> <li>Mosquito and Other Flying insect Pest Control</li> <li>Mosquito and Other Flying insect Pest Control</li> <li>Forest Cancpy Pest Control</li> </ol> </li> <li>For each treatment area (use additional pages for each treatment area).         <ol> <li>Provide a description of the treatment area within this Pest Management Area, including location description.</li> <li>Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.</li> <li>Size of treatment area (in acres or linear feet): 89 acres or linear feet.</li> <li>Name or location of any waters of the state to which discharges occurred.</li> </ol> </li> </ol>	ties this
a. No discharge from pest control activities this calendar year. Note: Checking this bex completes Section C if you had no discharge from pest control activities. Proceed to section D.  b. X 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. X Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Cancpy 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.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	ties this
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 Cancpy 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.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	ties this
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 Cancpy 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.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	
a. Mosquito and Other Flying insect Pest Control  b. Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Cancpy 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.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	
a. Mosquito and Other Flying insect Pest Control  b. Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Cancpy 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.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	77.70
c Animal Pest Control  d Forest Cancpy Pest Control  3. For each treatment area (use additional pages for each treatment area).  a Provide a description of the treatment area within this Post Management Area, including location description.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	7777000
Provide a description of the treatment area within this Post Management Area, including location description.  Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  Name or location of any waters of the state to which discharges occurred.	
Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	ATT SAME
b. Size of treatment area (in acres or linear feet): 89 acres or linear feet  c. Name or location of any waters of the state to which discharges occurred.	310,60
b. Size of treatment area (in acres or linear feet): 89 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.	
c. Name or location of any waters of the state to which discharges occurred.	
c. Name or location of any waters of the state to which discharges occurred.	
in mamilton, Meigs, and Rhea counties. TN. Applications occurred in	
the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.	
d Target Pest(s) Submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershie	ld)
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):	
Company Name: Aqua Services, Inc.	
Street: 23360 Highway 431	
City: Guntersville State: A L ZIP Code: 35976	
Contact Terry Goldsby	
Prone 256-582-9101	
E-mail: terryg@aquaservicesinc.com	
The state of the s	
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: 🗓 Yes 🔲 No 🔲 Not Applicable	
<ol> <li>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.</li> <li>Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.</li> </ol>	
Product Name Komeen Quantity Applied (lbs or Product Name Nautique Quantity Applied	llbs or
EPA Reg. No. 67690-25 galons	1,000
Application method:  Application method:	
a Aerially by fixed-wing	
b. Aerially by rotary aircraft the or gallogs b Aerially by rotary aircraft	
C   Land, based sorsyor finelydes basics at	ons
land vehicle mounted sprayers, high  pressure canopy sprayer)    Land based sprayer (includes backpack, libs or gallons land vehicle mounted sprayers, high pressure canopy sprayer)    Land based sprayer (includes backpack, libs or gallons land vehicle mounted sprayers, high pressure canopy sprayer)	ons
d. Aquatic vehicle mounted sprayer lbs or gallons d. Aquatic vehicle mounted sprayer lbs or gallons	anc
e. X Direct mixture (includes metering, 310, the control of X Direct mixture (includes metering, subsurface)	_
subsurface applications) applications applications	115)
(Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)	
subsurface applications) (Airboat with submerged trailing hoses)  (bs or gallons) (bs or gallons) (bs or gallons)	ons

C. Pest Management Area(s)		
No.	(use additional pages for each Pest Management Area)	
Pest Management Area# 2 of ## 5		
Have any discharges from pest control activities o	occurred in this calendar year?	
<ul> <li>a.          No discharge from pest control activities the year. Proceed to section D.     </li> </ul>	is calendar year. Note: Checking this box completes Section C if you had no ciso	charge from pest control activities the
b. X Yes, Proceed to question 2.		111105 1113
2. Indicate the pesticide use pattern for the Pest Man	nagement Area	
a. Mosquito and Other Flying Insect Pest Conf	trol b X Weed and Algae Pest Control	
c Animal Pest Control	d Forest Cancpy Pest Control	
3. For each treatment area (use additional pages for	each treatment area).	
<ul> <li>Provide a description of the treatment area will</li> </ul>	thin this Pest Management Area, including location description	
Nickajack Reservoir, Tenness	see River. A total of 8 sites within the 10,370 a	acre reservoir
were treated in calendar year	ar 2017.	
<ul> <li>b. Size of treatment area (in acres or linear feet):</li> </ul>	81 acres or linearfeet	
c. Name or location of any waters of the state to	which discharges occurred:	
Nickajack Reservoir (Tennessee F	River) in Marion County, TN. Applications occurred in	
	on areas such as ramps, parks, piers, and non-profit camp	8.
	., hydrilla, southern naiad, spinyleaf naiad. American pondweed, s	mall pondweed, Watershield
4 Name and contact information for pesticide applicat	tor(s) (or check here it same as provided in Section A):	
Company Name: Aqua Services,	Inc.	
Street: 23360 Highway 431		
City: Guntersville	State: A L ZIP Code: 359	76
Contact Terry Goldsby	211 0000.	
Dhous DEC		
Prone 256-582-9101		
E-mail terryg@aquaservices:		
E-mail. terryg@aquaservices  5. Was this pest control activity addressed in your Pest	ticide Discharge Monitoring Plan (PDMP) before pesticide application:	□ No □ Not Applicable
E-mail. terryg@aquaservices  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app	ticide Discharge Monitoring Plan (PDMP) before pesticide application:	□ No □ Not Applicable
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app  Circle if quantity indicated is in ibs or gallons: Add a	ticide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes blied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.	□ No □ Not Applicable d by application method.
E-mail. terryg@aquaservices  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app	ticide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes blied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.  Quantity Applied (lbs or Product Name Current	d by application method.  Quantity Applied (lbs or
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in its or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390	ticide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes blied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.	Duantity Applied (lbs or galons
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest 6. Enter the total amount of each pestcide product app Circle if quantity indicated is in the or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Application method:	ticide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes blied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.  Quantity Applied (lbs or Product Name Current gallons	d by application method.  Quantity Applied (lbs or
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Apolication method:  a Aenally by fixed-wing	clicide Discharge Monitoring Plan (PDMP) before pesticide application: Yes clied for the reporting year by the product name, EPA Registration Number(s) and additional pages if necessary.  Quantity Applied (lbs or Product Name Current gallons of product): EPA Reg. No. 70506-248	Duantity Applied (lbs or galons
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Application method:  a Aenally by fixed-wing  b Aenally by rotary aircraft	clicide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes clied for the reporting year by the product name, EPA Registration Number(s) and additional pages if necessary.  Quantity Applied (lbs or gallons of product):   EPA Reg. No. 70506-248  Application method:	Ouantity Applied (lbs or galons of product):
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Apolication method:  a Aenally by fixed-wing	clicide Discharge Monitoring Plan (PDMP) before pesticide application: Yes clied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.  Quantity Applied (lbs or gallions of product):  EPA Reg. No. 70506-248  Application method:    bs or gallions   Aerially by fixed-wing	Ouantity Applied (lbs or gallons of product):
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Application method:  a	clicide Discharge Monitoring Plan (PDMP) before pesticide application:   Yes blied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.  Quantity Applied (lbs or gallons a Aerially by fixed-wing bis or gallons bory gallons call Land based sprayer (includes backpoing).	Ouantity Applied (libs or gallons of product):  lbs or gallons lbs or gallons ack, lbs or gallons
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Apolication method:  a	Discharge Monitoring Plan (PDMP) before pesticide application:	Ouantity Applied (lbs or gallons of product):
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in its or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Apolication method:  a	clicide Discharge Monitoring Plan (PDMP) before pesticide application:    Yes clied for the reporting year by the product name, EPA Registration Number(s) and idditional pages if necessary.  Quantity Applied (libs or gallions of product):    EPA Reg. No. 70506-248  Application method:      bs or gallions   Aerially by fixed-wing	Ouantity Applied (lbs or gallons of product):
E-mail. terryg@aquaservices:  5. Was this pest control activity addressed in your Pest  6. Enter the total amount of each pesticide product app Circle if quantity indicated is in this or gallons: Add a Product Name Tribune  EPA Reg. No. 100-1390  Apolication method:  a	Discharge Monitoring Plan (PDMP) before pesticide application:	Ouantity Applied (lbs or gallons of product):

C. Pest Management Area(s) (use additional pages for each Pest Management Area)  Pest Management Area(2) of mt 5  I have any discharge from pest control activates occurred in this calendar year?  a   No descharge from pest control activates occurred in this calendar year. Note: Checking this bax completes Section C of you had no excharge from pest control activates this activate this bax per forced by the pest Management Area.  a   Management Area (a)   Management Area.  a   Management Area (b)   Management Area.  b   Management Area (b)   Management Area.  a   Management Area (b)   Management Area.  b   Management Area (b)   Mana	C. Pest Management Area(s) (u	se additional page	os for anala Dana M	
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 Sention C. if you had no discharge from pest control activities this.  b   Note   N	Pest Management Arout 2 of the 5	additional pag	es for each Pest Management Area)	
a   No decharge from pest control activities this calendar year. Note Checking this bax completes Section C if you had no decharge from pest control activities this year. Proceed to question 2.  b   Yes, Proceed to question 2.  c   Anisaguito and Other Flying insect Pest Control				
a. ☐ Mosquito and Other Flying insect Pest Control   b ☐ Weed and Algae Pest Control   a. ☐ Mosquito and Other Flying insect Pest Control   b ☐ Weed and Algae Pest Control   c. ☐ Annual Pest Control   a ☐ Forsat Cancey Pest Control   3. For cock treatment area (see additional pages for each treatment area)   a. ☐ Provide a description of the treatment area with the Dept Management Area; including location description   Nickajack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir   were treated in calendar year 2017.   b. Size of treatment area (in acres or linear feet)   a1 acres or ☐ inear feet   Name or location of any wates of the state to which dischages occurred   Nickajack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.   d. Target Pest(s) Subserved vegetation (i.e., hydrills, southern natiad, spinylest natiad, Averican pondweed, snall pondweed, Watershield   d. Name and contact information for pesticide applicatios(s) (or check have disame as provided in Section A) ☐   Company Name: Aqua Services, Inc.  Street: 23360 Highway 431  City Guntersville State Terry Goldsby   Proc 256-582-9101  E.mail Lerryg@aquagervicesinc.com   5. Was this pest control activity addressed in your Pesticide Dischage Montoring Plan (PDMP) before pesticide application: ☑ ves ☐ No ☐ Net Applicable	a No discharge from pest control activities this ca	red in this calendar year ilendar year. Note: Checi	Ring this box completes Section C if you had no dischare to	
2. Hidicate the pesticide use pattern for the Pest Management Area: a   Masquito and Other Fying Insect Pest Control b   Meed and Algae Pest Control c   Animal Pest Control c   Animal Pest Control 3. For each treatment area (use additional pages for each treatment area) a   Provide a description of the treatment area within Fis Pest Management Area, including location description.  Nickajack Reservoir, Tennessee River: A total of 8 sites within the 10,370 acre reservoir mere treated in calendar year 2017.  b. Size of treatment area in acres of linear feety 81   acres or   linear feet c Name or location of any waters of the state to which discharges occurred Rickajack Reservoir (Tennessee River) in Marion Country, TN. Applications occurred in the vicinity of public recreation acres such as ramps, parks, piers, and non-profit camps.  d. Target Pest(s) Subserved vegetation (i.e., bydrills, southern natiod, splicyleaf natiod, American produced, waterabile1d  4 Name and contact information for predictine applicator(s) for check here disame as provided in Section A):  City: Guntersville  Contact Terry Goldaby  Pone 256-582-9101  E.mail Lerry@aquaservicesinc.com  5. Was this pest control acrivity addressed in your Pesticide Discharge Montoning Plan (PDMP) before pesticide application:	b. X Yes. Proceed to question 2.		, and a discharge from	n pest control activities this
a   Masquido and Other Fiying insect Pest Control  c   Animai Pest Control  d   Forest Campy Pest Control  3. For each treatment area (use additional pages for each treatment area)  a. Provide a description of the treatment area within the Sett Management Area, including location description.  Nickajack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir  were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet) 81 acres or		mont Area		
Second treatment area (use additional pages for each breatment area)   Second treatment area (use additional pages for each breatment area (use additional pages for each breatment area)   Second treatment area (use additional pages for each breatment area within the Pot Management Area, including location description)   Second treatment area within the Pot Management Area, including location of any time the Pot Management Area, including location description.   Size of treatment area (in acres or inear feet)   Bl. acres or   Inear feet	a. Mosquito and Other Flying Insect Pest Control		B 10	
a Provide a description of the treatment area within the Post Management Area, including location description.  Nickal Jack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir  Mere treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet) 81 acres or linear feet  Nickal Jack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.  d. Target Post(s), Subserged vegetation (i.e., bydrilla, southern natad, spinyleaf natad, Aserican pondweed, snall pondweed, Naterahield  4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville  Contact: Terry Goldsby  Proce 256-582-9101  E-mail: terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoring Plan (PDMP) before pesticide application: \( \frac{\text{V}}{\text{ yes}} \) no \( \text{ Not Applicable} \) Contact: Terry Goldsby  Proce 256-582-9101  E-mail: terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoring Plan (PDMP) before pesticide application: \( \frac{\text{V}}{\text{ yes}} \) no \( \text{ Not Applicable} \) Ournety Applied (lbs or gallons of product) application method  5. Was this pest control activity addressed in your Pesticide Discharge Montoring Plan (PDMP) before pesticide applications: \( \frac{\text{V}}{\text{ yes}} \) no \( \text{ Not Applicable} \) 6. Enter the total amount of each pesticide product appled for the reporting year by the product name. EPA Registration Number(s) and by application method  5. Enter the total amount of each pesticide product appled for the reporting year by the product name. EPA Reg. No. 59639-161 of product)  Fight Reg. No. 67690-25 of gallons  a Aerally by fixed-wing library for the product product product product product product	VAC DA TECNO-ANDANDANDA	E-		
Nickajack Reservoir, Tennessee River: A total of 8 sites within the 10,370 acre reservoir   Nickajack Reservoir, Tennessee River: A total of 8 sites within the 10,370 acre reservoir   Name or location of any waters of the state to which dischages occurred   Nickajack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.   Itarget Post(s) @uberged vegetation (i.e., hydrilla, southern natad, spinyleaf natad, American pondweed, snall pondweed, Waterahield	3. For each treatment area (use additional pages for each	treatment area).		
Nickajack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir    Mere treated in calendar year 2017.	<ul> <li>Provide a description of the treatment area within</li> </ul>	this Pest Management A	rea, including location description	
b. Size of treatment area (in acres or inear teet): 81   aires or   linear feet  Nickajack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.  d. Target Past(s): Submerged vegetation (i.e., hydrills, southern natad, spinyleaf naiad, Acerican pondweed, snall pocdweed, Naterahield  4 Name and contact information for pacticule applicators(s) (or check here if same as provided in Section A)    Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoning Plan (PDMP) before pesticide application: Xi yes   No   Not Applicable  E-net the total amount of each pesticide product applied for the reponngly year by the product name. EPA Registration Number(s) and by application method  Circle if quantity indicated as in this or gallons. And adoutional pages in fireessary.  Product Name Komeen Quantity Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product)  EPA Reg. No. 67690-25 of product)  BPA Reg. No. 59639-161 of product)  C   Land based spayer (includes backpack, land vehicle mounted sprayers, high pressure campy syrayer)  Land based spayer (includes backpack, land vehicle mounted sprayer   Ibs or gallons   Land based spayer (includes backpack, land vehicle mounted sprayer   Ibs or gallons   Land based spayer (includes backpack, land vehicle mounted sprayer   Ibs or gallons   Land based spayer (includes page)   Ibs or gallons   Land based spayer (includes metering subsurface   Ibs or gallons   Land based spayer (includes metering subsurface   Ibs or gallons   Land based spayer (includes metering subsurface   Ibs or gallons   Land based spayer (includes metering subsurface   Ibs or gallons   Land based spayer (includes metering subsurface   Ibs or gallons   Land based spayer (includes metering subsurf	Nickajack Reservoir, Tennessee	River. A tota	l of 8 sites within the 10,370 acre re	servoir
Name or location of any waters of the state to which discharges occurred  Nickajack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in  the vicinity of public recreation areas such as ramps, parks, piere, and non-profit camps.  d Target Pest(s) subserged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, Aserican pondweed, small poodweed, Matershield  4 Name and contact information for pesticide applicator(s) for check here if same as provided in Section A)   Company Name:  Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoring Plan (PDNP) before pesticide application: X yes No Not Applicable  6. Enter the total amount of each pest-ode product applied for the reponting year by the product name. EPA Registration Number(s) and by application method  Circle if quantity indicated is in this or gallons. Add additional pages if necessary.  Product Name Komeen Quantity Applied (libs or gallons of product)  EPA Reg. No. 67690-25 of product)  Application method: Application method: Septimental Septiment				
Nickajack Reservoir (Tennessee River) in Marion County, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.  d. Target Post(s) Subserged vegetation (i.e., bydrills, southern naiad, spinyleaf naiad, Aserican pondweed, small pondweed, Materahield  d. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Proce 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoning Plan (PDMP) before pesticide application. May be 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 as in its or gallons. Add additional pages if necessary.  Product Name Komeen Outship Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product): EPA Reg. No. 59639-161 of product):  EPA Reg. No. 67690-25 of product): EPA Reg. No. 59639-161 of product): Separation method:  a Aerally by fixed-wing bis or gallons a Aerally by fixed-wing bis or gallons and where method surveys high pressure canopy sprayer bis or gallons  b Aerally by totary aircraft bis or gallons contact with submerged trailing hoses)  C Land-based sprayer (includes backpock, land where mounted sprayer is bis or gallons applications)  (Airboat with submerged trailing hoses)  (Bis or gallons bis or gallons)  A Direct mixture (includes metering subsurface 9 ibs or gallons bis or ga	<li>b. Size of treatment area (in acres or linear feet): 81</li>	acres or lines	ar feet.	
d. Target Post(s). Subserged vegetation (i.e., bydrille, southern natad, spinyleaf natad, aperican pondweed, small pondweed. Materahield  4 Name and costact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Proce 256-582-9101  E-mail terry@@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoning Plan (PDMP) before pesticide application: X Yes No Not Applicable  5. Enter the total amount of each pesticide product applied for the reponsing year by the product name. EPA Registration Number(s) and by application method:  Circle if quantity indicated is in its or gallons. And additional pages if necessary.  Product Name Komeen Quantity Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product)  EPA Reg. No. 67690-25 of product)  Application method:  a Aenally by fixed-wing lbs or gallons  b Aenally by fixed-wing lbs or gallons  b Aenally by totary aircraft lbs or gallons  c Land-based sprayer includes backpack, land vehicle mounted sprayer by surface applications; (Airboat with submerged trailing hoses)  (Bs or gallons)  (Airboat with submerged trailing hoses)	<ol> <li>Name or location of any waters of the state to which</li> </ol>	th discharges occurred:		
d. Target Post(s). Subserged vegetation (i.e., bydrille, southern natad, spinyleaf natad, aperican pondweed, small pondweed. Materahield  4 Name and costact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Proce 256-582-9101  E-mail terry@@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoning Plan (PDMP) before pesticide application: X Yes No Not Applicable  5. Enter the total amount of each pesticide product applied for the reponsing year by the product name. EPA Registration Number(s) and by application method:  Circle if quantity indicated is in its or gallons. And additional pages if necessary.  Product Name Komeen Quantity Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product)  EPA Reg. No. 67690-25 of product)  Application method:  a Aenally by fixed-wing lbs or gallons  b Aenally by fixed-wing lbs or gallons  b Aenally by totary aircraft lbs or gallons  c Land-based sprayer includes backpack, land vehicle mounted sprayer by surface applications; (Airboat with submerged trailing hoses)  (Bs or gallons)  (Airboat with submerged trailing hoses)			ity, TN. Applications occurred in	
d. Target Pest(s). Subserged vegetation (i.e., hydrille, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Materahield  4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Street: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terryg@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesicide Discharge Monitoring Plan (PDMP) before pesticide application: Wes no Noi Applicable  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 as in its or gallons. Add additional pages if necessary.  Product Name Komeen Quantity Applied (libs or gallons)  EPA Reg. No. 67690-25 gallons  EPA Reg. No. 67690-25 gallons  b Application method:  a Application method:  Application method:  a Aenally by fixed-wing bs or gallons  b Aenally by rotary aircraft bs or gallons  c Land based sprayer includes backpack. Individe mounted sprayers. high pressure canopy sprayer)  d Aquatic vehicle mounted sprayer bs or gallons  e W Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  fig. Chemipalion  b or gallons  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)				
A name and contact information for pesticide applicator(s) (or check here if same as provided in Section A).  Company Name: Aqua Services, Inc.  Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Montoring 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 its or gallons. Add additional pages if necessary.  Product Name Komeen Quantity Applied (libs or gallons  EPA Reg. No. 67690-25 of product): EPA Reg. No. 59639-161 of product): Application method:  a Aenally, by fixed-wing Ibs or gallons  b Aenally, by read-wing Ibs or gallons  c Land based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)  d Aquatic vehicle mounted sprayer  e W Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  f Chemigation  libs or gallons  ibs or gallons				
Street: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: X yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				hweed, Watershield
Streot: 23360 Highway 431  City: Guntersville State: A L ZIP Code: 35976  Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Xi yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 Name and contact information for pesticide applicator(s	(or check here if same	as provided in Section A);	
Contact Terry Goldsby  Prone 256-582-9101  E-mail terry@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application.   Enter the total amount of each pesticide product applied for the reponting year by the product name, EPA Registration Number(s) and by application method.  Circle if quantity indicated is in its or gallons: Add additional pages if necessary.  Product Name Komeen Quantity Applied (lbs or gallons of product):  EPA Reg. No. 67690-25 of product):  Application method:  a Aerially by fixed-wing   bis or gallons   c   Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer   bis or gallons   c   Land-based sprayer (includes metering, subsurface applications)   (Airrboat with submerged trailing hoses)   (Airrboat with submerged trailing hoses)	Company Name: Aqua Services, I	nc.		
Contact Terry Goldsby  Prone 256-582-9101  E-mail terryg@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Street: 23360 Highway 431			
E-mail terryg@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application.	City: Guntersville		State: A L ZIP Code: 35976	
E-mail terryg@aquaservicesinc.com  5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:	Contact Terry Goldsby			-
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:   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.  Product Name Komeen Quantity Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product):   EPA Reg. No. 59639-161 ogallons  Application method:   Applica	Prone 256-582-9101			
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:   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.  Product Name Komeen Quantity Applied (lbs or gallons)  EPA Reg. No. 67690-25 of product):   EPA Reg. No. 59639-161 ogallons  Application method:   Applica	E-mail terryg@aquaservicesing	.com		
EPA Reg. No. 67690-25 of product)  Application method:  A Aenally by fixed-wing by horizon aircraft by or gallons and vehicle mounted sprayer includes backpack, land vehicle mounted sprayer)  By Direct mixture (includes metering, subsurface applications)  A Quantity Applied (ibs or gallons of product)  BPA Reg. No. 59639-161 of product)  BPA Reg. No. 59639-161 of product)  Application method:  A Aenally by fixed-wing by foreign aircraft by or gallons contains and vehicle mounted sprayers, high pressure canopy sprayer)  BPA Reg. No. 59639-161 of product)  Application method:  A Aenally by fixed-wing by fixed-wing by fixed-wing by rotary aircraft by or gallons contains and vehicle mounted sprayer (includes backpack, libs or gallons)  I and vehicle mounted sprayer (includes backpack, libs or gallons)  By Direct mixture (includes metering, subsurface applications)  (Airboat with submerged trailing hoses)  By Olyper (includes metering subsurface applications) (Airboat with submerged trailing hoses)  By Olyper (includes metering subsurface applications) (Airboat with submerged trailing hoses)  By Olyper (includes metering subsurface) by or gallons (Airboat with submerged trailing hoses)  By Olyper (includes metering subsurface) by or gallons (Airboat with submerged trailing hoses)				
Product Name Komeen  Quantity Applied (lbs or gallons of product)  EPA Reg. No. 67690-25 of product)  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 sprayer)  d. Aquatic vehicle mounted sprayer e X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)  product Name Clipper  Ouantity Applied (lbs or gallons of product)  EPA Reg. No. 59639-161  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)  d. Aquatic vehicle mounted sprayer  b Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)  Chemigation  b Drect mixture (includes metering subsurface applications) (Airboat with submerged trailing hoses)  b Order mixture (includes metering subsurface applications) (Airboat with submerged trailing hoses)	S. Fotos the total account of activity addressed in your Pesticide	Discharge Monitoring P	lan (PDMP) before pesticide application: X Yes No	☐ Not Applicable
EPA Reg. No. 67690-25 of product)  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)  d. Aquatic vehicle mounted sprayer  e X Direct mixture (includes metering, subsurface applications)  (Airboat with submerged trailing hoses)  for Other (specific)  Application method:  b Aerially by fixed-wing lbs or gallons  c Land-based sprayer (includes backpack, land vehicle mounted sprayer)  b land vehicle mounted sorayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  lbs or gallons  a X Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)	Circle if quantity indicated is in lbs or gallons: Add additi	for the reporting year by onal pages if necessary.	the product name, EPA Registration Number(s) and by applications	ation method
EPA Reg. No. 67690-25 of product):  Application method:  a			Product Name Clipper	Quantity Applied (lbs or
Application method:  a Aerially by fixed-wing			EPA Reg. No. 59639-161	galons
a Aerially by fixed-wing lbs or gallons b. Aerially by rotary aircraft lbs or gallons c. Land-based sprayer includes backpack. lbs or gallons pressure canopy sprayer) d. Aquatic vehicle mounted sprayer lbs or gallons e. X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)  Aerially by fixed-wing lbs or gallons  b. Aerially by rotary aircraft lbs or gallons c. Land based sprayer (includes backpack, lbs or gallons land vehicle mounted sprayer, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer lbs or gallons subsurface applications) (Airboat with submerged trailing hoses) (Airboat with submerged trailing hoses)  Content with submerged trailing hoses) (Airboat with submerged trailing hoses)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		of product):
b Aerially by rotary aircraft bs or gallons c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer bs or gallons e. X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)  c. Land based sprayer (includes backpack, lbs or gallons land vehicle mounted sprayer)  d. Aquatic vehicle mounted sprayer lbs or gallons e. X Direct mixture (includes metering subsurface gaplications) (Airboat with submerged trailing hoses)  c. Land based sprayer (includes backpack, lbs or gallons	a Aenally by fixed-wing	lbs or gallons		the orgalians
c Land-based sprayer (includes backpack.  land vehicle mounted sprayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  e X Direct mixture (includes metering, subsurface applications)  (Airboat with submerged trailing hoses)  c. Land based sprayer (includes backpack, land vehicle mounted sprayer, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  lbs or gallons  e. X Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  c. Land based sprayer (includes backpack, land vehicle mounted sprayer)  lbs or gallons  e. X Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  c. Land based sprayer (includes backpack, land vehicle mounted sprayer)  lbs or gallons  ibs or gallons	b. Aerially by rotary aircraft	lbs or gallons		75 100
land vehicle mounted sprayers, high pressure canopy sprayer)   land vehicle mounted sorayers, high pressure canopy sprayer)   land vehicle mounted sprayer   land ve	c Land-based sprayer (includes backpack,	Alternative of Policy Server		
e X Direct mixture (includes metering.  subsurface applications) (Airboat with submerged trailing hoses)  Chemigation  (By or gallons)  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)	pressure canopy sprayer)		land vehicle mounted sorayers, high	ibs or gallons
e. X Direct mixture (includes metering, subsurface applications)  (Airboat with submerged trailing hoses)  (Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  (Airboat with submerged trailing hoses)  (Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)  (Direct mixture (includes metering subsurface applications)  (Airboat with submerged trailing hoses)	<u>200</u> 7	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
(Airboat with submerged trailing hoses)  [ Other (specific tons) (		351 lbs o gallon	e. X Direct mixture (includes metering subsurface	COMMISSION OF THE PROPERTY OF
Ds or gallons lbs or gallons	(Airboat with submerged trailing	hoses)	applications) (Airboat with submerged trailing)	1
CONTRACTOR SERVICES		ibs or gallons		100 march 100 ma
ibs or gallonsibs or gallons	a La Constitution of the C	lbs or gallons	у)	ibs or gallons

C. Pest Management Area(s) (c	rea additional man	P 1.5	
Day M	ise additional page	s for each Pest Management Area)	
Pest Management Area# 3 of ## 5			
Have any discharges from pest control activities occur	irred in this calendar year?		
year. Proceed to section D.	alendar year. Note: Checki	ing this box completes Section C if you had no discharge from	pest control activities this
b. X Yes, Proceed to question 2.			30111113
2. Indicate the pesticide use pattern for the Pest Manage	ement Area		
a. Mosquito and Other Flying insect Pest Control	b X Weed and Alga	a Part Control	
c Animal Pest Control	d. Forest Canopy		
3. For each treatment area (use additional pages for each		rest Control	
a Provide a description of the treatment area within	this Post Management An	Co. Including least - 4	
Pickwick Reservoir, Tennessee	River. A total	of 4 sites within the 43,100 acre res	arroir
were treated in calendar year		in the 15/100 date 168	ETVOIT
b. Size of treatment area (in acres or linear feet).	21_acres or linear	feet	
c. Name or location of any waters of the state to wh			
Pickwick Reservoir (Tennessee Rive		y, TN. Applications occurred in	
		, parks, piers, and non-profit camps.	
d. Target Pest(s): <u>Submerged vegetation (i.e.</u> ,	hydrilla, southern nai	ad, spinyleaf naiad, American pondweed, small pond	weed, Watershield
4 Name and contact information for pesticide applicator(	s) (or check here if same a	s provided in Section A).	593
Company Name: Aqua Services, I		Committee on the American section of the Committee of the	
Street: 23360 Highway 431			
City Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			
Phone 256-582-9101			
E-mail terryg@aquaservicesin	C.COM		
<ol> <li>Was this pest control activity addressed in your Pesticion</li> </ol>	de Discharge Monitoring Pl	an (PDMP) before pesticide application; X Yes No	Not Applicable
<ol> <li>Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add add</li> </ol>	d for the reporting year by ti itional pages if necessary.	he product name, EPA Registration Number(s) and by applications	ation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name Current	Quantity Applied (lbs or
EPA Reg. No. 100-1390	gallons of product):	EPA Reg. No. 70506-248	galons
Application method:		Application method	of product):
a Aenally by fixed-wing	lbs or gallons	a. Aenally by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aenally by rotary aircraft	
c Land-based sprayer (includes backpack,	lbs or gallons	c. Land-based sprayer (includes backpack.	ibs orgalions
land vehicle mounted sprayers, high pressure canopy sprayer)	105 07 ganons	land vehicle mounted sorayers, nigh pressure canopy sprayer)	Ibs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	the propilione
e. X Direct mixture (includes metering,	24 lbs o gallons	e. X Direct mixture (includes metering subsurface	lbs or gallons
subsurface applications) (Airboat with submerged trailing		applications) (Airboat with submerged trailing )	36 lbs orgalions
1 Chemigation	ibs or gallons	stating i	lbs orgalions
g. Other (specify):	ibs or gallons	у).	ibs or gallons
			300013

C. Pest Management Area(s)	(use additional pages	for each Pest Management Area)	
Pest Management Area# 3 of ## 5		Tanagement Area)	
<ol> <li>Have any discharges from pest control activities o</li> </ol>	Courred in this calendar year?		
a. No discharge from pest control activities th	is calendar year. Note: Checkin	g this box completes Section C if you had no cischarge fro	
b. X Yes. Proceed to question 2.		g and box completes Section C. if you had no discharge fro	om pest control activities this
Indicate the pesticide use pattern for the Pest Man     a.			
	trol b X Weed and Algae	Pest Control	
c  Animal Pest Control	d Forest Canopy P	est Control	
For each treatment area (use additional pages for a Provide a description of the treatment area will be a provided as a pro	each treatment area).		
The treatment area Wi	thin this Pest Management Area	a, including location description.	
FICKWICK RESERVOIT, Tennesse	ee River. A total o	of 4 sites within the 43,100 acre re	servoir
were treated in calendar year			
<ul> <li>b. Size of treatment area (in acres or linear feet).</li> </ul>	linear f	eet	
c. Name or location of any waters of the state to	which discharges occurred.		
Pickwick Reservoir (Tennessee Ri	ver) in Hardin County,	TN. Applications occurred in	
the vicinity of public recreation	n areas such as ramps,	parks, piers, and non-profit camps.	
d Target Pest(s): Submerged vegetation (i.e.	hudeilla austras/-	4	
		d, spinyleaf naiad, American pondweed, small por	dweed, Watershield
4 Name and contact information for pesticide applicat	or(s) (or check here if same as	provided in Section A).	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431	25		
Street: 23360 Highway 431			
City Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			
Prone 256-582-9101			
E-mail terryg@aquaservices	inc.com		
5. Was this pest control activity addressed in your Pest	icide Discharge Monitoring Plan	n (PDMP) before pesticide application: X Yes No	Пинальны
<ol><li>Enter the total amount of each pesticide product ann</li></ol>	lied for the reporting was by the	e product name, EPA Registration Number(s) and by appli-	☐ Not Applicable
	dditional pages if necessary.	appli	cation method.
Product Name Komeen	Quantity Applied (lbs or	Product Name Nautique	Quantity Applied (lbs or
EPA Reg. No. 67690-25	gallons of product):	EPA Reg. No.67690-10	galons
Application method:		Application method	of product)
a Aerially by fixed-wing	lbs or gallons	a. Aenally by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	_
c Land-based sprayer (includes backpack.	ibs or gallons	c. Land based sprayer (includes backpack.	Ibs orgalions
land vehicle mounted sprayers, high pressure canopy sprayer;		land vehicle mounted sorayers, high	ibs or gallons
d. Aquatic vehicle mounted sprayer	Inc as called	pressure canopy sprayer)	
e. X Direct mixture (includes metering,	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gailons
subsurface applications) (Airboat with submerged trail:	81 lbs o gallon	e. X Direct mixture (includes metering subsurface applications)	45 lbs orgalions
Chemigation	ing hoses)lbs or gallons	(Airboat with submerged trailing	
g. Other (specify):	rus or gallons		the proplace
·	lbs or gallons	y)	ibs or gallons

C. Pest Management Area(s) (use additional pages for each Pest Management Area)  Pest Management Area# 4 of ## 5  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 complates Section C if you had no discharge from pest control activities this calendar year. Note: Checking this box complates Section C if you had no discharge from pest control activities this calendar year. Note: Checking this box complates Section C if you had no discharge from pest control by Yes. Proceed to question 2.  2. Indicate the pesticide use pattern for the Pest Management Area:  a Mosquito and Other Flying insect Pest Control by Weed and Algae Pest Control  c Animal Pest Control different area (use additional pages for each treatment area).  a. Provide a description of the treatment area within this Pest Management Area, including location description.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10 acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in the vicinity of multiply of multiple of multi	rdies this
<ol> <li>Have any discharges from pest control activities occurred in this calendar year?</li> <li>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. Proceed to section D.</li> <li>b. Yes. Proceed to question 2.</li> <li>Indicate the pesticide use pattern for the Pest Management Area:         <ul> <li>a. Mosquito and Other Flying insect Pest Control</li> <li>b. Weed and Algae Pest Control</li> </ul> </li> <li>c. Animal Pest Control</li> <li>d. Forest Concept Pest Control</li> <li>a. Provide a description of the treatment area within this Pest Management Area, including location description.         <ul> <li>Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.</li> <li>b. Size of treatment area (in acres or linear feet): 10 acres or linear feet.</li> <li>c. Name or location of any waters of the state to which discharges occurred.             Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in     </li> </ul></li></ol>	rities this
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. Proceed to section D.  b. X Yes. Proceed to question 2.  lindicate the pesticide use pattern for the Pest Management Area:  a. Mosquito and Other Flying insect Pest Control  b. X Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Concept 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.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10 acres or linear feet  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	rities this
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 Concpy 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.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10   acres or   linear feet.  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	dies this
a. Mosquito and Other Flying insect Pest Control  b. Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Concpy 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.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10   acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
a. Mosquito and Other Flying insect Pest Control  b. Weed and Algae Pest Control  c. Animal Pest Control  d. Forest Concpy 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.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10   acres or linear feet.  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
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 Post Management Area, including location description.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10   acres or   linear feet  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
a. Provide a description of the treatment area within this Pest Management Area, including location description.  Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10	
Beech Reservoir, Beech River. A total of 4 sites within the 875 acre reservoir  were treated in calendar year 2017.  b. Size of treatment area (in acres or linear feet): 10   acres or   linear feet.  c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
b. Size of treatment area (in acres or linear feet): 10   acres or   linear feet    c. Name or location of any waters of the state to which discharges occurred    Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
b. Size of treatment area (in acres or linear feet): 10	
c. Name or location of any waters of the state to which discharges occurred.  Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
Beech Reservoir (Beech River) in Henderson County, TN. Applications occurred in	
the vicinity of public recreation areas such as year	
the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.	
d. Target Pest(s): Submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershie	eld
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A).	
Company Name: Aqua Services, Inc.	
Street: 23360 Highway 431	
City: Guntersville State: A L 710 Code: 35976	
Contact Terry Goldsby	
Prone 256-582-9101	
E-mail terryg@aquaservicesinc.com	
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes No Not Applicable	e
<ol><li>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 it necessary.</li></ol>	
Product Name Tribune Quantity Applied (lbs or Product Name Clipper Quantity Applied	d (lbs or
EPA Reg. No. 100-1390 gallons of product) EPA Reg. No. 59639-161 gallons of product)	
Application method: Application method:	- 1
a Aerially by fixed-winglbs or gallons a Aerially by fixed-winglbs or gallons	lons
b. Aerially by rotary aircraftlbs or gallons b. Aerially by rotary aircraftlbs or gallons	llons
c Land-based sprayer (includes backpack, lbs or gallons c. Land based sprayer (includes backpack, land vehicle mounted sprayers, high land vehicle mounted sprayers, high pressure canopy sprayer)  c. Land-based sprayer (includes backpack, lbs or gallons land vehicle mounted sprayers, high pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayeribs or gallons d. Aquatic vehicle mounted sprayer lbs or gallons	lions
e. X Direct mixture (includes metering. 20 lbs o gallons e. X Direct mixture (includes metering subsurface 20 lbs o gallons)	
(Airboat with submerged trailing hoses) (Airboat with submerged trailing hoses)	-
g Other (specify):	lons
lbs or gallonslbs or gallons	ions

C. Pest Management Area(s)	use additional name	s for each Pest Management Area)	
Pest Management Area# 4 of ## 5	use additional page	s for each Pest Management Area)	
Have any discharges from pest control activities occ     A. No discharge from pest control activities occ	curred in this calendar year?		
year. Proceed to section D.	calendar year. Note: Checki	ng this box completes Section C if you had no discharge from	n pest control activities this
Yes. Proceed to question 2.			All Development of the Control of th
2. Indicate the pesticide use pattern for the Pest Mana	gement Area:		
a Mosquito and Other Flying Insect Pest Control	b Weed and Algae	Pest Control	
c Animal Pest Control	d. Forest Canopy f		
3. For each treatment area (use additional pages for ea	ach treatment area).		
<ul> <li>Provide a description of the treatment area with</li> </ul>	in this Post Management Are	a, including location description.	
Beech Reservoir, Beech River	. A total of 4 si	tes within the 875 acre reservoir	
were treated in calendar year	2017.	•	
b. Size of treatment area (in acres or linear feet):	10 acres or linear	feet	
c. Name or location of any waters of the state to w			
Beech Reservoir (Beech River) in	Henderson County, TN	. Applications occurred in	
		, parks, piers, and non-profit camps.	***************************************
		ad, spinyleaf naiad, American pondweed, small pon-	
			dweed, Watershield
4. Name and contact information for pesticide applicator	r(s) (or check here if same as	provided in Section A):	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
Manager Control State (Control State			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			_
Phone 256-582-9101			
E-mail terryg@aquaservicesi	ng gem		
<ol><li>Was this pest control activity addressed in your Pestic</li></ol>	ide Discharge Monitoring Pla	n (PDMP) before pesticide application; X Yes No	☐ Not Applicable
<ol><li>Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons. Add add</li></ol>	ed for the reporting year by the	e product name, EPA Registration Number(s) and by applic	ation method.
Product Name Current			
	Quantity Applied (lbs or gallons	Product Name	Quantity Applied (lbs or
EPA Reg. No. 70506-248	of product):	EPA Reg. No.	galons of product):
Application method:  a.   Aerially by fixed-wing	No. and and the	Application method:	
b. Aerially by rotary aircraft	lbs or gallons	a. Aenally by fixed-wing	lbs or gallons
c Land-based sprayer includes backpack.	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	lbs or gallons	<ul> <li>Land based sprayer (includes backpack, land vehicle mounted sorayers, nigh pressure canopy sprayer)</li> </ul>	lbs orgalions
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
<ul> <li>e. X Direct mixture (includes metering, subsurface applications)</li> </ul>	50 lbs o gallons	Direct mixture (includes metering subsurface applications)	lbs or gallens
[ Airboat with submerged trailing Chemigation	ng hoses)	(Airboat with submerged trailing)	noses)
g. Other (speafy):	ibs or gallons	у)	lbs or gallons
	lbs or gallons		lbs or gallons

Pest Managen	The state of the s	(use additional page)	for and David	
	nent Area# 5 of ## 5	ase additional page:	s for each Pest Management Area)	
1. Have any disci	harms from sext and			
a. No disc	harges from pest control activities oc charge from pest control activities this roceed to section D	curred in this calendar year? s calendar year. Note: Checkir	ing this box completes Section C if you had no discharge froi	m ocal
b. X Yes, Pro	ceed to question 2.		, and a ge no	in pest control activities this
	sticide use pattern for the Pest Mana	Demont Area		
a. Mosquit	to and Other Flying Insect Pest Contri	ol b X Weed and Algae	Pest Control	
c 🔲 Anım	al Pest Control	d. Forest Canopy F	est Control	
<ol><li>For each treatm</li></ol>	nent area (use additional pages for ea	ach treatment area);		
a Provide a	description of the treatment area with	nin this Post Management Arc	a, including location description.	
Watts	Bar Reservoir, Tenness	ee River. A total	of 4 sites within the 39,090 acre re	eservoir
were t	reated in calendar year	r 2017.		
b. Size of trea	atment area (in acres or linear feet):	29 acres or linear	feet	
c. Name or lo	ocation of any waters of the state to w	which discharges occurred:		
Watts F	Bar Reservoir (Tennessee R	iver) in Roane Co., T	N. Applications occurred in	
			, parks, piers, and non-profit camps.	
v. rangerres	submerged vegetation (i.e.,	, hydrilla, southern nais	ad, spinyleaf naiad, American pondweed, small pon	dweed, Watershield
Name and conta	act information for pesticide applicato	or(s) (or check here if same as	provided in Section A).	
Company Nan	ne: Aqua Services,	Inc.		
Ctrant	22260 11: 1			
Street:	23360 Highway 431			
City:	Guntersville		State: A L ZIP Code: 35976	
City: Contact	Guntersville Terry Goldsby		State: A L ZIP Code: 35976	_
District #46	-		State: A L ZIP Code: 35976	
Contact	Terry Goldsby	DC. COM	State: A L ZIP Code: 35976	
Contact Prione E-mail: =	Terry Goldsby 256-582-9101 terryg@aquaservicesi		ZIF COOR. 33370	
Contact Prone E-mail. = Was this pest co	Terry Goldsby  256-582-9101  terryg@aquaservicesi  phyrol activity addressed in your Pesie	cide Discharge Monitoring Pla	n (PDMP) before pesticide application: X Yes No	☐ Not Applicable
Contact Prone E-mail: = Was this pest co	Terry Goldsby  256-582-9101  terryg@aquaservicesi  phyrol activity addressed in your Pesie	cide Discharge Monitoring Pla	ZIF COOR. 33370	☐ Not Applicable cation method.
Contact Prone E-mail. = Was this pest co Enter the total ar Circle if quantity	Terry Goldsby  256-582-9101  terryg@aquaservicesi  privol activity addressed in your Peslik  mount of each pesticide product appli	cide Discharge Monitoring Pla ied for the reporting year by th Iditional pages if necessary. Quantity Applied (lbs or	n (PDMP) before pesticide application: X Yes No	Not Applicable cation method.  Quantity Applied (lbs or
Contact  Prone  E-mail: =  Was this pest co  Enter the total ar Circle if quantity  Product N	Terry Goldsby  256-582-9101  terryg@aquaservicesi  ontrol activity addressed in your Pesik mount of each pesicide product appli- indicated s in ibs or gallons: Add add	cide Discharge Monitoring Pla led for the reporting year by th Iditional pages if necessary. Quantity Applied (lbs or gallons	in (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by applic	Quantity Applied (lbs or gallons
Prone E-mail: = Was this pest co Enter the total ar Circle if quantity Product N EPA Reg	Terry Goldsby  256-582-9101  terryg@aquaservicesi  mount of each pesticide product appli- indicated is in ibs or gallons: Add ad  Name Tribune  1. No. 100-1390	cide Discharge Monitoring Pla ied for the reporting year by th Iditional pages if necessary. Quantity Applied (lbs or	nn (PDMP) before pesticide application: XX Yes No e product name, EPA Registration Number(s) and by application Product Name Current  EPA Reg. No. 70506-248	Cation method.  Quantity Applied (lbs or
Prone E-mail.  Was this pest co Enter the total ar Circle if quantity Product N EPA Reg	Terry Goldsby  256-582-9101  terryg@aquaservicesi  mount of each pesticide product appli- indicated is in ibs or gallons: Add ad  Name Tribune  1. No. 100-1390	cide Discharge Monitoring Pla led for the reporting year by th Iditional pages if necessary. Quantity Applied (lbs or gallons	nr (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application Product Name Current  EPA Reg. No. 70506-248  Application method	Quantity Applied (lbs or gallons of product):
Contact  Prone  E-mail. =  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  polication method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  partrol activity addressed in your Pestic  mount of each pesticide product appli- indicated is in libs or gallons: Add ad  Name Tribune  1. No. 100-1390	cide Discharge Monitoring Platied for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):	n (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application Name Current  EPA Reg. No. 70506-248  Application method  a. Aenally by fixed-wing	Quantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  polication method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  ontrol activity addressed in your Pestic  mount of each pesticide product appli- indicated is in lbs or gallons: Add ad  Name Tribune  1. No. 100-1390  d:  Illy by fixed-wing  Illy by fixed-wing  Illy by rotary aircraft  based sprayer (includes backpack)	cide Discharge Monitoring Plated for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):	in (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application Name Current  EPA Reg. No. 70506-248  Application method  a. Aerially by fixed-wing  b. Aerially by rotary aircraft	Quantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  E-mail:  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  polication method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  ontrol activity addressed in your Pestic mount of each pesticide product appli- indicated is in lbs or gallons: Add ad  Name Tribune  1. No. 100-1390  f:  Illy by fixed-wing  Illy by fixed-wing	cide Discharge Monitoring Platied for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):	in (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application Name Current  EPA Reg. No. 70506-248  Application method  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. Lond based sprayer (includes backpack, land vehicle mounted sorayers, high	Quantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  polication method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  control activity addressed in your Pestic  mount of each pesticide product appli- indicated is in lbs or gallons: Add ad  Name Tribune  1. No. 100-1390  d:  Illy by fixed-wing  Illy by fixed-wing  Illy by rotary aircraft  based sprayer (includes backpack, ehicle mounted sprayers, high	cide Discharge Monitoring Plated for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):	in (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application Name Current  EPA Reg. No. 70506-248  Application method  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. Lond based sprayer (includes backpack, land vehicle mounted sorayers, high pressure canopy sprayer)	Quantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  Application method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi mount of each pesticide product applicated is in the or gallons. Add ad Name Tribune  1. No. 100-1390  d:  Illy by fixed-wing Illy by rotary aircraft based sprayer (includes backpack, ehicle mounted sprayer) tic vehicle mounted sprayer mixture (includes metering,	cide Discharge Monitoring Platied for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):	n (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application number (s) and by application method:  a. Aenally by fixed-wing b. Aenally by rotary aircraft c. Land based sprayer (includes backpack, land vehicle mounted sorayers, high pressure canopy sprayer) d. Aquatic vehicle mounted sprayer	Ouantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  Was this pest co Enter the total ar Circle if quantity  Product N  EPA Reg  Application method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  mount of each pesticide product applicated is in the or gallons: Add add Name Tribune  1. No. 100-1390  d:  Illy by fixed-wing Illy by rotary aircraft based sprayer (includes backpack, ehicle mounted sprayers, high ure canopy sprayer)  tic vehicle mounted sprayer  mixture (includes metering, flace applications) boat with submerged traili	cide Discharge Monitoring Plated for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):    bs or gallons     compared to the product of the product o	n (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application application and by application application method  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. Land based sprayer (includes backpack, land vehicle mounted sorayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  e. Direct mixture (includes metering subsurface applications)	Ouantity Applied (lbs or gallons of product):
Contact  Prone  E-mail:  Was this pest co  Enter the total ar Circle if quantity  Product N  EPA Reg  Application method  a	Terry Goldsby  256-582-9101  terryg@aquaservicesi  mount of each pesticide product appliindicated is in the or gallons: Add ad Name Tribune  1. No. 100-1390  d:  Illy by fixed-wing Illy by rotary aircraft based sprayer (includes backpack, ehicle mounted sprayers, high ure canopy sprayer)  tic vehicle mounted sprayer mixture (includes metering, flace applications)	cide Discharge Monitoring Plated for the reporting year by the Iditional pages if necessary.  Quantity Applied (lbs or gallons of product):    bs or gallons     compared to the product of the product o	In (PDMP) before pesticide application: X Yes No e product name, EPA Registration Number(s) and by application number (s) and by application number (s) and by application method  a. Aenally by fixed-wing  b. Aenally by rotary aircraft  c. Land based sprayer (includes backpack, land vehicle mounted sorayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  e. Direct mixture (includes metering subsurface	Ouantity Applied (lbs or gallons of product):

C. Pest Management Area(s) (us	e additional pages	for each Pest Management Area)	
Pest Management Area# 5 of ## 5		3	
Have any discharges from pest control activities occurr	ed in this calendar year?		
<ul> <li>a.          No discharge from pest control activities this call year. Proceed to section D.     </li> </ul>	endar year. Note, Checking	this box completes Section C if you had no discharge from	n pest control activities this
b. X Yes. Proceed to question 2.			
Indicate the pesticide use pattern for the Pest Managen	ient Area;		
<ul> <li>a. Mosquito and Other Flying insect Pest Control</li> </ul>	b X Weed and Algae I	Pest Control	
c  Animal Pest Control	d Forest Canopy Pe	est Control	
3. For each treatment area (use additional pages for each	treatment area).		
Provide a description of the treatment area within to	nis Pest Management Area	, including location description.	
		of 4 sites within the 39,090 acre re	servoir
were treated in calendar year 2	017.		
b. Size of treatment area (in acres or linear feet): 29		eet	
<ul> <li>Name or location of any waters of the state to which</li> </ul>			
Watts Bar Reservoir (Tennessee Rive			
the vicinity of public recreation as	reas such as ramps,	parks, piers, and non-profit camps.	A Million and a
d Target Pest(s) Submerged vegetation (i.e. h	drilla southern naiad	, spinyleaf naiad, American pondweed, small pond	
			Weed, Watershield
4. Name and contact information for pesticide applicator(s)	(or check here if same as p	provided in Section A):	
Company Name: Aqua Services, Ir	ic.		
Street: 23360 Highway 431			
City: Guntersville		State A L ZIP Code: 35976	
Contact Terry Goldsby			-
Prone 256-582-9101			
E-mail terryg@aquaservicesinc	.com		
5 Was this nest control activity addressed in your Partial to	D		
5. Was this pest control activity addressed in your Pesticide	Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
<ol><li>Enter the total amount of each pesticide product applied f Circle if quantity indicated is in lbs or gallons. Add addition</li></ol>	or the reporting year by the anal pages if necessary:	product name, EPA Registration Number(s) and by applications	ation method
Product Name Nautions	Quantity Applied (lbs or	ProductName Weedar64	Quantity Applied (lbs or
FDA Pag No 67600 10	gallons of product):	EPA Reg. No. 70506-248	galons
Application method:	n producty		of product):
a Aenally by fixed-wing	lbs or gallons	Application method:  a. Aerially by fixed-wing	16.00.000
b. Aerially by rotary aircraft	ibs or gallons	b. Aerially by rotary aircraft	ibs or gallons
c Land-based sprayer (includes backpack,	ibs or gallons	c. Land based sprayer (includes backpack.	lbs orgalions
land vehicle mounted sprayers, high pressure canopy sprayer)	iba or gallotta	land vehicle mounted sprayers, high pressure canopy sprayer)	lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. X Direct mixture (includes metering,	11.5ibs o gallon	e. X Direct mixture (includes metering subsurface	
subsurface applications) (Airboat with submerged trailing Chemigation		applications) (Airboat with submerged trailing )	100 0 (1011)
g. Other (specify):	ibs or gallons		lbs or gallons
2. Li ovo (prodij).	lbs or gallons	()	ibs or gallons

		-	
D.	Certi	ticat	ion

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 information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant statement is subject to the penaltics of perjury.

is subject to the penal	ties of perjury.	s and the second
ime: Frank B.	Edmondson	
irector, Natura	l Resources	
fbedmondson@tv	a.gov	
Responsible -	SLECH	Date: 02 06 2018
nnual Report Prepa	arer (Complete if the Annual Report w	vas prepared by someone other than the certifier)
on: <u>Tennessee 1</u>	Valley Authority, Water Permit	s, Compliance, and Monitoring
423-751-3948		Date: 01 25 2018
chreed@tva.go	V	
	rector, Natura  fbedmondson@tv  Responsible  nnual Report Prepa  Chad Reed  Tennessee V  423-751-3948	irector, Natural Resources  fbedmondson@tva.gov  Responsible  INCL  Innual Report Preparer (Complete if the Annual Report work Chad Reed  On: Tennessee Valley Authority, Water Permit



## 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 Plant 7 of the province of the following the previous calendar years as detailed in Plant 7 of the province of the following the following the province of the following the

periods detriles covered under the permit occurring during the previous calendar year as detailed in Ded 7 - 14
A. General Information  1. NPDES Permit Tracking TIND 1.0.0.0.0.0.
Number: TNP100009
2. Operator Name: Tennessee Valley Authority -Natural Resources
a Street 3696 Alabama Highway 69 b City Guntersville e. Telephone: 256-571-4289
4. Contact Information
a. Contact Name: David G. Brewster
Manager - Natural Resource Management, West Operations
dgbrewster@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 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:
5. 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 t	or each Pest Management Area)	
Pest Management Area#_1 of ##_1	nadironal pages i	of each rest Management Area)	
Have any discharges from pest control activities oc			
a. No discharge from pest control activities this	s calendar year. Note Chapting		
year. Proceed to section D.	void year. Note, Checking	this box completes Section C if you had no discharge from	m past control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Mana			
a. Mosquito and Other Flying insect Pest Contr	ol b X Weed and Algae P	Pest Control	
c Animal Pest Control	d. Forest Canopy Pes	st Control	
3. For each treatment area (use additional pages for e	ach treatment area).		
<ul> <li>Provide a description of the treatment area wit</li> </ul>	hin this Post Management Area.	including location description.	
Vegetation control on res	ervoir land tracts	s and levees	
	which discharges occurred.	Kinley Branch Sub-impoundment (1	2 acres)
and Washington Ferry Wild	dlife Management A	rea Sub-impoundment (13 acres)	
d Target Pest(s): Giant Cutgrass			
4. Name and contact information for pesticide applicate			
A CONTROL OF THE VICTOR OF THE PARTY OF THE		rovided in Section A): [X]	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
City: Guntersville		a 111 1	
		Stale: ZIP Code: 35976	_
Contact Terry Goldsby			
Prone 256-582-9101			
E-mail terryg@aquaservices.	COM		
<ol> <li>Was this pest control activity addressed in your Pest</li> </ol>	icide Discharge Monitoring Plan	(PDMP) before pesticide application X Yes No	☐ Not Applicable
<ul> <li>b. Enter the total amount of each pesticide product applications. Add according in the product application of the product application.</li> </ul>	lied for the reporting year by the diditional pages if necessary.	product name, EPA Registration Number(s) and by applic	ation method
Product Name Rodeo®	Quantity Applied (lbs or	ProductName Habitat®	Quantity Applied (lbs or
EPA Reg. No. 62719-324	gallons of product):	EPA Reg. No. 241-426-67690	galons of croduct):
Application method:		Application method	or product)
a Aenally by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	Ibs or gallons
<ul> <li>Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)</li> </ul>	ibs or gallons	<ul> <li>Land based sprayer (includes backpack, land vehicle mounted sorayers, nigh pressure canopy sprayer)</li> </ul>	lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
<ul> <li>e. Direct mixture (includes metering, subsurface applications)</li> </ul>	lbs or gallons	Direct mixture (includes metering, subsurface applications)	lbs or gallons
Chemigation Airboat and har	nd lbs or gallons	X Airboat and hand	lbs or gallons
g. [X] Other (speafy): spray guns	12.5 lbs o gallons		12.5 lbs of gallons
-F-7 5		obral Amio	-2.5 tos o gations

	£ 2		
.,	Certi	11/201	
	CILI	111.01	111711

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 information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant statement is subject to the penalties of perjury.

Printed Name: Frank B. Edmondson	
Title: Director, Natural Resources	
E-Mail: fbedmondson@tva.gov	
Signature/Responsible Official:	Date: [0 2] [0 6] [2 0 18]
Annual Report Preparer (Complete if the Annual Report was prepared b	y someone other than the certifier)
Preparer Name: Chad Reed	
Organization: TVA Environmental Permits, Compliance,	and Monitoring
Phone: 423 751 3948 N/A	Date: 01 25 2018
E-Mail: <u>chreed@tva.gov</u>	



## 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.

permit occurring during the previous calendar year as detailed in Part 7 of the permit.
A. General Information
1. NPDES Permit Tracking Number: TNP100009
2 Operator Name: Tennessee Valley Authority - Land and River Management
3. Operator Contact Information: a. Street: 1101 Market Street, BR 4A b City: Chattanooga
e. Telephone: 423 - 751 - 2201
a Contact Information. a Contact Name: Terry E. Cheek
b. Title: Senior Manager - Water Permits, Compliance, and Monitoring
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:
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)	
Post Management 1	(use additional pages	for each Pest Management Area)	
Pest Management Area#_1 of ##_1			
Have any discharges from pest control activities oc	curred in this calendar year?		
year. Proceed to section D.	calendar year. Note. Checkin	g this box completes Section C if you had no discharge from	n pest control activities this
<ol> <li>Yes. Proceed to question 2.</li> </ol>			
2. Indicate the pesticide use pattern for the Pest Mana	igement Area		
a Mosquito and Other Flying Insect Pest Contr	ol b. Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy P		
3. For each treatment area (use additional pages for each		Cat Congress	
a. Provide a description of the treatment area with	nin this Pest Management Area	a, including location description:	
Vegetation control on and			
Mahar	•		
b. Size of treatment area (in acres or linear feet)	~153acres or linear	feet	
c. Name or location of any waters of the state to w	which discharges occurred.		
		ry Br. (Henderson Co.); Tennessee R. (Hardin, Mar	ion, Loudon Co.);
Beech River (Henderson Co.); Little Ter	nn. R. (Loudon Co.); Ocoe	e R. (Polk Co.); Duck R. (Bedford, Coffee Co.);	
(Sullivan, Washington Co.); Clinch Rive	er (Anderson, Campbell Co	.); French Broad River (Sevier Co.)	
d. Target Pest(s): Nuisance vegetation	1		
4. Name and contact information for pesticide applicate	or(s) (or check here if same as	provided in Section A) X	
Company Name:		And the second contract of the second contrac	
Street:			
City		20 X 1.1 L	
City:		State: ZIP Code:	_
Contact			
Phone		7	
E-mail:			
5. Was this pest control activity addressed in your Pesti			☐ Not Applicable
<ol><li>Enter the total amount of each pesticide product appl Circle if quantity indicated is in lbs or gallons. Add ad</li></ol>	ied for the reporting year by the ditional pages if necessary.	e product name, EPA Registration Number(s) and by applic	ation method.
Product Name Rodeo®	Quantity Applied (lbs or	Product Name Element 3A®	Quantity Applied (lbs or
EPA Reg. No. 62719-324	gallons of product)	EPA Reg. No. 62719-37	gallons
Application method:		Application method:	of product):
a. Aenally by fixed-wing	ibs or gallons	a Aenally by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b Aenally by rotary a reraft	lbs or gallons
c. X Land-based sprayer (includes backpack,	20.4 lbs or gallons	c X Land-based sprayer (includes backpack	Parameter Community Community
land vehicle mounted sprayers, high pressure canopy sprayer)	22.00	land vehicle mounted sprayers, high pressure canopy sprayer)	9.7 lbs or gallons
d  Aquatic vehicle mounted sprayer	lbs or gallons	d Aquatic vehicle mounted sprayer	lbs or gallons
e. Direct mixture (includes metering.	lbs or gallons	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications)		applications)	ios or galloris
f. Chemigation	lbs or gallons		lbs or gallons
g  Other (specify):	lbs or gallons	у)	lbs or gallons

and triangement Area(s)			
6	(use additional pages	for each Pest Management Area)	
Pest Management Area#_1 of ##_1_ (			
Have any discharges from pest control activities or	courred in this calendar year?		
<ul> <li>a. \( \sum \) No discharge from pest control activities the year, Proceed to section D,</li> </ul>	s calendar year. Note. Checkin	g this box completes Section C if you had no discharge fro	m pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Man	agement Area:		
a Mosquito and Other Flying Insect Pest Cont	rol b. X Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy Po		
3 For each treatment area (use additional pages for	each treatment area):		
<ul> <li>a. Provide a description of the treatment area will</li> </ul>			
Vegetation control on and	i in the vicinity	of TVA dams	
b. Size of treatment area (in acres or linear feet):	~153acres or linear f	teat	
c. Name or location of any waters of the state to		Settlet 1	
		ry Br. (Henderson Co.); Tennessee R. (Hardin, Ma:	rion founds (C. )
		e R. (Polk Co.); Duck R. (Bedford, Coffee Co.);	
(Sullivan, Washington Co.); Clinch Riv	er (Anderson, Campbell Co	.); French Broad River (Sevier Co.)	South Fork Holston R.
d. Targel Pest(s). Nuisance vegetatio			
4. Name and contact information for pesticide applical	or(s) (or check here if same as	provided in Section A). X	
Company Name:			
7			
Company Name:  Street:			
Street			
		State: ZIP Code:	_
Street		State: ZIP Code:	_
Street: City:		State: ZIP Code:	
Street: City: Contact Phone		State: ZIP Code:	
Street: City: Contact		State: ZIP Code:	
Street:  City:  Contact  Phone  E-mail:	ticide Discharge Monitoring Plan		- Not Applicable
Street:  City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pests. Enter the total amount of each pesticide product approximately addressed.	olied for the reporting year by the	n (PDMP) before pesticide application: 🔀 Yes 🗌 No	
Street:  City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pess	olied for the reporting year by the		
Street:  City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pests. Enter the total amount of each pesticide product approximately addressed.	olied for the reporting year by the	n (PDMP) before pesticide application: 🔀 Yes 🗌 No	cation method.
Street:  City:  Contact  Phone  E-mail:  5 Was this pest control activity addressed in your Pess 5. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons	n (PDMP) before pesticide application:   Yes No coproduct name, EPA Registration Number(s) and by application Product Name 2-4-D Amine 4®	Quantity Applied (lbs or gallons
Street:  City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pests. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a Product NameGarlan_3A®	blied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or	n (PDMP) before pesticide application: Yes No e product name, EPA Registration Number(s) and by application.  Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103	Cuantity Applied (lbs or
City:  Contact  Phone  E-mail:  5 Was this pest control activity addressed in your Pest 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a  Product Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:	olied for the reporting year by the additional pages if necessary.  Quantity Applied (lbs or gallons of product):	n (PDMP) before pesticide application: Yes No e product name, EPA Registration Number(s) and by application Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103  Application method:	Quantity Applied (lbs or gallons of product):
City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pest  Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a  Product NameGarlan_3A®  EPA_Reg. No. 62719-37	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons	n (PDMP) before pesticide application:   Yes No e product name, EPA Registration Number(s) and by application  Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103  Application method: a Aerially by fixed-wing	Quantity Applied (lbs or gallons of product): lbs or gallons
Street:  City:  Contact  Phone  E-mail:  Si Was this pest control activity addressed in your Pest control activity addressed in your Pest control activity addressed in your Pest control in the total amount of each pesticide product approduct if quantity indicated is in lbs or gallons. Add a Product Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:  a. Aerially by fixed-wing  b. Aerially by rotary aircraft	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons lbs or gallons	Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103  Application method:  a Aerally by fixed-wing  b Aerally by rotary a rcraft	Quantity Applied (lbs or gallons of product): lbs or gallonslbs or gallons
Street:  City:  Contact  Phone  E-mail:  Was this pest control activity addressed in your Pess  Entire the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a Product Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:  a. Aerially by fixed-wing	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons	n (PDMP) before pesticide application:   Yes No e product name, EPA Registration Number(s) and by application  Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103  Application method: a Aerialy by fixed-wing	Quantity Applied (lbs or gallons of product): lbs or gallons
Street:  City:  Contact  Phone  E-mail:  5 Was this pest control activity addressed in your Pest 5. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a  Product Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons lbs or gallons	Product Name 2-4-D Amine 4®  EPA Reg. No. 1381-103  Application method: a Aerially by fixed-wing b Aerially by rotary a rcraft c X Land-based sprayer (includes backpack land vehicle mounted sprayers, high	Cuantity Applied (lbs or gallons of product):  lbs or gallons lbs or gallons lbs or gallons
City:  Contact  Phone  E-mail:  So Was this pest control activity addressed in your Pest So Enter the total amount of each pesticide product approduct Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	olied for the reporting year by the idditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons lbs or gallons lbs or gallons	Product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied to product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Name 2-4-D Amine 4®  EPA Registration Number(s) and product Nu	Quantity Applied (lbs or gallons of product): lbs or gallonslbs or gallons
Crty:  Contact  Phone  E-mail:  5 Was this pest control activity addressed in your Pess 5. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a  Product NameGarlan_3A®  EPA Reg. No. 62719-37  Application method:  aAerially by fixed-wing  bAerially by rotary aircraft  c. [X] Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)  dAquatic vehicle mounted sprayer  eDirect mixture (includes metering.	olied for the reporting year by the dditional pages if necessary.  Quantity Applied (lbs or gallons of product):  lbs or gallons	Product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied by app	Cuantity Applied (lbs or gallons of product): lbs or gallonslbs or gallonslbs or gallonslbs or gallonslbs or gallonslbs or gallons
City:  Contact  Phone  E-mail:  5 Was this pest control activity addressed in your Pess 6. Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons. Add a  Product Name Garlan 3A®  EPA Reg. No. 62719-37  Application method:  a. Aerially by fixed-wing  b. Aerially by rotary aircraft  c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)  d. Aquatic vehicle mounted sprayer  e. Direct mixture (includes metering, subsurface applications)	olied for the reporting year by the diditional pages if necessary.  Quantity Applied (lbs or gallons of product): lbs or gallonslbs or gallons	Product Name 2-4-D Amine 4®  EPA Registration Number(s) and by applied by app	Cuantity Applied (lbs or gallons of product): lbs or gallonslbs or gallonslbs or gallonslbs 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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false

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E-Mail: dlbowling@tva.gov
Signature/Responsible David Bowly Date: 52 99 2018
Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)
Preparer Name: Chad Reed
Organization: TVA Environmental Permits, Compliance, and Monitoring
Phone: 423 751 3948 N/A Date: 02 07 2018
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