

From: [Reed, Chad Howard](#)
To: [Water Permits](#); [Elizabeth Rorie](#)
Cc: [Reed, Chad Howard](#)
Subject: TVA- Annual Reports for Pesticides General Permit TNP10000
Date: Thursday, February 14, 2019 7:23:24 AM
Attachments: [image001.png](#)
[image002.png](#)

Please see attached TVA annual reports for the Pesticides General Permit.

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

February 13, 2019

Tennessee Department of Environment
and Conservation
Division of Water Resources
Attn: Water-Based Systems Unit – Pesticide General Permit
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243

Dear Madam or Sir:

TENNESSEE VALLEY AUTHORITY (TVA) - RESOURCES AND RIVER MANAGEMENT -
ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBERS TNP100003 AND
TNP1000009 - 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 2018. These reports include:

1. Aquatic vegetation management in TVA reservoirs (TNP100003) and,
2. 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 chreed@tva.gov.

Sincerely,

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

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

Enclosures

Tennessee Department of Environment
and Conservation
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February 13, 2019

CHR:SMF
Enclosures

cc (Electronic Distribution w/Enclosures):

D. G. Brewster, FAB 1A-GVA
F. B. Edmondson, WTR 1A-GR
K. A. Love, SP 6B-C
M.T. Morrissey, MPB 1H-M
ECM, ENVrecords

Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)

Annual Reporting Form for the Pesticide General Permit (PGP)

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

A. General Information

1. NPDES Permit Tracking
Number: TNP100003
2. Operator Name: TVA - Aquatic Vegetation Management
3. Operator Contact Information:
a. Street: 3941 Brasher's Chapel Road
b. City: Guntersville
c. State: AL
d. ZIP: 35976
e. Telephone: 256-891-6608
4. Contact Information:
a. Contact
Name: David G. Brewster
b. Title: Manager, Natural Resource Management, West Operations
c. E-mail: 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:

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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:

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- b. Time: _____
- c. Who the Operator spoke with at the division: _____
- d. Instructions received from the division: _____
5. Date of submission of Thirty (30)-Day Adverse Incident Written Report:

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6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report:
- _____
- _____
- _____
- _____
- _____

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

Pest Management Area# 1 of ## 3

1. Have any discharges from pest control activities occurred in this calendar year?
- a ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area).

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

Chickamauga Reservoir, Tennessee River. A total of 29 sites within the 35,400 acre reservoir were treated in calendar year 2018.

- b. Size of treatment area (in acres or linear feet) 92.5 acres or _____ linear feet.

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

Chickamauga Reservoir (Tennessee River) in Hamilton, 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, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name Tribune

EPA Reg. No. 100-1390

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) _____ lbs or gallons
- d ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e ☒ Direct mixture (includes metering subsurface applications) 133 lbs or gallons
- f ☐ Chemigation (Airboat with submerged trailing hoses) _____ lbs or gallons
- g ☐ Other (specify): _____ lbs or gallons

Product Name Current

EPA Reg. No. 70506-248

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) _____ lbs or gallons
- d ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e ☒ Direct mixture (includes metering, subsurface applications) 325 lbs or gallons
- f ☐ Chemigation (Airboat with submerged trailing hoses) _____ lbs or gallons
- g ☐ Other (specify): _____ lbs or gallons

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

Pest Management Area# 1 of ## 3 (continued)

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area).

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

Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2018.

b. Size of treatment area (in acres or linear feet) 92.5 acres or _____ linear feet.

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

Chickamauga Reservoir (Tennessee River) in Hamilton, Meigs, and Rhea counties, TN. Applications occurred in the vicinity of public recreation areas such as ramps, parks, piers, and non-profit camps.

Submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield and cutgrass)

d. Target Pest(s) _____

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Rodeo

Quantity Applied (lbs or gallons of product):

EPA Reg. No. 62719-324

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering subsurface applications) 12.5 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Nautique

Quantity Applied (lbs or gallons of product):

EPA Reg. No. 67690-10

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering subsurface applications) 20 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

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

Pest Management Area# 1 of ## 3 (continued)

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area).

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

Chickamauga Reservoir, Tennessee River. A total of 31 sites within the 35,400 acre reservoir were treated in calendar year 2018.

b. Size of treatment area (in acres or linear feet) 92.5 acres or _____ linear feet.

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

Chickamauga Reservoir (Tennessee River) in Hamilton, 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, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Habitat

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. 241-426-67690

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering subsurface applications) 12.5 lbs or gallons
- f. ☐ Chemigation (Airboat with submerged trailing hoses) _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name _____

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. _____

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses) _____ lbs or gallons
- f. _____ lbs or gallons
- g. _____ lbs or gallons

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

Pest Management Area# 2 of ## 3

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

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

3. For each treatment area (use additional pages for each treatment area):

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

Nickajack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir were treated in calendar year 2018.

b. Size of treatment area (in acres or linear feet): 63 acres or _____ linear feet.

c. 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, piers, and non-profit camps.

d. Target Pest(s): submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Tribune

Quantity Applied (lbs or
gallons
of product)

EPA Reg. No. 100-1390

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) 117 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ y)

Product Name Current

Quantity Applied (lbs or
gallons
of product)

EPA Reg. No. 70506-248

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) 351 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ y)

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

Pest Management Area# 2 of ## 3

1. Have any discharges from pest control activities occurred in this calendar year?
- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

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

3. For each treatment area (use additional pages for each treatment area):

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

Nickajack Reservoir, Tennessee River. A total of 8 sites within the 10,370 acre reservoir were treated in calendar year 2018.

- b. Size of treatment area (in acres or linear feet) 63 acres or _____ linear feet.

- c. 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, piers, and non-profit camps.

- d. Target Pest(s): Submerged vegetation (i.e., hydrilla, southern naiad, spinyleaf naiad, American pondweed, small pondweed, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name	Quantity Applied (lbs or gallons of product)	Product Name	Quantity Applied (lbs or gallons of product)
<u>EPA Reg. No.</u>		<u>Clipper</u>	
<u>EPA Reg. No.</u>		<u>59639-161</u>	
Application method:		Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons
c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	_____ lbs or gallons	c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	_____ lbs or gallons
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)	_____ lbs or <u>gallons</u>	e. <input checked="" type="checkbox"/> Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing hoses)	<u>13.5</u> lbs or <u>gallons</u>
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons		_____ lbs or gallons

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

Pest Management Area# 3 of ## 3

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area).

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

Watts Bar Reservoir, Tennessee River. A total of 4 sites within the 39,090 acre reservoir were treated in calendar year 2018.

b. Size of treatment area (in acres or linear feet) 10.75 acres or _____ linear feet.

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

Watts Bar Reservoir (Tennessee River) in Roane Co., 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, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name Tribune

EPA Reg. No. 100-1390

Quantity Applied (lbs or gallons 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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) 5 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ y)

Product Name Komeen

EPA Reg. No. 67690-25

Quantity Applied (lbs or gallons 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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) 12.5 lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ y)

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

Pest Management Area# 3 of ## 3

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area):

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

Watts Bar Reservoir, Tennessee River. A total of 4 sites within the 39,090 acre reservoir were treated in calendar year 2018.

b. Size of treatment area (in acres or linear feet) 10.75 acres or _____ linear feet.

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

Watts Bar Reservoir (Tennessee River) in Roane Co., 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, Watershield and cutgrass)

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: AL

ZIP Code: 35976

Contact: Terry Goldsby

Phone: 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 ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name Alligare

Quantity Applied (lbs or
gallons
of product)

EPA Reg. No. 81927-38

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) 40.25 lbs or gallons
- f. ☐ Chemigation (Airboat with submerged trailing hoses) _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons y)

Product Name _____

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. _____

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) _____ lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☒ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation (Airboat with submerged trailing hoses) _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury.

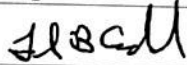
Printed Name: Frank B. Edmondson

Title: Director, Natural Resources

E-Mail: fbedmondson@tva.gov

Signature Responsible

Official:



Date: 02 11 2019

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

Preparer

Name: Chad Reed

Organization: Tennessee Valley Authority, Water Permits, Compliance, and Monitoring

Phone: 423-751-3948

Date: 02 06 2019

E-Mail: chreed@tva.gov

Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)

Annual Reporting Form for the Pesticide General Permit (PGP)

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

A. General Information

1. NPDES Permit Tracking Number:

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

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d. ZIP: 37402

4. Contact Information:

a. Contact Name:

Terry E. Cheek

b Title: Senior Manager - Water Permits, Compliance, and Monitoring

c. E-mail: techeek@tva.gov

B. Adverse Incidents and Corrective Actions

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

a. ☒ No adverse incidents were observed or corrective action was taken. (Proceed to Section C)

b. ☐ Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for non-electronic submissions).

Pest Management Area # _____ of ##

2. Pest Management Area Name:

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

Date of adverse incident observation:

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

a. Date: | | | | | | | | | |

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:

U U L

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report:

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

Pest Management Area# 1 of ## 1

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

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

3. For each treatment area (use additional pages for each treatment area):

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

Vegetation control on and in the vicinity of TVA dams

b. Size of treatment area (in acres or linear feet) 111.3 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:
Tennessee River and tributaries in the vicinity of TVA dams

d. Target Pest(s) Nuisance vegetation

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A). ☒

Company Name: _____

Street: _____

City: _____

State:

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.
Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Rodeo®

EPA Reg. No. 62719-324

Quantity Applied (lbs or
gallons
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) 21.1 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Element 3A®

EPA Reg. No. 62719-37

Quantity Applied (lbs or
gallons
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) 3.9 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. _____ lbs or gallons
- g. _____ lbs or gallons

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

Pest Management Area# 1 of ## 1 (continued)

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

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

3. For each treatment area (use additional pages for each treatment area):

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

Vegetation control on and in the vicinity of TVA dams

- b. Size of treatment area (in acres or linear feet): 111.3 acres or _____ linear feet

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

Tennessee River and tributaries in the vicinity of TVA dams

- d. Target Pest(s) Nuisance vegetation

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A). ☒

Company Name: _____

Street: _____

City: _____

State: ☐ ☐

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name Garlan 3A®

EPA Reg. No. 62719-37

Quantity Applied (lbs or
gallons
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) 15.4 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name 2-4-D Amine 4®

EPA Reg. No. 1381-103

Quantity Applied (lbs or
gallons
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) 3.1 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. _____ lbs or gallons
- g. _____ lbs or gallons

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

Pest Management Area# 1 of ## 1 (continued)

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area.

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

3. For each treatment area (use additional pages for each treatment area).

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

- b. Size of treatment area (in acres or linear feet): 111.3 acres or _____ linear feet.

- c. Name or location of any waters of the state to which discharges occurred:
Tennessee River and tributaries in the vicinity of TVA dams

- d. Target Pest(s) Nuisance vegetation

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A) ☒

Company Name: _____

Street: _____

City: _____

State: ☐ ☐

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons. Add additional pages if necessary.

Product Name Habitat

EPA Reg. No. 241-426-67690

Quantity Applied (lbs or
gallons
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) 12.1 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Pendulum 3.3

EPA Reg. No. 241-341

Quantity Applied (lbs or
gallons
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) 6.5 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- _____ lbs or gallons

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

Pest Management Area# 1 of ## 1 (continued)

1. Have any discharges from pest control activities occurred in this calendar year?
- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

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

3. For each treatment area (use additional pages for each treatment area):

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

Vegetation control on and in the vicinity of TVA dams

b. Size of treatment area (in acres or linear feet): ~348 acres or _____ linear feet

c. Name or location of any waters of the state to which discharges occurred:
Tennessee River and tributaries in the vicinity of TVA dams

d. Target Pest(s) Nuisance vegetation

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A) ☒

Company Name: _____

Street: _____

City: _____

State: ☐ ☐

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons; Add additional pages if necessary.

Product Name Milestone

EPA Reg. No. 62719-519

Quantity Applied (lbs or
gallons
of product):

____ lbs or gallons

____ lbs or gallons

c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer) 0.8 lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons

e. ☐ Direct mixture (includes metering,
subsurface applications) _____ lbs or gallons

f. ☐ Chemigation _____ lbs or gallons

g. ☐ Other (specify): _____ lbs or gallons

Product Name Sulfamet

EPA Reg. No. 81927-26

Quantity Applied (lbs or
gallons
of product):

____ lbs or gallons

____ lbs or gallons

Application method:

a. ☐ Aerially by fixed-wing _____ lbs or gallons

b. ☐ Aerially by rotary aircraft _____ lbs or gallons

c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer) 1.2 lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons

e. ☐ Direct mixture (includes metering, subsurface
applications) _____ lbs or gallons

____ lbs or gallons

____ lbs or gallons

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury.

Printed Name: David L. Bowling

Title: Vice President, Land, River Management, and Env Compliance

E-Mail: dlbowling@tva.gov

Signature/Responsible
Official:



Date: 02 13 2019

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 2019

E-Mail: chreed@tva.gov