From: Reed, Chad Howard

To: <u>Water Permits</u>; <u>Elizabeth Rorie</u>

Cc: Reed, Chad Howard

Subject: TVA- Annual Reports for Pesticides General Permit TNP10000

Date: Thursday, February 14, 2019 7:23:24 AM

Attachments: <u>image001.png</u>

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,
- 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,

Terry E. Cheek Senior Manager

Water Permits, Compliance, and Monitoring

Enclosures

Tennessee Department of Environment and Conservation Page 2 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 Gene	ral Information	prison the political	occurring during (i)	e previous calei	idar year as detaile	ed in Part 7 of the permit.	
NPDES Permit							
Number:	Tracking	TNP1000	03				
2 Operator Name		TVA - Aquatic	Vegetation Man	agement			
3. Operator Contact a. Street: 3941	ot Information: L Brasher'	s Chapel	Road				
b Gity Gunt	ersville				12 2	25056	
e. Telephone: 2	256-891-66	08			AL	d. ZIP: 35976	
4. Contact Informa	tion:						
a. Contact Name:	David G.	Brewster		_			
b. Title:	Manager,	Natural 1	Resource	Managem	ent, West	Operations	
c. E-mail:		er@tva.go					
1. Was an adverse permit? a. X No adverse b. Yes, an adwhich adve Pest Management A 2. Pest Management A 3. If applicable, provinges, if needed): Date of adverse in A 4. Date and time the any instructions recall b. Time:	e incidents were overse incident was ree incidents were free # of ## of ## it Area Name: iide the date for an incident observation. Operator contact ceived from the di	bserved or corrective s observed and/or e observed or cor ny adverse incide on:	e actions taken for a corrective actions we can be a corrective actions when the actions we can be a corrective action and the action of the a	taken. (Procee stion was taken were taken. Co	ed to Section C) (Complete questopy this section for the sect		
 Date of submission of Describe any corrective in the Thirty (30)-Day A 	e action(s), including	snill resnances regult	LL	application activities] es and the rationale f	for such action(s), subsequent to those steps described	d

C. Pest Management Area(s) (use additional pages for each Pest Management Area) Pest Management Area(a)				
However any descharges from pest control activities occurred in this calendar year?		use additional pages	for each Pest Management Area)	
a No discharge from pest control activities diseased year. Note: Checking this tox completes Section C if you had no discharge from pest control activities this year. Proceed to equation (guestion 2). b) Yes. Proceed to equation (guestion 2). c) Indicate the posticular use patient for the Pest Management Area a Mosquito and Other Fining Insect Pest Control d Forest Canopy Pest Control c Animal Pest Control d Forest Canopy Pest Control 3. For each treatment area lines additional pages for each treatment area; a Provide a description of the treatment area within the Set 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. Size of treatment area (in access or linear feet) \$\frac{2}{2}.5\$ acres or				
b \(\begin{align*} \) Yes. Proceed to question 2 2 Indicate the pestioned use patient for the Pest Management Area a \(\begin{align*} \) Mosquito and Other Fingel Insect Pest Control c \(\begin{align*} \) Annual Pest Control d \(\begin{align*} \) Forest Canopy Pest Control 3 For each Inseltment area (use additional pages for each treatment area) a. Provide a description of the Peatment area within this Pest Management Area, including location description. Chickamauga Reservoir, Tennesseese River. A total of 29 sites within the 35,400 acre reservoir were treated in calendar year 2018. 5 Size of treatment area (in access or linear feet) 92.5 acres or	a. No discharge from pest control activities occ	curred in this calendar year?		
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c	a. Mosquito and Other Flying Insect Pest Contro		Pest Control	
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5 Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:	230 302 3101			
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 Tribune Quantity Applied (lbs or gallons EPA Reg. No. 100-1390 Application method: a Aenally by fixed-wing b Aenally by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayer) d Aquatic vehicle mounted sprayer b V Direct mixture (residues as a part of product) Add additional pages if necessary. Product Name Current Quantity Applied (lbs or gallons EPA Reg. No. 70506-248 Ouantity Applied (lbs or gallons of product): Application method: Application method: Application method: a Aenally by fixed-wing b Aerially by fixed-wing b Aerially by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer Application method: Aerially by fixed-wing Ibs or gallons	E-mail: terryg@aquaservicesi	nc.com		
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 Tribune Quantity Applied (lbs or gallons EPA Reg. No. 100-1390 Application method: a Aenally by fixed-wing b Aenally by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayer) d Aquatic vehicle mounted sprayer b V Direct mixture (residues as a part of product) Add additional pages if necessary. Product Name Current Quantity Applied (lbs or gallons EPA Reg. No. 70506-248 Ouantity Applied (lbs or gallons of product): Application method: Application method: Application method: a Aenally by fixed-wing b Aerially by fixed-wing b Aerially by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer Application method: Aerially by fixed-wing Ibs or gallons	5 Was this pest control activity addressed in your Pestic	ide Discharge Monitoring Plan	(PDMP) before posticide application (V)	_
Product Name Tribune Quantity Applied (lbs or gallons of product): EPA Reg. No. 100-1390 Application method: a Aenally by fixed-wing b Aenally by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayer) d Aquatic vehicle mounted sprayer b Reg. No. 70506-248 Cuantity Applied (lbs or gallons of product): Application method: a Aenally by fixed-wing b Aenally by fixed-wing b Aenally by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer lbs or gallons d Aquatic vehicle mounted sprayer lbs or gallons d Aquatic vehicle mounted sprayer lbs or gallons	 Enter the total amount of each pesticide product applied 	ed for the reporting const.	Product page EDA Bountain No	☐ Not Applicable
EPA Reg. No. 100-1390 Application method: a Aenally by fixed-wing b Aenally by rotary aircraft c Land-based sprayer (includes backpack, land vehicle mounted sprayer) d Aquatic vehicle mounted sprayer a Aquatic vehicle mounted sprayer b Cuantity Applied (lbs or gallons of product): EPA Reg. No. 70506-248 Application method: a Applica	Circle if quantity indicated is in lbs or gallons: Add add	ditional pages if necessary.	product hame, EPA Registration Number(s) and by appl	ication method.
EPA Reg. No. 100-1390 of product): Application method: a Aenally by fixed-wing b Aenally by rotary aircraft b Bs or gallons b Aenally by rotary aircraft b Bs or gallons c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer b Bs or gallons d Aquatic vehicle mounted sprayer b Bs or gallons d Aquatic vehicle mounted sprayer b Bs or gallons d Aquatic vehicle mounted sprayer b Bs or gallons d Aquatic vehicle mounted sprayer b Bs or gallons	Product Name Tribune	Quantity Applied (lbs or	Product Name Current	Quantity Applied (the
Application method: a Aenally by fixed-wing	EPA Reg. No. 100-1390		FDA Pog No 70506 240	
a Aerially by fixed-wing	No. 10 and 1	or producty		of product):
b Aerially by rotary aircraft	a. Aenally by fixed-wing	lbs or gallons		The second second
c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer libs or gallons b or gallons c Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer libs or gallons d Aquatic vehicle mounted sprayer libs or gallons	and the state of t		to the state of th	
land vehicle mounted sprayers, high pressure canopy sprayer) d Aquatic vehicle mounted sprayer lbs or gallons d Aquatic vehicle mounted sprayer lbs or gallons d Aquatic vehicle mounted sprayer lbs or gallons	c Land-based sprayer (includes backpack.	2570		lbs or gallons
d Aquatic vehicle mounted sprayerlbs or gallons d Aquatic vehicle mounted sprayerlbs or gallons	land vehicle mounted sprayers, high pressure canopy sprayer)	ibs or gallons	land vehicle mounted sprayers, high	lbs or gallons
O V Direct modules (see de-		lbs or gallons		ibs or gallons
the discovered includes metering and loss (gallon) e. [X] Direct mixture (includes metering, subsurface	e X Direct mixture (includes metering	133 lbs o galon	e. X Direct mixture (includes metering, subsurface	and the second of
SUDSUITAGE ADDITIONS!				325 the or collons
Ds or gallons	subsurface applications)	ng hoses)	Applications)	325 lbs or gallons
glbs or gallonslbs or gallonslbs or gallons		ng hoses)lbs or gallons	applications) (Airboat with submerged trailing	

C. Pest Management Area(s)	(uso additional		
Part Management / Treat(3)	(use additional page:	s for each Pest Management Area)	-4-
Pest Management Area# 1 of ## 3 (c			
Have any discharges from pest control activities of	ccurred in this calendar year?		
year. Proceed to section D	s calendar year. Note: Checki	ng this box completes Section C if you had no discharge fro	m pest control activities the
b X Yes. Proceed to question 2.		•	post carried activities this
2. Indicate the pesticide use pattern for the Pest Mana	agement Arga		
a Mosquito and Other Flying Insect Pest Cont	rol b. X Weed and Alga	Boat Co	
c Animal Pest Control	30 43.51 0.00 33575 4547 (2001) 15.01 4 12		
	d. Forest Canopy F	Pest Control	
3 For each treatment area (use additional pages for e	each treatment area).		
Provide a description of the treatment area wit Chickamauga Reservoir Tenno	hin this Pest Management Are	a, including location description:	
Word hard 1	ssee kiver. A tot	al of 31 sites within the 35,400 acre	reservoir
were treated in calendar yea			
 Size of treatment area (in acres or linear feet) 	92.5acres or linear	feet	
c. Name or location of any waters of the state to	which discharges occurred		
		Meigs, and Rhea counties, TN. Applications	occurred in
the vicinity of public recreation	n areas such as ramps	, parks, piers, and non-profit camps	
Submerged vegetation (i.e. d. Target Pest(s) and cutgrass)	, hydrilla, southern nai	ad, spinyleaf naiad, American pondweed, small pon	dweed, Watershield
4 Name and contact information for pesticide applicate			
		provided in Section A).	
Company Name: Aqua Services,	Inc.		
Street. 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			
Phone 256-582-9101			
E-mail: terryg@aquaservicesi	nc.com		
was this pest control activity addressed in your Pesti	cide Discharge Monitoring Pla	in (PDMP) before pesticide application: X Yes No	☐ Not Applicable
 Enter the total amount of each pesticide product applications. Add according to the control of the	ied for the reporting year by th	e product name, EPA Registration Number(s) and by applic	ation method.
Product Name Rodeo	pages in necessary.	W I SOUND CHECKER CONTROL - DESCRIPTION OF THE CONTROL OF THE CONT	
	Quantity Applied (lbs or gallons	Product Name Nautique	Quantity Applied (lbs or
EPA Reg. No. 62719-324	of product):	EPA Reg. No. 67690-10	gallons of producti:
Application method:		Application method:	o p daden
a. Aerially 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	lbs or gallons
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	lbs or gallons	 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high 	lbs or gallons
pressure canopy sprayer)		pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayer	lbs or gallons	d Aquatic vehicle mounted sprayer	lbs or gallons
e X Direct mixture (includes metering	12.5 lbs o gallon	e. X Direct mixture (includes metering, subsurface	
subsurface applications) (Airboat with submerged trailing hoses)		applications) (Airboat with submerged trailing hoses)	20_ lbs or fallons
	lbs or gallons	, see tuning noses)	Ibs or gallons
g LJ Other (specify):	lbs or gallons	y):	
	3		lbs or gallons

C. Pest Management Area(s) (new additional a	6 15	
D . M	use additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 3 (Co			
Have any discharges from pest control activities occ	urred 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	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manag	gement Area		
a. Mosquito and Other Flying Insect Pest Contro	b 🛛 Weed and Algae	Pest Control	
c Animal Pest Control	d. Forest Canopy F		
3 For each treatment area (use additional pages for ea	ch treatment area)		
Provide a description of the treatment area with	in this Pest Management Are	a, including location description.	
Chickamauga Reservoir, Tennes	see River. A tota	al 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) 9		feet	
 Name or location of any waters of the state to w 			
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) <u>Submerged vegetation (i.e.,</u> and cutgrass)	hydrilla, southern naid	d, spinyleaf naiad, American pondweed, small pond	lweed, Watershield
4 Name and contact information for pesticide applicator			
Company Name Aqua Services,		provided in Section A).	
Street 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby		Zii code.	-
Phone 256-582-9101			
E-mail: terryg@aquaservicesin	IC.COM		
5 was this pest control activity addressed in your Pestic	ide Discharge Monitoring Pla	n (PDMP) before pesticide application: X Yes No	☐ Not Applicable
Circle if quantity indicated is in lbs or gallons: Add add	ed for the reporting year by the ditional pages if necessary.	e product name, EPA Registration Number(s) and by applica	ation method.
Product Name Habitat	Quantity Applied (lbs or	Product Name	Quantity Applied (lbs or
EPA Reg. No.241-426-67690	gallons of product):	EPA Reg. No.	gallons
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	lbs or gallons
c Land-based sprayer (includes backpack.	lbs or gailons	c Land-based sprayer (includes backpack.	22 72
land vehicle mounted sprayers, high pressure canopy sprayer)	200.0	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	12.5 lbs o gallon	e. X Direct mixture (includes metering, subsurface	100
subsurface applications) (Airboat with submerged trailing hoses) f. Chemigation		applications) (Airboat with submerged trailing hoses)	ibs or gallons
	lbs or gallons		lbs or gallons
g Other (specify):	lbs or gallons	A);	lbs or gallons

C. Pest Management Area(s)	(use additional pages	for each Pest Management Area)	
Pest Management Area# 2 of ## 3		gentent rived)	
Have any discharges from pest control activities oc	curred in this calendar year?		
a. No discharge from pest control activities this	s calendar year. Note: Checkin	g this box completes Section C if you had no discharge fro	
b. X Yes. Proceed to question 2.		s and the second section of the section	om pest control activities this
Indicate the pesticide use pattern for the Pest Mana			
a Mosquito and Other Flying Insect Pest Contr			
c. Animal Pest Control	d. Forest Canopy P	est Control	
For each treatment area (use additional pages for e a. Provide a description of the treatment area	ach treatment area).		
area with	hin this Pest Management Area	a. including location description:	
were treated in calendar year	ee River. A total	of 8 sites within the 10,370 acre r	eservoir
b. Size of treatment area (in acres or linear feet):		eet.	
c. Name or location of any waters of the state to v			
Nickajack Reservoir (Tennessee R	iver) in Marion County	y, TN. Applications occurred in	
the vicinity of public recreation	n areas such as ramps,	parks, piers, and non-profit camps.	
d. Target Pest(s) <u>Submerged vegetation</u> (i.e.	, hydrilla, southern naia	d, spinyleaf naiad, American pondweed, small po	ndwaed Watershield
and cutgrass) 4. Name and contact information for pesticide applicate			idweed, watershield
		provided in Section A).	
Company Name: Aqua Services,	Inc.		
Street: 23360 Highway 431			
Cuntill		10.00	
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			_
Phone 256-582-9101			
E-mail: terryg@aquaservicesi	nc.com		
			•3
S Fotor the total account of a sub-	cide Discharge Monitoring Plai	n (PDMP) before pesticide application. X Yes No	■ Not Applicable
Circle if quantity indicated is in lbs or gallons: Add ad	ied for the reporting year by the iditional pages if necessary.	product name, EPA Registration Number(s) and by appl	cation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name _Current	
EPA Reg. No. 100-1390	gallons		Quantity Applied (lbs or gallons
Application method:	of product):	EPA Reg. No. 70506-248	of product):
a. Aerially by fixed-wing	lbs or gallons	Application method:	
b. Aerially by rotary aircraft	lbs or gallons	a Aerally 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	 Land-based sprayer (includes backpack) land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d Aquatic vehicle mounted sprayer	ibs or gallons
e X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trails)	117 lbs o gallon	e. X Direct mixture (includes metering, subsurface applications)	351 lbs or gallons
f. Airboat with submerged traili	lbs or gallons	(Airboat with submerged trailing	7.501. 7.631
g. Other (specify):		y)	lbs or gallons

C. P M			8
C. Pest Management Area(s) (t	ise additional page	s for each Pest Management Area)	
Pest Management Area# 2 of ## 3			
Have any discharges from pest control activities occur	urred in this calendar year?		
year. Proceed to section D	calendar year. Note: Checki	ng this box completes Section C if you had no discharge fro	om pest control activities this
b. La res. Proceed to question 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	e Pest Control	
c. Animal Pest Control	d. Forest Canopy		
3 For each treatment area (use additional pages for each	th treatment area)	EST COURTO	
Provide a description of the treatment area within	this Pest Management Are	ea, including location description	
Nickajack Reservoir, Tennesse	e River. A total	of 8 sites within the 10,370 acre r	eservoir
were treated in calendar year	2018.		CSCI VOII
b. Size of treatment area (in acres or linear feet) 6:	3 acres or hoose	to a	
c. Name or location of any waters of the state to wh	ich discharges assund	reet.	
Nickajack Reservoir (Tennessee Riv		Y TN best in	
the vicinity of public recreation	areas such as rampo	y, in. Applications occurred in , parks, piers, and non-profit camps.	
Submerged vegetation (i.e.,	hydrilla, southern na	, parks, piers, and non-profit camps.	
d. Target Pest(s). and cutgrass)		spinyleal harau, American pondweed, small po	ondweed, Watershield
4. Name and contact information for pesticide applicator(s) (or check here if same as	s provided in Section A.	
Company Name: Aqua Services, I		Powded in Section A).	
Street: 23360 Highway 431			
25500 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			
Phone 256-582-9101			
E-mail terryg@aquaservicesin	C COM		
Was this pest control activity addressed in your Pesticid Enter the total amount of the control activity.	le Discharge Monitoring Pla	in (PDMP) before pesticide application: X Yes No	☐ Not Applicable
6 Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add addit	I down the second secon	e product name. EPA Registration Number(s) and by applie	cation method.
Product Name	Quantity Applied (lbs or		
EPA Reg. No.	gallons	Product Name Clipper	Quantity Applied (lbs or
Application method:	of product):	EPA Reg. No. 59639-161	gallons of product):
a. Aenally by fixed-wing	lbo es esti-	Application method:	Ala Marinderi
b. Aerially by rotary aircraft	lbs or gallons	a. Aerially 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	 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	
e X Direct mixture (includes metering.	lbs o gallon	e. X Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications) f. (Airboat with submerged trailing Chemigation)	hoses)	applications) (Airboat with submerged trailing	13.5 lbs orgalions
g. Other (specify):	lbs or gallons		lbs or gallons
	lbs or gallons	y)	

C. Pest Management Area(s) (u	ise additional man	es for each Pest Management Area)	
Pest Management Area# 3 of ## 3	ise additional page	es for each Pest Management Area)	
Have any discharges from pest control activities occu No discharge from post control activities occu	irred in this calendar year?		
year. Proceed to section D	calendar year. Note. Check	ing this box completes Section C if you had no discharge fro	om pest control activities this
b. X Yes. Proceed to question 2.			
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	ge Pest Control	
c. Animal Pest Control			
	d. Forest Canopy	Pest Control	
For each treatment area (use additional pages for eac Provide a description of the treatment area within	ch treatment area).		
Watts Bar Reservoir, Tennessee	e River A tota	rea, including location description. 1 of 4 sites within the 39,090 acre r	
were treated in calendar year	2010	of 4 sites within the 39,090 acre r	eservoir
		`	
b. Size of treatment area (in acres or linear feet) 10		r feet.	
c. Name or location of any waters of the state to who			1
Watts Bar Reservoir (Tennessee Riv	ver) in Roane Co.,	TN. Applications occurred in	
the vicinity of public recreation	areas such as ramp	s, parks, piers, and non-profit camps.	
d. Target Pest(s). Submerged vegetation (i.e.,	hydrilla southern na	iad, spinyleaf naiad, American pondweed, small pon	
			ndweed, Watershield
4. Name and contact information for pesticide applicator(s	s) (or check here if same a	as provided in Section A).	
Company Name: Aqua Services, I	Inc.		
Street: 23360 Highway 431			
Street: 23360 Highway 431			
City: Guntersville		State: A L ZIP Code: 35976	
Contact Terry Goldsby			-
Constitution of the Consti			
230-362-9101			
E-mail terryg@aquaservicesin	c.com_		
5 Was this pest control activity addressed in your Pesticid	de Discharge Monitoring Pi	lan (PDMP) before pesticide application: X Yes No	_
Enter the total amount of each pesticide product applied	d for the research	the product name, EPA Registration Number(s) and by appli	☐ Not Applicable
Circle if quantity indicated is in lbs or gallons. Add addit	tional pages if necessary.	are product name, EPA Registration Number(s) and by appli	cation method.
Product Name Tribune	Quantity Applied (lbs or	Product Name Komeen	0
EPA Reg. No. 100-1390	gallons	PDA Por No CRESS OF	Quantity Applied (lbs or gallons
Application method:	of product)	EPA Reg. No.67690-25	of product):
a. Aerially by fixed-wing	lbs or gallons	Application method:	
b. Aerially by rotary aircraft		a. Aerally by fixed-wing	lbs or gallons
c. Land-based sprayer (includes backpack.	ibs or gallons	b Aerally by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	lbs or gallons	 Land-based sprayer (includes backpack 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,	5 lbs o gallon	e. X Direct mixture (includes metering, subsurface	
(Airboat with submerged trailing		applications)	
i. Chemigation	lbs or gallons	submerged trailing	
g. L. Other (specify):	lbs or gallons	y)	Ibs or gallons
subsurface applications	hoses)lbs or gallons	applications) (Airboat with submerged trailing	lbs or gallons
			os or ganoris

Pact N	c. i cat Management Area(s)			
Dan N	ε	use additional pages	for each Pest Management Area)	
	lanagement Area# 3 of ## 3			
1. Have	e any discharges from pest control activities oc	curred in this calendar year?		
a L	→ No discharge from pest control activities this year. Proceed to section D.	calendar year. Note. Checkin	g this box completes Section C if you had no discharge from	m pest control activities this
D. [A	Yes. Proceed to question 2.			
2. Indic	ate the pesticide use pattern for the Pest Mana	gement Area.		
a	Mosquito and Other Flying Insect Pest Contri	ol b. X Weed and Algae	Pest Control	
C	Animal Pest Control	d. Forest Canopy P		
3 Fore	ach treatment area (use additional pages for e	ach treatment area.	esi Control	
a	Provide a description of the treatment area with	in this Pest Management Area	a including location descent	
	Watts Bar Reservoir, Tenness	ee River. A total	of 4 sites within the 39,090 acre re	gornoi v
	were treated in calendar year	2018.	· ·	servoir
b. 5	Size of treatment area (in acres or linear feet).1	0.75 acres orlinear f	eet.	
c. 1	Name or location of any waters of the state to w	hich discharges occurred:		
	Watts Bar Reservoir (Tennessee R		N. Applications occurred in	
	the vicinity of public recreation	areas such as ramps,	parks, piers, and non-profit camps.	
0. 1	cutgrass)	hydrilla, southern naia	d, spinyleaf naiad, American pondweed, small pon	dweed, Watershield and
	and contact information for pesticide applicato			
	npany Name: Aqua Services,			
Con	Aqua services,	IIIC.		
		inc.		
	Street: 23360 Highway 431	ine.		
		ine.	State: ALL 7100 4 35076	
	Street: 23360 Highway 431	ine.	State: A L ZIP Code: 35976	-
	Street: 23360 Highway 431 City: Guntersville	THE.	State: A L ZIP Code: 35976	_
	Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101		State: A L ZIP Code: 35976	_
E-ma	Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 terryg@aquaservicesi	nc.com	21F Code, 33570	
E-ma Was th	Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 terryg@aquaservicesi Dis pest control activity addressed in your Pestic	nc.com_ cide Discharge Monitoring Plan	n (PDMP) before pesticide application: XX Yes No.	☐ Not Applicable
E-ma Was th	Street: 23360 Highway 431 City: Guntersville Contact Terry Goldsby Phone 256-582-9101 terryg@aquaservicesi Dis pest control activity addressed in your Pestic	nc.com	State: A L ZIP Code: 35976 n (PDMP) before pesticide application: X Yes No	☐ Not Applicable ation method.
E-ma Was th	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 terry@aquaservicesi ais pest control activity addressed in your Pestic the total amount of each pesticide product applies	nc.com ide Discharge Monitoring Plar ed for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or	n (PDMP) before pesticide application: XX Yes No.	ation method.
E-ma Was th Enter the	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terry@aquaservicesi pis pest control activity addressed in your Pestic he total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add addressed in Product Name Alligare	nc.com ande Discharge Monitoring Plan and for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons	n (PDMP) before pesticide application: X Yes No Product name, EPA Registration Number(s) and by application Product Name	ation method.
E-m: Was th Enter ti Circle i	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terryg@aquaservicesi ais pest control activity addressed in your Pesticihe total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add add	nc.com ide Discharge Monitoring Plar ed for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or	n (PDMP) before pesticide application: X Yes No e product name. EPA Registration Number(s) and by applic	ation method. Quantity Applied (lbs or
E-max Was the Enter to Circle in EI	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 all: terryg@aquaservicesi his pest control activity addressed in your Pestro the total amount of each pestroide product applie of quantity indicated is in lbs or gallons. Add add Product Name Alligare PA Reg. No. 81927-38 on method:	nc.com and Discharge Monitoring Planted for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product)	Product Name EPA Reg. No. Application method:	Augustity Applied (lbs or gallons of product):
E-max the Enter the Circle in EI	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terryg@aquaservicesi Dis pest control activity addressed in your Pestic f quantity indicated is in lbs or gallons. Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aenally by fixed-wing	nc.com Edde Discharge Monitoring Plan ed for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product):	Product Name EPA Reg. No. Application method: a. Aerally by fixed-wing	ation method. Quantity Applied (lbs or gallons
E-max Was the Enter the Circle in EI	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terry@aquaservicesi his pest control activity addressed in your Pestic he total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add addressed in your Pestic he total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add addressed in your Pestic he total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add addressed in your Pestic he total amount of each pesticide product Add addressed in your Pestic he total amount of each pesticide product Add addressed in your Pestic he total amount of each pesticide product Name Alligare PA Reg. No. 81927-38 on method: Aerially by fixed-wing Aerially by rotary aircraft	nc.com and Discharge Monitoring Planted for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons	Product Name EPA Reg. No. Application method: a. Aerally by foxed-wing b. Aerally by rotary aircraft	Augustity Applied (lbs or gallons of product):
E-max Was the Enter the Circle in EIR spol cathing a. b. c.	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terryg@aquaservicesi Dis pest control activity addressed in your Pestic f quantity indicated is in lbs or gallons: Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aerially by fixed-wing Aerially by rotary aircraft Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	nc.com Edde Discharge Monitoring Plan ed for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product):	Product Name EPA Reg. No. Application method: a. Aerally by fixed-wing	Quantity Applied (lbs or gallons of product): lbs or gallons
E-ma Was th Enter ti Circle i	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terry@aquaservicesi bis pest control activity addressed in your Pestic he total amount of each pesticide product applie of quantity indicated is in ibs or gallons. Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aerially by fixed-wing Aerially by rotary aircraft Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) Aquatic vehicle mounted sprayer	nc.com and Discharge Monitoring Planted for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons	Product Name EPA Reg. No. Application method: a. Aerally by fixed-wing b Aerally by rotary arcraft c Land-based sprayer (includes backpack land vehicle mounted sprayers).	Audition method. Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons lbs or gallons
E-ma Was th Enter ti Circle i	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 ail: terryg@aquaservicesi Dis pest control activity addressed in your Pestic f quantity indicated is in lbs or gallons: Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aenally by fixed-wing Aenally by rotary aircraft Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) Aquatic vehicle mounted sprayer Subsurface applications.	nc.com and Discharge Monitoring Planted for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product) lbs or gallons	Product Name EPA Reg. No. Application method: a. Aer ally by fixed-wing b. Aer ally by rotary arcraft c. Land-based sprayer (includes backpack land vehicle mounted sprayers) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering, subsurface)	Audition method. Quantity Applied (lbs or gallons of product): lbs or gallons lbs or gallons lbs or gallons lbs or gallons
E-ma Was th Enter ti Circle i	City: Guntersville Contact Terry Goldsby Prone 256-582-9101 all: terryg@aquaservicesi he total amount of each pesticide product applie of quantity indicated is in lbs or gallons. Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aerially by fixed-wing Aerially by rotary aircraft Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) Aquatic vehicle mounted sprayer Subsurface applications) (Airboat with submerged trailing and sprayer with submerged trailing and sprayer in the submerged trai	nc.com and Discharge Monitoring Planted for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product) lbs or gallons	Product Name EPA Reg. No. Application method: a. Aerally by fixed-wing b. Aerally by rotary arcraft c. Land-based sprayer (includes backpack land vehicle mounted sprayers) d. Aquatic vehicle mounted sprayer e. X. Direct mixture (includes metering, subsurface applications)	ation method. Quantity Applied (lbs or gallons of product): lbs or gallons
E-ma Was th Enter ti Circle i EI Application a. b. c.	City: Guntersville Contact Terry Goldsby Phone 256-582-9101 all: terryg@aquaservicesi als pest control activity addressed in your Pestrol the total amount of each pesticide product applie f quantity indicated is in lbs or gallons: Add add Product Name Alligare PA Reg. No. 81927-38 on method: Aerially by fixed-wing Aerially by rotary aircraft Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) Aquatic vehicle mounted sprayer X Direct mixture (includes metering, subsurface applications) (Airboat with submerged trailing Chemigation	nc.com and Discharge Monitoring Plan and for the reporting year by the ditional pages if necessary. Quantity Applied (lbs or gallons of product):	Product Name EPA Reg. No. Application method: a. Aer ally by fixed-wing b. Aer ally by rotary arcraft c. Land-based sprayer (includes backpack land vehicle mounted sprayers) d. Aquatic vehicle mounted sprayer e. X Direct mixture (includes metering, subsurface)	ation method. Quantity Applied (lbs or gallons of product): lbs or gallons

ETC.	1909-011-01		
1)	Cert	ifice	ation

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: 02 111 2019
reparer	deport was prepared by someone other than the certifier
Chad Reed	
Organization: Tennessee Valley Authority, Water 1	Permits, Compliance, and Monitoring
hone: 423-751-3948	Date: 02 06 2019



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 TN d. ZIP: 37402
e. Telephone: 423 - 751 - 2201
4. Contact Information:
a. Contact Name: Terry E. Cheek
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 pestiode application activities and the rationale for such action(s), subsequent to those steps describe in the Thirty (30)-Day Adverse Incident Written Report:

C. Pest Management Area(s)	(use additional pages	for each Pest Management Area)	
	(use additional pages	for each Pest Management Area)	272
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities on	ccurred in this calendar year?		
year. Proceed to section D	s calendar year. Note: Checking	g this box completes Section C if you had no discharge from	Ti pest control activities the
b. X Yes Proceed to question 2.		<u> </u>	Page control activities fill?
2. Indicate the pesticide use pattern for the Pest Mana	agement Area:		
a. Mosquito and Other Flying Insect Pest Contr		Post Control	
c. Animal Pest Control			
	d. Forest Canopy Pe	est Control	
For each treatment area (use additional pages for e Provide a description of the treatment area with	each treatment area).		
area with	nin this Pest Management Area	i. including location description:	
Vegetation control on and	in the vicinity	of TVA dams	
b. Size of treatment area (in acres or linear feet).	111.3cros or Lancet		
c. Name or location of any waters of the state to v		pet.	
Tennessee River and tributaries in the	vicinity of TVA dams		
V			
d Target Pest(s) Nuisance vegetation	n .		
4. Name and contact information for pesticide applicate	or(s) (or check here if same as	provided in Section A). X	
Company Name:			
Street:			
City:		State	
Contact		State: ZIP Code:	=
Contact			
Phone			
E-mail:			
5. Was this pest control activity addressed in the Dark			
6. Enter the total amount of pack posteds and at a set	cide Discharge Monitoring Plan	(PDMP) before pesticide application. X Yes No	☐ Not Applicable
Circle if quantity indicated is in lbs or gallons: Add ac	ied for the reporting year by the dditional pages if necessary.	product name, EPA Registration Number(s) and by applic	ation method
Product Name Rodeo®	Quantity Applied (lbs or	Product Name Element 3A®	Ougatity Applied (Ibe
EPA Reg. No. 62719-324	gallons	EPA Req. No. 62719-37	Quantity Applied (lbs or gallons
Application method:	of product):		of product):
a Aerially by fixed-wing	lbs or gallons	Application method	AMPONETO (1930AP-194-19)
b. Aerially by rotary aircraft	Ibs or gallons	a. Aerially by fixed-wing	lbs or gallons
c. X Land-based sprayer (includes backpack,		b. Aerially by rotary aircraft	ibs or galions
land vehicle mounted sprayers, high pressure canopy sprayer)	21.1 lbs c gallons	 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	3.9 lbs o gallons
d. Aquatic vehicle mounted sprayer	los or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
 Direct mixture (includes metering, subsurface applications) 	Ibs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	Inc	approximat	No.
g Other (specify):	lbs or gallons	v):	lbs or gallons
The state of the s	lbs or galfons		lbs or gallons

C Post Management Area(a)	was a LEC - 1	6 15	
		for each Pest Management Area)	
Pest Management Area#_1 of ##_1_ (c			
Have any discharges from pest control activities occ	curred in this calendar year?		
 a. L. No discharge from pest control activities this year. Proceed to section D 	calendar 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.		*************************************	i a a a a a a a a a a a a a a a a a a a
2. Indicate the pesticide use pattern for the Pest Mana-	gement Area:		
a. Mosquito and Other Flying Insect Pest Control		Pest Control	
c. Animal Pest Control			
	d. Forest Canopy Pe	st Control	
For each treatment area (use additional pages for each a. Provide a description of the treatment area with a contract of the treatment area with a contract of the treatment area with a contract of the treatment area.	ach freatment area); un this Pest Management Area	meluding least a day of	
Vegetation control on and			
	in one vicinity	OI IVA dallis	
b. Size of treatment area (in acres or linear feet):	111.3cres or linear fe	oot .	
c. Name or location of any waters of the state to w	ray mortely was a stanta with the same		
Tennessee River and tributaries in the			
d Target Pest(s) Nuisance vegetation	1		
4. Name and contact information for pesticide applicato	r(s) (or check here if same as p	provided in Section A). X	
Company Name.			
Street:			
-		F 4 G	
City		State: ZIP Code:	
Contact		5-85-5-86	
Phone			
E-mail.			
5. Was this pest control activity addressed in your Pestion	cide Discharge Monitoring Plan	(PDMP) before pesticide application; X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product applied of current of quantity indicated is in lbs or gallons: Add add	ed for the reporting year by the ditional pages if necessary.	product name, EPA Registration Number(s) and by applic	ation method
Product Name _ Garlan 3A®	Quantity Applied (lbs or	Product Name 2-4-D Amine 4®	Quantity Applied (lbs or
EPA Reg. No. 62719-37	gallons of product):	EPA Reg. No. 1381-103	gallons
Application method:	or product)		of product):
a Aerially by fixed-wing	lbs or gallons	Application method: a. Aerially by fixed-wing	be or calleng
b. Aenally by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
c. X Land-based sprayer (includes backpack,	15.4 lbs o gallons	c. X Land-based sprayer (includes backpack,	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	13.1 los de galons	land vehicle mounted sprayers, high pressure canopy sprayer)	3.1 ibs orgalions
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	'bs or gallons
 e. Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	ibs or gallons
f. Chemigation	line experience	- орроноста <u>у</u>	25 AX
g. Other (specify):	lbs or gallons	():	lbs or gallons
	lbs or gallons		lbs or gallons

C Post Management Asset V	1.15.5					
		for each Pest Management Area)				
Pest Management Area#_1 of ##_1_(cc						
Have any discharges from pest control activities occur	urred in this calendar year?					
No discharge from pest control activities this of vear. Proceed to section D.	calendar year. Note: Checking	this box completes Section C if you had no discharge from	m nest control acts too the			
b. X Yes. Proceed to question 2.		30 10	ri pesi control activities this			
2. Indicate the pesticide use pattern for the Pest Manag						
a. Mosquito and Other Flying insect Pest Control						
	b. 🔀 Weed and Algae R	Pest Control				
c. Animal Pest Control	c. Animal Pest Control d. Forest Canopy Pest Control					
3. For each treatment area (use additional pages for each	ch treatment area).					
 a. Provide a description of the treatment area within 	n this Pest Management Area,	including location description;				
b. Size of treatment area (in acres or linear feet): 1	11.3cres or linear fe					
c. Name or location of any waters of the state to wh						
Tennessee River and tributaries in the v	icinity of TVA dams					
d Target Pest(s) Nuisance vegetation						
4. Name and contact information for pesticide applicator	(s) (or check here if same as r	Towded in Section At Y				
Company Name:	in the state of th	NOVICE IN SECTION A) E				
Sompany Hama.		·				
Street:						
City:		State: ZIP Code:				
Contact			-			
Phone						
E-mail:						
5. Was this pest control activity addressed in your Pestici	de Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No.	Not Applicable			
6. Enter the total amount of each pesticide product applie	od for the reporting upor by the	product name EPA Registration Number(s) and by applie	Two Applicable			
	litional pages if necessary.		ation method			
Product NameHabitat	Quantity Applied (lbs or	Product Name Pendulum 3.3	Quantity Applied (ibs or			
EPA Reg. No. 241-426-67690	gallons of product):	EPA Reg. No. 241-341	gallons			
Application method:	or producty.		of product):			
a. Aerially by fixed-wing	Ibs or gallons	Application method: a. Aerially by fixed-wing				
b. Aenally by rotary aircraft	Ibs or gallons	b. Aerially by rotary aircraft	bs or gallons			
c. X Land-based sprayer (includes backpack,			lbs or gallons			
land vehicle mounted sprayers, high pressure canopy sprayer)	12.1 lbs orgalions	 C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	6.5 lbs orgalions			
d Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lhe or aniless			
e Direct mixture (includes metering,	lbs or gallons	e. Direct mixture (includes metering, subsurface)	'bs or gallons			
subsurface applications)	ios a galloris	applications)	ibs or gallons			
f. Chemigation	lbs or gallons		lbs or gallons			
g Other (specify):	lbs or gallons y):	lbs or gallons			

C Post Management Area(s)	(usa additional a	C 1.D 1.	
		for each Pest Management Area)	
Pest Management Area#_1 of ##_1_ (c			
Have any discharges from pest control activities or	ccurred in this calendar year?		
No discharge from pest control activities this year. Proceed to section D.	s calendar year. Note: Checking	this box completes Section C if you had no discharge from	n neet control and a second
b. X Yes. Proceed to question 2.		, and the state of	in pest control activities this
2. Indicate the pesticide use pattern for the Pest Mana	2000001 2000		
a. Mosquito and Other Flying Insect Pest Conti		-	
1	rol b. 🔀 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy Pe	est Control	
3. For each treatment area (use additional pages for e			
Provide a description of the treatment area wit	hin 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		
		eel.	
c Name or location of any waters of the state to v Tennessee River and tributaries in the	which discharges occurred.		
and cribbanics in the	vicinity of IVA dams		
d Target Pest(s) Nuisance vegetation	n		
4. Name and contact information for pesticide applicate	or(s) (or check here if same as i	provided in Section A) X	
Company Name:			
-			
Street:			
City:		C	
		State: ZIP Code:	_
Contact			
Phone			
E-mail:			
5. Was this pest control activity addressed in your Pest	icide Discharge Monitoring Plan	(PDMP) before pesticide application: X Yes No	☐ Not Applicable
Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons: Add ar	lied for the reporting year by the	product name, EPA Registration Number(s) and by applic	ation method
Product Name Milestone	Quantity Applied (lbs or	Product NameSulfamet	Quantity Applied (lbs or
EPA Reg. No. 62719-519	gallons	EPA Reg. No.81927-26	gallons
Application method:	of product):	70.105	of product):
a Aerially by fixed-wing	lbs or gallons	Application method: a. Aerially by fixed-wing	lha e
b. Aenally by rotary aircraft			bs or gallons
c. X Land-based sprayer (includes backpack,	lbs or gallons	b Aerially by rotary aircraft	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	0.8 bs agallons	 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	1.2 bs orgalions
d Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
 Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e Direct mixture (includes metering, subsurface applications)	bs or gallons
f. Chemigation		applications)	
g. Other (specify):	lbs or gallons	wi-	lbs or gallons
* *********************************	los or gallons	y):	lbs or gallons

D. Certification

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

Printed Name.

David L. Bowling

Vice President, Land, River Management, and Env Compliance

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 | 0 2 | 0 7 | 2 0 1 9

E-Mail chreed@tva.gov