



Tennessee Valley Authority, 1101 Market Street, BR 2C, Chattanooga, Tennessee 37402

TN Dept. of Env. & Conservation

FEB 7 2020

Division of Water Resources

February 7, 2020

Tennessee Department of Environment  
and Conservation (TDEC)  
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) - POWER OPERATIONS COAL AND GAS  
GENERATION SITES - ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBER  
TNP100013 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed is a completed annual report for herbicide treatments performed by TVA Power  
Operations coal and gas generation sites in calendar year 2019.

Please note that TVA is submitting separate annual reports for aquatic vegetation management  
(TNP100003), vegetation management along transmission line corridors (TNP100005), and  
reservoir shoreline vegetation management (TNP100009).

If you have questions or need additional information, please call Chad Reed at (423) 751-3948  
or by email at [chreed@tva.gov](mailto:chreed@tva.gov).

Sincerely,

Kelly A. Love  
General Manager  
Regulatory Environmental Programs

Enclosures



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

Pest Management Area# 1 of # 2 (TVA Coal Fired Plants)

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

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

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

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

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

- a. Provide a description of the treatment area within this Pest Management Area, including location description:  
Applications of herbicides at water's edge occurred at Cumberland Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2019.
- b. Size of treatment area (in acres or linear feet): 210.5 acres or \_\_\_\_\_ linear feet.
- c. Name or location of any waters of the state to which discharges occurred:  
Cumberland River in Stewart County, Holston River in Hawkins County, Watts Bar Reservoir in Roane County, and Kentucky Reservoir in Humphreys County.
- d. Target Pest(s): Unwanted vegetation on rip-rap and other structures.

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

Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State:  ZIP Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

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

Product Name	EPA Registration No.	Quantity Applied (lbs or gallons of product):	Product Name	EPA Registration No.	Quantity Applied (lbs or gallons of product):
Garlon 3A	62719-37	_____ lbs or gallons	Element 3A	62719-37	_____ lbs or gallons
Application method:			Application method:		
a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<u>1</u> lbs or <u>gallons</u>	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<u>15</u> lbs or <u>gallons</u>
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		_____ lbs or gallons
f. <input type="checkbox"/> Chemigation		_____ lbs or gallons			_____ lbs or gallons
g. <input type="checkbox"/> Other (specify):		_____ lbs or gallons			_____ lbs or gallons

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

Pest Management Area# 1 of ## 2 (Coal Fired Plants continued)

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

2. Indicate the pesticide use pattern for the Pest Management Area:
- a.  Mosquito and Other Flying Insect Pest Control    b.  Weed and Algae Pest Control
- c.  Animal Pest Control    d.  Forest Canopy Pest Control

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

- a. Provide a description of the treatment area within this Pest Management Area, including location description:  
Applications of herbicides at water's edge occurred at Cumberland Fossil Plant, John Sevier Fossil Plant, Johnsonville Fossil Plant, and Kingston Fossil Plant in Calendar Year 2019.
- b. Size of treatment area (in acres or linear feet): 210.5 acres or \_\_\_\_\_ linear feet.
- c. Name or location of any waters of the state to which discharges occurred:  
Cumberland River in Stewart County, Holston River in Hawkins County, Watts Bar Reservoir in Roane County, and Kentucky Reservoir in Humphreys County.
- d. Target Pest(s): Unwanted vegetation on rip-rap and other structures.

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

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State:  ZIP Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Product Name	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
<u>Rodeo</u> <u>62719-324</u>	_____ lbs or gallons	<u>Habitat</u> <u>241-426-67690</u>	_____ lbs or gallons
Application method:		Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>66</u> lbs or <u>gallons</u>	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>15</u> lbs or <u>gallons</u>
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons	y): _____	_____ lbs or gallons

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

Pest Management Area# 2 of ## 2 (TVA Gas Fired Plants)

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

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

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

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

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

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

Applications of herbicides at water's edge occurred at Brownsville Combustion Turbine

b. Size of treatment area (in acres or linear feet): 2 acres or \_\_\_\_\_ linear feet.

c. Name or location of any waters of the state to which discharges occurred:  
Unnamed tributary to Carter Creek

d. Target Pest(s): Unwanted vegetation

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

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State:

ZIP Code: \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Product Name	EPA Registration No.	Quantity Applied (lbs or gallons of product):	Product Name	EPA Registration No.	Quantity Applied (lbs or gallons of product):
Habitat	241-426-6769	0.25 lbs or gallons			
Application method:					
a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		0.25 lbs or gallons	c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		0.25 lbs or gallons
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		_____ lbs or gallons
f. <input type="checkbox"/> Chemigation		_____ lbs or gallons			_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____		_____ lbs or gallons			_____ lbs or gallons

D. Certification

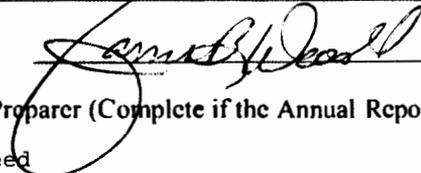
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons 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: Jacinda B. Woodward

Title: Senior Vice President, Power Operations

E-Mail: jbwoodward@tva.gov

Signature/Responsible  
Official:



Date: 02 | 03 | 2020

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

Preparer Name: Chad Reed

Organization: Water Permits, Compliance, and Monitoring

Phone: 423-751-3948

Date: 02 | 03 | 2020

E-Mail: chreed@tva.gov