

**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

|T|N

d. ZIP: 37402

e. Telephone: 423-751-2201

#### 4. Contact Information:

a. Contact Name: Ryan A. Blount

b. Title: Senior Manager - Power Ops and Trans Fac

c. E-mail: rablount@tva.gov

### B. Adverse Incidents and Corrective Actions

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

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

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

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

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

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

Date of adverse incident observation: | | | | | | | | | |

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

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

c. Who the Operator spoke with at the division: \_\_\_\_\_

b. Time: \_\_\_\_\_

d. Instructions received from the division:

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report:

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

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

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): 155.9 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):

\_\_\_\_\_ lbs or gallons

\_\_\_\_\_ lbs or gallons

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

66.6 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 Garlan 3A®

EPA Reg. No. 62719-37

Quantity Applied (lbs or  
gallons  
of product):

\_\_\_\_\_ lbs or gallons

\_\_\_\_\_ lbs or gallons

Application method:

a. ☐ Aerially by fixed-wing

\_\_\_\_\_ lbs or gallons

b. ☐ Aerially by rotary aircraft

\_\_\_\_\_ lbs or gallons

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

25.9 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

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): 155.9 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) 14.5 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer \_\_\_\_\_ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) \_\_\_\_\_ lbs or gallons
- f. ☐ Chemigation \_\_\_\_\_ lbs or gallons
- g. ☐ Other (specify): \_\_\_\_\_ lbs or gallons

Product Name Glyphosate

EPA Reg. No. 81927-8

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

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): 155.9 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 Triclopyr

EPA Reg. No. 81927-11

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) 8.3 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 Arsenal5G

EPA Reg. No. 34913-24

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) 20.0 lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer \_\_\_\_\_ lbs or gallons

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

y):

\_\_\_\_\_ lbs or gallons

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): 155.9 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)

0.003 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 \_\_\_\_\_

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)

\_\_\_\_\_ lbs 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 statement is subject to the penalties of perjury.

Printed Name: Allen Clare

Title: Vice President, River and Resource Stewardship

E-Mail: aaclare@tva.gov

Signature/Responsible  
Official:



Date: 02 10 2022

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

Preparer  
Name: Greg Shaffer

Organization: TVA Environmental Permits, Compliance, and Monitoring

Phone: 865 632 6365 N/A

Date: 02 11 2022

E-Mail: gshaffer@tva.gov