

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 - L	and and River Management
3. Operator Contact Information: a. Street: 1101 Market Street, BR 4A	
b. City: Chattanooga	IN d. ZIP: 37402
e. Telephone: 423 - 751 - 2201	1111
4. Contact Information:	
a. Contact Name: Ryan A. Blount	
b. Title: Senior Manager - Power Ops and Tr	rans 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 Manag permit? a. No adverse incidents were observed or corrective action was taken. (Proceed to	
 Yes, an adverse incident was observed and/or a corrective action was taken. (Co which adverse incidents were observed or corrective actions were taken. Copy t 	
Pest Management Area # of ##	
2. Pest Management Area Name:	
 If applicable, provide the date for any adverse incidents as a result of those treatment(spages, if needed): 	s), as described in Part 6.4 of the permit (use additional
Date of adverse incident observation:	
 Date and time the Operator contacted the division to notify the Agency of the adverse in any instructions received from the division. 	incident, who the Operator spoke with at the division, and
a. Date: c, Who the Operator s	spoke with at the division:
b. Time: d. Instructions receive	ed from the division:
5. Date of submission of Thirty (30)-Day Adverse Incident Written Report:	f .
Describe any corrective action(s), including spill responses, resulting from pesticide application activities a in the Thirty (30)-Day Adverse Incident Written Report:	and the rationale for such action(s), subsequent to those steps described

C. Pest Management Area(s) (us	e additional pages	for each Pest Mar	nagement Arca)	
Pest Management Area# 1 of ## 1				
Have any discharges from pest control activities occurre	ed in this calendar year?			
a. No discharge from pest control activities this cal	endar year. Note: Checking	this box completes Secti	on C if you had no discharge from	pest control activities this
year. Proceed to section U.				
b. X Yes. Proceed to question 2.				
2. Indicate the pesticide use pattern for the Pest Manager				
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae	Pest Control		
c. Animal Pest Control	d. Trorest Canopy Pe	est Control		
3. For each treatment area (use additional pages for each				
Provide a description of the treatment area within	-	1 - 1 - 1 T	iption:	
Vegetation control on and i	n the vicinity	of TVA dams		
200	- A			***************************************
b. Size of treatment area (in acres or linear feet):	acres or linear l	eet.		
c. Name or location of any waters of the state to which	· · · · · · · •			
Tennessee River and tributaries in the vi	cinity of TVA dams			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d. Target Pest(s): Nuisance vegetation				
4. Name and contact information for pesticide applicator(s	Varabasi basa itasasi sa	non-ideal in Posting Ali F	7	
4. Name and contact information for pesticide applicators) (or check nere it same as	hiparded in Section White	A)	
Company Name:				
Street:				
			······································	
City:		State:	ZIP Code:	-
Contact		*	K.	
Phone				
E-mail;				
			En. Co.	
5. Was this pest control activity addressed in your Pesticion				
 Enter the total amount of each pesticide product applied Circle if quantity indicated is in lbs or gallons: Add addi 		ne product name, EPA Re	egistration Number(s) and by applic	ation method.
Product Name Rođeo®	Quantity Applied (lbs or	Product Nam	e Element 3A®	Quantity Applied (lbs or
EPA Req. No. 62719-324	galions		No. 62719-37	gallons
	of product):			of product):
Application method: a. Aerially by fixed-wing	Ibs or gallons	Application method a. Aerially by		ibs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by	-	ibs or gallons
c. X Land-based sprayer (includes backpack,	· ·	· · · · · · · · · · · · · · · · · · ·	ed sprayer (includes backpack,	20.5 lbs o gallons
land vehicle mounted sprayers, high	77.9 lbs o gallons	land vehic	le mounted sprayers, high	-3.5 iva o Qaliuris
pressure canopy sprayer)			canopy sprayer)	38
d. Aquatic vehicle mounted sprayer	ibs or gallons		hicle mounted sprayer	lbs or gailons
e. Direct mixture (includes metering, subsurface applications)	lbs or gallons	e. L. Direct mixtu applications	ure (includes metering, subsurface s)	lbs or gallons
f. Chemigation	lbs or gallons			lbs or gallons
g. Cother (specify):	lbs or gallons	Ŷ):		lbs or gallons

C. Pest Management Area(s) (us	e additional pages f	or each Pest Management Area)	
Pest Management Area#_1 of ##_1_			
1. Have any discharges from pest control activities occurr	ed in this calendar year?		
 a. No discharge from pest control activities this cal year. Proceed to section D. 	endar year. Note: Checking	this box completes Section C if you had no discharge from p	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manager	ment Area:		
a. Mosquito and Other Flying Insect Pest Control	b. 🛛 Weed and Algae F	Pest Control	
c. Animal Pest Control	d. Forest Canopy Per	st Control	
3. For each treatment area (use additional pages for each	treatment area):		
Provide a description of the treatment area within			
Vegetation control on and i	n the vicinity	of TVA dams	
2.0	F 4		***************************************
b. Size of treatment area (in acres or linear feet): 38		et.	
c. Name or location of any waters of the state to white Tennessee River and tributaries in the vi			
remessee River and Clibucaires in the vi	cinicy of IVA dams		***************************************
			·····
d. Target Pest(s): Nuisance vegetation			manuscon according to the second seco
4. Name and contact information for pesticide applicator(s) (or check here if same as	provided in Section A): X	
Company Name:			
Street:			
City:		State: ZIP Code:	
Contact			^
Phone			
E-mail;			1.

		n (PDMP) before pesticide application: Yes No	
Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add		e product name, EPA Registration Number(s) and by application	ation method.
Product Name <u>Garlan 3A®</u>	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 of product):
Application method:	o. produciti	Application method:	,
a. Aerially 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	ibs or gallons
 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	8.1 lbs orgalions	 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	21.6 lbs orgalions
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	Ibs or gailons
e. Direct mixture (includes metering,	Ibs or gallons	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications)	- Control of the Cont	applications)	~
f, Chemigation	Ibs or gallons	ia.	ibs or gallons
g. Other (specify):	lbs or gallons	ý):	lbs or gallons

C. Pest Management Area(s) (us	e additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities occurr	ed in this calendar year?		
No discharge from pest control activities this cal year. Proceed to section D.	endar year. Note: Checking	this box completes Section C if you had no discharge from p	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manager	nent Area:		
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Torest Canopy Pe	est 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): 38	5. Acres orlinear f	eet.	
c. Name or location of any waters of the state to white	ch discharges occurred:	d.	
Tennessee River and tributaries in the vi	cinity of TVA dams		
			······································
d. Target Pest(s): Nuisance vegetation			
4. Name and contact information for pesticide applicator(s	a) (or check here if same as	provided in Section A); X	
	,, (0, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		
Company Name:		in the state of th	
Street:			
City:		State: ZIP Code:	
Contact			
Selection and the selection an			·
Phone			
E-mail:			
		nn (PDMP) before pesticide application: Yes No	
Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add		ne product name, EPA Registration Number(s) and by application	ation method.
Product Name <u>Habitat</u>	Quantity Applied (ibs or	Product Name Pendulum 3.3	Quantity Applied (lbs or
EPA Reg. No. 241-426-67690	gallons of product):	EPA Reg. No. 241-341	gallons of product):
Application method:	(Application method:	
a. Aerially by fixed-wing	Ibs or gallons	a. Aerially by fixed-wing	ibs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	ibs or gallons
 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	15.3 lbs or gallons	 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	28.3 ibs orgalions
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	Lbs or gailons
Direct mixture (includes metering, subsurface applications)	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
Chemigation	lho as anilans	.,	ibs or galions
g. Other (specify):	lbs or gallons	yr.	
, , , , , , , , , , , , , , , , , , ,	lbs or gallons		lbs or gallons

		and the state of the second se	
C. Pest Management Area(s) (us	e additional pages f	for each Pest Management Area)	
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities occur	red in this calendar year?		
 a. No discharge from pest control activities this ca year. Proceed to section D. 	lendar year. Note: Checking	this box completes Section C if you had no discharge from p	est control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manager			
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae F	Pest Control	
c. Animal Pest Control	d. Torest Canopy Pe	st Control	
3. For each treatment area (use additional pages for each			
a. Provide a description of the treatment area within			
Vegetation control on and	in the vicinity	OI TVA CARIS	
b. Size of treatment area (in acres or linear feet): 38	35 - acres orlinear fe	eet.	
c. Name or location of any waters of the state to whi			
Tennessee River and tributaries in the vi	cinity 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): X	
	.,	,	
Company Name:			
Street:			
City:		State: ZIP Code:	
Contact		1.00 1.00	
E-mail:	<u></u>		
F. M. Aliana Carta and Carta and Carta	de Disaberra Manitarias Dis	n (PDMP) before pesticide application: X Yes No.	Not Applicable
		e product name, EPA Registration Number(s) and by applic	
Circle if quantity indicated is in lbs or gallons: Add add	litional pages if necessary.	Epidude Harro, Er 21) registration remnancy and by appro-	stos troutou.
Product Name Milestone	_ Quantity Applied (lbs or	Product NameSulfamet	Quantity Applied (lbs or
EPA Reg. No. 62719-519	gallons of product):	EPA Reg. No.81927-26	gallons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	Ibs or gallons	a. Aerialiy by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	0.25 lbs orgalions	 c. [X] Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	0.11 lbs orgalions
d. Aquatic vehicle mounted sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	Ibs or gailons
 e. Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	ibs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	y):	lbs or gallons

C. Pest Management Area(s) (us	e additional pages for	r each Pest Management Arca)	
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities occurr	red in this calendar year?		
a. No discharge from pest control activities this ca	lendar year. Note: Checking thi	is box completes Section C if you had no discharge from p	est control activities this
year. Proceed to section D. b. X Yes. Proceed to question 2.			
Indicate the pesticide use pattern for the Pest Manager	ment Area		
a. Mosquito and Other Flying Insect Pest Control	b. X Weed and Algae Per	st Control	
c. Animal Pest Control			
 -	d. Forest Canopy Pest	Control	
For each treatment area (use additional pages for each		ncluding location description:	
Vegetation control on and			
b. Size of treatment area (in acres or linear feet): 38	35. Aras ar linear feet		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
c. Name or location of any waters of the state to whi			
Tennessee River and tributaries in the vi			
N. incomes respectation			
d. Target Pest(s): Nuisance vegetation			an according to the state of th
4. Name and contact information for pesticide applicator(s) (or check here if same as pro	ovided in Section A): 🗵	
Company Name:			
Charach			
Street:			
City:		State: ZIP Code:	
Contact			7
Phone			
E-mail:			
5. Was this pest control activity addressed in your Pestici	de Discharge Monitoring Plan ((PDMP) before pesticide application: Yes No	Not Applicable
 Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons: Add add 	d for the reporting year by the pitional pages if necessary	product name, EPA Registration Number(s) and by applications	ation method.
Product Name Diuron	Quantity Applied (lbs or	Product Name Glyphosate	Quantity Applied (lbs or
	gallons		gailons
EPA Reg. No. 81927-44	of product):	EPA Reg. No.81927-8	of product):
Application method: a. Aerially by fixed-wing	Ibs or gallons	Application method: a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by inter-wing	ibs or gallons
c. X Land-based sprayer (includes backpack,	81.2 lbs of gallons		19.7 bs orgalions
land vehicle mounted sprayers, high	UT TE INS A GAINING	land vehicle mounted sprayers, high pressure canopy sprayer)	ina di (dalinisa)
pressure canopy sprayer) d, Aquatic vehicle mounted sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gailons
e. Direct mixture (includes metering,	lbs or gallons	e. Direct mixture (includes metering, subsurface	lbs or gallons
subsurface applications)	ากราง กิดแกแร	applications)	or or describe
f. Chemigation	Ibs or gallons		lbs or gallons
g. Cother (specify):	bs or gallons y):	lbs or gallons

Pest Management Area# 1 of ## 1 1. Have any discharges from peat control activities occurred in this calendar year? a. No discharge from peat control activities this calendar year? a. No discharge from peat control activities this calendar year? a. No discharge from peat control activities this calendar year? b. Yea. Proceed to exection D. b. Yea. Proceed to exection D. c. Indicate the pestidide use patient for the Peat Management Area: a. Mosquito and Other Flying Insect Peat Control b. Weed and Algae Peat Control c. Animal Peat Control d. Prorest Cancpy Peat Control 3. For each treatment area (use additional pages for each breatment area; a. Provide a description of the treatment area within this Peat 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): 385 - does or	C. Pest Management Area(s) (use additional pa	ges for each Pest Management Area)	
1. Have any discharges from pest control activities occurred in this calendar year? a	Pest Management Area# 1 of ## 1		
a		ar?	
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 c. ☐ Animal Pest Control c. ☐ Animal Pest Control d. ☐ Forest Cancey 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 dame b. Size of treatment area (in acres or linear feet): 385 - 6thres or ☐ linear feet. c. Name or location of any waters of the state to which discharges occurred: 7ennessee River and tributaries in the vicinity of TVA dame 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 PRoce E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☑ Yes ☐ No ☐ Not Applicative Circle if quantity indicated is in this or gallons of product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in this or gallons of product): Application method: a. ☐ Animally by rolary aircraft ☐ Use or gallons b. ☐ Aerially by rolary aircraft ☐ Use or gallons c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	a. No discharge from pest control activities this calendar year. Note: Che		pest control activities this
a. Mosquito and Other Flying Insect 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): 3.85 - \$\frac{4}{2}\$trus or			·
c.	Indicate the pesticide use pattern for the Pest Management Area:		
3. For each treatment area (use additional pages for each treatment area): a. Provide a description of the treatment area within this Peat 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): 385 - 45res or linear feet. c. Name or location of any waters of the state to which discharges occurred: Tempessee 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:	a. Mosquito and Other Flying Insect Pest Control b. 🗵 Weed and A	Algae Pest Control	
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): 385 - &bres or linear feet. c. Name or location of any waters of the state to which discharges occurred: Tempessee 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: Confact Phone E-mail: 5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes	c. Animal Pest Control d. Forest Cano	ppy Pest Control	
D. Size of treatment area (in acres or linear feet): 385 · deres 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: Confact 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 its or gallons: Add additional pages if necessary. Product Nameinclopyr Quantity Applied (lbs or gallons) PAP Reg. No. 81927-11 gallons Application method: a Aenally by fixed-wing lbs or gallons b Aerally by fixed-wing lbs or gallons c. [X] Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	3. For each treatment area (use additional pages for each treatment area):		
b. Size of treatment area (in acres or linear feet): 385. Abres 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): Nullsance 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 Ptan (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 libs or gallons: Add additional pages if necessary. Product Name Inclopyr Quantity Applied (libs or gallons or foreduct): EPA Reg. No. 81927-11	Provide a description of the treatment area within this Pest Management	t Area, including location description:	
c. Name or location of any waters of the state to which discharges occurred: Temessee 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 ibs or gallons. Add additional pages if necessary. Product NameIniclopyr Quantity Applied (ibs or gallons of product): Product NameIniclopyr Quantity Applied (ibs or gallons of product): Product Name Arsenal5G Quantity Applied (ibs or gallons of product): Product Name Product Name	Vegetation control on and in the vicini	ity of TVA dams	
c. Name or location of any waters of the state to which discharges occurred: Temessee 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 ibs or gallons. Add additional pages if necessary. Product NameIniclopyr Quantity Applied (ibs or gallons of product): Product NameIniclopyr Quantity Applied (ibs or gallons of product): Product Name Arsenal5G Quantity Applied (ibs or gallons of product): Product Name Product Name			***************************************
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	b. Size of treatment area (in acres or linear feet): 385.4cres orli	near feet.	
d. Target Pesit(s): _NuisanceVegetation 4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):	c. Name or location of any waters of the state to which discharges occurre	d:	
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	Tennessee River and tributaries in the vicinity of TVA dams		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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			
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 its or gallons: Add additional pages if necessary. Product Name Triclopyr Quantity Applied (lbs or gallons of product): EPA Reg. No. 81927-11 of gallons of product): Application method: Application method: Application method: Application method: Application method: Application method: C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	d. Target Pest(s): Nuisance vegetation		
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 gallons EPA Reg. No.81927-11 gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons b. Aerially by fixed-wing Ibs or gallons c. Aerially by rotary aircraft Ibs or gallons land vehicle mounted sprayers, high	Name and contact information for pesticide applicator(s) (or check here if sar	ne as provided in Section A): X	in the second se
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 gallons EPA Reg. No.81927-11 gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons b. Aerially by fixed-wing Ibs or gallons c. Aerially by rotary aircraft Ibs or gallons land vehicle mounted sprayers, high	Company Name:		
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 of product): Application method: a. Aerially by fixed-wing bs or gallons Aprilication method: a. Aerially by rotary aircraft bs or gallons b. Aerially by rotary aircraft bs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high			
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 of product): Application method: a. Aerially by fixed-wing lbs or gallons a. Aerially by fixed-wing lbs or gallons b. Aerially by rotary aircraft lbs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	Street:		
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.34913-24 of product): Application method: Application method: a. Aerially by fixed-wing Ibs or gallons of product): Aerially by fixed-wing Ibs or gallons b. Aerially by rotary aircraft Ibs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	City:	State: ZIP Code:	
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11	Contact		••*
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11			
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Solution 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 ibs or gallons: Add additional pages if necessary. Product Name Triclopyr Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 Operation method: a. Aerially by fixed-wing Ibs or gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons of product): Application method: a. Aerially by rotary aircraft Ibs or gallons of product Name Arsenal5G Quantity Applied (lbs or gallons of product): Application method: Application method: a. Aerially by fixed-wing Ibs or gallons of product Name Arsenal5G Quantity Applied (lbs or gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons of product Name Arsenal5G Quantity Applied (lbs or gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons of product): C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high			
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 Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 Squantity Applied (lbs or gallons of product): Application method: a. Aerially by fixed-wing Ibs or gallons a. Aerially by fixed-wing Ibs or gallons of product): b. Aerially by rotary aircraft Ibs or gallons C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	E-mail:		
Circle if quantity indicated is in this or gallons: Add additional pages if necessary. Product Name Triclopyr Quantity Applied (lbs or gallons of product): EPA Reg. No.81927-11 gallons of product): Application method: a. Aerially by fixed-wing bs or gallons a. Aerially by fixed-wing b. Aerially by rotary aircraft bs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high Add additional pages if necessary. Product Name Arsenal5G Quantity Applied (lbs or gallons of product): Application method: a. Aerially by fixed-wing bs or gallons b. Aerially by fixed-wing bs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	5. Was this pest control activity addressed in your Pesticide Discharge Monitoria	ng Plan (PDMP) before pesticide application: X Yes No	Not Applicable
EPA Reg. No.81927-11 gallons of product): Application method: a. Aerially by fixed-wing lbs or gallons b. Aerially by rotary aircraft lbs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high gallons of product): Application method: a. Aerially by fixed-wing lbs or gallons b. Aerially by rotary aircraft lbs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high	Enter the total amount of each pesticide product applied for the reporting yea Circle if quantity indicated is in lbs or gallons: Add additional pages if necess	r by the product name, EPA Registration Number(s) and by applicatery.	ation method.
EPA Reg. No. 81927-11 of product): Application method: a.	Product Name <u>Triclopyr</u> Quantity Applied (lbs	or Product Name Arsenal5G	Quantity Applied (lbs or
Application method: a. Application method: a. Aerially by fixed-wing b. Aerially by rotary aircraft bs or gallons c. Application method: a. Aerially by fixed-wing bs or gallons c. Application method: a. Aerially by fixed-wing bs or gallons c. Aerially by fixed-wing bs or gallons c. Application method: bs or gallons c. Aerially by fixed-wing bs or gallons land-based sprayer (includes backpack, 500 bs or gallons) land vehicle mounted sprayers, high	FDA DAG NA SIGDY-II	EPA Reg. No.34913-24	w 3
a. Aerially by fixed-wing bs or gallons b. Aerially by rotary aircraft bs or gallons b. Aerially by rotary aircraft bs or gallons c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high lbs or gallons land vehicle mounted sprayers, high	and the state of t		or producty.
c. X Land-based sprayer (includes backpack, 9.0 lbs or gallons land vehicle mounted sprayers, high			lbs or gallons
land vehicle mounted sprayers, high	b. Aerially by rotary aircraft lbs or gallo	ns b. Aerially by rotary aircraft	lbs or gallons
		113)	500 lbs or gallons
d. Aquatic vehicle mounted sprayerlbs or gallons d. Aquatic vehicle mounted sprayerlbs or gallons		· · · · · · · · · · · · · · · · · · ·	Ibs or gailons
e. Direct mixture (includes metering, lbs or gallons e. Direct mixture (includes metering, subsurface lbs or gallons applications)	e. Direct mixture (includes metering, lbs or gallo	ns e. Direct mixture (includes metering, subsurface	lbs or gallons
f. Chemigationlbs or gallonslbs or gallons	f Chamiantian	• • • • • • • • • • • • • • • • • • • •	lbs or nalinns
□ Oher/marki).	g. Other (specify):ibs or gallo	î.a.	lbs or gallons
in a continue	ios or gaio		ina di Agiiniia

C. Pest Management Area(s) (us	se additional pages fo	r each Pest Management Area)	
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities occur	red in this calendar year?		
 a. No discharge from pest control activities this cayear. Proceed to section D. 	lendar year. Note: Checking th	is 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 Manage	ment Area:		
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae Pe	est Control	
c. Animal Pest Control	d. Forest Canopy Pest	Control	
3. For each treatment area (use additional pages for each			
Provide a description of the treatment area within	·		
Vegetation control on and	in the vicinity of	or TVA dams	······································
b. Size of treatment area (in acres or linear feet): 38		iš.	
c. Name or location of any waters of the state to whi Tennessee River and tributaries in the vi			
Telliessee Rivel and Clibutalies in the vi	cinity of Iva dams		
d. Target Pest(s): Nuisance vegetation			COLUMN CO
4. Name and contact information for pesticide applicator(s) (or check here if same as pr	rovided in Section A): X	
Company Name:			
Street:			
City:		State: ZIP Code:	-
Contact	**************************************		
Phone			
E-mail;	and the second of the second o		
Was this pest control activity addressed in your Pestici	de Dieskeren Manitarine Blan	(DDMD) before entitled profession: 🕅 Vac. 🗍 No.	Not Applicable
		product name, EPA Registration Number(s) and by applic	
Circle if quantity indicated is in lbs or gallons: Add add		product ratio, at 200 capanation remnantly area by appro-	SACOT COMOS.
Product Name AccordXLT	Quantity Applied (lbs or	Product Name Surflan	Quantily Applied (lbs or
EPA Reg. No.62719-556	gallons of product):	EPA Reg. No.62719-113	gailons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	Ibs or gallons	a. Aerially by fixed-wing	ibs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	ibs or gallons
 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	3.13 lbs orgalions	 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	11.1 lbs orgallons
d. Aquatic vehicle mounted sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gailons
 e. Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	ibs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	у);	lbs or gallons

C. Pest Management Area(s) (use additional pages for each Pest Management Area)
Pest Management Area#_1 of ## 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.
_
Indicate the pesticide use pattern for the Pest Management Area: a.
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): 385 - 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:
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: X Yes No Not Applicable
b. 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 Cornerstone Quantity Applied (lbs or Product Name Oust Quantity Applied (lbs or
gallons gallons EPA Reg. No.1381-191 of product): EPA Reg. No.432-1552 of product):
Application and both
Application method: a. Aprilally by fixed-winglbs or gallions a. Aprilally by fixed-winglbs or gallions
b. Aerially by rotary aircraftibs or gallions b. Aerially by rotary aircraftibs or gallions
c. X Land-based sprayer (includes backpack, 27.63 ibs orgalions) c. X Land-based sprayer (includes backpack, 2.6 ibs orgalions)
land vehicle mounted sprayers, high
pressure canopy sprayer) pressure canopy sprayer) d. Aquatic vehicle mounted sprayer lbs or gallons d. Aquatic vehicle mounted sprayer lbs or gallons
e. Direct mixture (includes metering, lbs or gallons e. Direct mixture (includes metering, subsurface lbs or gallons
subsurface applications) applications)
t. Chemigation lbs or gallons lbs or gallons
g. Other (specify): jbs or gallons y):

	and the state of t		
C. Pest Management Area(s) (t	ise additional pages	for each Pest Management Area)	
Pest Management Area# 1 of ## 1			
Have any discharges from pest control activities occur	urred in this calendar year?		
No discharge from pest control activities this eyear. Proceed to section D.	calendar year. Note: Checkin	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	ement Area:		
a. Mosquito and Other Flying Insect Pest Contro	b. 🛛 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy P	est Control	
3. For each treatment area (use additional pages for ea			
Provide a description of the treatment area with	•		
Vegetation control on and	in the vicinity	of TVA dams	

b. Size of treatment area (in acres or linear feet):	385 - Acres orlinear	feet.	
c. Name or location of any waters of the state to w			
Tennessee River and tributaries in the	vicinity of TVA dams		
			······································
d. Target Pest(s): Nuisance vegetation	1		
4. Name and contact information for pesticide applicate	uto May about been if agone a	new ideal in Senting At [V]	
4. Name and contact information for pesticide applicato	r(s) (or check here it same as	s provided in Section A). (A)	
Company Name:			
Street:			
		1 1 1	
City:		State: ZIP Code:	
Contact	rallallal o o obaaloreaan o		
Phone			
E-mail;			
***************************************			· ·
		an (PDMP) before pesticide application: X Yes No	4
Enter the total amount of each pesticide product app Circle if quantity indicated is in lbs or gallons: Add a	lied for the reporting year by to dditional pages if necessary.	he product name, EPA Registration Number(s) and by appli	cation method.
Product Name Weedblast8-G	Quantity Applied (lbs or	Product Name Spraykill	Quantity Applied (lbs or
EPA Reg. No.34913-20	gallons of product):	EPA Reg. No.34913-16	gallons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	lbs.or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	Ibs or galions	b. Aerialiy by rotary aircraft	ibs or gallons
c. XI Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	11108 ibs or gallons	c. [X] Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	1573 (ibs) gallons
d. Aquatic vehicle mounted sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gailons
Direct mixture (includes metering, subsurface applications)	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	Ibs or gallons		Ibs or gallons
g. Cther (specify):	lbs or gallons	ÿ):	lbs or oallons

C. Pest Management Area(s) (u	ise additional pages f	or each Pest Management Area)	
Pest Management Area#_1 of ##_1_			
Have any discharges from pest control activities occur	-		
a. No discharge from pest control activities this c year. Proceed to section D.	alendar year. Note: Checking	this box completes Section C if you had no discharge from p	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. 🛛 Weed and Algae F	est Control	
c. Animal Pest Control	d. Trorest Canopy Pes	st Control	
3. For each treatment area (use additional pages for each	·		
a. Provide a description of the treatment area within	•		
Vegetation control on and	in the vicinity	of TVA dams	
b. Size of treatment area (in acres or linear feet): 3	85.4cres orlinear fe	et.	
c. Name or location of any waters of the state to wh			
Tennessee River and tributaries in the v	cicinity of TVA dams		
d. Target Pest(s): Nuisance vegetation			
4. Name and contact information for pesticide applicator	(e) (or check here if eams as	orguidant in Section A): X	
	(a) (or check here it asine say	around in decime ray land	
Company Name:			
Street:	g - gage y la la Ramae a system	manna ann mhair a sa tair a sa a sa a	
City:		Slate: ZIP Code:	
		State	*
Contact			
Phone			
E-mail:			
5. Was this pest control activity addressed in your Pestic	cide Discharge Monitoring Plar	(PDMP) before pesticide application: X Yes No	Not Applicable
		e product name, EPA Registration Number(s) and by application	ation method.
Circle if quantity indicated is in lbs or gallons: Add ad		***************************************	
Product Name Garlon4	Quantily Applied (ibs or	Product Name Snapshot	Quantity Applied (lbs or
EPA Reg. No. 62719-527	gallons of product):	EPA Reg. No.62719-175	gallons of product):
Application method:		Application method:	
a. Aerially 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	bs or gallons
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	1.1 lbs orgalions	 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	90 (bs or gallons
d. Aquatic vehicle mounted sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gailons
e. Direct mixture (includes metering, subsurface applications)	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f, Chemigation	lbs or gallons		lbs or gallons
g. Other (specify):		ý):	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:	Davi	d L.	Bowling				
Title:	Vice	Pres	iden	t, River	and Resou	rce Stewards	hip	**************************************
E-Mail:	d	lbowl	ing@	tva.gov				
Signatu Official	re/Respor ;	nsible	***************************************		Paud Bowley		Date:	02 08 2021
	Annual	Report	Prepar	er (Complete if	the Annual Re	port was prepared by	y some	one other than the certifier)
Prepare:	r	Mich	ael S	Stiefel				
Organiz	ation:	AVT	Envi:	ronmental	Permits,	Compliance,	and	Monitoring
Phone:	42	3 7	51	6844	N/A)	Date:	02 08 2021
E-Mail.	mh	atio	FAl@t	.113 0011				