

From: [Figures, Sharon Mclin](#)
To: [Water Permits](#)
Cc: [Shaffer, Gregory P](#); [Pearman, Paul Jonathan](#)
Subject: [EXTERNAL] Pesticide Permit Annual Reports
Date: Wednesday, February 15, 2023 7:21:10 AM
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Please find attached your copy of the subject.

Thanks

Sharon

Sharon Figgures
Business Support Representative
Regulatory Environmental Programs



W. 423-751-7235 M. 706-639-7223 E. sdmclin@tva.gov
1101 Market Street, Chattanooga, TN 37402



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

Sent Via Electronic Transmittal

February 15, 2023

Division of Water Resources (water.permits@tn.gov)
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) - ANNUAL REPORTS FOR GENERAL NPDES PERMIT NUMBERS TNP100003, TNP1000009, TNP100005, AND TNP100013 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed are completed annual reports for herbicide treatments in water or water's edge at TVA sites, transmission lines, dams and reservoirs in calendar year 2022. These reports include:

1. Aquatic vegetation management in TVA reservoirs (TNP100003),
2. Herbicide applications in areas adjacent to TVA dams and reservoirs to reduce or eliminate invasive plant species, enhance waterfowl and/or other wildlife habitat, and to maintain the integrity of rip-rap and other manmade structures (TNP100009),
3. Herbicide applications along transmission lines performed by TVA Right-of-Way and/or its contractors (TNP100005), and
4. Herbicide treatments performed by TVA Power Operations coal and gas generation sites (TNP100013).

If you have questions or need additional information, please call Greg Shaffer at (865) 617-7432 or by email at gshaffer@tva.gov.

Sincerely,

A handwritten signature in black ink that reads "Paul Pearman". The signature is written in a cursive, flowing style.

Paul Pearman
Senior Manager
Water Permits, Compliance, and Monitoring

Enclosures

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

Pest Management Area# 1 of # 3 (TVA Coal- and 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 John Sevier Combined Cycle Plant, Johnsonville Combustion Turbine Plant, Lagoon Creek Combined Cycle, Cumberland Fossil Plant, and Kingston Fossil Plant in Calendar Year 2022.

b. Size of treatment area (in acres or linear feet): 124.9 acres or _____ linear feet.

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

Holston River in Hawkins County, Watts Bar Reservoir in Roane County, Barkley Reservoir in Stewart County, Kentucky Reservoir in Humphreys County, and Lagoon Creek in Haywood 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):
RoundUp Custom		Triclopyr 3	
EPA Registration No. 524-343		EPA Registration No. 228-520	
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>1.4</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>0.1</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			
g. <input type="checkbox"/> Other (specify): _____ lbs or gallons			

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

Pest Management Area# 2 of # 3 (TVA Coal- and 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 John Sevier Combined Cycle Plant, Johnsonville Combustion Turbine Plant, Lagoon Creek Combined Cycle, Cumberland Fossil Plant, and Kingston Fossil Plant in Calendar Year 2022.

b. Size of treatment area (in acres or linear feet): 124.9 acres or _____ linear feet.

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

Holston River in Hawkins County, Watts Bar Reservoir in Roane County, Barkley Reservoir in Stewart County, Kentucky Reservoir in Humphreys County, and Lagoon Creek in Haywood 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	<u>Rodeo</u>	Quantity Applied (lbs or gallons of product):	Product Name <u>Garlon 3A</u>	Quantity Applied (lbs or gallons of product):
EPA Registration No.	<u>62719-324</u>		EPA Registration No.	<u>62719-37</u>
Application method:			Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<u>15.9</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>6.1</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# 3 of # 3 (TVA Coal- and 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 John Sevier Combined Cycle Plant, Johnsonville Combustion Turbine Plant, Lagoon Creek Combined Cycle, Cumberland Fossil Plant, and Kingston Fossil Plant in Calendar Year 2022.

b. Size of treatment area (in acres or linear feet): 124.9 acres or _____ linear feet.

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

Holston River in Hawkins County, Watts Bar Reservoir in Roane County, Barkley Reservoir in Stewart County, Kentucky Reservoir in Humphreys County, and Lagoon Creek in Haywood 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	Habitat	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
EPA Registration No. <u>241-426</u>				
Application method:			Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing		_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft		_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<u>9.2</u> lbs or <u>gallons</u>	c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	_____ lbs or gallons
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input 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

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: jwoodward@tva.gov

Signature/Responsible Official:  _____ Date: 02 | 12 | 2023

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

Preparer Name: Greg Shaffer

Organization: Water Permits, Compliance, and Monitoring

Phone: 865-617-7432 Date: 02 | 14 | 2023

E-Mail: gshaffer@tva.gov