

WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFORMATION

Project Name:	Northeast Connector Expressway – Phase 1 From Cyrils Drive to Nova Road (CR 532)
County:	Osceola
FM Number:	Not Applicable
Federal Aid Project No:	Not Applicable
Brief Project Description:	The Central Florida Expressway Authority (CFX) is studying a new expressway connection, proposed as a tolled 4-lane roadway within approximately 330 feet of right-of-way (ROW), between Cyrils Drive and Nova Road in Osceola County. The study area begins at the terminus of the planned SR 534 near Cyrils Drive and extends to Nova Road, a distance of approximately 4.3 miles. This ROW width provides for expansion for additional lanes and/or other multi-modal travel options if needed in the future. The project also includes interchanges with other county and state roads, bridges over wetlands, as well as bridges over local roads. Stormwater management facilities are also being evaluated.

PART 2: DETERMINATION OF WQIE SCOPE

Does project discharge to surface or groundwater? Yes No

Does project alter the drainage system? Yes No

Is the project located within a permitted MS4? Yes No

Name:

If the answers to the questions above are no, complete the applicable sections of Part 3 and 4, and then check Box A in Part 5.

PART 3: PROJECT BASIN AND RECEIVING WATER CHARACTERISTICS

Surface Water

Receiving water names: LakeTohopekaliga basin

Water Management District: South Florida Water Management District

Environmental Look Around meeting date: ____/____/____

Attach meeting minutes/notes to the checklist.

Water Control District Name(s) (list all that apply): None

Groundwater

Sole Source Aquifer (SSA)? Yes No Name _____
If yes, complete Part 5, D and complete SSA Checklist from EPA website

Other Aquifer? Yes No Name _____

Springs vents? Yes No Name _____

Well head protection area? Yes No Name _____

Groundwater recharge? Yes No Name _____

Notify District Drainage Engineer if karst conditions are expected or if a higher level of treatment may be needed due to a project being located within a WBID verified as Impaired in accordance with Chapter 62-303, F.A.C.

Date of notification: ____/____/____

PART 4: WATER QUALITY CRITERIA

List all WBIDs and all parameters for which a WBID has been verified impaired, or has a TMDL in **Table 1**. This information should be updated during each re-evaluation as required.

Note: If BMAP or RAP has been identified in **Table 1**, **Table 2** must also be completed. *Attach notes or minutes from all coordination meetings identified in **Table 2**.*

EST recommendations confirmed with agencies? – Not Applicable Yes No

BMAP Stakeholders contacted? Yes No

TMDL program contacted? Yes No

RAP Stakeholders contacted? Yes No

Regional water quality projects identified in the ELA? Yes No

If yes, describe:

Potential direct effects associated with project construction and/or operation identified? Yes No

If yes, describe:

The project consists of a new limited-access toll facility that will introduce new pollutant discharges into the watershed.

The design of the stormwater facilities will comply with the standards set forth by CFX, SFWMD, Osceola County, and FDOT. An Environmental Resource Permit (ERP) will need to be acquired from SFWMD during the design of this project. Stormwater captured by the stormwater collection system will be conveyed to multiple wet detention facilities. Captured stormwater will receive treatment and attenuation by the wet detention pond before discharging to the adjacent stormwater outfall.

Discuss any other relevant information related to water quality including Regulatory Agency Water Quality Requirements.

The project study area does not directly discharge to an Outstanding Florida Water or an impaired waterbody. The study area is also located within the Lake Okeechobee Basin Management Action Plan (BMAP), adopted 2013, which establishes a Total Phosphorus loading; however, the project area does not directly discharge to this waterbody.

PART 5: WQIE DOCUMENTATION

- A. No involvement with water quality
 - B. No water quality regulatory requirements apply.
 - C. Water quality regulatory requirements apply to this project (provide Evaluator's information below). Water quality and stormwater issues will be mitigated through compliance with the design requirements of authorized regulatory agencies.
 - D. EPA Ground/Drinking Water Branch review required. Yes No
- Concurrence received? Yes No
- If Yes, Date of EPA Concurrence: ___/___/___ (Attach the concurrence letter)

The environmental review, consultation, and other actions required by applicable federal environmental laws for this project are being, or have been, carried out by CFX.

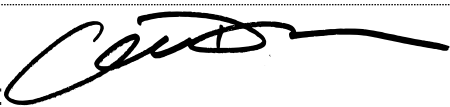
Evaluator Name (print): Chris Dailey	
Sr. Environmental Scientist	
Signature: 	Date: 7-30-2021

Table 1: Water Quality Criteria

Receiving Waterbody Name (list all that apply)	FDEP Group Number / Name	WBID(s) Numbers	Classification (I,II,III,IIIL,IV,V)	Special Designations*	NNC limits**	Verified Impaired (Y/N)	TMDL (Y/N)	Pollutants of concern	BMAP, RA Plan or SSAC
Lake Joel	Upper Kissimmee	3174F	III	None		N	N	N/A	N/A
Lake Okeechobee	Lake Okeechobee	3212	III	None		Y	Y	Phosphorus	BMAP

* ONRW, OFW, Aquatic Preserve, Wild and Scenic River, Special Water, SWIM Area, Local Comp Plan, MS4 Area, Other

** Lakes, Spring vents, Streams, Estuaries

Note: If BMAP or RAP has been identified in Table 1, Table 2 must also be completed.

