

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
WATER QUALITY IMPACT EVALUATION CHECKLIST

650-050-37
ENVIRONMENTAL
MANAGEMENT
10/17

PART 1: PROJECT INFORMATION

Project Name:	Osceola Parkway Extesnion
County:	Orange and Osceola
FM Number:	599-223
Federal Aid Project No:	N/A
Brief Project Description:	New Expressway Alignment

PART 2: DETERMINATION OF WQIE SCOPE

Does project discharge to surface or ground water? Yes No

Does project alter the drainage system? Yes No

Is the project located within a permitted MS4?
Name: _____ Yes No

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(s) names: Lake Tohopekaliga

Water Management District: SFWMD

Environmental Look Around meeting date: [Click here to enter a date.](#) _____
Attach meeting minutes/notes to the checklist.

Water Control District Name (list all that apply): N/A

Is the project located within a springshed or recharge area? Yes No

Ground Water

Sole Source Aquifer (SSA)? Yes No

Name Biscayne Aquifer

If yes, complete Part 5, D and complete SSA Checklist shown in Part 2, Chapter 11 of the PD&E Manual

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: [Click here to enter a date.](#)

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 must be updated during each Re-evaluation.

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? Yes No

BMAP Stakeholders contacted:
SFWMD Yes No

TMDL program contacted: N/A Yes No

RAP Stakeholders contacted:
N/A Yes No

Regional water quality projects identified in the ELA Yes No

If yes, describe:
Coordination with local property owners ongoing.

Potential direct effects associated with project construction and/or operation identified? Yes No
If yes, describe:

Discuss any other relevant information related to water quality.

Project will meet all applicable SFWMD criteria related to Water Quality.
The project is currently a non-federal action receiving no federal monies; therefore, concurrence from the EPA is not required according to the Safe Drinking Water Act.

The PD&E Study will discuss the use of best management practices that would control erosion, sediment release, and storm water runoff to minimize adverse impacts on surface water resources, as well as ensure drainage design is part of the planning for the project.

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 quantity 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: [Click here to enter a date..](#)
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 ~~FDOT~~ **CFX** pursuant to ~~23 U.S.C. § 327 and a Memorandum of Understanding dated December 14, 2016 and executed by FHWA and FDOT.~~

Evaluator Name (print): **GREGORY S. SEIDEL, P.E.**

Title: **CHIEF ENGINEER**

Signature:



Date: [Click here to enter a date](#)

5/6/2019

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
East Lake Tohopekaliga Drain	Kissimmee River	3172C	3F	N/A		Yes	No	Macrophytes	Lake Okeechobee
Jim Branch	Kissimmee River	3172A	3F	N/A		No	No		Lake Okeechobee
C-29A Canal	Kissimmee River	3171EA	3F	N/A		No	No		Lake Okeechobee
Lake Center Outlet	Kissimmee River	3174F	3F	N/A		No	No		Lake Okeechobee

* 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.

