PART 1: PROJECT INFORMATION							
Project Name:	CFX Project 528-307						
County:	Orange						
FM Number:							
Federal Aid Project No:							
Brief Project Description:	State Road (SR) 528 & Dallas Blvd Interchange						

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 names: Econlockhatchee River

Water Management District: St. Johns River Water Management District

Environmental Look Around meeting date: <u>Click here to enter a date.</u> Attach meeting minutes/notes to the checklist.

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

Groundwater

Sole Source Aquifer (SSA)?] Yes	🖂 No
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Name				
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If yes, complete Part 5, D and complete SSA Checklist shown in Part 2, Chapter 11 of the PD&E Manual

Other Aquifer? Name	Yes	🛛 No	
Springs vents? Name	🗌 Yes	🖂 No	
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: <u>Click here to enter a date.</u>

PART 4: WATER QUALITY CRITERIA

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

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

EST recommendations confirmed with agencies?	🗌 Yes 🔀 No
BMAP Stakeholders contacted? N/A	🗌 Yes 🔀 No
TMDL program contacted?	🗌 Yes 🔀 No
RAP Stakeholders contacted? N/A	🗌 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? If yes, describe:	🗌 Yes 🔀 No

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

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

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 (prov	/ide Evaluator's
information below). Water quality and stormwater issues will be m	itigated 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: <u>Click here to enter a date.</u>	
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): Gregory Seidel, P.E.				
Title: Chief Engineer				
Signature: My Ature	Date: July 6, 2023			

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
Econlockh atchee River	Group 2/ Middle St. Johns	2991, 3052, 3054	IIIF	OFW	N/A	Yes	Yes	Bacteria	No

* 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 <u>Table 1</u>, <u>Table 2</u> must also be completed.

Table 2: REGULATORY Agencies/Stakeholders Contacted

Receiving Water Name (list all that apply)	Contact and Title	Date Contacted	Follow-up Required (Y/N)	Comments

../../PPMTimeline/AllItems.aspx