650-050-37 ENVIRONMENTAL MANAGEMENT 10/17

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFO	DRMATION					
Project Name:	SR 408 Westbound Capacity Improvements from I-4 to Goldenrod Rd					
County:	Orange					
FM Number:	N/A					
Federal Aid Project No:	N/A					
Brief Project Description: PART 2: DETERMINATION	This PD&E includes evaluating a one-lane addition in the westbound direction of SR 408 from I-4 to Bumby Avenue and Semoran Boulevard to Goldenrod Road to provide greater capacity, reduce congestion and delay, and increase safety.					
I ANI Z. DETERMINATION	SN OF WAIL SCOTE					
Does project discharge to sur	face or ground water? 🖂 Yes 🗌 No					
Does project alter the drainag	ge system?					
Is the project located within a permitted MS4? Name: City of Orlando, Permit FLS000014 and Orange County and Co Permittees, Permit FLS000011 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 Underhill Outlet, Lake Frederica Drain, Azalea Park Canal						
Water Management District: St. Johns River Water Management District						
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?						
Name <u>Biscayne Sole S</u>						
Other Aquifer? Name <u>Floridan</u>	⊠ Yes □ No Aquifer					

Springs vents? Name	∐ Yes	⊠ No		
Well head protection area? Name Groundwater recharge? Name Biscayne Sole So		No No	ow and Bachargo S	Cource Zone
Notify District Drainage Engine treatment may be needed du Impaired in accordance with C	eer if kars ue to a p	st conditions roject being	are expected or if	a higher level of
Date of notification: Click here to	enter a da	te.		
PART 4: WATER QUALITY C	RITERIA			
List all WBIDs and all paramet TMDL in <u>Table 1</u> . This informa				•
Note: If BMAP or RAP has bee Attach notes or minutes from all coo.				be completed.
EST recommendations confirm	ned with a	agencies?		☐ Yes ⊠ No
BMAP Stakeholders contacted	d:			☐ Yes ⊠ No
TMDL program contacted:				☐ Yes ⊠ No
RAP Stakeholders contacted:				☐ Yes ⊠ No
Regional water quality projects	s identifie	d in the ELA		☐ Yes ⊠ No
If yes, describe:				
Potential direct effects associa and/or operation identified? If yes, describe:	ited with p	oroject constr	uction	☐ Yes ⊠ No

Discuss any other relevant information related to water quality.

PART 5: WQIE DOCUMENTATION	
 A. No involvement with water quality B. No water quality regulatory requirements apply. C. Water quality regulatory requirements apply to the information below). Water quality and quantity issue compliance with the design requirements of authorizen D. EPA Ground/Drinking Water Branch review requirements of authorizen Concurrence received? If Yes, Date of EPA Concurrence: Click here to enter a Attach the concurrence letter 	es will be mitigated through zed regulatory agencies. ired.
The environmental review, consultation, and other actions environmental laws for this project are being, or have been, to 23 U.S.C. § 327 and a Memorandum of Understanding of executed by FHWA and FDOT.	carried out by FDOT pursuant
Evaluator Name (print): Hannah Smith	
Title:Environmental Scientist	
Signature: Hannah Smith Date	:1/17/2023

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
Lake Underhill Outlet	2/Middl e St. Johns	3168ZA	III		Stream	Yes	No	Dissolved oxygen	Lake Okeech obee
Azalea Park Canal	2/Middl e St. Johns	3025	III		Stream	No	No		
Lake Frederica Drain	2/Middl e St. Johns	3036B	III		Stream	No	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