

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
WATER QUALITY IMPACT EVALUATION CHECKLIST

650-050-37
 ENVIRONMENTAL
 MANAGEMENT
 10/17

PART 1: PROJECT INFORMATION

Project Name:	SR 408 Westbound Capacity Improvements from Kirkman Rd to Church St
County:	Orange
FM Number:	N/A
Federal Aid Project No:	N/A
Brief Project Description:	This PD&E includes evaluating a proposed widening of a one-lane addition in the eastbound and westbound direction of SR 408 between SR 435 (Kirkman Road) and Church Street to provide greater capacity, reduce congestion and delay, and increase safety.

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? Yes No

Name: 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: Shingle Creek Headwaters and Little Wekiva Canal

Water Management District: South Florida 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? Yes No

Ground Water

Sole Source Aquifer (SSA)? Yes No

Name Biscayne Sole Source Aquifer Streamflow and Recharge Source Zone

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 Floridan Aquifer

Springs vents? Yes No
Name _____

Well head protection area? Yes No
Name _____

Groundwater recharge? Yes No
Name Biscayne Sole Source Aquifer Streamflow and Recharge Source Zone

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: 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 Yes No
and/or operation identified?

If yes, describe:

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 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

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
Shingle Creek Headwaters	4/Kissimmee River	3169G1	III		Stream	Yes	No	Dissolved oxygen	Lake Okeechobee
Little Wekiva Canal	2/Middle St. Johns	3004	III		Stream	Yes	Yes	Dissolved oxygen and nutrients	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.

