

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
WATER QUALITY IMPACT EVALUATION CHECKLIST

650-050-37
ENVIRONMENTAL
MANAGEMENT
10/17

PART 1: PROJECT INFORMATION

Project Name:	Simpson Road Improvements
County:	Osceola County, Florida
FM Number:	445416-1
Federal Aid Project No:	N/A
Brief Project Description:	Widen Simpson road from 2-lane to 4-lane between US 192 and Myers Road including shared paths for pedestrians and bicyclists.

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: FLR04E012

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: East Lake Tohopekaliga and Lake Tohopekaliga

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): _____

Groundwater

Sole Source Aquifer (SSA)? Yes No

Name Biscayne Aquifer SSA Streamflow and Recharge Source Zone (SSA34b)

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 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? 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:

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

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: [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 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): Frank Fu

Title: Drainage Engineer

Signature:

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

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	3	N/A	TN 1.54 mg/l TP 0.12 mg/l	Yes	No	Nutrients	N/A

* 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.

