

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
WATER QUALITY IMPACT EVALUATION CHECKLIST

650-050-37
 ENVIRONMENTAL
 MANAGEMENT
 10/17

PART 1: PROJECT INFORMATION

Project Name:	Neptune Road Project Development and Environment Study
County:	Osceola
FM Number:	445415-1
Federal Aid Project No:	N/A
Brief Project Description:	This PD&E Study includes evaluating alternatives for proposed widening of Neptune Road, including stormwater management system

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: _____

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: 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): NA

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 and/or operation identified? Yes No

If yes, describe:

The proposed roadway will have a curb and gutter stormwater collection system. Stormwater captured by the proposed inlets will be conveyed, by closed storm sewer pipes, to one or multiple of the potential pond sites. Captured stormwater will receive treatment and attenuation by the wet detention pond before discharging to the adjacent stormwater outfall.

Discuss any other relevant information related to water quality.

Proposed stormwater management facilities have been discussed and coordination is ongoing with FDOT and Osceola County.

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 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): Tori Bacheler	
Title: Environmental Scientist	
Signature:	Date: 11/8/2019

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
Lake Tohopekaliga	4/Kissimmee River	3173A	III		Lake	No	No	N/A	No
Lake Okeechobee	1/Lake Okeechobee	3212A-D	I		Lake	Yes	No	Iron, Metals	Yes

* 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.

