WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFO	ORMATION				
Project Name:	SR 535 PD&E Study				
County:	Osceola and Orange Counties				
FM Number:	437174-2-22-01				
Federal Aid Project No:	N/A				
Brief Project Description:	Provide roadway imp	rovements alor	ng 2.2 miles of SR 535.		
PART 2: DETERMINATI	ON OF WQIE SC	OPE			
Does project discharge to su	rface or groundwa	ter? √Yes	□ No		
Does project alter the drainage	ge system?	¥Yes	□ No		
Is the project located within a Name: Osceola County, Orange County and Co	•	√Yes	□ No		
If the answers to the question and 4, and then check Box A		omplete the	applicable sections of Part 3		
PART 3: PROJECT BAS	IN AND RECEIVI	NG WATER	CHARACTERISTICS		
Surface Water Receiving water names: Shi	ngle Creek				
Water Management District:	South Florida WMD				
Environmental Look Around Attach meeting minutes/notes to th			ELA was held in multiple meetings during general discussions with Osceola and Orange Counties		
Water Control District Name(s) (list all that appl	ly): NA			
Groundwater Sole Source Aquifer (SSA)? If yes, complete Part 5, D an 11-1			Biscayne n EPA website (<u>Figure</u>		
Other Aquifer?	□ Yes ∀ No	Name			
Springs vents?	□ Yes ▽ No	Name			
Well head protection area?	□ Yes √ No	Name			

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Groundwater recharge?	∃Yes VNo Name			
Notify District Drainage Engineer is treatment may be needed due to Impaired in accordance with Chapter	a project being located withir			
Date of notification: No karst condit	ions expected.			
PART 4: WATER QUALITY CRITE	ERIA			
List all WBIDs and all parameters f TMDL in Table 1 . This information required.				
Note: If BMAP or RAP has been identification Attach notes or minutes from all co	•	•		
EST recommendations confirmed v	⊻Yes □ No			
BMAP Stakeholders contacted?	✓Yes □ No			
TMDL program contacted?	□ Yes √ No			
RAP Stakeholders contacted?	□ Yes √ No			
Regional water quality projects idea	□ Yes <mark>√</mark> No			
If yes, describe:				
Potential direct effects associated vand/or operation identified?	V Yes □ No			
If yes, describe: Increase in imper	rmeable cover and erosion/sedi	mentation during construction		
Discuss any other relevant information related to water quality including Regulatory Agency Water Quality Requirements. District Drainage Engineer was notified of higher level treatment needed due to project location within Lake Okeechobee BMAP. SFWMD stated that nutrient loading calculations are not required for discharges to Shingle Creek due to the type of nutrient impairment (macrophytes), but net improvement for total phosphorus (TP) is required.				

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?

If Yes, Date of EPA Concurrence: 3/4/2024 (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 the Florida Department of Transportation (FDOT) pursuant to 23 U.S.C. § 327 and a Memorandum of Understanding dated May 26, 2022 and executed by the Federal Highway Administration and FDOT.

Evaluator Name (print): G. Robert Myers III					
Title: Environmental Manager, Metric Engineering					
Signature: G Robert Myers AAA	Date: 10/10/2024				

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 Cree	k 4	3169A	IIIF	MS4	Phosphorous-	Υ	N	Macrophytes	Lake
					0.12 mg/L				Okeechobe BMAP
					Nitrogen-				
					1.54 mg/L				

^{*} 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.

Table 2: Regulatory Agencies/Stakeholders Contacted

Receiving Water Name (list all that apply)	Agency's Contact and Title	Date Contacted	Follow-up Required (Y/N)	Comments
Shingle creek	South Florida Water Management District	11/16/2022	N	None
	Richard Lot, P.E., P.G. Section Leader, Engineering rlott@sfwmd.gov			
	Patty Therrien, P.E. Lead Engineer Ptherrie@sfwmd.gov			
	Florida Department of Environmental Protection	6/21/2019	N	None
	Chris Stahl, Clearinghouse Coordinator			
	State.Clearinghouse@floridad	ep.gov		
	US Environmental Protection Agency	6/24/2019	N	None
	Roshanna White, White.Roshanna@epa.gov			