

## WATER QUALITY IMPACT EVALUATION CHECKLIST

### PART 1: PROJECT INFORMATION

Project Name:	SR 29 PD&E Study
County:	Collier
FM Number:	417540-1-22-01
Federal Aid Project No:	N/A
Brief Project Description:	Assess capacity improvements for the widening of SR 29 from a 2-lane to a 4-lane facility, as well as the incorporation of a bypass from downtown Immokalee.

### 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: Barron Canal

Water Management District: South Florida Water Management District (SFWMD)

Environmental Look Around meeting date: N/A\* /     /    

*Attach meeting minutes/notes to the checklist.*

\* This PD&E Study began prior to the ELA Chapter update requirement.

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 \_\_\_\_\_

If yes, complete Part 5, D and complete SSA Checklist from EPA website ([Figure 11-2](#))

Other Aquifer?  Yes  No Name \_\_\_\_\_

Spring vents?  Yes  No Name \_\_\_\_\_

Well head protection area?  Yes  No Name Immokalee Wellfield

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:  N/A / /

#### **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:

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: \_\_\_ / \_\_\_ / \_\_\_ (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): Theresa D. Ellison, PE	
Title: Drainage Engineer-of-Record	
Signature: 	Date: 6-12-18

**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
Silver Strand	Group 1 Everglades West Coast	3278W	IIIF	N/A	N/A	Y	N	DO (Nutrients)	-
Immokalee Basin	Group 1 Everglades West Coast	3278L	IIIF	N/A	N/A	Y	N	DO (Nutrients), Fecal Coliform	-
Cow Slough	Group 1 Everglades West Coast	3278E	IIIF	N/A	N/A	Y	N	Fecal Coliform	-
Townsend Canal	Group 3 Caloosahatchee	3235L	IIIF	N/A	N/A	Y	N	Nutrients, DO	-

\* 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