650-050-37 ENVIRONMENTAL MANAGEMENT 08/22

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION WATER QUALITY IMPACT EVALUATION CHECKLIST

| PART 1: | PROJECT INFO | RMATIO | N | | | | |
|---|---|---|---|---|--|--|--|
| Project Name: | | CR 52/ Meridian Ave/ 21st St/ Suwanee Way/ St. Joe Rd | | | | | |
| County: | | Pasco | | | | | |
| FM Number: | | 439832-5-52-01 | | | | | |
| Federal Aid Project No: | | N/A | N/A | | | | |
| Brief Project Description: | | Modification of the existing drainage system due to intersection improvements | | | | | |
| PART 2: | DETERMINATION | ON OF W | QIE SCOPE | | | | |
| Does project | t discharge to sur | face or gr | ound water? | Yes No | | | |
| Does project | t alter the drainag | e system' | ? | ⊠ Yes □ No | | | |
| | t located within a City (Co-Permitt | • | | ⊠ Yes □ No | | | |
| | rs to the question nen check Box A | | re no, comp | lete the applicable sections of Part 3 | | | |
| PART 3: | PROJECT BAS | IN AND R | ECEIVING V | WATER CHARACTERISTICS | | | |
| Water Mana Environment Attach meeting | ater names: <u>Dade</u> | Southwest neeting da | <u>: Florida Wat</u> ate: <u>N/A</u> | ter Management District (SWFWMD) | | | |
| Name If yes, comp | Aquifer (SSA)? e lete Part 5, D and | | | _ klist shown in Part 2, Chapter 11 of | | | |
| the PD&E M Other | anuai Aquifer? Name <u>Floridan</u> | ⊠Yes | □No | | | | |
| Springs vent Name | s? } | ☐ Yes | ⊠ No | _ | | | |
| Well head pr Name | rotection area? | ☐ Yes | ⊠ No | | | | |

| Groundwater recharge? | |
|---|---------------|
| Notify District Drainage Engineer if karst conditions are expected or if a treatment may be needed due to a project being located within a W Impaired in accordance with Chapter 62-303, F.A.C. | • |
| Date of notification: <u>N/A</u> | |
| PART 4: WATER QUALITY CRITERIA | |
| List all WBIDs and all parameters for which a WBID has been verified im TMDL in Table 1. This information should be updated during each re-evarequired. | |
| Note: If BMAP or RAP has been identified in <u>Table 1</u> , <u>Table 2</u> must also Attach notes or minutes from all coordination meetings identified in <u>Table 2</u> . | be completed. |
| 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? If yes, describe: | ☐ Yes ⊠ No |
| Discuss any other relevant information related to water quality including Indexes Agency Water Quality Requirements. | Regulatory |

Intersection improvement project - Exempt from SWFWMD permitting

| PART 5: WQIE DOCUMENTATION | |
|--|--|
| A. No involvement with water quality B. No water quality regulatory requirements appling information below). Water quality and stormwater compliance with the design requirements of a D. EPA Ground/Drinking Water Branch review Concurrence received? If Yes, Date of EPA Concurrence: Click here to a Attach the concurrence letter | y to this project (provide Evaluator's ater issues will be mitigated through uthorized regulatory agencies. y required. |
| | |
| The environmental review, consultation, and other acceptation and other acceptation and other acceptation and laws for this project are being, or has Department of Transportation (FDOT) pursuant to 20 of Understanding dated May 26, 2022 and exadministration and FDOT. | we been, carried out by the Florida 3 U.S.C. § 327 and a Memorandum |
| Evaluator Name (print): Tara K.M. Spieler, PE | |
| | |
| Title:Chief Drainage Engineer, Kisinger Campo & A | ssociates |
| Signature: Tank, M. Spul | Date:8/13/2024 |

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 |
|--|--------------------------------------|--------------------|--|--------------------------|-----------------|-------------------------------|---------------|-------------------------------|--------------------------------|
| Dade City Canal | Group 4 Withlac oochee | 1399 | IIIF | MS4 Area | Stream | No | No | DO, Nutrients ¹ | SSAC ² |
| Clear Lake Outlet | Group 4 Withlac oochee | 1403B | IIIF | MS4 Area | Stream | No | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

^{*} 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 <u>Table 1</u>, <u>Table 2</u> must also be completed.

Waters Not Attaining Standards (WNAS) - Dissolved Oxygen & Nutrients
 SSAC - Dissolved Oxygen of 4.0 mg/L as a minimum from June 1 through October 30

Table 2: REGULATORY Agencies/Stakeholders Contacted

| Receiving Water Name (list all that apply) | Contact and Title | Date Contacted | Follow-up Required (Y/N) | Comments |
|--|-------------------|-------------------|-----------------------------|----------|
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