## 650-050-37 ENVIRONMENTAL MANAGEMENT 10/17 STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFO	RMATION	V					
Project Name:	I-75/State Road 93A from south of US 301/State Road 43 to north of Bruce B. Downs Boulevard/County Road 581						
County:	Hillsborou	ugh					
FM Number:	419235-3						
Federal Aid Project No:							
Brief Project Description:	The project evaluates the need for capacity and operational improvements along 18 miles of I-75						
PART 2: DETERMINATION	ON OF WO	QIE SCOPE					
Does project discharge to sur	rface or gro	ound water?	⊠ Yes □ No				
Does project alter the drainage	ge system?	?	⊠ Yes □ No				
Is the project located within a Name:	permitted	MS4?	☐ Yes ⊠ No				
If the answers to the question and 4, and then check Box A		re no, compl	ete the applicab	le sections	of Part 3		
PART 3: PROJECT BAS	IN AND R	ECEIVING V	VATER CHARA	CTERISTIC	cs		
Surface Water Receiving water(s) names: D River and Cypress Creek	elaney/Arc	chie Creek, T	ampa Bypass C	Canal, Hillsb	<u>orough</u>		
Water Management District:	Southwest	Florida Wate	er Management	District	_		
Environmental Look Around a Attach meeting minutes/notes to the	_	ite: <u>Click here</u>	to enter a date.	-			
Water Control District Name	(list all that	apply):		-			
Is the project located within a	springshe	d or recharg	e area?	☐ Yes	⊠ No		
Ground Water Sole Source Aquifer (SSA)? Name If yes, complete Part 5, D and the PD&E Manual			_ list shown in Pa	ırt 2, Chapte	er 11 of		
Other Aquifer? Name		⊠ No					
Springs vents?	☐ Yes	⊠ No					

Name					
Well head protection area? ☐ Yes ☒ No Name					
Name Yes No Name					
Notify District Drainage Engineer if karst conditions are expected or if a treatment may be needed due to a project being located within a Wilmpaired 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 im TMDL in Table 1. This information must be updated during each Re-eva	•				
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?	$\square$ Yes $\boxtimes$ 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.

PART 5: WQIE DOCUMENTATION	
<ul> <li>□ A. No involvement with water quality</li> <li>□ B. No water quality regulatory requirements a</li> <li>□ C. Water quality regulatory requirements applinformation below). Water quality and quantity compliance with the design requirements of a</li> <li>□ D. EPA Ground/Drinking Water Branch review Concurrence received?</li> <li>If Yes, Date of EPA Concurrence: Click here to Attach the concurrence letter</li> </ul>	y to this project (provide Evaluator's vissues will be mitigated through uthorized regulatory agencies. v required.
The environmental review, consultation, and other acenvironmental laws for this project are being, or have to 23 U.S.C. § 327 and a Memorandum of Understar executed by FHWA and FDOT.	been, carried out by FDOT pursuant
Evaluator Name (print): John Littlefield	
Title:Supervising Engineer	
Signature:	Date:10/27/2021

**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
Archie Creek	1/ Tampa Bay	1628	3F			Yes	No	Fecal Coliform	
Delaney Creek Popoff Canal	1/ Tampa Bay	1632	3M			Yes	No	Enterococci & Dissolved Oxygen	
Delaney Creek	1/ Tampa Bay	1605	3F			Yes	No	Escherichia Coli & Nutrients	
South Tampa Canal	1/ Tampa Bay	1536A	3F			Yes	No	Fecal Coliform & Dissolved Oxygen	
Mango Drain	1/ Tampa Bay	1576	3F			Yes	No	Fecal Coliform & Dissolved Oxygen	
Sixmile Creek (Tampa Bypass Canal)	1/ Tampa Bay	1536B	3F			Yes	No	Dissolved Oxygen	
Tampa Bypass Canal Tributary	1/ Tampa Bay	1536C	3F			Yes	No	Fecal Coliform & Dissolved Oxygen	
Hillsborou gh River	2/ Tampa	14431	1			Yes	No	Nutrients	

(Above Reservoir)	Bay Tributar ies							
Trout Creek	2/ Tampa Bay Tributar ies	1455	3F		Yes	Yes	Escherichia Coli & Fecal Coliform	

<sup>\*</sup> 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)	Contact and Title	Date Contacted	Follow-up Required (Y/N)	Comments