

WQIE CHECKLIST

Project Name:	US 301 (Gall Blvd) PD&E Study, from S. of Proposed SR 56 to S. of SR 39 (Buchman Highway)
County:	Pasco
FM Number:	416564-1
Federal Aid Project No:	
Brief Project Description:	Widening of roadway from two lanes to four lanes to accommodate future projected growth.

PART 1: 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?
 Name: Yes No

If the answers to the questions above are no, complete the applicable sections of Part 2 and 3, and then complete the WQIE by checking Box A in Part 4.

PART 2: PROJECT BASIN AND RECEIVING WATER CHARACTERISTICS

Surface Water

Receiving water(s) names: on-site and off-site stormwater management ponds; emergency overflow to Zephyr Creek and Hillsborough River

Water Management District: Southwest Florida WMD

Coordination meeting date: n/a
Attach meeting minutes to the checklist.

Water Control District Name (list all that apply):

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 4, D.

Aquifer? Yes No Name Surficial/Upper Floridan

Springs vents? Yes No Name _____

Well head protection area? Yes No Name _____

Figure 20-1 Water Quality Impact Evaluation Checklist

Groundwater recharge? Yes X 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, FAC.

Date of notification:

PART 3: 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 is dynamic, and must be updated regularly, at a minimum during each Reevaluation.

Note: If BMAP or RAP has been identified in [Table 1](#), [Table 2](#) must also be completed.

EST recommendations confirmed with agencies? Yes X No

BMAP Stakeholders contacted: Yes X No

TMDL program contacted: Yes X No

RAP Stakeholders contacted: Yes X No

Were regional water quality projects identified in the Environmental Look Around?

Yes X No

If yes, describe:

Were any direct effects associated with project construction and/or operation identified?

Yes X No

If yes, describe:

Discuss any other relevant information related to water quality.

Stormwater management ponds for the project are designed as wet detention ponds.

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PART 4: 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


Evaluator Name (print): Roger J. Dawson, P.E., P.G.	
Title: Project Engineer/Project Hydrogeologist	
Signature: 	Date: 09/21/2016

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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)	Parameter(s) of concern	BMAP, RA Plan or SSAC
Hillsborough River	Tampa Bay Tributaries	1443F	III			Y	N	Nutrients, dissolved O	N

* 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.

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TABLE 2: 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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