

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 should be updated during each re-evaluation as required.

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 including Regulatory Agency Water Quality Requirements.

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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? 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 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): Alan S. Eldridge, PE

Title: Drainage Engineer of Record

Signature: 

Date: 11/29/2023

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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) | Pollutants of concern | BMAP, RA Plan or SSAC |
|--|----------------------------------|-----------------|-------------------------------------|-----------------------|--------------|-------------------------|------------|-------------------------|-----------------------|
| Cow Slough | Group 1 Everglades West Coast | 3278E | IIIF | N/A | N/A | Y | N | Escherichia coli, Iron | - |
| Townsend Canal | Group 3 Caloosahatchee | 3235L | IIIF | N/A | N/A | Y | N | Nutrients (Macrophytes) | - |
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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 Table 1, Table 2 must also be completed.

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