

WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFORMATION

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| Project Name: | CR 510/ 85 STREET FROM CR 512 TO 58 AVENUE |
| County: | INDIAN RIVER |
| FM Number: | 405606-2-22-02 |
| Federal Aid Project No: | 4894-004-S |
| Brief Project Description: | The 5.27-mile project is primarily two-lane roadway classified as an Urban Principal Arterial for east-west traffic movements. There are three bridge structures along CR 510 and an open drainage system. |

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?
Name: Yes No

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: Lateral Canal D, Lateral Canal C, Lateral Canal L, Sub-Lateral G-S Canal

Water Management District: SJRWMD

Environmental Look Around meeting date: ____/N/A/____
Attach meeting minutes/notes to the checklist.

Water Control District Name (list all that apply): SJRWMD, Sebastian River Improvement District, Indian River Farms Water Control District

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 Floridan Aquifer

Springs vents? Yes No Name _____

Well head protection area? Yes No Name _____

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.

See Table 1, attached. Note that the only WBID in Table 1 that is impaired is North Canal, WBID 3147, but this water body is just outside and immediately south of the project area

*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:

There is potential for this project to temporarily impact surrounding canals, due to off-site migration of sediment during construction. These effects can be minimized/avoided by following BMPs and implementing NPDES standards.

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.


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| Evaluator Name (print): G. Robert Myers III | |
| Title: Senior Wildlife and NEPA Specialist, Metric Engineering | |
| Signature:  | Date: 1-3-2018 |

Table 1 Water Body Information

| Receiving Water Body Name | DEP Group # | DEP Basin (Group Name) | Water Body ID Number | Waterbody Classification | Special Designations | Appropriate Numeric Nutrient Criteria | Impairment Status | TMDL Status | Pollutant of Concern and Numeric Criteria or TMDL Criteria | Project in Basin with BMAP, RAP, or SSAC |
|---------------------------|-------------|-----------------------------------|----------------------|--------------------------|----------------------|---------------------------------------|-------------------|-------------|--|--|
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3128Q | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3146 | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3129B2 | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3129X | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3129Y | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3129Z | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3147 | 3F | Drains to OFW | Stream | Yes | Yes | Fecal coliform | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 3142A | 3F | Drains to OFW | Stream | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 5003C1 | 2 | Drains to OFW | Estuary | No | No | NA | No |
| Indian River Lagoon | 5 | South-Central Indian River Lagoon | 5003D1 | 2 | Drains to OFW | Estuary | No | No | NA | No |