

DRAFT

WATER QUALITY IMPACT EVALUATION

Florida Department of Transportation

District 4

SR 5/ US 1 at Aviation Boulevard

Indian River, Florida

Financial Management Number: 441693-1-22-02

ETDM Number: 14475

February 2024

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 May 26, 2022, and executed by the Federal Highway Administration (FHWA) and FDOT

WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFORMATION

Project Name:	SR 5/US 1 at Aviation Boulevard
County:	Indian River
FM Number:	441693-1-22-02
Federal Aid Project No:	N/A
Brief Project Description:	This PD&E Study includes evaluating alternatives for proposed intersection of SR 5/US 1 at Aviation Boulevard, including stormwater management system.

PART 2: DETERMINATION OF WQIE SCOPE

Does project discharge to surface or groundwater? Yes No

Does project alter the drainage system? Yes No

Is the project located within a permitted MS4? Yes No
Name:

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 names: Indian River Lagoon

Water Management District: St. Johns River Water Management District

Environmental Look Around meeting date: 06 / 16 / 2023

Attach meeting minutes/notes to the checklist.

Water Control District Name(s) (list all that apply): Indian River Farms Water Control District

Groundwater

Sole Source Aquifer (SSA)? Yes No Name _____

If yes, complete Part 5, D and complete SSA Checklist from EPA website ([Figure 11-1](#))

Other Aquifer? Yes No Name _____

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 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.

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)

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Evaluator Name (print):

Title:

Signature:

Date:

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
Main Canal	Group 5 / Indian River Lagoon	3153A	3F		Stream	Yes	Yes	Nutrients (Total Nitrogen and Phosphorus)	

* 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)	Agency's Contact and Title	Date Contacted	Follow-up Required (Y/N)	Comments