650-050-37 ENVIRONMENTAL MANAGEMENT 08/24

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION WATER QUALITY IMPACT EVALUATION CHECKLIST

PART 1: PROJECT INFORMATION							
Project Name:	State Road (SR) 70 from West of SR 31 to SE Highlands County Line Road						
County:	DeSoto						
FM Number:	451942-1-22-01						
Federal Aid Project No:	TBD						
Brief Project Description:	The proposed improvements include widening the road from two to four lanes, widening paved shoulders whe appropriate, and making multimodal facility considerations. Multimodal facilities will also be considered along the project segment where appropriate. The goals are to address safety as well as maintaining east-west connectivity and accomodating freight activity.						
PART 2: DETERMINATION	ON OF WQIE SCOPE						
Does project discharge to su	rface or ground water? 🛛 Yes 🗌 No						
Does project alter the drainage	ge system?						
Is the project located within a Name: <u>N/A</u>	permitted MS4?						
If the answers to the question and 4, and then check Box A	ns above are no, complete the applicable sections of Part 3 in Part 5.						
PART 3: PROJECT BAS	IN AND RECEIVING WATER CHARACTERISTICS						
Creek above Peace River (W	ce River above Joshua Creek (WBID 1623C), Joshua /BID 1950A), Unnamed Branch (WBID 1974), Honey Run WBID 1962), Cow Slough (WBID 1964)						
Water Management District:	Southwest Florida Water Management District (SWFWMD)						
Coordination meeting date: Cattach meeting minutes/notes to the							
Water Control District Name(s) (list all that apply): <u>N/A</u>						
Groundwater Sole Source Aquifer (SSA)? Name N/A If yes, complete Part 5, D and	☐ Yes ☐ No d the EPA Region 4 Sole Source Aquifer Project Review						
<u>Form</u>							
Other Aquifer?	⊠ Yes □ No						

Name Surficial, Intermediate and Floridan aguifer systems Springs vents? \bowtie No | | Yes Name N/A Well head protection area? Yes \bowtie No Name Groundwater recharge? ⊠ Yes □No Name From 0.9 mile east of DCI Canal to the eastern project limit is within the recharge area of the Floridan Aquifer 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: Click here to enter a date. 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. ☐ Yes ⊠ No EST recommendations confirmed with agencies? ☐ Yes ⊠ No BMAP Stakeholders contacted? FDEP, FWC, NMFS, FDOT, OEM, SWFWMD, USEPA, USACE TMDL program contacted? ☐ Yes ⊠ No ☐ Yes ⊠ No RAP Stakeholders contacted? Regional water quality projects identified in through coordination or the WATERSS ☐ Yes ⊠ No process? If yes, describe:

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

Yes □ No

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Road widening has the potential to directly impact surrounding water bodies. During construction, best management practices will be utilized to minimize impacts to surface waters.

Discuss any other relevant information related to water quality including Regulatory Agency Water Quality Requirements.

Temporary water quality impacts may occur during project construction. These potential impacts will be avoided and minimized to the greatest extent practicable through the implementation of a Stormwater Runoff Control Concept (SRCC), as well as adherence to resource-agency issued permits and permit conditions and the FDOT's Standard Specifications for Road and Bridge Construction.

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PART 5: WQIE DOCUMENTATION	
 A. No involvement with water quality B. No water quality regulatory requirements at a compliance with the design requirements of a compliance with the design requirements of a concurrence received? If Yes, Date of EPA Concurrence: Click here to Attach the concurrence letter 	ly to this project (provide Evaluator's rater issues will be mitigated through authorized regulatory agencies. w required. ☐ Yes ☒ No ☐ Yes ☒ No
The environmental review, consultation, and other a environmental laws for this project are being, or had be partment of Transportation (FDOT) pursuant to 2 of Understanding dated May 26, 2022, and e Administration and FDOT.	ave been, carried out by the Florida 3 U.S.C. § 327 and a Memorandum
Evaluator Name (print): Hong Ting Chiu, P.E.	
Title:Stormwater Engineer	
Signature:	Date:9/30/2025

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
Peace River Above Joshua Creek	3 / Sarasot a Bay- Peace- Myakka	1623C	3F	N/A	N/A	No	No		
Joshua Creek above Peace River	3 / Sarasot a Bay- Peace- Myakka	1950A	3F	N/A	N/A	Yes	No	Impairment: Escherichia coli; RAP: chloride, dissolved solids, specific conductanc e	RAP
Unnamed Branch	3 / Sarasot a Bay- Peace- Myakka	1974	3F	N/A	N/A	No	No	RAP: chloride, dissolved solids, specific conductanc e	RAP
Honey Run	3 / Sarasot a Bay- Peace- Myakka	1977	3F	N/A	N/A	No	No	RAP: chloride, dissolved solids, specific conductanc e	RAP

Prairie Creek	3 / Sarasot a Bay- Peace- Myakka	1962	1	N/A	N/A	Yes	No	Impairment: Metals (Iron); RAP: chloride, dissolved solids, specific conductanc e	RAP
Cow Slough	3 / Sarasot a Bay- Peace- Myakka	1964	1	N/A	N/A	Yes	No	Impairment: Nutrients; RAP: chloride, dissolved solids, specific conductanc e	RAP

^{*} 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