**Documentation in Support of Category 4e**

**Waterbody Name**

**Date**

**[Highlighted areas need to be addressed]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Waterbody/Watershed Identification** | | | |
|  | *Organization* | Organization submitting the Category 4e documentation | |
|  | *Point of Contact* | Agency, Name, Address, email and Phone Number | |
|  | *Waterbody(s)* | WBID ID Number and Waterbody Name(s) | |
|  | *No. Waterbody / Pollutant Combinations* | # waterbody segment(s); Verified and/or Impaired for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the (Name of Group/Cycle Verified List - if applicable) | |
|  | *EPA Completed TMDL* | Has EPA completed a TMDL for the impaired waterbody segment(s) listed in this document? Yes/No If yes, please include the name of the TMDL and if possible, include a link to the document. | |
|  | *Waterbody(s) within an Adopted BMAP* | Is the waterbody segment(s) (WBID) being restored within an adopted Basin Management Action Plan (BMAP) boundary or any 319 plans? Yes/No If yes, please include the name of the BMAP and/or and 319 plans. Indicate if the BMAP activities outlined within this document have been loaded to DEP’s BMAP project portal database. | |
|  | | | |
| **Description of Baseline Conditions** | | | |
|  | *Watershed(s)* | Basin Group “Name” and “Number” |
|  | *Baseline Data* | Identify year of original 303(d) listing. Provide description of data used to determine impairment (e.g. which IWR run was used, stations, nutrient AGMs, # exceedances/samples and dates) |
|  | *Map* | See Figure #. |

|  |  |  |
| --- | --- | --- |
| **Evidence of Watershed Approach** | | |
|  | *Area of Effort* | Geographical Description of the Area (map(s) helpful) |
|  | *Key Stakeholders Involved and Their Roles* | County/City with jurisdiction, others? List stakeholders that have been involved in past and recent restoration projects in this watershed. |
|  | *Watershed Plan & Other Supporting Documentation* | The area includes the watershed drainage area from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within WBID #(s) -name(s). This WBID is impaired for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ based on the nutrient AGMs or the number of exceedances for the sample size. The objectives outlined by the \_\_\_[Name of Report]\_\_\_\_\_\_\_\_\_ will address these impairments. (List all impairments that will be addressed by this plan.)    The WBID drainage area corresponds to the # key project(s) as follows: [Provide project name(s)] |
|  | *Point Sources and Indirect Source Monitoring (Sites)* | List and Describe point sources contributing to the watershed, MS4 ambient monitoring sites, and include most recent MS4 annual report.  Is a portion or entire area regulated through a NPDES Municipal Separate Storm Sewer System (MS4) permit (if applicable)? Yes/No, if yes provide permit#  Note: Generic Permits for stormwater discharge from large and small construction activities are considered temporary; therefore, are not included in this listing. |
|  | *Nonpoint Sources* | List and Describe: Land uses (including % and type); pollutant loading sources.  Include maps and tables as necessary. |
|  | *Water Quality Criteria* | Identify the water quality criteria expected to be achieved upon successful implementation of all restoration activities. |
|  | *Restoration Work* | List and summarize the existing, ongoing, and/or planned restoration work. Describe how the project will improve water quality.  Include maps and tables as necessary. These can be attachments, but please clearly identify items intended to address this portion of the form.  If available, please provide any GIS shapefiles, GIS layers, KMZ files, or land use planning maps as it pertains to the restoration work outlined in this section. If GIS files are not available, please provide project LAT/LONG location. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Critical Milestones/Monitoring** | | | |
|  | *Anticipated Critical Milestone(s) and Completion Dates:* | | List restoration project(s) chronologically, including status and expected completion dates. Please include any critical milestones, such as acquiring sources of funding and amounts, authorization of permits, or outreach to stakeholders. |
|  | *Monitoring Component* | | List and describe the water quality monitoring plan and who is responsible.  If stormwater monitoring will be completed include the rainfall events and frequency.  Monitoring will include the following parameters:  Indicate any flow monitoring and methods.  Parameters as specified below:  Please include the applicable laboratory and/or the bioassessment methods used for data collection, which must be NELAC certified or following Chapter 62-160, F.A.C., as applicable.  \*Composite or Grab  Estimation of the pollutant removal efficiency of any treatment facilities. |
|  | | | |
| **Other Key Dates** | | | |
|  | *Estimated Date for Delisting from Verified List or Removal from Study List* | **Waterbody Name** (WBID Number) is in the state’s Group Number and Basin. The most recent review and assessment cycle was completed in YEAR. This waterbody is impaired for (list parameters) and the earliest opportunity for delisting would occur during the next biennial assessment (insert YEAR). During that assessment cycle an updated dataset will be used to reassess the WBID(s) included in this plan. If the parameters in question are no longer impaired, DEP will request approval from EPA for those parameters to be delisted from the federal 303(d) list. Following implementation of the projects outlined within this document it is anticipated that the included parameters will attain all applicable water quality standards that were previously identified as impaired. However, if impairments remain it is expected that the responsible stakeholders will consider adaptive management strategies through a coordinated effort with DEP to continue the implementation of this restoration plan. Stakeholders shall document reasonable progress towards restoring the impaired waterbodies and acknowledge that the DEP will evaluate the restoration progress. If DEP determines that reasonable progress is not sufficient (i.e. through an evaluation of water quality trends, failure of timely project completion, etc.) the waterbody shall be reassessed for placement on the Verified List. | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Financial Commitments** | | |
|  | *Estimated Implementation Cost* | Please list and describe the general costs that are associated with the development and implementation of the projects included in this submittal. If there are multiple projects, please itemize each major project/restoration approach. For example:  The cost of structural best management practices (if applicable) was/is $\_\_\_.  The cost includes a 319(h) Clean Water Act Section grant of ($\_\_\_) for \_\_\_.  The cost includes a septic to sewer or wastewater grant awarded by DEP of ($\_\_\_) for \_\_\_.  The cost of monitoring is ($\_\_\_) from the county with FY money which funded through the county’s stormwater utility fee.  The estimated operation and maintenance cost are ($\_\_\_\_) (if applicable). |
|  | *Land Acquisition*  *(if applicable)* | **Specific Funding Sources:** (e.g. organization, total amount, budgeted or acquired**).**  Total……………………………………………………………………...$\_\_\_\_\_\_\_ |
|  | *Design and Construction*  *(if applicable)* | **Specific Funding Sources:** (e.g. organization, total amount, budgeted or acquired).  Total……………………………………………………………………...$\_\_\_\_\_\_\_ |
|  | | |
|  | | |

**References:**

(Attach any reports and supporting documentation as it pertains to the project(s) and restoration efforts)