INSTRUCTIONS

Summary Sheet of Proposed Configuration

Instructions – Authors with Assistance of Facilitator Complete *FORM 1* for Each Proposed Configuration. **Bold items required.**

*For all of the forms with the Instructions of "*Authors with Assistance of Facilitator Complete . . .*" should be completed at the Workshop. The form can be filled in by the Authors or filled in by the Facilitator based on the information provided by the Authors, whichever the Authors prefer. If filled in by the Authors, the Facilitator will review for legibility, understandability, and completeness. If filled in by the Facilitators, Authors should review for accurate representation of their Configuration.*

==========

Configuration Name:

Chain of Lakes_____

_____

Assist Authors of Proposed Configuration with Establishing a Unique and Descriptive Name of the Proposed Configuration. This Name will be used for all future presentations and documentation to describe that Proposed Configuration

Authors of Configuration:

Forest Michael_____

_____

_____

_____

_____

List the Name of Every Individual that created and contributed to this Configuration during the exercise

Spokesperson Name and Contact Info:

Same_____

_____

The Authors need to select a Spokesperson for the Configuration who will present the Configuration at the second day of the Workshop and who will be the point of contact for the Facilitator during the Evaluation phase. Need name, email address, and phone number.

Facilitator Name and Contact Info:

Alan Shirkey X 3702 _____

_____

FORM 1
Configuration Name: Chain of Lakes

Name, email address, and phone number of District Facilitator who will be the point of contact with the Spokesperson and the Evaluation Team.
==========

Configuration's General Description:

Combination of Reservoir & Shallow Storage, Above Ground, 2 – 6 ' Depth H_20
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
This description should be able to convey the general aspects, elements, and general location of this configuration. Think of this description as a one page slide in a WRAC or Governing Board presentation. The general location information would be north of south of lake Okeechobee and if located solely or partially on USSC lands.

List Percentage of any Performance Measure (PM) / Indicator (I) Evaluated by RESOPs to be Achieved by Proposed Configuration:

PM / I: _____ Percentage: _____
PM / I: _____ Percentage: _____
PM / I: _____ Percentage: _____
PM / I: _____ Percentage: _____
PM / I: _____ Percentage: _____

Additional PM / I Information:
No Particular Targets -Optimize_____
_____
_____
_____
_____
Complete only if the Authors have a specific PM / I that they want to make certain is met by this configuration. An Example – LO - Below Stage Envelope performance of 50% or better. *Use the list of PM / I in the Facilitator's Packet as needed. Also, if specific questions or need clarifications, flag down Cal*

FORM 1
Configuration Name: Chain of Lakes

Neidrauer and Walter Wilcox. If nothing provided, the Proposed Configuration will be evaluated to optimize all PM /I as best as possible.

Anticipated Benefits of Proposed Configuration Not Evaluated by RESOPs (examples – ecologic or economic benefits):

Ecotourism, Natural Views, Treatment_____

List any additional benefits anticipated from the Proposed Configuration by the Authors that RESOPs can not evaluate (Benefits not listed as a PM / I). These benefits may be ecological, economical, etc.

Proposed Configuration Estimated Cost in 2009 Dollars
(unless otherwise specified, includes real estate, ecological remediation, design, construction, engineering during construction, construction management, and contingency costs):

None Provided_____
_____
_____
_____
If they have a cost estimate, please ask them to provide. If the cost estimate obtained during the evaluation phase is significantly different, we can contact the Spokesperson and attempt to clarify. Verify if the estimate provided includes all of the items listed about. If not, list which items the estimate does include. If they do not have an estimate, that is okay.

Overall Operational Assumptions for RESOPs to be Utilized During Evaluation of Configuration:

Pump H_20 from Lake O into top of system. Gravity flow South, then pump into Rec. body at South end. 361,500 AC-FT of storage add 18,000 AC-FT to Caloosahatchee_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____

List anything specifically the Authors want relative to the operation of the configuration not listed elsewhere on FORM 1. Examples might be a specific Lake Okeechobee Regulation Schedule, specific high and low levels for Lake Okeechobee, only gravity flow from Lake Okeechobee, the ability or no ability to divert water from Lake Okeechobee to the north, storage component can never go dry, only a specified flow target for the Everglades, STAs can go dry or must always have water, no harmful discharges to estuaries, etc. Specifying any of these types of conditions may limit the benefits the configuration would achieve based on RESOPs instead of RESOPs optimizing the operating parameters as best as possible.

Key Elements Not Mentioned Elsewhere:

Combination of Storage & Treatment is the goal. Drying out during dry periods is ok, except for 50' channel which is excavated below existing grade & water table (for boat navigation)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

List the main aspects that are the biggest concern to the Authors that have not been mentioned elsewhere on this FORM 1. Examples might be gravity flow from Lake Okeechobee, no storage over 4 feet deep, a shallow flowway that conveys and treats water, all construction located west of the Miami Canal, no deep storage, no ASRs, etc. These items you might pick up during the course of the 2-day Workshop.

FORM 2
Configuration Name: Chain of Lakes_____

INSTRUCTIONS
Summary Sheet of Components
For Proposed Configuration

Instructions – Authors with Assistance of Facilitator Complete *FORM 2* for Each Proposed Configuration. **Bold items required.**
It may be easier to complete this form after the Authors have drawn an initial configuration on a map.
==========

Configuration Name (from *FORM 1*):

Chain of Lakes_____
_____

==========

Provide Name and Circle Primary Function(s) of Each Component of Proposed Configuration (a component can have more than one primary function):

1. LT_____**Storage /** Treatment / Conveyance
2. LT_E_____**Storage / Treatment** / Conveyance
3. C_1 and C_2_ _____Storage / Treatment / **Conveyance**
4. _____Storage / Treatment / Conveyance

Establish a Unique and Descriptive Name for each component within the proposed configuration. This name and the corresponding number will be used throughout the evaluation phase for this Configuration. The primary function of a component is based on the desires of the Authors. Typically, a reservoir stores water although it may provide some treatment – a reservoir typically is just considered a storage component. Similarly, a Stormwater Treatment Area is considered a treatment component although it does provide some storage. However, a flowway may be considered a storage, treatment, and conveyance feature and the Authors want all three functions to be primary functions. Also, ask the Authors to add these component numbers to the map they are drawing on to assist in verifying the location of each component.

A separate FORM 3 will be completed for EACH Storage Component listed above. A separate FORM 4 will be completed for EACH Treatment Component listed above. A separate FORM 5 will be completed for EACH Conveyance Component listed above. If a component is both Storage and Treatment, complete FORM 3 first and provide any missing information in Form 4. Similarly, if a component is both Treatment and Conveyance, complete FORM 4 first and provide any missing information in Form 5. If a component is both Storage and Conveyance, complete FORM 3 first and provide any missing information in

FORM 2
Configuration Name: Chain of Lakes_____

Form 5. And Lastly, If a component is Storage, Treatment, and Conveyance, complete FORM 3 first, then provide any missing information in Form 4, and any remaining missing information in Form 5.

General Description of How Water Flows Through the Proposed Configuration:

Pump out of Lake O into above ground storage, gravity flow through system, pump into receiving body at south end._____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The Authors should be able to generally describe how the water gets from the originating water source (for example, Lake Okeechobee) to the final destination of the water. As much as possible, the Authors should utilize the names of the components specified above and all of those specified components should be included in the description. If they do not have specific conveyance components defined, then the Evaluation Team will include the proper conveyance to follow the path they have described. For example, the description above may be "Water flows from Lake Okeechobee down the North New Miami River Canal, to Component No. 1 Flowway, discharges to a canal, enters Component No. 2 Stormwater Treatment Area, discharges into the Everglades." Or "Water flows from Kissimmee River to Component No. 3 Reservoir and to Lake Okeechobee." Then, the Evaluation team will add the conveyance components that fit the requirements of the other information provided by the Authors to insure the Configuration is functionally viable.

FORM 3
Configuration Name: _Chain of Lakes - LT_____

INSTRUCTIONS
Summary Sheet of a Storage Component
For Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 3* for Each Storage Component Included in the Proposed Configuration. **Bold items required.**

*Note – One of these forms is completed for **EACH** Storage Component as identified on FORM 2. This FORM 3 is to capture any additional specific information about the Storage Component not already provided in FORM 1 and FORM 2.*
==========

Configuration Name (from *FORM 1*): ___Chain Of Lakes_____
_____

Component Number and Name (from *FORM 2*):
_LT_____
_____
==========

General Description of Storage Component: _

6' Max Depth, Above Ground
Storage_____
_____
_____
_____
_____
_____

Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
__**X**_____ Deep _____ Shallow _____ Dispersed
_____ Storage Below Ground Elevation __**x**__ Storage Above Ground Elevation
Deep Storage is generally over 4 feet water depth. Shallow Storage is generally less than 4 feet water depth. Dispersed Storage is generally water in wetlands, over natural lands, or flooded ranchlands.

Storage Below Ground Elevation is water level below surrounding ground surface such as a lake or in-ground reservoir. Storage Above Ground Elevation is water level above surrounding ground surface such as a reservoir. It is possible for a

component to have both Below and Above Ground Storage such as a reservoir excavated 4 feet below surrounding ground surface and water is able to be stored up to 6 feet above ground surface.

Check Most Important Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Volume – Provide volume required in ac-ft _____
(Facilitator will convert information to ac-ft as necessary)

x____ Water Depth – Provide depth in feet __
6' Max, Transitioning to Shallower, Vegetated Areas for Boating & Fishing, etc.

____ Total Acres of Land – Provide acreage _____
(Facilitator will include acreage for component infrastructure as necessary)

_____ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)
PM / I: _____ Percentage _____

Additional PM / I Information: _____
_____

_____ Cost – Provide maximum allowed cost _____

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have 1 million ac-ft of storage, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

General Component Location:
(provide details on the required location of the component in addition to the information drawn on the map, examples –

- *anywhere north of Lake Okeechobee*
- *only on US Sugar Lands west of L-19 Canal*
- *any lands between L-19 Canal and New Miami River Canal*)

List Counties: _____
Description: _Try to locate on USSC lands where possible_____

FORM 3
Configuration Name: _Chain of Lakes - LT_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.

General Description of Storage Component Operations:

_____
Pump out of Lake O into this component.
It's ok if it dries out periodically._____
Can be optimized for Estuary & Everglades Target benefits.
_____
_____
_____
_____

If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "water elevation would always be above 2 feet so that it never goes dry and does not create ponding and traps wildlife in isolated pools".

Check Most Important Operational Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Inflow Capacity – Provide inflow in cubic feet per second _____
(Facilitator will convert information to cfs as necessary)

_____ Inflow Type – Select _____Gravity ____**x**_ Pump_____ Both

_____ Outflow Type – Select _**x**___Gravity _____ Pump_____ Both

FORM 3
Configuration Name: _Chain of Lakes - LT_____

_____ Ability To Go Dry – Select __**x**____ Yes _____ No _____ No Preference

_____ Internal Cells – Select _____ Yes _____ No ___x__ No Preference**
**Except you need one navigable channel through feature.

If yes, how many cells? _____ Cells _____ Leave up to optimization

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have only gravity inflow, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

FORM 3
Configuration Name: ___Chain of Lakes LT_E_____

INSTRUCTIONS
Summary Sheet of a Storage Component
For Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 3* for Each Storage Component Included in the Proposed Configuration. **Bold items required.**

*Note – One of these forms is completed for **EACH** Storage Component as identified on FORM 2. This FORM 3 is to capture any additional specific information about the Storage Component not already provided in FORM 1 and FORM 2.*
==========

Configuration Name (from *FORM 1*):

Chain of Lakes_____
_____

Component Number and Name (from *FORM 2*)

LT_E _____
_____
==========

General Description of Storage Component:

2' ± Depth, Vegetated for Treatment Benefit
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep _____**x**__ Shallow _____ Dispersed
_____ Storage Below Ground Elevation _____ Storage Above Ground Elevation
Deep Storage is generally over 4 feet water depth. Shallow Storage is generally less than 4 feet water depth. Dispersed Storage is generally water in wetlands, over natural lands, or flooded ranchlands.

FORM 3
Configuration Name: ___Chain of Lakes LT_E_____

Storage Below Ground Elevation is water level below surrounding ground surface such as a lake or in-ground reservoir. Storage Above Ground Elevation is water level above surrounding ground surface such as a reservoir. It is possible for a component to have both Below and Above Ground Storage such as a reservoir excavated 4 feet below surrounding ground surface and water is able to be stored up to 6 feet above ground surface.

Check Most Important Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Volume – Provide volume required in ac-ft _____
(Facilitator will convert information to ac-ft as necessary)

__**x**___ Water Depth – Provide depth in feet _2'± Average, Vegetated

_____ Total Acres of Land – Provide acreage _____
(Facilitator will include acreage for component infrastructure as necessary)

_____ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)
PM / I: _____ Percentage _____

Additional PM / I Information: _____
_____

_____ Cost – Provide maximum allowed cost _____

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have 1 million ac-ft of storage, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

General Component Location:
(provide details on the required location of the component in addition to the information drawn on the map, examples –
- *anywhere north of Lake Okeechobee*
- *only on US Sugar Lands west of L-19 Canal*
- *any lands between L-19 Canal and New Miami River Canal*)

List Counties: _____

FORM 3
Configuration Name: ___Chain of Lakes LT_E_____

Description: _
Try to locate on USSC or State Owned Land where possible
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.

General Description of Storage Component Operations:

2± on Average
It's ok if it goes dry periodically,but needs to effective for treatment_____
_____
_____
_____
_____
_____

If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "water elevation would always be above 2 feet so that it never goes dry and does not create ponding and traps wildlife in isolated pools".

Check Most Important Operational Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Inflow Capacity – Provide inflow in cubic feet per second _____
(Facilitator will convert information to cfs as necessary)

_____ Inflow Type – Select _____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

FORM 3
Configuration Name: ___Chain of Lakes LT_E_____

_____ Ability To Go Dry – Select _____ Yes _____ No _____ No Preference

_____ Internal Cells – Select _____ Yes _____ No _____ No Preference

If yes, how many cells? _____ Cells _____ Leave up to optimization

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have only gravity inflow, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

INSTRUCTIONS

Summary Sheet of a Treatment Component
For Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 4* for Each Treatment Component Included in the Proposed Configuration. **Bold items required.**

*Note – One of these forms is completed for **EACH** Treatment Component as identified on FORM 2. This FORM 4 is to capture any additional specific information about the Treatment Component not already provided in FORM 1 and FORM 2.*

==========

Configuration Name (from *FORM 1*): ____Chain of Lakes_____
_____

Component Number and Name (from *FORM 2*):
__LT_E_____
_____

==========

Does Treatment Component Also Have a Primary Function as a Storage Component? __**x**_ Yes _____ No

If yes, complete *FORM 3* first and only add information not provided in *FORM 3* to this *FORM 4*.

General Description of Treatment Component:

2’ ±, Vegetated for Treatment Benefit

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

FORM 4
Configuration Name: Chain of Lakes LT_E

Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
_____ Actively Managed like a Stormwater Treatment Area
___**x**_ Minimally Managed like a Wetlands
_____ Passively Managed like Natural Lands

Have the Authors check which of the above best describes the treatment component. This is especially important if they have defined a treatment component unlike anything we have experience with – checking one or more of the above will help in understanding what it is similar to.

Check Most Important Feature(s) of Treatment Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Volume of Water to be Treated – Provide volume in ac-ft _____
(Facilitator will convert information to ac-ft as necessary)

x__ Water Depth – Provide depth in feet 2' ± For Rec. Activities such as canoeing but it can be dried out periodically if needed_____

_____ Total Acres of Land – Provide acreage _____
(Facilitator will include acreage for component infrastructure as necessary)

_____ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)
PM / I: _____ Percentage _____

Additional PM / I Information: _____
_____

_____ Cost – Provide maximum allowed cost _____

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the treatment component must be on 40,000 acres of land, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

FORM 4
Configuration Name: Chain of Lakes LT_E

General Component Location:
(provide details on the required location of the component in addition to the information drawn on the map, examples –

- *anywhere north of Lake Okeechobee*
- *only on US Sugar Lands west of L-19 Canal*
- *any lands between L-19 Canal and New Miami River Canal*)

List Counties: _____
Description:
Try to locate on USSC or State Owned Lands where possible_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.

General Description of Treatment Component Operations:

System gets its water from the Chain of Lake's Reservoirs ,which receive their water via pumping form Lake O At the South end of the chain, water is pumped into receiving body._____
_____
_____
_____
_____
_____

FORM 4
Configuration Name: Chain of Lakes LT_E

If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "natural un-recruited vegetation in the flowway will serve as the treatment component to obtain the required water quality for the Everglades".

Check Most Important Operational Feature(s) of Treatment Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

__**x**_ Reliability of Treatment Component – As compared to a Stormwater Treatment Area __Need to be able to achieve Water Quality benefits from this feature. No specific target specified however._____

_____ Inflow Capacity – Provide inflow in cubic feet per second _____ (Facilitator will convert information to cfs as necessary)

_____ Inflow Type – Select _____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

_____ Ability To Go Dry – Select _____ Yes _____ No _____ No Preference

_____ Internal Cells – Select _____ Yes _____ No _____ No Preference

If yes, how many cells? _____ Cells

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the inflow capacity is 1,000 cfs, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

FORM 5
Configuration Name: __Chain of Lakes C_1 & C_2_____

INSTRUCTIONS
Summary Sheet of a Conveyance Component
For Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 5* for Each Conveyance Component Included in the Proposed Configuration. **Bold items required.**

*Note – One of these forms is completed for **EACH** Conveyance Component as identified on FORM 2. This FORM 5 is to capture any additional specific information about the Conveyance Component not already provided in FORM 1 and FORM 2. If no specific conveyance component identified by the Authors, the Evaluation team will term the requirements to convey water from one component to another and this form would not need to be completed by the Authors.*

==========

Configuration Name (from *FORM 1*): _____Chain of Lakes

_____
_____

Component Number and Name (from *FORM 2*): C_1 & C_2

_____
_____

==========

Does Conveyance Component Also Have a Primary Function as a Storage Component? _____ Yes __**x**_ No

If yes, complete *FORM 3* first and only add information not provided in *FORM 3* to this *FORM 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? _____ Yes _**x**__ No

If yes, complete *FORM 4* first and only add information not provided in *FORM 4* to this *FORM 5*.

General Description of Conveyance Component:
Navigable connection between above ground storage features

_____
_____
_____
_____
_____

FORM 5
Configuration Name: __Chain of Lakes C_1 & C_2_____

_____
_____
_____
_____
_____
_____
_____
_____
_____

Encourage the Authors to be descriptive about the features of the component that matters most to them. For example, the middle of the lined canal will be deeper to handle typical flows with the wider, shallow part of the canal designed for peak flows.

Type of Conveyance:

___ Open Water with Water Level Below Ground Elevation
Surface Finish:
_____ Managed Vegetation _____ Natural Vegetation
_____ Lined _____ No Preference

x_ Open Water with Water Level Above Ground Elevation
Surface Finish:
_____ Managed Vegetation ___**x**_ Natural Vegetation
_____ Lined _____ No Preference

___ Closed Pipe: ____ Below Ground Elevation ___ Above Ground Elevation

Managed Vegetation is vegetation within the conveyance feature is mowed and treated as necessary to minimize restriction to water flow. The banks are vegetated but with appropriate erosion protection as needed. This is similar to how the canals within the South Florida Water Management District are currently managed. Natural Vegetation is vegetation within the conveyance feature that is essentially allowed to grow naturally, not actively maintained, may restrict water flow, and may provide treatment benefit. The banks are vegetated but with appropriate erosion protection as needed.

Conveyance Feature: _**x**_ New _____ Enhancement of an Existing Canal
(provide name of existing canal) _____

FORM 5
Configuration Name: __Chain of Lakes C_1 & C_2_____

Check Most Important Feature(s) of Conveyance Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Volume of Water to be Conveyed – Provide volume in ac-ft _____
(Facilitator will convert information to ac-ft as necessary)

_**x**__ Water Depth – Provide depth in feet ___6 ±_____

__**x**__ Conveyance Width – Provide width in feet 100'_____

_____ Total Acres of Land – Provide acreage _____
(Facilitator will include acreage for component infrastructure as necessary)

_____ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)
PM / I: _____ Percentage _____

Additional PM / I Information: _____
_____

_____ Cost – Provide maximum allowed cost _____

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the water depth is 4 feet and volume is 1 million ac-ft, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

General Component Location:
(provide details on the required location of the component in addition to the information drawn on the map, examples –

- *anywhere north of Lake Okeechobee*
- *only on US Sugar Lands west of L-19 Canal*
- *any lands between L-19 Canal and New Miami River Canal*)

List Counties: _____
Description: _____
_____
_____
_____
_____

FORM 5
Configuration Name: __Chain of Lakes C_1 & C_2_____

_____
_____
_____
_____
_____
_____

Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.

General Description of Conveyance Component Operations:

Needs a Channel cut below Grade along with a 12' High "Landform" around the perimeter_____
_____
_____
_____
_____
_____

If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "canal can go dry and will be capable of conveying flows no greater than 4,000 cfs".

Check Most Important Operational Feature(s) of **Conveyance** Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

_____ Inflow Capacity – Provide inflow in cubic feet per second _____
(Facilitator will convert information to cfs as necessary)

_____ Inflow Type – Select _____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

_____ Ability To Go Dry – Select _____ Yes _____ No _____ No Preference

_____ Internal Cells – Select _____ Yes _____ No _____ No Preference

If yes, how many cells? _____ Cells

Configuration Name: __Chain of Lakes C_1 & C_2_____

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the inflow capacity is 6,000 cfs and both inflow and outflow by gravity, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

FORM 6
Configuration Name: Chain of Lakes

INSTRUCTIONS

Summary Sheet of Infrastructure or Other Potential Impacts Due to the Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 6* for Each Proposed Configuration. **Bold items required Bold items required.**

Try to complete this form during the Workshop by looking at the maps and the Google Earth files. This form highlights potential items that if impacted by the Proposed Configuration could significantly add costs to the configuration. If identified during the Workshop, this gives the Authors a chance to modify their configuration to potentially avoid this issues with potentially minimal impact to the overall performance of the Configuration.

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Configuration Name (from *FORM 1*): ___Chain of Lakes_____
_____

Component Number and Name (from *FORM 2*): _____
_____

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Check Which of the Following will be Potentially Impacted by the Construction of the Proposed Configuration:

__**x**__ US Highways
__**x**___ State Roads
__**x**___ County Roads
__**x**__ Private Roads
__**x**__ Railroads
_____ Railroad Yards
__**x**__ Power Transmission Lines
__**X**__ Power Sub-Stations
__**x**__ Canals
__**x**__ Airports
_____ Mines
_____ Gas Lines
_____ Communication Facilities
_____ Agricultural Processing Plants
___**x**__ Wetlands
___**x**__ Threatened and Endangered Species
___**x**__ 298 Districts
___**x**__ Proposed Intermodal Locations

_____ Potential Future Urban Service Boundaries
_____ Others – Specify _____
_____ Others – Specify _____
_____ Others – Specify _____
_____ Others – Specify _____