

**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.*

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**Configuration Name:** Everglades ROG Northern Expansion

*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: **Drew Martin**

[dmandch@aol.com](mailto:dmandch@aol.com) - 561-533-6814

**Bret Harquitz**

[bret@harquitzelectric.com](mailto:bret@harquitzelectric.com) 561-644-6761

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

Spokesperson Name and Contact Info: **Drew Martin**

[dmandch@aol.com](mailto:dmandch@aol.com) - 561-533-6814

**Bret Harquitz**

[bret@harquitzelectric.com](mailto:bret@harquitzelectric.com) 561-644-6761

*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: Dean Powell**

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

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**Configuration’s General Description: 55,000 acres of deep (10 feet) storage north of lake**

**170,000 acres of flow-way south of lake**

**8,200 acres of STA along Caloosahatchee Basin**

FORM 1

Configuration Name: **Everglades ROG Northern Expansion**

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*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: \_\_\_\_\_

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*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 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):

**Habitat, wildlife, ecotourism, ecological connectivity**

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*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):

**Have no estimated costs**

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*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:

**Deep storage is 10 feet deep**

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*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: **Gravity flow where possible**

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*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.*

**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.*

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**Configuration Name (from *FORM 1*):** \_\_\_\_\_

\_\_\_\_\_

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

- |                                    |   |
|------------------------------------|---|
| 1. Marshall Flow-way               | <u>Storage / Treatment / Conveyance</u> |
| 2. East Lake Okeechobee Flow-way   | <u>Storage / Treatment / Conveyance</u> |
| 3. Holeyland/Rotenbergers Flow-way | <u>Storage / Treatment / Conveyance</u> |
| 4. Lake Hipochee STA               | Storage / <u>Treatment</u> / Conveyance |
| 5. Caloosahatchee Headwaters STA   | Storage / <u>Treatment</u> / Conveyance |
| 6. Northern Storage #1             | <u>Storage</u> / Treatment / Conveyance |
| 7. Northern Storage #2             | <u>Storage</u> / Treatment / Conveyance |
| 8. Northern Storage #3             | <u>Storage</u> / Treatment / Conveyance |
| 9. Northern Storage #4             | <u>Storage</u> / Treatment / Conveyance |
| 10. _____                          | Storage / Treatment / Conveyance        |
| 11. _____                          | Storage / Treatment / Conveyance        |
| 12. _____                          | 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*



**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):** \_\_\_\_\_

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**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:**

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

FORM 6

Configuration Name: **Everglades ROG Northern Expansion**

- \_\_\_ \_ Potential Future Urban Service Boundaries
- \_\_\_ \_ Others – Specify \_\_\_\_\_
- \_\_\_ \_ Others – Specify \_\_\_\_\_
- \_\_\_ \_ Others – Specify \_\_\_\_\_
- \_\_\_ \_ Others – Specify \_\_\_\_\_