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: __ Marshal Plan Element 6

_____
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: Martha Musgrove, Joel Van Arman, John Marshal, Deborah Nichols, Tom Poulson,

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

Spokesperson Name and Contact Info: __Martha Musgrove, 965-9409 malmusgrove@yahoo.com

_____
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: _____
Jeff Kivett 561-261-9040 jkivett@sfwmd.gov

__
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: _____
The project consist of a reforested area south of Lake Okeechobee with Pond Apples and Cypress trees then moved through one or two flowways with a

priority of all gravity flow through the middle of the EAA region . The flowway should be sized on the designated area to convey as much flow as possible in a multi cell configuration to achieve a water quality of 45ppb phosphorous concentration prior to entering the existing STA complex as well as additional STAs on the Talisman lands required. Storage for dry season carry over should be located both south and north of Lake Okeechobee with the preference to place as much storage north to allow maximum area of flowway in the South.

In the L-8 basin a flowway on West Palm Beach Canal, additional STA and reservoir, if required, should be developed to provide enough treatment to allow all water from this basin to reach the quality necessary for delivery to WCA 1.

_____
_____
_____

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: __Keep existing Lake Schedule forever_____ Percentage: _____
PM / I: __Dry Season Flow _____ Percentage: ___90%___
PM / I: ___Esturay Reduction _____ Percentage: ____95%__
PM / I: _____ Percentage: _____
PM / I: _____ Percentage: _____

Additional PM / I Information: _____
____ PM – 45 ppb phosphorous water quality at entrance to STAs in southern EAA

_____
_____
_____
_____

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.*

FORM 1
Configuration Name: Marshal Plan Element 6

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

Creation of vegetative habitat _____
Use of edge of remnant everglades where muck is least depth
Use of existing structures on Lake Okeechobee to minimize new structures
Utilize existing canals as boundary of flowway

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):
N/A

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:
Maximum of 4 feet depth in flowway
Maximize ability for gravity flow
Delivery of up to 6660 cfs out of Lake O

_____
_____
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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:

_____
Need to run two options. _____
Alternative 1 is one flowway
Alternative 2 is two separate flowways. If not listed as an alternative then in both plans._____
_____
_____
_____
_____
_____
_____
_____
_____

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: _ Marshal Plan Element 6

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*): Marshal Plan Element 6
_____

==========

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

1. Pond Apple Area _____ Treatment / Conveyance
2. Flowway Alternative (1) _____ Storage / Treatment / Conveyance
3. Flowway (Alternative 2) _____ Storage / Treatment / Conveyance
4. Flowway (Alternative 2) __ _____ Storage / Treatment / Conveyance
5. New Lake Structure _____ Conveyance
6. Talisman Flowway ____ _____ Storage / Treatment / Conveyance
7. Storage Area North_____ Storage / Treatment
8. Storage Area South _____ Storage / Treatment /
9. L-8 Passive Gravity Flowway_____ Storage / Treatment / Conveyance
10. L-8 STA_____ Storage / Treatment /
11. L-8 Storage_____ Storage / Treatment /

_____

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 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: _____

North of Lake - Reservoir to capture necessary flows to minimize storage necessary in the EAA yet still meet 95% demand in the glades during dry times. Discharged back into the Lake when needed.

South of the Lake – Gravity flow through existing structures at Miami Canal, North New River and new structure necessary into the Pond Apple forest located in area South of Rt 80 but North of Bolles Canal. From the Pond Apple forest into the flowway(s) by gravity until reaches STAs at south end of EAA Region. Pumped from flowway, if more water quality treatment necessary, into existing STAs before entering WCA 2 or 3. If more water is available/required than can flow through the flowway to meet everglades demands, pump into reservoir and then discharge from the reservoir when necessary by gravity to flowway(s)

L-8 Basin – Create a passive gravity flowway along the L-8 canal for treatment of local run-off before pumping into existing or additional STAs so all water is treated to 10ppb before entering the WCA 1. Add reservoir if additional storage is needed to optimize performance into STAs to meet WCA water quality requirements.

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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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____3 – Flowway (Alternative 2)_____
==========

General Description of Storage Component: __Flowway from the lake to the existing STAs and Talisman Lands bordered by the ridge on the West where elevations range from 14 -16 feet and on the East along the Miami Canal.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____2 – 4 feet__ 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 ___4 feet maximum_____

__X__ Total Acres of Land – Provide acreage ___48,000 acres_____
(Facilitator will include acreage for component infrastructure as necessary)

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

Additional PM / I Information: __Water Quality at exit of flowway to be less than or equal to 45 ppb phosphorous concentration._____
_____

_____ 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: __Hendry, Palm Beach
_____
Description: _Flowway starts at Bolles Canal and follows the contour change to 16 on the west, Miami Canal on the east and stops at the STA 5/6 complex and

allows water to flow into the Talisman site.

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: _The flowway is to take gravity flow from the Lake O/Pond Apple area or the West reservoir and conveyed and treated through a mixed marsh vegetated multi cell flowway with variable weirs. Water elevation in the flowway should not exceed 4 feet. Focus should be on keeping the southern cells wet as much as possible and then as flows increase re-establish the northern cells. If the flowway can not move all the water required by the Glades and meet the 45ppb criteria then a bypass system should be installed to allow the necessary water to get to the STAs 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)

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

__X___ Inflow Type – Select __X_____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

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

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

If yes, how many cells? _____ Cells __X___ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____4 – Flowway (Alternative 2)_____
==========

General Description of Storage Component: __Flowway from the lake to the existing STAs and Talisman Lands bordered by the North New River on the West and on the East a distance to provide 40,000 acres
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____2 -4 feet__ 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 ___4 feet maximum_____

___X_ Total Acres of Land – Provide acreage __40,000 acres_____
(Facilitator will include acreage for component infrastructure as necessary)

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

Additional PM / I Information: __Water Quality at exit of flowway to be less than or equal to 45 ppb phosphorous concentration._____
_____

_____ 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: __Palm Beach
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

Description: _Flowway starts at or above Bolles Canal and follows the North New River on the west, 40,000 acres to the east and stops at STA 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 Storage Component Operations: _The flowway is to take gravity flow from the Lake O/Pond Apple area or the West reservoir through the Bolles Canal and conveyed and treated through a mixed marsh vegetated three cell flowway with variable weirs. Water elevation in the flowway should not exceed 4 feet. Focus should be on keeping the southern cells wet as much as possible and then as flows increase re-establish the northern cells. If the flowway can not move all the water required by the Glades and meet the 45ppb criteria then a bypass system should be installed to allow the necessary water to get to the STAs 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):

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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

__X___ Inflow Type – Select __X_____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

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

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

If yes, how many cells? _____ Cells ___X___ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____6 – Talisman Flowway _____
==========

General Description of Storage Component: __Flowway on the Talisman lands.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____2 – 4 feet__ 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 ___4 feet maximum_____

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

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

Additional PM / I Information: __Water Quality at exit of flowway to be less than or equal to 45 ppb phosphorous concentration._____
_____

_____ 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: __ Palm Beach
_____
Description: _ _____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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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: _The flowway is to take gravity flow from flowways 2,3 and 4 and treated through a mixed marsh vegetated multi cell flowway with variable weirs. Water elevation in the flowway should not exceed 4 feet. Focus should be on keeping the southern cells wet as much as possible and then as flows increase re-establish the northern cells. If the flowway can not move all the water required by the Glades and meet the 45ppb criteria then a bypass system should be installed to allow the necessary water to get to the STAs for treatment.

_____
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_____
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_____

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)

__X___ Inflow Type – Select __X_____Gravity _____ Pump_____ Both

Configuration Name: _ Marshal Plan Element 6_____

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

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

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

If yes, how many cells? _____ Cells __X___ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____7 – Storage Area North_____
==========

General Description of Storage Component: __Deep storage north of the lake sized to minimize deep storage south of the lake and still meet 95% dry season demands to the glades.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ _____ Deep ____ __ 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.

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)

__ __ Water Depth – Provide depth in feet ___ _____

_____ 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: _ _____
_____
_____
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

_____
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_____

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: _The North Storage should capture flows to provide the necessary water to carry over the 95% dry season flow to the glades in conjunction with the flowway and South Reservoir..

_____
_____
_____
_____
_____
_____

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____X____ Both

_____ Outflow Type – Select _____Gravity _____ Pump____X____ Both

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

__ ___ Internal Cells – Select __ ____ Yes _____ No __X___ No Preference

If yes, how many cells? _____ Cells ___X___ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____8 – Storage Area South_____
==========

General Description of Storage Component: __Deep storage south of the lake sized to minimize deep storage south of the lake and still meet 95% dry season demands to the glades.
_____
_____
_____
_____
_____
_____
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 __ __ 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)

__ __ Water Depth – Provide depth in feet ___ _____

_____ 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: __
_____Hendry_____
Description: _ _Located west of the West flowway South of Clewiston.
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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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: _The South reservoir is to take flow from the Lake O/Pond Apple area and deliver to the flowway when the demands are required..

_____
_____
_____
_____
_____
_____

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____X____ Both

_____ Outflow Type – Select ___X____Gravity _____ Pump_____ Both

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

Configuration Name: _ Marshal Plan Element 6_____

__ ___ Internal Cells – Select __ ____ Yes _____ No __X___ No Preference

If yes, how many cells? _____ Cells ___X___ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____9 – L-8 Passive Gravity Flowway_____
==========

General Description of Storage Component: __Flowway from the lake to the existing STAs and any required new STA or Reservoir to allow all water in the L-8 basin to be placed in the Refuge at water quality standards.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____2 – 4 feet__ 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 ___4 feet maximum_____

_____ 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: __ Palm Beach
_____
Description: _ _____
_____
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

_____
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_____
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_____
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_____

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: _The flowway is to take gravity flow from the Lake O/local drainage area and convey and treated through a mixed marsh vegetated flowway. Water elevation in the flowway should not exceed 4 feet.

_____
_____
_____
_____
_____
_____

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)

__X___ Inflow Type – Select __ _____Gravity _____ Pump____X____ Both

_____ Outflow Type – Select _____Gravity _____ Pump____X____ Both

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

Configuration Name: _ Marshal Plan Element 6_____

__ ___ 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.

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____10 – L-8 STA_____
==========

General Description of Storage Component: __ 14,000 acre STA required to allow all water in the L-8 basin to be placed in the Refuge at water quality standards.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____ __ 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.

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)

__ __ Water Depth – Provide depth in feet _____

_____ 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: __ Palm Beach
_____
Description: _ _____
_____
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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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: _
_____
_____
_____
_____
_____
_____

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)

__X___ Inflow Type – Select __ _____Gravity _____ Pump____X____ 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 _____ 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: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____11 – L-8 Storage_____
==========

General Description of Storage Component: __ Provide necessary storage to allow optimization of the existing and new STAs to mitigate for storm surge and allow ability to get water quality standards to the refuge..
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____ __ 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.

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)

__ __ Water Depth – Provide depth in feet _____

_____ 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: __ Palm Beach
_____
Description: _ _____
_____
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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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: _
_____
_____
_____
_____
_____
_____

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

_____ 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.

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6_____
_____

Component Number and Name (from *FORM 2*): _____
____2 – Flowway (Alternative 1)_____
==========

General Description of Storage Component: __Flowway from the Pond Apple forest (Bolles Canal) to the existing STAs and Talisman Lands bordered by the ridge on the West where elevations range from 14 -16 feet and approximately half way between the Miami Canal and North New River to equal an approximate total of 71,500 acres.
_____
_____
_____
_____
_____
_____
Encourage the Authors to be descriptive about the features of the component that matters most to them.

Type of Storage:
_____ Deep ____2-4 feet__ 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 ___4 feet maximum_____

___X__ Total Acres of Land – Provide acreage _____71,500 acres_____
(Facilitator will include acreage for component infrastructure as necessary)

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

Additional PM / I Information: __Water Quality at exit of flowway to be less than or equal to 45 ppb phosphorous concentration._____
_____

_____ 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: __Hendry, Palm Beach
_____

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

Description: _Flowway starts at Bolles Canal and follows the contour change to 16 on the west, approximately half way between Miami Canal and North new River to the east and stops at STA 3/4.

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: _The flowway is to take gravity flow from the Lake O/Pond Apple area or the West reservoir and convey and treat water through a mixed marsh vegetated multi cell flowway with variable weirs. Water elevation in the flowway should not exceed 4 feet. Focus should be on keeping the southern cells wet as much as possible and then as flows increase re-establish the northern cells. If the flowway can not move all the water required and meet the 45ppb criteria and demands of the everglades, a bypass system should be installed to allow the necessary water to get to the STAs 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):

FORM 3
Configuration Name: _ Marshal Plan Element 6_____

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

__X___ Inflow Type – Select __X_____Gravity _____ Pump_____ Both

_____ Outflow Type – Select _____Gravity _____ Pump_____ Both

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

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

If yes, how many cells? _____ Cells _X____ 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 4
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____3 – Flowway (Alternative 2)_____

==========

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: ___Vegetated flowway with multiple cells populated as a mixed marsh.

_____
_____
_____
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_____
_____
_____

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

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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 ____4-feet_____

_____ 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: ___ Marshal Plan Element 6_____

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: _____
_____
_____
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_____
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:
_____
_____
_____
_____
_____
_____
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".

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

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

___X__ Inflow Type – Select ___X____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 4
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____4 – Flowway (Alternative 2)_____

==========

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: ___Vegetated flowway with multiple cells populated as a mixed marsh.

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

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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 ____4-feet_____

_____ 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: ___ Marshal Plan Element 6_____

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: _____
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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:
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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".

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

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

___X__ Inflow Type – Select ___X____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.

Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____6 – Flowway on Talisman Lands_____

==========

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:

_____
_____Utilize the Talisman land as a flowway
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Encourage the Authors to be descriptive about the features of the component that matters most to them.

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___X___ Actively Managed like a Stormwater Treatment Area
_____ 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 _____Maximum 4 feet ___

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

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

Additional PM / I Information: _____
____Create an output of water quality to 45 ppb phosphorous
_____

_____ 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: ____ Marshal Plan Element 6_____

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: ____ Palm Beach

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Description: _____

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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:

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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".

Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____7 – Storage Reservoir North_____

==========

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:

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

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___ ___ Actively Managed like a Stormwater Treatment Area
_____ Minimally Managed like a Wetlands
___ X__ 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)

_____ Water Depth – Provide depth in feet _____

_____ 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: ____ Marshal Plan Element 6_____

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: _____
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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:
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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".

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____8 – Storage Reservoir South_____

==========

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:

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

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___ ___ Actively Managed like a Stormwater Treatment Area
_____ Minimally Managed like a Wetlands
___ X__ 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)

_____ Water Depth – Provide depth in feet _____

_____ 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: ____ Marshal Plan Element 6_____

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: _____
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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:
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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".

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____9 – L-8 Passive Gravity Flowway_____

==========

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:

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

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___ ___ Actively Managed like a Stormwater Treatment Area
_____ 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)

_____ Water Depth – Provide depth in feet _____

_____ 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: ____ Marshal Plan Element 6_____

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: _____
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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:
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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".

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____10 – L-8 STA_____

==========

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:

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

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___ ___ Actively Managed like a Stormwater Treatment Area
_____ 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)

_____ Water Depth – Provide depth in feet _____

_____ 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: ____ Marshal Plan Element 6_____

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: _____
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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:
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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".

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__

_____

Component Number and Name (from *FORM 2*): _____
_____11 – L-8 Reservoir_____

==========

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:

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

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

Type of Treatment (check all that apply):

_____ Mechanized like a Chemical Treatment Plant
___ ___ Actively Managed like a Stormwater Treatment Area
_____ 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)

_____ Water Depth – Provide depth in feet _____

_____ 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: ____ Marshal Plan Element 6_____

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: _____
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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:
_____
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_____
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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".

FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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 4
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____2 – Flowway (Alternative 1)_____

==========

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: ___Vegetated flowway with multiple cells populated as a mixed marsh.

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

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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 ____4 feet_____

_____ 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: ___ Marshal Plan Element 6_____

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: _____
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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:
_____
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_____
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".

FORM 4
Configuration Name: ___ Marshal Plan Element 6_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

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

___X__ Inflow Type – Select ___X____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 4
Configuration Name: ____ Marshal Plan Element 6_____

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*): __ Marshal Plan Element 6__
_____

Component Number and Name (from *FORM 2*): _____
_____1 – Pond Apple Area_____

==========

Does Treatment 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 4*.

General Description of Treatment Component:
_____
_____An area of land between Rt 80 and Bolles Canal that is to be re-vegetated with pond apples and cypress heads for ecologic benefits as well as water quality treatment._____
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FORM 4
Configuration Name: ____ Marshal Plan Element 6_____

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
_____ Minimally Managed like a Wetlands
___X___ 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)

_____ Water Depth – Provide depth in feet _____

__X___ Total Acres of Land – Provide acreage _____14,000 acres____
(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: ____ Marshal Plan Element 6_____

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: ____Hendry, Palm Beach

_____

Description: _____

An area where a Pond Apple Forrest can be reestablished to allow gravity flow from the lake to flow through for water quality treatment.

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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:

_____
_____
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_____

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):

_____ Reliability of Treatment Component – As compared to a Stormwater Treatment Area _____

_____ 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: ____ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
____1- Pond Apple Area_____

==========

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? ___X__ Yes _____ 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:

_____
_____An area between the lake and the flowway.
_____
_____
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_____

FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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: ____ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
_____
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FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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:

_____
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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 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):

_____ 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

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 5
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____3 – Flowway (Alternative 2)_____

==========

Does Conveyance 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 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? _X____ Yes _____ 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:

_____
_____Move as much water South as possible keeping to 2 - 4 feet in depth maximum and maintaining a outflow water quality of 45 ppb phosphorous or less._____
_____
_____
_____
_____

FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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: _____ New __X___ Enhancement of an Existing Canal (provide name of existing canal) ____Miami Canal
_____

FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
_____
_____
_____
_____

Configuration Name: ___ Marshal Plan Element 6_____

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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:

_____
_____
_____
_____
_____
_____

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 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):

_____ 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 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 5
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____4 – Flowway (Alternative 2)_____

==========

Does Conveyance 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 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? _X____ Yes _____ 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:

_____
_____Move as much water South as possible keeping to 2 - 4 feet in depth maximum and maintaining a outflow water quality of 45 ppb phosphorous or less._____
_____
_____
_____
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FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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: _____ New __X___ Enhancement of an Existing Canal (provide name of existing canal) ____North New River Canal
_____

FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
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FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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:

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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 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):

_____ 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 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 5
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____64 – Talisman Flowway _____

==========

Does Conveyance 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 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? _X____ Yes _____ 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:

_____
_____Move as much water South as possible keeping to 2 - 4 feet in depth maximum and maintaining a outflow water quality of 45 ppb phosphorous or less._____
_____
_____
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FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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: _____ New __ ___ Enhancement of an Existing Canal (provide name of existing canal) ____ _____

FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
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FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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:

_____
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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 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):

_____ 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

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 5
Configuration Name: ____ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
____9- L-8 Passive Gravity Flowway_____

==========

Does Conveyance 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 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? ___X__ Yes _____ 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:
_____
_____Move water from the L-8 Basin to the STAs.
_____
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FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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: __ ___ New ___X__ Enhancement of an Existing Canal (provide name of existing canal) ____L-8 Canal_____

FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
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FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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:

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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 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):

_____ 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

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 5
Configuration Name: ___ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
_____2 – Flowway (Alternative 1)_____

==========

Does Conveyance 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 5*.

Does Conveyance Component Also Have a Primary Function as a Treatment Component? _X____ Yes _____ 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:

_____
_____Move as much water South as possible keeping to 2-4 feet in depth maximum and maintaining a outflow water quality of 45 ppb phosphorous or less._____
_____
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FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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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: _____ New __X___ Enhancement of an Existing Canal (provide name of existing canal) ____Miami Canal
_____

FORM 5
Configuration Name: ___ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
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Configuration Name: ___ Marshal Plan Element 6_____

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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:

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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 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):

_____ 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 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 5
Configuration Name: ____ Marshal Plan Element 6_____

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*): _ Marshal Plan Element 6___
_____

Component Number and Name (from *FORM 2*): _____
____5- New Lake Structure_____

==========

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:
_____
_____A new gravity structure on the Lake to compliment S-351 and S-354 to achieve a total flow out of the lake of 6660cfs from all three structures.
_____
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FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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

_ __ Open Water with Water Level Above Ground Elevation
Surface Finish:
_____ Managed Vegetation ___ ___ 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: ____ Marshal Plan Element 6_____

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)

_____ Water Depth – Provide depth in feet _____

_____ Conveyance Width – Provide width in feet _____

_____ 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: _____
_____
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FORM 5
Configuration Name: ____ Marshal Plan Element 6_____

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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:

_____
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_____

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 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):

_____ 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

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.