



The I-69 Evansville-to-Indianapolis Study
Tier 1 Environmental Impact Statement

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Task 3.1
Project History Statement

October 25, 2000



INDIANA SOUTHWEST HIGHWAY - PROJECT HISTORY

The proposed action in this Tier 1 EIS involves the completion of an Interstate highway linking the City of Evansville with the City of Indianapolis, as part of a future high-priority corridor that would connect Canada to Mexico. This current proposal has resulted from several decades of studies, planning efforts, and legislation. The following narrative chronicles the main studies and events that have brought us to the present day.

A major north-south highway link in Southwest Indiana has been under consideration for over 50 years. Support for such a facility has persisted, in spite of some negative feasibility findings, as documented below. Over time, the concept has evolved and become more clearly a link between Evansville and Indianapolis, as opposed to another north-south corridor. Federal recognition of the need and purpose for the highway has also evolved, both in the designation of the National Highway System as well as the international vision for Corridor 18.

At the conclusion of this report, there is a map of Southwest Indiana, showing alignments considered in several previous studies.

1944: Federal Aid Highway Act of 1944

Congress designated a 40,000 mile National System of Interstate Highways “to connect by routes, as direct as practicable, the principal metropolitan areas, cities, and industrial centers, to serve the national defense, and to connect at suitable border points with routes of continental importance in the ‘Dominion of Canada and the Republic of Mexico.’” Major funding for the proposed Interstate System was not forthcoming at this time, but the National System of Interstate Highways was set in motion.



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1944-1947: Initial Studies of Interstate Routes in Southwestern Indiana (Evansville to Calumet; Evansville to Indianapolis)

The Indiana State Highway Department proposed several Interstate routes in addition to those designated in 1947 as part of the original 40,000 mile National System of Interstate Highways. These included a route from Evansville to the Calumet Area paralleling US 41, and a route from Indianapolis to Evansville. Evansville was one of the few cities in the country with a population over 100,000 that were not to be served by the proposed National System of Interstate Highways.

Indiana was unsuccessful in getting approval for either of these routes, primarily because these routes lacked system continuity through Kentucky and did not connect to other Interstate routes.¹ Furthermore, US 41 was paralleled by I-57 in Illinois and I-65 in Indiana, and the spacing of north-south interstate routes at that time made it difficult to justify a route between these two routes.

The preliminary route for I-64 from Louisville to St. Louis was the US 150 corridor through Paoli, Washington, and Vincennes. The final location of I-64 was shifted south toward Evansville because of its size and lack of connection to the Interstate System.

1966: North-South Toll Road Feasibility Report (Evansville to Lafayette)

This report studied an Interstate-type toll road extending from Evansville to the then proposed I-65 near Lafayette, Indiana. Providing a link between Evansville and Indianapolis was not a major consideration of this study. The major impetus was the movement of north-south traffic

¹ This lack of continuity into Kentucky also was cited as a consideration in the 1968 analysis of I-63 between Evansville and I-70 near Brazil. Corridor 18, when completed through Kentucky, would furnish this continuity.



through western Indiana to link with points to the north such as the Gary-Chicago area. Four alternative alignments were examined in this document. The estimated traffic and toll revenues for the road were based on the amount of traffic that would be diverted from existing routes, normal projected traffic growth, and the amount of traffic generated by the road. By comparing the estimated project costs with projected annual revenues, it was concluded that none of the alternative alignments would be financially feasible as a toll road.²

The most desirable route determined by this study began in Evansville along the future I-164 alignment and continued north through western Indiana to a terminus at I-65 north of Lafayette. The major towns and cities served by this route included: Oakland City, Washington, Linton, Brazil, Rockville, Crawfordsville, and Lafayette.

1968: Proposed I-63 (Evansville to I-70/US 41 near Brazil, Indiana)

The State of Indiana proposed an addition to the Interstate system from the present junction of I-64 and I-164 near Evansville to I-70/US 41 east of Brazil, Indiana. The proposed Interstate 63 followed one of the corridors from the 1966 North-South Toll Road Feasibility Report as far as US 41. The route would have served Evansville, Petersburg, Washington, and Linton, and would have tied into I-70 and US 41 between Terre Haute and Brazil. To justify the addition of I-63 to the interstate system, the State of Indiana stated that the route would serve numerous urban areas, the metropolitan area of Evansville, the Crane Weapons Center, and one of the principal coal mining areas of the United States.

² This need eventually was satisfied when US 41 & SR 63 were upgraded to four-lane roads between Vanderburgh and Lake Counties, extending the length of the state. This four-lane upgrade was completed in the mid-1970's.



The extension of I-24 to Paducah, Kentucky rather than Evansville eliminated the necessary system continuity for I-63. The feasibility of the highway was again questioned, and I-63 was not approved as an addition to the Interstate System. The only concession Indiana received in 1968 was the addition of I-164 to the interstate system to connect I-64 to Evansville. Although Indiana wanted the southern terminus of I-164 to connect to the Pennyrile Parkway, the Commonwealth of Kentucky was not interested at that time.



1980: Western Indiana Toll Road Feasibility Study (Evansville or Rockport to I-70 west of Indianapolis)

This study analyzed the construction of an interstate-type toll road from the junction of I-64/I-164 near Evansville or from Rockport, Indiana near the Ohio River, to I-70 west of Indianapolis, and extending to I-65 just south of Lafayette, Indiana. The study considered six alternative corridors and it was concluded that only the Evansville to Indianapolis route would generate enough revenue to offset maintenance and operating costs. However, the route would not provide adequate coverage of the debt service for a bond issue. This preferred route connected with I-64/I-164 at Evansville, passed near the towns of Oakland City, Petersburg, Washington, Ellettsville, and Paragon, and then connected with I-70 west of Indianapolis.

This study concluded that a toll road extending all the way to I-65 near Lafayette was not financially feasible. It was recommended that existing roads serving the area receive priority for improvement and proposed the construction of bypasses around developed cities and towns. This study did not consider the effects of the roadway on the regional economy as expressed by the number of increased jobs and disposable income attributed to a new roadway. The study did identify a potential route that provided good linkage between Evansville and Indianapolis, and served the major towns and cities in southwest Indiana that were not served by major four-lane roadways.

1982: Improved North-South Corridor Feasibility Report (Indianapolis to Evansville)

This study examined the cost-effectiveness of a proposed North-South Corridor beginning at the junction of SR 37 and I-465 in Indianapolis and extending south on SR 37 to the US 50 Relocation Project termini at Bedford, and then west along US 50 to US 231. The route then proceeded



southward on US 231 to I-64, with possible bypass routes around Jasper and Huntingburg, then proceeded west on I-64 to the junction of SR 57 and proposed I-164, and ended at the southern terminus of I-164. This proposal did not consider an interstate-type facility for most of the route but primarily included improvements to existing roads with new construction at the bypass locations and utilization of the proposed SR 50 Relocation Project and I-164 Construction Project. This proposed route was 4 miles longer than the existing I-70/US 41 Corridor and had the same number of signalized intersections. This route was not considered economically feasible in terms of vehicle miles traveled, time-savings, or construction cost.

1984: Improved North-South Corridor Feasibility Report – Update (Evansville to Indianapolis)

This brief study considered the same route as the above 1982 study but proposed the upgrading of SR 37 to interstate standards from Indianapolis to Bedford. The entire route was to be upgraded to a four-lane limited access facility with interchanges and grade separations at a total cost of \$887 million. Further conclusions regarding project feasibility were not made in this study. The route would still have been longer than the I-70/US 41 Corridor, but the proposed improvements to interstate standards would have eliminated the signalized intersections and reduced travel times.

1985: Feasibility Study, SR 37 Upgrade from I-64 to SR 60

This study proposed the upgrading of a 40-mile section of the SR 37 corridor from SR 60 at Mitchell, Indiana to I-64 in Perry County. The recommended alignment called for the upgrading of SR 37 from Mitchell to Paoli with a bypass around Orleans. From Paoli, a new roadway would be constructed to the southwest and tie into SR 145 near Patoka



Reservoir. SR 145 would then be improved to a Super-two facility (two 12-foot lanes with 11-foot shoulders) south to the intersection of SR 64. A new roadway would then be constructed south of SR 64 to the SR 37/I-64 interchange in Perry County (milepost 79). Total construction cost was estimated at \$49 million. This project is not included as part of the Statewide Long-Range Multimodal Transportation Plan at this time.



1986: Special Study US 231 from I-64 to Owensboro, Kentucky

This study examined the cost of improving US 231 from I-64 to SR 66 and across the Ohio River to Owensboro, Kentucky. This project is currently part of the Statewide Long-Range Multimodal Transportation Plan.

1988-89: Initial Development of the National Highway System

In 1988, the American Association of State Highway and Transportation Officials (AASHTO) initiated a program called Transportation 2020. Transportation 2020 brought together members of AASHTO, FHWA, the National Association of Regional Councils, and various groups to create a consensus on transportation policy, formulate new national transportation goals, and influence the upcoming highway reauthorization legislation. The result of Transportation 2020 was a determination that a highway system of national significance needed to be developed. In response, FHWA initiated a voluntary planning exercise, requesting states to review and update their Principal Arterial Systems (PAS), which was to be used in designating Highway Systems of National Significance (HSNS). Because of problems that arose as a result of substantially different state approaches to developing the HSNS, the FHWA abandoned this exercise in 1989.

1989-1990: Southwest Indiana Highway Feasibility Study (Evansville to Indianapolis, Rockport, or Tell City)

This study assessed the economic feasibility of three major north-south corridors in southwest Indiana. The three alternatives had a common alignment utilizing SR 37 from Bloomington to Indianapolis. South of Bloomington, alignment A generally followed a route along SR 45 to SR 57 and ended at I-64/I-164 near Evansville. Alignment B followed a route along SR 45 to US 231 to SR 66 at the Ohio River near Rockport.



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Alignment C continued south along SR 37 to Paoli and then transitioned southwest to SR 145 near Patoka Reservoir. The alignment then continued south along SR 37 south of I-64 to the Tell City area.



Results of this study indicated that none of the alternatives could be recommended for construction solely on an economic feasibility basis using “realistic” economic assumptions. However, based upon “optimistic” assumptions for business attraction, Alternative A was expected to have a benefit-cost ratio of 1.82, which would make it economically feasible.

1990: Initiation of Environmental Studies for the Indianapolis-to-Evansville Highway

The Indiana Department of Transportation began the first phase of environmental studies for the “Indianapolis-to-Evansville Highway.” The study corridor was based on the preferred Alternative A from the 1989 - 1990 Southwest Indiana Highway Feasibility Study. The upgrading of SR 37 to interstate standards between Bloomington and Indianapolis was not considered as part of the project. The corridor was separated into the following three sections:

Section 1 – Bloomington (SR 37) to Newberry

Section 2 – Newberry to Petersburg

Section 3 – Petersburg to Evansville (at the I-64/I-164 interchange)

Contracts were awarded to three different consultants, each of which was to study one section. Under these contracts, Section 1 was to be developed to a full EIS pursuant to the National Environmental Policy Act (NEPA). Sections 2 and 3 were to be developed as preliminary “environmental overviews” with formal environmental studies to be completed at a later date.

1990: Development of “Illustrative National Highway System”

In the spring of 1990, the U.S. House of Representatives Committee on



Public Works, seeking assistance with its upcoming highway legislation, directed FHWA to develop an “illustrative” National Highway System (NHS). In response, the FHWA re-instituted its work on defining this system. FHWA requested that each state propose three variations of the NHS: (1) a system capable of carrying 40% of the state’s total vehicle miles traveled (VMT); (2) a system capable of carrying 35% of the state’s total VMT; and (3) an “optional” system that each state could develop according to its own criteria.

INDOT developed all three versions but recommended that FHWA use the optional system in the illustrative NHS. After reviewing INDOT’s submission, FHWA approved it and included it in the illustrative NHS that was submitted to Congress. This “illustrative NHS” included an Evansville-to-Indianapolis highway, and served as a resource for Congress in developing the 1991 transportation legislation (discussed below).

1991: **Intermodal Surface Transportation Efficiency Act of 1991**

Congress passed the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA). This act established a National Intermodal Transportation System that focused federal resources on priority facilities of national significance. A major component of the National Intermodal Transportation System is the National Highway System (NHS), a 158,674 mile system. ISTEA provides that the purpose of the NHS is to “provide an interconnected system of principal arterial routes which will serve major population centers, international border crossings, ports, airports, public transportation facilities and other major travel destinations. . . .”³

³ USC Title 23, § 103(b)(1)(A)



As designated in ISTEA, the NHS consists of five components: (1) the Interstate highway system; (2) the strategic highway network (“STRAHNET”); (3) major STRAHNET connectors, (4) “high-priority corridors,” which were designated in general terms in ISTEA itself, and (5) other urban and rural principal arterials and highways, which were to be designated through a joint federal-state process following the enactment of ISTEA.

One of the high-priority corridors designated in ISTEA was “Corridor 18,” which extended “from Indianapolis, Indiana to Memphis, Tennessee via Evansville, Indiana.” Subsequent legislative changes (described below) have greatly expanded this corridor. Corridor 18 now extends from Sarnia, Ontario, Canada, to the Lower Rio Grande Valley on the border between the United States and Mexico and includes such major cities as Port Huron, Detroit, Indianapolis, Evansville, Memphis, Little Rock, Shreveport, and Houston.⁴

In addition to designating high-priority corridors, ISTEA also designated certain “high-priority segments” within those corridors for purposes of prioritizing federal funding. Among these high-priority segments, Congress designated the “Bloomington, Indiana, to Newberry, Indiana, segment of the Indianapolis, Indiana, to Memphis, Tennessee, high priority corridor.”⁵

1992: Initiation of Draft EIS for Southwest Indiana Highway Project (Evansville to Bloomington)

In 1992, prior to the completion of the DEIS for Section 1, the three corridor sections specified above were consolidated into a single federal

⁴ ISTEA §1105 (c)(18)

⁵ ISTEA §1105(f)



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action with the mandate to develop one EIS for the corridor between Evansville and Bloomington.



1992-95: Designation of National Highway System (NHS) Routes

As indicated above, ISTEA established a cooperative federal-state process through which “other urban and rural principal arterials and highways” were to be designated as part of the NHS. This process involved several steps. First, the States were required to prepare a “functional reclassification study,” which involved a comprehensive review of all the roadways in the state. Based on that study, the States were required to recommend a system of principal arterial roadways for inclusion on the NHS. Finally, FHWA was to review the States’ recommendations and submit a proposal to Congress consisting of proposed NHS routes for the entire nation.

Consistent with the process established in ISTEA, Indiana completed a functional reclassification study in 1992. The study was based on FHWA’s functional classification manual, “Highway Functional Classification: Concepts, Criteria and Procedures” (March 1989). According to the manual, each State’s system of rural principal arterial highways should consist of arterials that possess the following characteristics: (1) they “serve corridor movements having trip length and travel density characteristics indicative of substantial statewide or interstate travel”; (2) they “serve all, or virtually all, urban areas of 50,000 and over population and a large majority of those with population of 25,000 and over”; and (3) they “provide an integrated network without stub connections except where unusual geographic or traffic flow conditions dictate otherwise (e.g., international boundary connections or connections to coastal cities).” Applying these criteria, INDOT developed a revised functional classification map, which it presented at a series of meetings during 1992 with elected officials and local transportation officials in each of INDOT’s six districts. Based on input from these meetings, INDOT completed its revised functional classification map in early 1993.

In addition to the functional reclassification study, INDOT’s development



of its proposed NHS routes also included an analysis of the relationship between the transportation system and the State's future economic development. The first step in this analysis was to identify "economic activity centers" that needed to be connected to one another by the State's transportation system. Because most data is collected on a county-by-county basis, INDOT used counties as the unit of analysis and compared them in terms of three key variables: population, trade and services activity, and manufacturing activity. Based on these three variables, which were measured by a variety of statistics, INDOT identified 28 "primary counties" of the 92 counties in Indiana. These 28 primary counties were considered to be the State's "economic centers" for transportation planning purposes. INDOT concluded that:

These counties are the locations where the economy of Indiana has been most energetic. To a large extent, the economic future of the state rests on Indiana's ability to sustain the economic vitality and foster the economic potential found in these economic activity centers. . . . For the upper end system of highways, our attention should be focused on providing the best service feasible to and from the primary counties.⁶

INDOT then proceeded to identify "an interconnected network of high quality highways linking the primary counties within Indiana, and connecting these counties with major markets in surrounding states."⁷ To guide this selection process, INDOT applied four criteria: (1) linking Indiana's major population centers to the national highway network, (2) providing good accessibility to Indiana's major manufacturing concerns, (3) providing good accessibility to Indiana's major trade and service

⁶ INDOT Highway System Plan (1992), p. 39

⁷ INDOT Highway System Plan (1992), p. 66



centers, and (4) improving access to Indiana’s major tourism and recreation areas, regional economic centers, and those areas with “demonstrated and anticipated potential for growth.”⁸

Applying these criteria, INDOT developed a “commerce corridor network,” which consisted of 2,393 miles of Interstate and other major routes. INDOT then overlaid the commerce corridors on the “illustrative NHS” (a preliminary NHS proposal that had been developed previously) and identified “consensus corridors” – that is, corridors that were common to both networks. The consensus corridors were then “identified as core routes which will be contained in the final NHS with only minor exceptions.”

Based on the functional classification study, as well as its analysis of commerce corridors, INDOT developed a final NHS proposal, which it submitted to FHWA in October 1993.

In December 1993, FHWA submitted its final NHS proposal (including the proposed Indiana routes) to Congress. In its report to Congress, DOT stated that:

Development of the NHS proposal has been coordinated among all modal administrations within DOT and with all State transportation agencies. The State departments of transportation coordinated their NHS development work with metropolitan planning organizations, regional planning agencies, Indian tribal governments, other State agencies, and local officials. These efforts ensured that the NHS would be integrated with the

⁸ INDOT Highway System Plan (1992), p. 33



Nation's major intermodal facilities through a broad-based participatory process.⁹

DOT further noted the inclusion of significant trade routes linking the United States with Canada and Mexico. Moreover, DOT identified "specific alignments" for the majority of the NHS high priority corridors, including routes that had not yet been constructed. These alignments were depicted on maps that had been prepared by the individual States and approved by FHWA. The Indiana NHS map specifically identifies an Evansville-to-Bloomington link as part of the NHS, and designated this link as part of the Evansville-to-Indianapolis "high-priority corridor."

⁹ USDOT Proposed NHS (1993), p. 1.



1995: Indiana Statewide Long-Range Multimodal Transportation Plan

In 1995, INDOT formally adopted the Indiana Statewide Long-Range Multimodal Transportation Plan, which summarized the results of the functional classification study, the analysis of economic activity centers and commerce corridors, and the recommendation of NHS routes for Indiana.

1995: National Highway System Designation Act (1995)

In 1995, Congress passed the National Highway System Designation Act (NHSDA). This Act adopted the NHS routes “as submitted by the Secretary of Transportation on the map entitled ‘Official Submission, National Highway System, Federal Highway Administration’, and dated November 13, 1995” The map submitted by FHWA included an Indianapolis-to-Bloomington-to-Evansville route for Corridor 18 in Indiana.

In addition to adopting the NHS as submitted, the NHSDA expanded the “high priority segment” of Corridor 18 in Indiana. As originally designated in ISTEA, the high-priority segment consisted of the Bloomington-to-Newberry section of Corridor 18. As modified in the NHSDA, the high-priority segment was extended to include the Bloomington-to-Evansville portion of the corridor.

1996: Publication of Draft EIS for Southwest Indiana Highway Project (Evansville to Bloomington)

The Draft EIS for the Southwest Indiana Highway Project was published in the spring of 1996, with public hearings conducted over the summer. The hearings were well attended by local property



owners and groups organized in support of and in opposition to the highway.

Opponents of the highway were concerned about the economic feasibility of the highway and the environmental and economic impacts resulting from the preferred alignment. There was also contention that the northern terminus should be Indianapolis rather than Bloomington. Some argued that the alternative of utilizing the I-70/US 41 route was not adequately considered.

Supporters of the project stressed the need for a connecting link between the communities of southwestern Indiana and the capital city of Indianapolis. Many people stated that the economic vitality of Evansville, Petersburg, Oakland City, and Washington was seriously hindered without an interstate link to Indianapolis. There were many comments regarding the dangerous driving conditions on existing 2-lane roadways that serve southwestern Indiana. Overall, supporters of the project were concerned about the future of southwestern Indiana and the continued loss of economic opportunities due to the lack of an interstate facility.

The U.S. Environmental Protection Agency (EPA) provided comments on the DEIS. The EPA recommended that a supplemental DEIS be prepared that addressed non-transportation alternatives to the proposed highway and more fully evaluate potential secondary impacts resulting from the highway. These recommendations were made based on the stated purpose and need for the project being the economic development of southwestern Indiana.

1997: Supplemental Draft EIS for Southwest Indiana Highway Project (Evansville to Bloomington)

A supplement to the consultant contract was issued to address the EPA's



concerns. Several pre-design engineering contracts for various segments of the preferred alignment were also issued to provide additional detailed information for the supplemental DEIS.

While the supplemental DEIS was being prepared, opponents of the Evansville-to-Bloomington project and others continued to press for the expansion of the study to include the alternative of improving US 41 and I-70 as the route for an Evansville to Indianapolis highway.



1998: Transportation Equity Act for the 21st Century (TEA-21)

In 1998, Congress enacted the Transportation Equity Act of the 21st Century (TEA-21). TEA-21 defined the NHS with reference to a map submitted by FHWA in 1996, as opposed to the 1995 map that was referenced in the NHSDA. TEA-21 also modified some of the high-priority corridors, including Corridor 18.

TEA-21 provided that “[t]he National Highway System consists of the highway routes and connections to transportation facilities depicted on the map submitted by the Secretary to Congress with the report entitled ‘Pulling Together: The National Highway System and its Connections to Major Intermodal Terminals’ and dated May 24, 1996.’”¹⁰ This map also depicted an Evansville-to-Bloomington-to-Indianapolis route for Corridor 18 in Indiana.

TEA-21 modified Corridor 18 in several ways: (1) it extended the corridor northward to the Canadian border at Port Huron, Michigan, (2) it included spurs connecting the corridor to Detroit and Chicago, and (3) it adopted the alignment shown in the 1995 Corridor 18 Special Issues Study for Corridor 18 in Tennessee, Mississippi, Arkansas, and Louisiana.¹¹ In addition to extending Corridor 18, TEA-21 also approved the designation of Corridor 18 as the future “Interstate Route I-69.”¹²

Finally, TEA-21 authorized the Secretary of Transportation to approve changes to the NHS. (This authority was granted in the NHSDA, but was modified in TEA-21). The Secretary has delegated this authority to the Administrator of FHWA, whose decisions are governed by criteria

¹⁰ TEA-21 § 1106(b)

¹¹ TEA-21 § 1211(h)(1)

¹² TEA-21 § 1211(h)(2)



described in FHWA regulations (23 CFR 470).



1998: Expansion of Scope of EIS for Southwestern Indiana Highway Project

In November 1998, INDOT Commissioner Curt Wiley announced that the scope of the Southwestern Indiana Highway EIS would be expanded to include consideration of the need for an Evansville to Indianapolis link in the context of the planned extension of Interstate 69 (“Corridor 18”).

Given this major change in the scope of the study, it was announced that entirely new corridor alternatives would be evaluated in addition to the routes that had been previously considered. INDOT ordered that further pre-design engineering work on the previously-identified preferred corridor be stopped.

1999: Initiation of New I-69 Study: Tiered EIS (Evansville to Indianapolis)

INDOT announced that the new I-69 study would be prepared as a two-level or tiered EIS. A tiered process is allowed under the National Environmental Policy Act (NEPA) for very large projects. The first level or tier would resolve the “big picture” planning issues such as: the “build” versus the “no build” alternative, modal preference (highway, high-speed rail, combined highway/high speed rail, etc.), preferred corridor, and logical termini. The second tier will analyze detailed impact and mitigation measures related to a selected alignment. At the end of the first tier, a “record of decision” will be issued on the preferred mode and corridor and may also specify segments of independent utility, i.e., stages of construction.

In December 1999 INDOT gave Notice to Proceed on the Tier 1 Environmental Impact Statement for the I-69 study from Evansville to Indianapolis.