(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility			APD	ES Tracking No.	
1b	Substantially Id	lentical Outfall? 🛭 Yes, 🗌 No		1a	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
0.11	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Evamining cample	Enter Text	Enter Text	Sample Examined	8/8/2023	09:21
Examining sample:	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify quar	rter/year when sample was originally	scheduled to be collected):	Enter Text	
	$\cong \boxtimes$ Rainfall, \square Snowmelt, If			 es	
	ed > 72 hours before Start of				
Previous Storiii Eliu	ed > 72 flours before start of	i illis storiir 🖂 res, 🗆 No	J-, IT NO explain. Efficer Tex	L	
Parameters:					
Color: \square None, \square	Other, (describe): Enter Tex	t			
Odor: \square None, \square	l Musty, □ Sewage, □ Sulfu	r, □ Sour, □ Petroleum/G	as (describe): Enter Text		
☐ Solvents	, □ Other, (describe): Enter Te>	kt.			
	Slightly Cloudy, Cloudy,				
•	No, Ves, (describe): Enter	• •			
-					
	□ No, □ Yes, (describe): Enter				
•	□ No, □ Yes, (describe): Enter				
Foam (gently shake	sample): \square No, \square Yes, (descr	ibe): Enter Text			
Oil Sheen: ☐ None	e, \square Flecks, \square Globs, \square She	en, 🗆 Slick, 🗀 Other (descr	ribe): Enter Text		
Other Obvious Indic	cators of Stormwater Pollutio	on: \square No, \square Yes, (describe)	: Enter Text		
-	s, additional comments, desc	criptions of pictures taken,	, and any corrective a	ctions taken	below
(attach additional sheets as	**	+f-11 /4 - \			
NO DISCHARGE; Che	ecked substantially identical of	эиттан (та)			
Doscription: Click or to	an here to enter text.	Doscription: Clic	k or tan here to enter	tevt	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the

possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager
Name	Title
Elist Chone	8/8/2023
Signature	Date Signed

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
3 a	Substantially Identical Outfall? \square Yes, \boxtimes No		En	ter Text	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Callantina annuala	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:12
Examining sample.	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify qua	rter/year when sample was originally	scheduled to be collected):	Enter Text	
Nature of Discharge	e: 🗵 Rainfall, 🗆 Snowmelt, I	f rainfall: Rainfall Amount E	nter Text inch	es	
_	ed > 72 hours before Start o		_	rt	
Trevious storm End	ca > 72 Hours before start o	· · · · · · · · · · · · · · · · · · ·	, ii No explain. Effect Tex		
Davameters					
Parameters:	louber (describe) Falsa Ta				
	Other, (describe): Enter Tex				
	l Musty, □ Sewage, □ Sulfu		as (describe): Enter Text		
☐ Solvents	, \square Other, (describe): Enter Te	xt			
Clarity: $oximes$ Clear, $oximes$	Slightly Cloudy, \square Cloudy,	\square Opaque, \square Other			
Floating Solids:	🗵 No, 🗌 Yes, (describe): Enter	Text			
Settled Solids ² :	⋈ No, □ Yes, (describe): Enter	Text			
	No, ☐ Yes, (describe): Enter				
•	sample): \boxtimes No, \square Yes, (desc				
,			Enter Toyt		
	e, 🗆 Flecks, 🗆 Globs, 🗀 She				
Other Obvious India	cators of Stormwater Pollution	On: 🗵 NO, 🗆 Yes, (describe):	Enter Text		
Detail any concerns	, additional comments, des	criptions of pictures taken,	and any corrective a	ctions taken	below
(attach additional sheets as		•	•		
NO DISCHARGE; hig	h waters and no visible flow				
Daniel Click on t	ap here to enter text.	5 Olial	k or tap here to enter	tovt	
Description: Click Of t	ab nere to enter lext.	i Description, CIICI	k or lap nere to enter	LEXL.	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons direct

information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager
Name	Title
Clip Thomas	8/8/2023
Signature	Date Signed

 $\overline{3}$ a Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	tional Airport			AK06AB76	
Name of Facility	Cultata atticulu I da attica I Queta II 2			DES Tracking No.	
4b	Substantially I	dentical Outfall? ☐ Yes, ☒ No		ter Text	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample.	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:05
J ,	Name	Title			
Substitute Sample?	☐ Yes, ☒ No. If Yes, identify qua	arter/year when sample was originally so	cheduled to be collected):	Enter Text	
Nature of Discharge	e: \boxtimes Rainfall, \square Snowmelt,	If rainfall: Rainfall Amount En	iter Text inch	es	
Previous Storm End	led > 72 hours before Start o	of This Storm? $oxtimes$ Yes, $oxtimes$ No 1 ,	, if No explain: Enter Tex	άt	
Clarity:		□ Opaque, □ Other r Text r Text r Text			
(attach additional sheets as		scriptions of pictures taken, a	and any corrective a	ctions taken	າ below

Description: Outfall view

Page 1 of 2

6 4 9

Description: Sample from high water

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

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responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager	
Name	Title	
6 into Thomas	8/8/2023	
Signature	Date Signed	
	Type text here	

(Complete a separate form for each outfall you assess)

Fairbanks Interna	tional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
5 a	Substantially I	dentical Outfall? \square Yes, \boxtimes N		ter Text	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Callastina assumbs	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Evamining cample	Enter Text	Enter Text	Sample Examined	8/8/2023	09:37
Examining sample:	Name	Title			
Substitute Sample?	$P \square Yes$, $\boxtimes No$. If Yes, identify qua	arter/year when sample was origina	lly scheduled to be collected):	Enter Text	
Nature of Discharge	e: \boxtimes Rainfall, \square Snowmelt,	If rainfall: Rainfall Amount	Enter Text inch	es	
_	ded > 72 hours before Start o	_		·†	
T TCVIOUS SCOTTIL LITE	ica > 72 flours before start c	71 11113 3tolill: 🖂 1C3, 🗀 N	, ii No explain. Effect Tex		
D					
Parameters:	7.04 (1 11) =				
	Other, (describe): Enter Te				
Odor: \square None, \square	🛚 Musty, 🗆 Sewage, 🗆 Sulfi	ur, \sqcup Sour, \sqcup Petroleum/	'Gas (describe): Enter Text		
☐ Solvents	s, \square Other, (describe): Enter Te	ext			
Clarity: ☐ Clear, ☐	☐ Slightly Cloudy, ☐ Cloudy,	\square Opaque, \square Other			
Floating Solids:	☐ No, ☐ Yes, (describe): Enter	r Text			
Settled Solids ² :	☐ No, ☐ Yes, (describe): Enter	r Text			
	□ No, □ Yes, (describe): Enter				
•	e sample): \square No, \square Yes, (desi				
	• •		u v Entor Toyt		
	e, □ Flecks, □ Globs, □ Sh				
Other Obvious Indi	cators of Stormwater Polluti	on: \square No, \square Yes, (describe	e): Enter Text		
Detail any concern	s, additional comments, des	scriptions of pictures take	n, and any corrective a	ctions taken	below
(attach additional sheets a		•	•		
NO DISCHARGE					
Description: Click or t	ran here to enter toyt	Description Cl	ick or tan horo to optor	tovt	
Description, Click Of I	tap here to enter text.	Description. CI	ick or tap here to enter	ICXI.	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

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possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager	
Name	Title	
Elist Thomas	8/8/2023	
Signature	Date Signed	

 $\overline{\mathsf{5a}}$ Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Interna	tional Airport			AK06AB76	
Name of Facility				DES Tracking No.	
5b	Substantially I	Identical Outfall? \square Yes, $oxtimes$		nter Text	_
Outfall Name			(If yes, I	ist other outfalls)	
Person(s)/Title(s)				Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample.	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:29
zxammig sample.	Name	Title			
Substitute Sample?	${}^{\prime}$ \square ${}^{\prime}$ Yes, $oxed{\boxtimes}$ ${}^{\prime}$ No. If Yes, identify quality	arter/year when sample was orig	inally scheduled to be collected):	Enter Text	
Nature of Discharge	e: $oxtimes$ Rainfall, $oxtimes$ Snowmelt,	If rainfall: Rainfall Amount	Enter Text inch	nes	
Previous Storm End	led > 72 hours before Start o	of This Storm? $oxtimes$ Yes, $oxtimes$	No ¹ , if No explain: Enter Te	ext	
Parameters:					
	Other, (describe): Enter Te	ext			
	☐ Musty, ☐ Sewage, ☐ Sulf		n/Gas (describe): Enter Tex	r†	
	σ_{i}, \square Other, (describe): Enter Te		in das (describe). Erreer rex		
	Slightly Cloudy, \square Cloudy,				
•		• •			
•	□ No, □ Yes, (describe): Ente				
	□ No, □ Yes, (describe): Ente				
•	□ No, □ Yes, (describe): Ente				
Foam (gently shake	sample): \square No, \square Yes, (des	cribe): Enter Text			
Oil Sheen: \square Non	e, \square Flecks, \square Globs, \square Sh	een, \square Slick, \square Other (describe): Enter Text		
Other Obvious India	cators of Stormwater Polluti	on: \square No, \square Yes, (descri	ribe): Enter Text		
Detail any concern	s, additional comments, des	scriptions of pictures tal	van and any corrective	actions taker	, bolow
(attach additional sheets a		scriptions of pictures tai	ten, and any corrective	actions taken	i below
NO DISCHARGE	,				
Description: Click or t	ap here to enter text.	Description*	Click or tap here to ente	rtext	
Description, Circle Of t	ap here to criter text.	Description.	Show or tap field to clife	· ····	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)
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accurate, and complete. I am aware that there are significant penalties for submitting false information, including the

possibility of fine and imprisonment for knowing violations.

Name

Title

8/8/2023

Signature

Date Signed

 $\overline{_{5b}}$ Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Interna	tional Airport		· · · · · · · · · · · · · · · · · · ·	AK06AB76	
Name of Facility	•			DES Tracking No.	
6b	Substantially I	dentical Outfall? $oximes$ Yes, $oximes$ No		6a, 6c	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:55
	Name	Title			
Culturation to Communication	No. Marian			Enter Text	
•	P Yes, No. If Yes, identify qua		_		
_	e: \boxtimes Rainfall, \square Snowmelt,		Enter Text inch		
Previous Storm End	ded > 72 hours before Start o	of This Storm? $oxtimes$ Yes, $oxtimes$ No	D ¹ , if No explain: Enter Te>	ct	
☐ Solvents Clarity: ☐ Clear, ☐ Floating Solids: Settled Solids²: Suspended Solids: Foam (gently shake Oil Sheen: ☐ Non Other Obvious Indi Detail any concern	Musty, ☐ Sewage, ☐ Sulfors, ☐ Other, (describe): Enter Tests Slightly Cloudy, ☐ Cloudy, ☐ No, ☐ Yes, (describe): Enter ☐ No, ☐ Yes, (describe): Enter ☐ No, ☐ Yes, (describe): Enter ☐ Sample): ☐ No, ☐ Yes, (describe): Enter ☐ Sample): ☐ No, ☐ Yes, (describe): ☐ Sample): ☐ Sample ☐	ext Opaque, Other r Text r Text r Text cribe): Enter Text een, Slick, Other (describe) On: No, Yes, (describe)	ribe): Enter Text : Enter Text		below
(attach additional sheets a NO DISCHARGE	is necessary).				
Description: Click or	tap here to enter text.	Description: Clic	ck or tap here to enter	text.	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

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(Complete a separate form for each outfall you assess)

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possibility of fine and imprisonment for knowing violations.

Elise N. Tho	omas	Environmental Manager
Name		Title
	Chait thouse	8/8/2023
Signature		Date Signed

(Complete a separate form for each outfall you assess)

Fairbanks Internat	tional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
7 d	Substantially Id	entical Outfall? $oximes$ Yes, $oximes$ N		7b, 7c, 7e	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
5 H	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
	Enter Text	Enter Text	Sample Examined	8/8/2023	10:15
Examining sample:	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify quar	ter/vear when sample was original	ly scheduled to be collected):	Enter Text	
	e: $oxtimes$ Rainfall, $oxtimes$ Snowmelt, If			 es	
_		-	_		
Previous Storm End	led > 72 hours before Start of	inis Storm? 🗵 Yes, 🗆 N	O ⁺ , if No explain: Enter Tex	τ	
Parameters:					
Color: \square None, \square	Other, (describe): Enter Tex	t			
Odor: ☐ None, ☐] Musty, □ Sewage, □ Sulfu	r, 🗆 Sour, 🗆 Petroleum/0	Gas (describe): Enter Text		
☐ Solvents	, □ Other, (describe): Enter Tex	rt.			
	Clarity: \square Clear, \square Slightly Cloudy, \square Cloudy, \square Opaque, \square Other				
•	\square No, \square Yes, (describe): Enter				
ŭ	, , , ,				
	□ No, □ Yes, (describe): Enter				
•	□ No, □ Yes, (describe): Enter				
Foam (gently shake	sample): \square No, \square Yes, (descr	ibe): Enter Text			
Oil Sheen: None	e, 🗌 Flecks, 🗌 Globs, 🗌 She	en, 🗆 Slick, 🗆 Other (desc	cribe): Enter Text		
Other Obvious India	cators of Stormwater Pollutio	n: No, Yes, (describe): Enter Text		
Datail and assessment				- 4 : 4 -1	halam
(attach additional sheets as	s, additional comments, desc	riptions of pictures taker	i, and any corrective a	ctions taken	below
NO DISCHARGE	s riecessary).				
NO DISCHARGE					
Description: Click or t	ap here to enter text.	Description: Cli	ck or tap here to enter	text.	
_ 555ptc		Description: City	2.1 2.1 tap to co cirtor		

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager
Name	Title
Chait Chones	8/8/2023
Signature	Date Signed

 $\overline{7}\mathrm{d}$ Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility			ES Tracking No.		
9c	Substantially Identical Outfall? $oximes$ Yes, $oximes$			9a, 9b	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
6 II .: 1	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Formation and a large	Enter Text	Enter Text	Sample Examined	8/8/2023	10:45
Examining sample:	Name	Title	·		
Substitute Sample?	☐ Yes, ☒ No. If Yes, identify quar	ter/year when sample was originally	v scheduled to be collected):	Enter Text	
	\cong : \boxtimes Rainfall, \square Snowmelt, If			-	
_		_			
Previous Storm End	ed > 72 hours before Start of	This Storm? $oxtimes$ Yes, $oxtimes$ No.	O¹, if No explain: Enter Tex	.t	
Parameters:					
Color: ☐ None, ☐	Other, (describe): Enter Tex	t			
Odor: ☐ None, ☐	l Musty, □ Sewage, □ Sulfu	r, 🗆 Sour, 🗆 Petroleum/G	Gas (describe): Enter Text		
	, □ Other, (describe): Enter Tex				
	Slightly Cloudy, \square Cloudy, \square				
	□ No, □ Yes, (describe): Enter				
ū					
	No, Ves, (describe): Enter				
Suspended Solids: ☐ No, ☐ Yes, (describe): Enter Text					
Foam (gently shake sample): \square No, \square Yes, (describe): Enter Text					
Oil Sheen: □ None, □ Flecks, □ Globs, □ Sheen, □ Slick, □ Other (describe): Enter Text					
Other Obvious India	cators of Stormwater Pollutio	n: \square No, \square Yes, (describe)	: Enter Text		
	s, additional comments, desc	riptions of pictures taken	i, and any corrective a	ctions taken	below
(attach additional sheets as	necessary).				
NO DISCHARGE					
Description: Click or t	ap here to enter text.	Description: Clic	ck or tap here to enter	text.	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager	
Name	Title	
This thouse	8/8/2023	
Signature	Date Signed	

(Complete a separate form for each outfall you assess)

Fairbanks Interna	ational Airport		4	AK06AB76	
Name of Facility				DES Tracking No.	
10	Substantially Ide	entical Outfall? \square Yes, $oxtimes$ N			
Outfall Name			(If yes, lis	t other outfalls)	
Downon/s\/Title/s\					
Person(s)/Title(s)	Elise N. Thomas	Env. Manager	Discharge Began	Date Enter Date	Time Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
	Enter Text	Enter Text	Sample Examined	8/8/2023	10:30
Examining sample:	Name	Title	Sumple Examined	0/0/2023	10.50
Substitute Sample	$!? \ \square \ Yes, \ oxtimes \ No.$ If Yes, identify quart	ter/year when sample was original	lly scheduled to be collected):	Enter Text	
Nature of Discharg	ge: $oxtimes$ Rainfall, $oxtimes$ Snowmelt, If	rainfall: Rainfall Amount _	Enter Text inch	es	
Previous Storm En	ided > 72 hours before Start of	This Storm? \boxtimes Yes, \square N	O ¹ , if No explain: Enter Te	κt	
Parameters:					
Color: None,	\square Other, (describe): Enter Text	t			
Odor: \square None,	🗌 Musty, 🗆 Sewage, 🗀 Sulfur	r , \square Sour, \square Petroleum/ r	Gas (describe): Enter Text	:	
☐ Solvent	ts, \square Other, (describe): Enter Tex	t			
Clarity: ☐ Clear, [\square Slightly Cloudy, \square Cloudy, \square	\square Opaque, \square Other			
Floating Solids:	□ No, □ Yes, (describe): Enter				
Settled Solids ² :	□ No, □ Yes, (describe): Enter				
Suspended Solids:	□ No, □ Yes, (describe): Enter				
•	e sample): No, Yes, (descri				
	ne, \square Flecks, \square Globs, \square She		cribe): Enter Text		
	icators of Stormwater Pollution				
					1 1 .
(attach additional sheets	ns, additional comments, desc	riptions of pictures taker	n, and any corrective a	ctions taken	below
NO DISCHARGE	as necessary).				
Description: Click or	tap here to enter text.	Description: Cli	ick or tap here to enter	text.	

¹ The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly

responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Elise N. Tho	mas	Environmental Manager	
Name	Θ	Title	
	Chair Chones	8/8/2023	
Signature		Date Signed	

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility			ES Tracking No.		
11	Substantially Identical Outfall? \square Yes, \boxtimes N			ter Text	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Callaghing samuels.	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:00
Examining sample.	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify quar	ter/year when sample was originally	scheduled to be collected):	Enter Text	
Nature of Discharge	e: $oxtimes$ Rainfall, $oxtimes$ Snowmelt, If	rainfall: Rainfall Amount	Enter Text inch	es	
_	led > 72 hours before Start of		_	rt	
		5.5 🗀 1.63, 🗀 1.6	, in the explaint Effect Test		
Parameters:					
	Other, (describe): Enter Tex	+			
· ·					
· ·	Musty, ☐ Sewage, ☐ Sulfu		aas (describe): Enter Text		
	, Other, (describe): Enter Tex				
•	Slightly Cloudy, \square Cloudy, \square				
Floating Solids:	☐ No, ☐ Yes, (describe): Enter	Text			
Settled Solids ² :	☐ No, ☐ Yes, (describe): Enter	Text			
Suspended Solids:	□ No, □ Yes, (describe): Enter	Text			
Foam (gently shake sample): No, Yes, (describe): Enter Text					
	e, \square Flecks, \square Globs, \square She		ihe): Enter Text		
	cators of Stormwater Pollutio				
Other Obvious maid	ators of Stormwater Fondtio	11. — 110, — 163, (describe).	. Litter Text		
•	s, additional comments, desc	criptions of pictures taken,	, and any corrective a	ctions taken	below
(attach additional sheets as	s necessary).				
NO DISCHARGE					
Description: Click or tap here to enter text.		Description: Clic	k or tap here to enter	text.	

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(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

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possibility of fine and imprisonment for knowing violations.

Elise N. Thomas	Environmental Manager
Name	Title
Elisto Chome	8/8/2023
Signature	Date Signed