(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport			4K06AB76	
Name of Facility		API	DES Tracking No.		
1 a	Substantially Identical Outfall? 🖂 Yes, 🗌 No			1b	
Outfall Name			(If yes, lis	st 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	Enter Date	Enter Text
Examining sample.	Name	Title			
	□ Yes, □ No. If Yes, identify qua			Enter Text	
Nature of Discharge	e: 🛛 Rainfall, 🗌 Snowmelt, I	f rainfall: Rainfall Amount En	iter Text inch	es	
Previous Storm End	ed > 72 hours before Start o	f This Storm? 🛛 Yes, 🗌 No¹,	, if No explain: Enter Tex	ĸt	
Parameters:					
Color: 🗌 None, 🗌	Other, (describe): Enter Tex	<t of="" s<="" statement="" th="" the="" with=""><th></th><th></th><th></th></t>			
Odor: 🗆 None, 🗆	Musty, 🗆 Sewage, 🗆 Sulfu	ır, 🗆 Sour, 🗆 Petroleum/Ga	S (describe): Enter Text	t	
	, 🗆 Other, (describe): Enter Tex		. ,		
-	Slightly Cloudy, 🗌 Cloudy, 🛛				
	□ No, □ Yes, (describe): Enter				
-	□ No, □ Yes, (describe): Enter				
	□ No, □ Yes, (describe): Enter				
•	sample): \Box No, \Box Yes, (desc				
	e, \Box Flecks, \Box Globs, \Box She		N. Enter Text		
	ators of Stormwater Pollutic				
Detail any concerns (attach additional sheets as	s, additional comments, des s necessary).	criptions of pictures taken, a	and any corrective a	ctions taken	below

Description: Click or tap here to enter text.	Description: Click 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. Thomas

Name to thomas

Signature

Environmental Manager

Title

8/25/2023

(Complete a separate form for each outfall you assess)

Fairbanks Internati	onal Airport			AK06AB76	
Name of Facility			API	DES Tracking No.	
3 a	Substantially le	dentical Outfall? 🗆 Yes, 🖂 No	En	ter Text	
Outfall Name			(If yes, list other outfalls)		
Person(s)/Title(s)				Date	Time
	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	Enter Date	Enter Text
Litamining sample. –	Name	Title			
Parameters:		of This Storm? $oxtimes$ Yes, $oxdown$ No 1 ,			
	Other, (describe): Enter Te	xt			
		ır, 🗆 Sour, 🗆 Petroleum/Ga	S (describe): Enter Text	t	
	Other, (describe): Enter Te		. ,		
	Slightly Cloudy, 🗆 Cloudy,				
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 s	sample): \Box No, \Box Yes, (desc	ribe): Enter Text			
Oil Sheen: 🛛 None	, \Box Flecks, \Box Globs, \Box Sh	een, 🗆 Slick, 🗆 Other (describe	e): Enter Text		
Other Obvious Indica	ators of Stormwater Pollution	on: 🗌 No, 🗌 Yes, (describe): 🗄	Enter Text		

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Description: Click or tap here to ent	er text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name A Chones Signature

Environmental Manager

Title

8/25/2023

(Complete a separate form for each outfall you assess)

Fairbanks Internatio	onal Airport			AK06AB76	
Name of Facility			API	DES Tracking No.	
4b	Substantially Identical Outfall? \Box Yes, $oxtimes$ No		En	ter Text	
Outfall Name			(If yes, list other outfalls)		
Person(s)/Title(s)				Date	Time
	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	Enter Date	Enter Text
Examining sample. —	Name	Title			
Parameters:		of This Storm? ⊠ Yes, □ No¹,			
	Other, (describe): Enter Te	xt			
Odor: 🗌 None, 🗆 N	Musty, 🗆 Sewage, 🗆 Sulfu	ır, 🗆 Sour, 🗆 Petroleum/Ga	S (describe): Enter Text	t	
	Other, (describe): Enter Te				
	lightly Cloudy, 🗌 Cloudy,				
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 sa	ample): 🗆 No, 🗆 Yes, (desc	ribe): Enter Text			
Oil Sheen: 🛛 None,	\Box Flecks, \Box Globs, \Box Sh	een, 🗆 Slick, 🗆 Other (describe	e): Enter Text		
Other Obvious Indica	tors of Stormwater Pollution	on: 🗌 No, 🗌 Yes, (describe): 🛙	Enter Text		

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Description: Click or tap here to ent	er text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name

15 thous

Signature

Environmental Manager

Title

8/25/2023

(Complete a separate form for each outfall you assess)

Fairbanks Internati	ional Airport		ŀ	4K06AB76	
Name of Facility		APE	DES Tracking No.		
5a	Substantially Identical Outfall? \Box Yes, $oxtimes$ No		En	ter Text	
Outfall Name			(If yes, lis	st other outfalls)	
Person(s)/Title(s)				Date	Time
	Elise N. Thomas	Env. Manager		Enter	Enter
Collecting sample:			Discharge Began	Date	Text
concerning sumple.	Name	Title	Sample Collected	Enter Date	Enter Text
Evamining complex	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
Examining sample: _	Name	Title			
Previous Storm Ender Parameters: Color: None, Odor: None, N	ed > 72 hours before Start o Other, (describe): Enter Tex	ır, 🗆 Sour, 🗆 Petroleum/Ga	, if No explain: Enter Te>		
	Slightly Cloudy, 🗌 Cloudy,				
•	☐ No, ☐ Yes, (describe): Enter	• • •			
•	□ No, □ Yes, (describe): Enter				
	□ No, □ Yes, (describe): Enter				
	sample): \Box No, \Box Yes, (desc				
		een, \Box Slick, \Box Other (describ	e): Enter Text		
		on: \Box No, \Box Yes, (describe):			
				stions taken	holow
(attach additional sheets as	-	criptions of pictures taken,	and any corrective a	ctions taken	Delow

	1			
	1			
Description: Click or tap here to enter text.	De	escription: Clic	ck or tap here to enter te>	ĸt.

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.

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Elise N. Thomas

Name tothome

Environmental Manager Title

8/25/2023

Date Signed

Signature

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	4K06AB76	
Name of Facility				DES Tracking No.	
5b	Substantially Id	lentical Outfall? \Box Yes, $oxtimes$ No	-	ter Text	
Outfall Name			(If yes, list other outfalls)		
Person(s)/Title(s)				Date	Time
Collecting sample: -	Elise N. Thomas	Env. Manager	Discharge Began	8/25/2023	0910
concerning sample.	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample: _	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
Examining sumple.	Name	Title			
Substitute Sample?	🗆 Yes. 🖂 No. If Yes. identify qua	rter/year when sample was originally s	scheduled to be collected):	Enter Text	
•		f rainfall: Rainfall Amount Er		es	
-		f This Storm? \square Yes, \square No ¹			
-	Other, (describe): Enter Tex Musty, Sewage, Sulfu	kt Ir, 🗆 Sour, 🗆 Petroleum/Ga	35 (describe): Enter Text	E	
□ Solvents,	Other, (describe): Enter Te	xt			
Clarity: 🛛 Clear, 🗌	Slightly Cloudy, 🗌 Cloudy,	🗆 Opaque, 🗆 Other			
•	No, 🗌 Yes, (describe): Enter	• •			
•	🛛 No, 🗆 Yes, (describe): Enter				
	No, Ves, (describe): Enter				
•	sample): \boxtimes No, \square Yes, (desc				
	• •	een, \Box Slick, \Box Other (describ	ol. Enter Tevt		
		on: \square No, \square Yes, (describe):	EIILEI TEXL		

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Description: Outfall sample	Description: Click 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.

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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Elise N. Thomas

Name to thomas

Environmental Manager

Title

8/25/2023

Signature

(Complete a separate form for each outfall you assess)

Fairbanks Internation	onal Airport		L L L L L L L L L L L L L L L L L L L	AK06AB76	
Name of Facility			APDES Tracking No.		
6c	Substantially I	dentical Outfall? 🛛 Yes, 🗆 No		5a, 6b	
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
Evomining complex	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
Examining sample:	Name	Title			
Substituto Sampla2 [arter/year when sample was originally so		Enter Text	
	\square Rainfall, \square Snowmelt,		ter Text inch		
-					
		of This Storm? \Box Yes, \Box No ¹ ,	in No explain. Litter Tex		
Parameters:					
	Other, (describe): Enter Te	\r			
	Viusty, 🗆 Sewage, 🗆 Suit 🗆 Other, (describe): Enter Te	ur, 🗆 Sour, 🗆 Petroleum/Ga ext	S (describe): Enter Text		
	Slightly Cloudy, \Box Cloudy,				
•	No, 🗆 Yes, (describe): Enter	• •			
•	No, Ves, (describe): Enter				
	No, Ves, (describe): Enter				
•	ample): \Box No, \Box Yes, (describe): \Box (describe):				
		een, \Box Slick, \Box Other (describe	Eptor Toyt		
Other Obvious Indica	tors of Stormwater Polluti	on: 🗌 No, 🗌 Yes, (describe): E	interText		
Detail any concerns, (attach additional sheets as n No discharge.		scriptions of pictures taken, a	ind any corrective a	ctions taken	below

		1			
Description: Cl	ick or tap here to enter text.		Description: Cl	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.

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Elise N. Thomas

Name into thomas

Environmental Manager

Title

8/25/2023

Signature

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility			APDES Tracking No.		
7c	Substantially Identical Outfall? $oxtimes$ Yes, \Box No		7a, 7	7b, 7d, 7e	
Outfall Name	,		(If yes, list other outfalls)		
Person(s)/Title(s)				Date	Time
	Elise N. Thomas	Env. Manager	Discharge Began	Enter	Enter
Collecting sample:				Date	Text
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample: _	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
Examining sample	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	: 🗆 Rainfall, 🗆 Snowmelt, I	f rainfall: Rainfall Amount Eni	ter Text inch	es	
Previous Storm Ende	ed > 72 hours before Start o	of This Storm? \Box Yes, \Box No ¹ ,	if No explain: Enter Tex	t	
		,			
Parameters:					
Color: 🗌 None, 🗌	Other, (describe): Enter Te	xt			
		ur, 🗆 Sour, 🗆 Petroleum/Ga	s (describe): Enter Text		
	Other, (describe): Enter Te				
	Slightly Cloudy, \Box Cloudy,				
	No, 🗆 Yes, (describe): Enter				
-	No, Ves, (describe): Enter				
•	□ No, □ Yes, (describe): Enter				
	sample): \Box No, \Box Yes, (desc				
Oil Sheen: 🗌 None	, 🗀 Flecks, 🗀 Globs, 🗀 Sh	een, \Box Slick, \Box Other (describe	e): Enter Text		
Other Obvious Indica	ators of Stormwater Pollution	on: \Box No, \Box Yes, (describe): E	Inter Text		
Detail any concerns, (attach additional sheets as No discharge.		criptions of pictures taken, a	and any corrective a	ctions taken	below

Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name it thouse

Environmental Manager

Title

8/25/2023

Signature

(Complete a separate form for each outfall you assess)

New Street Constitution	nal Airport		4	KO6AB76		
Name of Facility	me of Facility			APDES Tracking No.		
9a	Substantially le	Substantially Identical Outfall? $oxtimes$ Yes, \Box No		9b, 9c		
Outfall Name		(If yes, list other outfalls)				
Person(s)/Title(s)				Date	Time	
	Elise N. Thomas	Env. Manager		Enter	Enter	
Collecting sample:		Litt. Manager	Discharge Began	Date	Text	
	Name	Title	Sample Collected	Enter Date	Enter Text	
	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text	
Examining sample:	Name	Title		Linter Date	Linter rext	
Substitute Sample? 🗆	Yes, \Box No. If Yes, identify qua	arter/year when sample was originally sc	heduled to be collected):	Enter Text		
Nature of Discharge:	🗆 Rainfall, 🗆 Snowmelt, I	If rainfall: Rainfall Amount Ent	er Text inch	es		
Previous Storm Endec	l > 72 hours before Start c	of This Storm? \Box Yes, \Box $\overline{No^{1}}$,	if No explain: Enter Tex	ct		
☐ Solvents, ☐ Clarity: ☐ Clear, ☐ Sl Floating Solids: ☐	☐ Other, (describe): Enter Te lightly Cloudy, ☐ Cloudy, No, ☐ Yes, (describe): Enter	🗆 Opaque, 🗆 Other				
Suspended Solids: Foam (gently shake sa Oil Sheen: Other Obvious Indicat	ors of Stormwater Pollution	r Text cribe): Enter Text een, □ Slick, □ Other (describe on: □ No, □ Yes, (describe): E	nter Text			
Suspended Solids: Foam (gently shake sa Dil Sheen: None, Other Obvious Indicat Detail any concerns, a attach additional sheets as ne	No, Yes, (describe): Enter mple): No, Yes, (desc Flecks, Globs, Sho ors of Stormwater Pollution additional comments, des	⁻ Text cribe): Enter Text een, □ Slick, □ Other (describe	nter Text	ctions taken	below	
Suspended Solids: Foam (gently shake sa Oil Sheen: None, Other Obvious Indicat Detail any concerns, a (attach additional sheets as ne	No, Yes, (describe): Enter mple): No, Yes, (desc Flecks, Globs, Sho ors of Stormwater Pollution additional comments, des	r Text cribe): Enter Text een, □ Slick, □ Other (describe on: □ No, □ Yes, (describe): E	nter Text	ctions taken	below	
Suspended Solids: Foam (gently shake sa Oil Sheen: Other Obvious Indicat	No, Yes, (describe): Enter mple): No, Yes, (desc Flecks, Globs, Sho ors of Stormwater Pollution additional comments, des	r Text cribe): Enter Text een, □ Slick, □ Other (describe on: □ No, □ Yes, (describe): E	nter Text	ctions taken	below	

Description: Click or tap here to enter text.

Description: Click or tap here to enter text.

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Elise N. Thomas

Name into thomas

Environmental Manager

Title

8/25/2023

Signature

(Complete a separate form for each outfall you assess)

Fairbanks Internat	tional Airport			AK06AB76		
Name of Facility				APDES Tracking No.		
10	Substantially Id	dentical Outfall? \Box Yes, \boxtimes No		U		
Outfall Name	·		(If yes, lis	(If yes, list other outfalls)		
Person(s)/Title(s)				Date	Time	
	Elise N. Thomas	Env. Manager	Discharge Began	Enter	Enter	
Collecting sample:			Discharge began	Date	Text	
	Name	Title	Sample Collected	Enter Date	Enter Text	
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text	
Examining sample.	Name	Title				
Substitute Sample?	□ Yes, □ No. If Yes, identify qua	rter/year when sample was originally s	cheduled to be collected):	Enter Text		
Nature of Discharge	e: 🗆 Rainfall, 🗆 Snowmelt, I	f rainfall: Rainfall Amount Er	nter Text inch	es		
Previous Storm End	led > 72 hours before Start o	f This Storm? \Box Yes, \Box $\overline{No^1}$, if No explain: Enter Tex	ĸt		
Parameters:						
	Other, (describe): Enter Tex	xt				
	Musty, 🗆 Sewage, 🗆 Sulfu		(describe): Enter Text	-		
	, Other, (describe): Enter Tex			~		
	Slightly Cloudy, \Box Cloudy, \Box					
•	• • • •	• • •				
-	No, Yes, (describe): Enter					
	No, Ves, (describe): Enter					
•	□ No, □ Yes, (describe): Enter					
	sample): 🗆 No, 🗆 Yes, (desc					
Oil Sheen: 🗌 Non	e, \Box Flecks, \Box Globs, \Box She	een, 🗆 Slick, 🗆 Other (describ	e): Enter Text			
Other Obvious Indic	cators of Stormwater Pollutio	on: \Box No, \Box Yes, (describe):	Enter Text			
Detail any concerns	s, additional comments, des	crintions of nictures taken	and any corrective a	ctions taken	helow	
(attach additional sheets as		criptions of pictures taken,	and any concerve a	ctions taken	DCIOW	
No discharge.						
0						

Description: Click or tap here to enter text.

Description: Click 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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Elise N. Thomas

Name tothome

Signature

Environmental Manager

Title

8/25/2023

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility			APE	DES Tracking No.	
11	Substantially lo	Substantially Identical Outfall? \Box Yes, $oxtimes$ No		ter Text	
Outfall Name				(If yes, list 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	Enter Date	Enter Text
Examining sumple.	Name	Title			
		rter/year when sample was originally s f rainfall: Rainfall Amount En		Enter Text	
-					
Previous Storm Ende	ed > 72 hours before Start o	f This Storm? $oxtimes$ Yes, $oxdown$ No 1 ,	, if No explain: Enter Te>	ĸt	
Parameters:					
Color: 🗌 None, 🗌	Other, (describe): Enter Tex	ĸt			
Odor: 🗆 None, 🗆	Musty, Sewage, Sulfu	ır, 🗆 Sour, 🗆 Petroleum/Ga	S (describe): Enter Text	t	
□ Solvents,	Other, (describe): Enter Te	xt			
Clarity: 🗆 Clear, 🗆	Slightly Cloudy, 🗌 Cloudy,	🗆 Opaque, 🗆 Other			
	No, Ves, (describe): Enter				
Settled Solids ² :	🗆 No, 🗆 Yes, (describe): Enter	Text			
Suspended Solids:	🗆 No, 🗆 Yes, (describe): Enter	Text			
Foam (gently shake	sample): 🗌 No, 🗌 Yes, (desc	ribe): Enter Text			
		een, 🗆 Slick, 🗆 Other (describ	e): Enter Text		
		on: 🗆 No, 🗆 Yes, (describe): E			
		crintions of nictures taken		ations toles	halaw

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Description: Click or tap here to enter text.		Description: Cl	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. Thomas

Name to thomas

Environmental Manager Title

8/25/2023

Signature