

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

1A

Substantially Identical Outfall? Yes, No

1B

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	8/2/2024	Enter Text
	Enter Text	Enter Text	Sample Collected	8/2/2024	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/2/2024	Enter Text

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

- Color: None, Other, (describe): Enter Text
- Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text
- Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other
- Floating Solids: No, Yes, (describe): Enter Text
- Settled Solids²: No, Yes, (describe): Enter Text
- Suspended Solids: No, Yes, (describe): Enter Text
- Foam (gently shake sample): No, Yes, (describe): Enter Text
- Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text
- Other Obvious Indicators of Stormwater Pollution: 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).

NO DISCHARGE OCCURRED



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: [1a outfall](#)

Description: [Click or tap here to enter text.](#)

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.

[Jake Matter](#)

Name

[Environmental Manager](#)

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

3A Outfall Name

Substantially Identical Outfall? [x] Yes, [x] No

Enter Text

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample: Jake Matter Name

Env. Manager Title

Examining sample: Enter Text Name

Enter Text Title

Table with columns: Discharge Began, Sample Collected, Sample Examined, Date, Time. Values: 8/2/2024, 8/2/2024, 8/2/2024, 1:30, 2:00

Substitute Sample? [] Yes, [x] No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: [x] Rainfall, [] Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? [] Yes, [x] No^1, if No explain: periodic rain over last several days

Parameters:

Color: [x] None, [] Other, (describe): Enter Text

Odor: [x] None, [] Musty, [] Sewage, [] Sulfur, [] Sour, [] Petroleum/Gas (describe): Enter Text [] Solvents, [] Other, (describe): Enter Text

Clarity: [x] Clear, [] Slightly Cloudy, [] Cloudy, [] Opaque, [] Other

Floating Solids: [] No, [x] Yes, (describe): 1 small insect

Settled Solids^2: [x] No, [] Yes, (describe): Enter Text

Suspended Solids: [] No, [x] Yes, (describe): small white floating debris and a few barely invisible organisms

Foam (gently shake sample): [x] No, [] Yes, (describe): Enter Text

Oil Sheen: [x] None, [] Flecks, [] Globs, [] Sheen, [] Slick, [] Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: [x] 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).

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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: [3a sample](#)

Description: [3a outfall](#)

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.

[Jake Matter](#)

Name

[Environmental Manager](#)

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

4B

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample: Jake Matter Name

Env. Manager Title

	Date	Time
Discharge Began	8/2/2024	Enter Text
Sample Collected	8/2/2024	1:00
Sample Examined	8/2/2024	1:30

Examining sample: Enter Text Name

Enter Text Title

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): small white floating debris

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: No, Yes, (describe): Sample itself came up clean and clear with only mild musty odor, area of outfall had sheen on water though

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

Will observe other lake outfall for sheen, once lake lowers enough to get unixed culvert discharge testing will occur



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: [4b sample](#)

Description: [4b outfall](#)

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.

[Jake Matter](#)

Name

[Environmental Manager](#)

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

5A

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	8/2/2024	Enter Text
	Enter Text	Enter Text	Sample Collected	8/2/2024	11:30
Examining sample:	Enter Text	Enter Text	Sample Examined	8/2/2024	12:00

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

- Color: None, Other, (describe): Enter Text
- Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text
- Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other
- Floating Solids: No, Yes, (describe): Enter Text
- Settled Solids²: No, Yes, (describe): Enter Text
- Suspended Solids: No, Yes, (describe): small white floating debris
- Foam (gently shake sample): No, Yes, (describe): Enter Text
- Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text
- Other Obvious Indicators of Stormwater Pollution: 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).

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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: 5A sample

Description: 5A outfall

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.

Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

5B

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	8/2/2024	Enter Text
	Enter Text	Enter Text	Sample Collected	8/2/2024	12:00
Examining sample:	Enter Text	Enter Text	Sample Examined	8/2/2024	12:30

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): small white floating debris

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: 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).

Build up of grass in grate should be removed



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: [5b sample](#)

Description: [5b outfall](#)

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.

[Jake Matter](#)

Name

[Environmental Manager](#)

Title

Jacob Matter
Signature

Enter Date [8/6/24](#)

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

6C

Substantially Identical Outfall? Yes, No

6A,6B

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		8/2/2024	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Collected	8/2/2024	-
	Name	Title	Sample Examined	8/2/2024	-

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: 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).

No discharge occurring but considerable brush growth around discharge point



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: [6C outfall](#)

Description: [Click or tap here to enter text.](#)

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

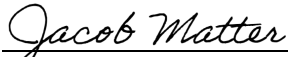
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage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

[Jake Matter](#)

Name

[Environmental Manager](#)

Title


Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

7C

Substantially Identical Outfall? Yes, No

7A,7B,7D,7E

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Jake Matter</u>	<u>Env. Manager</u>		<u>8/2/2024</u>	Enter Text
	Name	Title			
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Collected	<u>8/2/2024</u>	-
	Name	Title	Sample Examined	<u>8/2/2024</u>	-

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: 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).

No discharge



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: 7C outfall

Description: Click or tap here to enter text.

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.

Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

9C

Substantially Identical Outfall? Yes, No

9A,9B

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample: Jake Matter Name

Env. Manager Title

	Date	Time
Discharge Began	8/2/2024	Enter Text
Sample Collected	8/2/2024	-
Sample Examined	8/2/2024	-

Examining sample: Enter Text Name

Enter Text Title

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: 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).

No discharge but buildup of vegetation and sediment in and around pipe



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: 9C outfall

Description: Click or tap here to enter text.

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.

Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

10

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		8/2/2024	Enter Text
	Enter Text	Enter Text	Sample Collected	8/2/2024	-
Examining sample:	Enter Text	Enter Text	Sample Examined	8/2/2024	-

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
 Solvents, Other, (describe): Enter Text

Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other

Floating Solids: No, Yes, (describe): Enter Text

Settled Solids²: No, Yes, (describe): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: 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).

No discharge but buildup of vegetation, pipe damage noted in previous inspection



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: 10 outfall

Description: Click or tap here to enter text.

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.

Jake Matter

Name

Environmental Manager

Title


Signature

Enter Date 8/6/24

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

11

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		8/2/2024	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Collected	8/2/2024	-
	Name	Title	Sample Examined	8/2/2024	-

Substitute Sample? Yes, No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: Rainfall, Snowmelt, If rainfall: Rainfall Amount 0.19 inches

Previous Storm Ended > 72 hours before Start of This Storm? Yes, No¹, if No explain: periodic rain over last several days

Parameters:

- Color: None, Other, (describe): Enter Text
- Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
- Solvents, Other, (describe): Enter Text
- Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other
- Floating Solids: No, Yes, (describe): Enter Text
- Settled Solids²: No, Yes, (describe): Enter Text
- Suspended Solids: No, Yes, (describe): Enter Text
- Foam (gently shake sample): No, Yes, (describe): Enter Text
- Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text
- Other Obvious Indicators of Stormwater Pollution: 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).

No discharge but marker is broken. Maintinenece will be given list of repairs and cleanouts to perform



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.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Description: 11 outfall

Description: Click or tap here to enter text.

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.

Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/6/24

Date Signed