

# MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

## Fairbanks International Airport

Name of Facility

1A

Outfall Name

Substantially Identical Outfall? ☒ Yes, ☐ No

AK06AB76

APDES Tracking No.

1B

(If yes, list other outfalls)

### Person(s)/Title(s)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	-
	5/1/2025	-

Jake Matter

Env. Manager

Name

Title

Jake Matter

Env. Manager

Name

Title

Discharge Began

Sample Collected

Sample Examined

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring melt Sampling

### 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 Solids<sup>2</sup>: ☐ No, ☐ Yes, (describe):

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

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

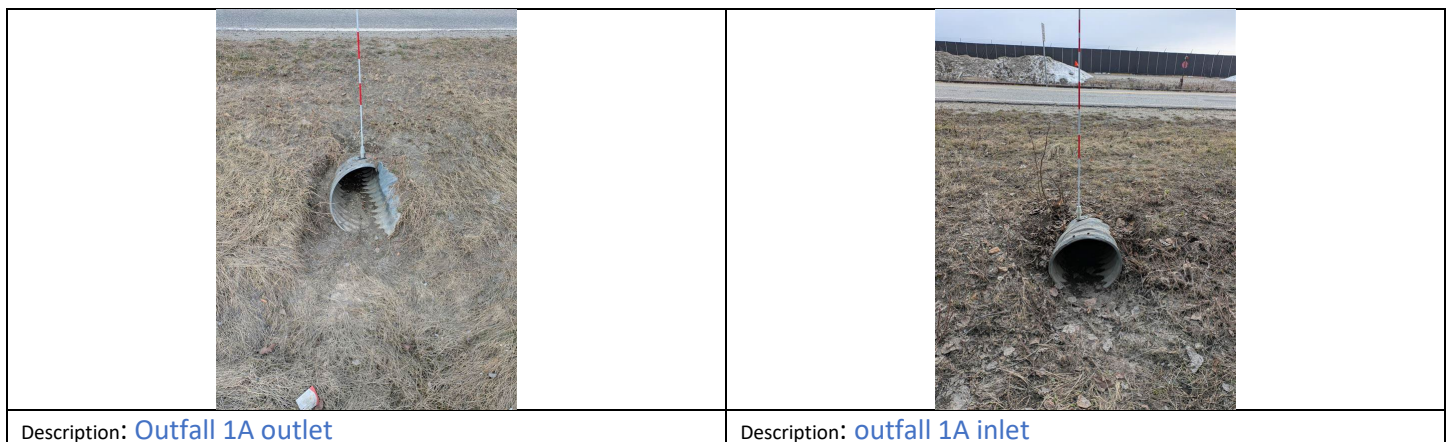
Oil Sheen: ☐ None, ☐ Flecks, ☐ Globbs, ☐ Sheen, ☐ Slick, ☐ Other (describe): Enter Text

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 at this outfall



Description: Outfall 1A outlet

Description: outfall 1A inlet

<sup>1</sup> 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.

<sup>2</sup> 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)

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### 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 5/2/25

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**

Substantially Identical Outfall? ☐ Yes, ☒ No

Enter Text

Outfall Name

(If yes, list other outfalls)

**Person(s)/Title(s)**

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	2:50
	5/1/2025	3:05

**Jake Matter**

**Env. Manager**

Collecting sample:

Name

Title

Examining sample:

**Jake Matter**

**Env. Manager**

Name

Title

Discharge Began

Sample Collected

Sample Examined

Enter Date

Enter Text

5/1/2025

2:50

5/1/2025

3:05

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring melt sampling

## 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): vegetitve matter this has built up due to flow restruction from ice

Settled Solids<sup>2</sup>: ☒ No, ☐ Yes, (describe):

Suspended Solids: ☐ No, ☒ Yes, (describe): vegetitve matter this has built up due to flow restruction from ice

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).

Enter Text



Description: 3A discharge

Description: 3A outlet

<sup>1</sup> 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.

<sup>2</sup> 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)

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### 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 5/2/25

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)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	2:30
	5/1/2025	2:45

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

Title

Discharge Began

Sample Collected

Sample Examined

Enter Date

Enter Text

5/1/2025

2:30

5/1/2025

2:45

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring melt Sampling

### 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): A few woody specks

Settled Solids<sup>2</sup>: ☒ No, ☐ Yes, (describe):

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).

Some bubbles at drop from culvert but no foaming action in sample

	
Description: 4B discharge	Description: 4B outlet

<sup>1</sup> 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.

<sup>2</sup> 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)

---

### 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 5/2/25

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)**

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	12:50
	5/1/2025	1:05

**Jake Matter**

**Env. Manager**

Discharge Began

Name

Title

Name

**Env. Manager**

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring Melt Sampling

## 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): small floating plant matter

Settled Solids<sup>2</sup>: ☐ No, ☒ Yes, (describe): single small black particle

Suspended Solids: ☐ No, ☒ Yes, (describe): rust colored detritus like build up on culvert

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).

Water was not flowing, sample pulled from ponded water in culvert

	
Description: 5A outlet	Description: 5A discharge

<sup>1</sup> 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.

<sup>2</sup> 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)*

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### 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 5/2/25

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)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	12:30
	5/1/2025	12:45

Jake Matter

Env. Manager

Discharge Began

Collecting sample:

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring Melt Sampling

### 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 Solids<sup>2</sup>: ☒ No, ☐ Yes, (describe): Enter Text

Suspended Solids: ☐ No, ☒ Yes, (describe): single suspended white fibrous chunk under 1/16"

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

	
Description: 5B discharge	Description: 5B outlet

<sup>1</sup> 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.

<sup>2</sup> 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)*

---

### 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 5/2/25

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.

6A

Substantially Identical Outfall? ☒ Yes, ☐ No

6B,6C

Outfall Name

(If yes, list other outfalls)

### Person(s)/Title(s)

	Person(s)/Title(s)		Discharge Began	Date	Time
	Name	Title		Enter Date	Enter Text
Collecting sample:	Jake Matter	Env. Manager			
Examining sample:	Jake Matter	Env. Manager	Sample Collected	4/30/2025	-
			Sample Examined	4/30/2025	-

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring Melt Sampling

### 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 Solids<sup>2</sup>: ☐ No, ☐ Yes, (describe):

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

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

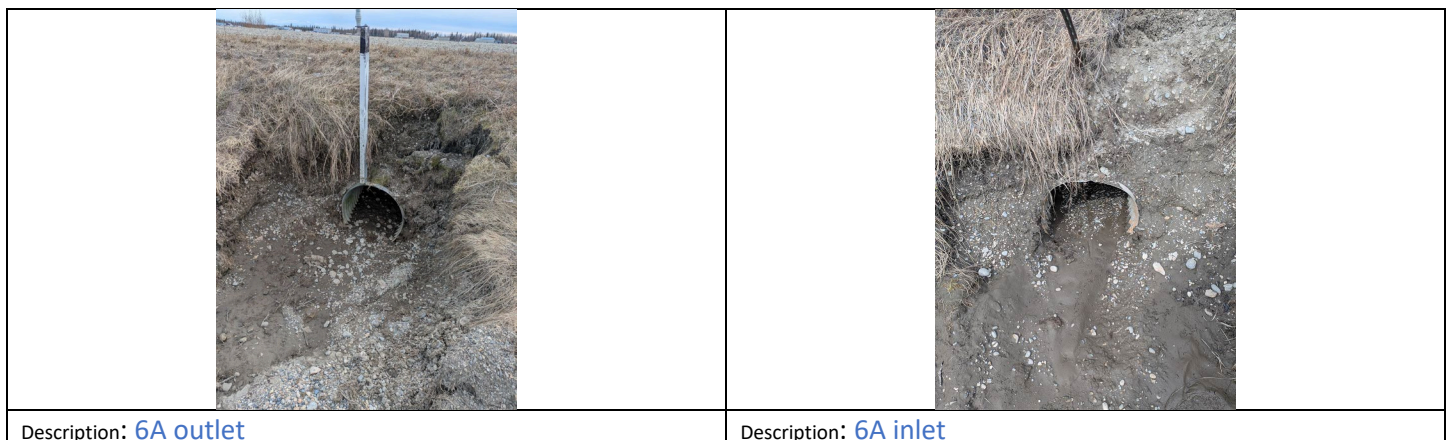
Oil Sheen: ☐ None, ☐ Flecks, ☐ Globbs, ☐ Sheen, ☐ Slick, ☐ Other (describe): Enter Text

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



Description: 6A outlet

Description: 6A inlet

<sup>1</sup> 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.

<sup>2</sup> 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)*

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### 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 5/2/25

Date Signed

# MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

## Fairbanks International Airport

Name of Facility

7A

Outfall Name

Substantially Identical Outfall? ☒ Yes, ☐ No

AK06AB76

APDES Tracking No.

7B,7C,7D,7E

(If yes, list other outfalls)

### Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		Enter Date	Enter Text
Examining sample:	Jake Matter	Env. Manager	Sample Collected	5/1/2025	1:50
			Sample Examined	5/1/2025	2:05

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring melt Sampling

### 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 Solids<sup>2</sup>: ☒ No, ☐ Yes, (describe):

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).

Not actively discharging but sampled from ponded water in culvert

	
Description: 7A discharge	Description: 7A outlet

<sup>1</sup> 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.

<sup>2</sup> 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)*

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

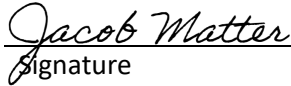
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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 5/2/25

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.

9A

Substantially Identical Outfall? ☒ Yes, ☐ No

9B,9C

Outfall Name

(If yes, list other outfalls)

### Person(s)/Title(s)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	1:10
	5/1/2025	1:25

Jake Matter

Env. Manager

Discharge Began

Collecting sample:

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring melt sampling

### 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 Solids<sup>2</sup>: ☐ No, ☒ Yes, (describe):

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).

Water wasn't flowing but sample collected from ponded water in culvert

	
Description: 9A outlet	Description: 9A discharge

<sup>1</sup> 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.

<sup>2</sup> 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)*

---

### 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 5/2/25

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)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	5/1/2025	1:30
	5/1/2025	1:45

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

Title

Discharge Began

Sample Collected

Sample Examined

Enter Date

5/1/2025

5/1/2025

Enter Text

1:30

1:45

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring Melt Sampling

### 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): vegetation

Settled Solids<sup>2</sup>: ☐ No, ☒ Yes, (describe): vegetation

Suspended Solids: ☐ No, ☒ Yes, (describe): Vegetation

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

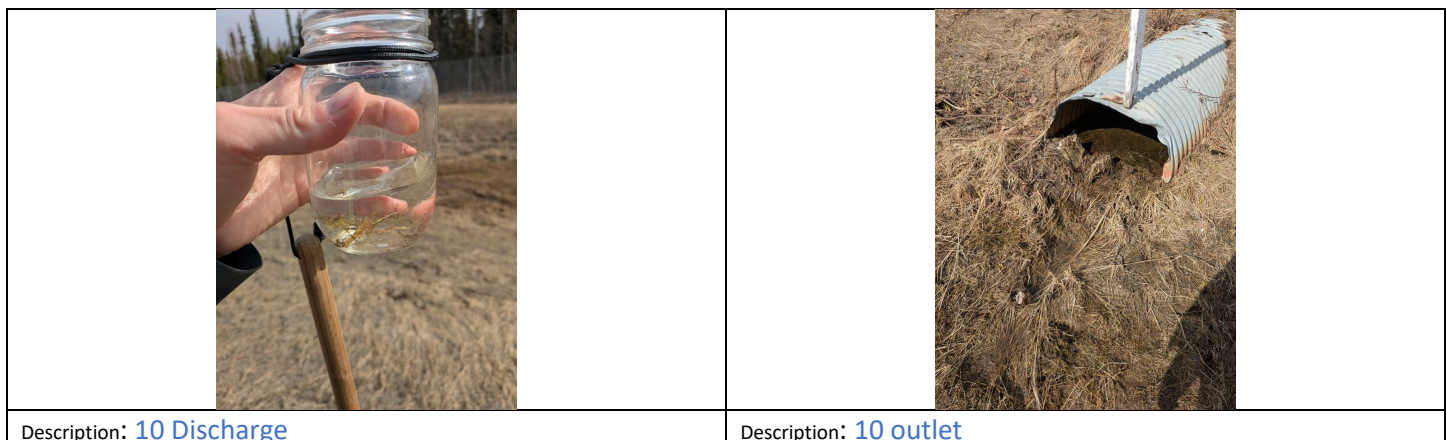
Oil Sheen: ☒ None, ☐ Flecks, ☐ Globbs, ☐ Sheen, ☐ Slick, ☐ Other (describe): Enter Text

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).

Water wasn't flowing but discharge sample collected from ponded water in culvert



Description: 10 Discharge

Description: 10 outlet

<sup>1</sup> 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.

<sup>2</sup> 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)*

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### 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 5/2/25

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		Enter Date	Enter Text
Examining sample:	Jake Matter	Env. Manager	Sample Collected	5/1/2025	2:10
			Sample Examined	5/1/2025	2:25

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 Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No<sup>1</sup>, if No explain: Spring Melt sampling

### 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): specks of dark black woody material

Settled Solids<sup>2</sup>: ☐ No, ☒ Yes, (describe): a few brown green chunks of oraganic matter less than 2 mm

Suspended Solids: ☐ No, ☒ Yes, (describe): barely visible gray-ish sediment similar to dusting on surrounding vegetation

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

	
Description: outfall 11 discharge	Description: outfall 11 outlet

<sup>1</sup> 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.

<sup>2</sup> 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)

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### 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 5/2/25

Date Signed