

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

1B

Substantially Identical Outfall? ☒ Yes, ☐ No

1A

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

| | Name | Title | Discharge Began | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | | 6/5/2025 | Enter Text |
| Examining sample: | Jake Matter | Env. Manager | Sample Collected | Enter Date | - |
| | | | Sample Examined | Enter Date | - |

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 **0.18** inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No¹, if No explain: Enter Text

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):

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: Outfall 1B outlet | Description: outfall 1b inlet |

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

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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 6/10/25

Date Signed

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(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)

| | Name | Title | | Date | Time |
|--------------------|-------------|--------------|------------------|----------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | 6/6/2025 | 12:15- |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | 6/6/2025 | 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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes, ☒ No¹, if No explain: Enter Text

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): 1 DEAD BUG

Settled Solids²: ☐ No, ☒ Yes, (describe): 1 chunk sub 1 mm of woody material

Suspended Solids: ☐ No, ☒ Yes, (describe): 1 visible piece of suspended 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).

Enter Text

| | |
|---|---|
|  |  |
| Description: Outfall 3a outfall | Description: outfall 3 a sample |

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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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

Date Signed

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(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

Discharge Began

Date

6/5/2025

Time

Enter Text

Sample Collected

6/6/2025

-11:55

Sample Examined

6/6/2025

12:10-

Examining sample:

Jake Matter

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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

Parameters:

Color: ☐ None, ☒ Other, (describe): slight yellow tannin tinge

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):

Suspended Solids: ☐ No, ☒ Yes, (describe): heavy with barely visible white specks

Foam (gently shake sample): ☒ No, ☐ Yes, (describe): sample didn't shake but outfall had small foam pile

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).

Will discuss sampling options for foam with consultant



Description: Outfall 4B outfall



Description: 4b sample- sand on outside of jar

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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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

Date Signed

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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 | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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: Outfall 5A outlet | | 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

Date Signed

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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 | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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).

Discharge insufficient flow to gather sample

| | | | |
|---|--|---|--|
|  | | | |
| Description: Outfall 5B outlet | | 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

Date Signed

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Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

6B

Substantially Identical Outfall? ☒ Yes, ☐ No

6A, 6C

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

| | Name | Title | | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 **0.18** inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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: Outfall 6B outlet | | 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

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.

7B

Substantially Identical Outfall? ☒ Yes, ☐ No

7A, 7C, 7D

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

| | Name | Title | | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 **0.18** inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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 discharges occurring

| | |
|---|---|
|  | |
| Description: Outfall 7B outlet | 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

6/10/25

Date Signed

MSGP Quarterly Visual Assessment Form

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Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

9B

Substantially Identical Outfall? ☒ Yes, ☐ No

9A, 9C

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

| | Name | Title | | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 **0.18** inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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 9B outlet | | Description: outfall 9b inlet | |

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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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 6/10/25

Date Signed

MSGP Quarterly Visual Assessment Form

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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 | | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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: Outfall 10 outlet | Description: outfall 10 inlet |

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)

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 6/10/25

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 | | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | Discharge Began | 6/5/2025 | Enter Text |
| | | | Sample Collected | Enter Date | - |
| Examining sample: | Jake Matter | Env. Manager | Sample Examined | Enter Date | - |
| | | | | | |

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 0.18 inches

Previous Storm Ended > 72 hours before Start of This Storm? ☒ Yes, ☐ No¹, if No explain: Enter Text

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):

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 11 outlet | Description: outfall 11 inlet |

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)

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 6/10/25

Date Signed