(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility				DES Tracking No.	
1B	Substantially Identical Outfall? $oxines$ Yes, $oxines$ No			1A	
Outfall Name			(If yes, li	(If yes, list other outfalls)	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager	Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	Name	Title			
Culturation to Communical Co	Vas Maria			Entor Toyt	
•		arter/year when sample was originally so	_	Enter Text	
•	X Rainfall, □ Snowmelt,	<del></del>			
Previous Storm Ended	> 72 hours before Start o	of This Storm? $\square$ Yes, $\boxtimes$ No $^1$ ,	if No explain: Enter Tex	Xt	
Parameters:					
·	ther, (describe): Enter Te	avt			
		fur, $\square$ Sour, $\square$ Petroleum/Ga	c (dasselba): Entor Toy	ŀ	
	•		S (describe): Efficient Text	l	
	Other, (describe): Enter Te				
•	ightly Cloudy, ☐ Cloudy,				
-	No, Yes, (describe): Enter	rText			
	No, $\square$ Yes, (describe):				
Suspended Solids:	No, 🗆 Yes, (describe): Ente	r Text			
Foam (gently shake sa	mple): 🗌 No, 🗌 Yes, (des	scribe): Enter Text			
Oil Sheen: ☐ None, [	$\square$ Flecks, $\square$ Globs, $\square$ Sh	neen, 🗆 Slick, 🗆 Other (describe	e): Enter Text		
Other Obvious Indicate	ors of Stormwater Polluti	ion: 🗌 No, 🗆 Yes, (describe): E	Enter Text		
Detail any concerns, a (attach additional sheets as ne No discharge occuring	cessary).	scriptions of pictures taken, a	and any corrective a	ictions taker	n below

Description: Outfall 1B outlet

Q2 2025 1B Page 1 of 2

Description: outfall 1b inlet

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager	
Name	Title	
<u>Jacob Matter</u> /Signature	Enter Date 6/10/25	
Signature	Date Signed	

Q2 2025 1B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internation	nal Airport			AK06AB76	
Name of Facility			APDES Tracking No.		
3A Outfall Name	Substantially	Identical Outfall? $\square$ Yes, $\boxtimes$ No	Enter Text (If yes, list other outfalls)		
Outlan Name			(11 yes, 11	st other outrails,	
Person(s)/Title(s)				Date	Time
Callastia a samula	Jake Matter	Env. Manager	Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Title	Sample Collected	6/6/2025	12:15-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	6/6/2025	12:30
0 1	Name	Title			
Substitute Sample?	Ves No If Vos identify a	uarter/year when sample was originally s	schodulad to be collected):	Enter Text	
•		If rainfall: Rainfall Amount 0.	_		<u> </u>
		of This Storm? $\square$ Yes, $\boxtimes$ No <sup>1</sup>			
Trevious storm Enacu	> 72 Hours before Start	01 11113 3to1111: 🗀 1°C3, 🖾 1°C	, ii No explain. Effect Te.	Λ.	
Parameters:					
	than (daaaniha). Entan I				
	ther, (describe): Enter Te				
	- · · · · · · · · · · · · · · · · · · ·	fur, $\square$ Sour, $\square$ Petroleum/Ga	as (describe): Enter Tex	t	
•	Other, (describe): Enter To				
Clarity: $\boxtimes$ Clear, $\square$ Sli	ightly Cloudy, $\square$ Cloudy,	$\square$ Opaque, $\square$ Other			
Floating Solids: $\Box$	No, $oxtimes$ Yes, (describe): 1 DE	AD BUG			
Settled Solids <sup>2</sup> : □	No, 🛛 Yes, (describe): 1 ch	unk sub 1 mm of woody mate	erial		
Suspended Solids: 🔲 I	No, X Yes, (describe): 1 vis	ible piece of suspended vege	tation		
•	mple): $oxtimes$ No, $oxtimes$ Yes, (des				
		neen,  Slick,  Other (describ	هر، Enter Text		
		ion: $\boxtimes$ No, $\square$ Yes, (describe):			
- ·		scriptions of pictures taken,	and any corrective a	ctions taker	າ below
(attach additional sheets as neo	:essary).				
Enter Text					
				and the second	
			1000		
				-	
	ALL ALL AND AL				
				100	

Description: Outfall 3a outfall

Q2 2025 3A Page 1 of 2

Description: outfall 3 a sample

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager	
Name	Title	
Jacob Matter Signature	Enter Date 6/10/25	
Signature	Date Signed	

Q2 2025 3A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	tional Airport			AK06AB76	
Name of Facility				DES Tracking No.	
4B	Substantially Id	entical Outfall? $\square$ Yes, $\boxtimes$ No	Enter Text		
Outfall Name			(If yes, lis	st other outfalls)	
Person(s)/Title(s)					
Person(s)/ inte(s)	lako Mattor	Fny Manager	Discharge Rogan	Date	Time Enter Toyt
Collecting sample:	Jake Matter Name	Env. Manager Title	Discharge Began	6/5/2025	Enter Text
			Sample Collected	6/6/2025	-11:55
Examining sample:	Jake Matter Name	Env. Manager Title	Sample Examined	6/6/2025	12:10-
Substitute Sample?	☐ Yes, ⊠ No. If Yes, identify quar	ter/vear when sample was originally s	scheduled to be collected):	Enter Text	ţ
•	e: 🗵 Rainfall, 🗆 Snowmelt, If			ies	
_	led > 72 hours before Start of				
FIEVIOUS SCOTTI LITA	eu / /2 nours before start or	11115 Stofffi: 🖾 103, 🗀 140 ,	, II No explain. Litter 10/	AL .	
Parameters:					
	Other, (describe): slight yello	ow tannin tinge			
•		The second secon	So ( Interest Toy	±	
	Musty, ☐ Sewage, ☐ Sulfu		IS (describe). Efficer Text	[	
	other, (describe): Enter Tex				
	$egin{array}{l} Slightly \ Cloudy, \ \Box \ Cloudy, \ \Box \ - \end{array}$				
	⋈ No, ☐ Yes, (describe): Enter?	Text			
Settled Solids <sup>2</sup> :	$\boxtimes$ No, $\square$ Yes, (describe):				
Suspended Solids:	$\square$ No, $\boxtimes$ Yes, (describe): heavy	with barely visible white sp	ecks		
Foam (gently shake	sample): $oxtimes$ No, $oxtimes$ Yes, (descri	ibe): sample didn't shake but	t outfall had small fo	am pile	
Oil Sheen: ⊠ None	e, 🗆 Flecks, 🗆 Globs, 🗆 She	en, $\square$ Slick, $\square$ Other (describ	oe): Enter Text		
	cators of Stormwater Pollutio				
Detail any concerns (attach additional sheets as	s, additional comments, desc	riptions of pictures taken,	and any corrective a	ictions taker	n below
	s necessary). ng options for foam with cons	ultant			
Will discuss sampling	ig options for loant with cons	ultailt			
			A 100		
		16	4	1	
	W. 18 2 19 2 19 19 19 19 19 19 19 19 19 19 19 19 19			4-120-2-120	
				TOTAL ST	
		5/8	Salary also	Transition of the last of the	ļ
			- Community of the Control of the Co		

Description: Outfall 4B outfall

Q2 2025 4B Page 1 of 2

Description: 4b sample- sand on outside of jar

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager	
Name	Title	
<u>Jacob Matter</u> Senature	Enter Date <b>6/10/25</b>	
Signature	Date Signed	

Q2 2025 4B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76			
Name of Facility			DES Tracking No.			
5A	Substantially I	Identical Outfall?   Yes	,⊠ No			
Outfall Name				(It yes, IIs	st other outfalls)	
- / \/ / \						
Person(s)/Title(s)					Date	Time
	Jake Matter	Env. Manager		Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Title		Sample Collected	Enter Date	-
Examining sample:	Jake Matter	Env. Manager		Sample Examined	Enter Date	-
	Name	Title				
Nature of Discharge Previous Storm Endo	☐ Yes, ☒ No. If Yes, identify que: ☒ Rainfall, ☐ Snowmelt, ed > 72 hours before Start of	If rainfall: Rainfall Amou	unt <u>0.</u>	.18 inch		
Odor: None, Solvents, Clarity: Clear, Solvents, Clarity: Clear, Solids: Settled Solids: Suspended Solids: Suspended Solids: Foam (gently shake Oil Sheen: None Other Obvious Indic	Other, (describe): Enter Te Musty, Sewage, Sulf Other, (describe): Enter Te Slightly Cloudy, Cloudy, No, Yes, (describe): Ente No, Yes, (describe): Ente sample): No, Yes, (describe): Ente sample): No, Yes, (describe): Ente	Fur, Sour, Petrole ext Opaque, Other er Text er Text scribe): Enter Text neen, Slick, Othe ion: No, Yes, (d	er (descrik describe):	be): Enter Text Enter Text		
Detail any concerns (attach additional sheets as No discharge occuri		scriptions of pictures	taken,	and any corrective a	ctions taken	ı below

Description: Outfall 5A outlet

Q2 2025 5A Page 1 of 2

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager
Name	Title
Jacob Matter	Enter Date 6/10/25
& gnature	Date Signed

Q2 2025 5A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport		<u> </u>	AK06AB76			
Name of Facility					DES Tracking No.	
5B	Substantially	Identical Outfall?	' □ Yes, ⊠ N			
Outfall Name				(if yes, ii	ist other outfalls)	
Person(s)/Title(s)						_
Person(s)/ ritie(s)	lako Mattor	Env. Ma	nagor	Discharge Bogan	Date 6/5/2025	Time Enter Text
Collecting sample:	Jake Matter Name	Env. Ma		Discharge Began		Eliter Text
Collecting sample.			-	Sample Collected	Enter Date	-
	Jake Matter	Env. Ma	ınager		Enter	
Examining sample:	Jake Watter	2111.1110	mager	Sample Examined	Date	-
_	Name	- Title	e		Date	
Substitute Sample?	$\square$ $Yes$ , $oxtimes$ $No$ . If Yes, identify qu	uarter/year when sam	ple was original	lly scheduled to be collected):	Enter Text	
Nature of Discharge:	$oxed{oxed}$ Rainfall, $oxed{oxed}$ Snowmelt,	, If rainfall: Rainfa	ll Amount	0.18 inch	nes	
Previous Storm Ende	d > 72 hours before Start	of This Storm?	$\boxtimes$ Yes. $\square$ N	01. if No explain: Enter Te	xt	
Floating Solids:  Settled Solids <sup>2</sup> :  Suspended Solids:  Foam (gently shake solids) Oil Sheen:  None, Other Obvious Indica	Slightly Cloudy,  Cloudy,  No,  Yes, (describe): Ente No,  Yes, (describe): No,  Yes, (describe): Ente ample): No,  Yes, (describe): Ente ample): No,  Yes, (describe): Ente ample): Short  Sho	er Text er Text scribe): Enter Text heen,  Slick, tion:	t □ Other (deso Yes, (describe	e): Enter Text	actions taker	n below
(attach additional sheets as n		son prioris or pri	otures take.	in and any concessive o		, below

Description: Outfall 5B outlet

Q2 2025 5B Page 1 of 2

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager	
Name	Title	
Jacob Watter /Signature	Enter Date 6/10/25	
/Signature	Date Signed	

Q2 2025 5B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	Fairbanks International Airport			AK06AB76		
Name of Facility				DES Tracking No.		
6B	Substantially I	dentical Outfall? $\boxtimes$ Yes, $\square$				
Outfall Name			(It yes, li	ist other outfalls)		
Person(s)/Title(s)				Date	Time	
	Jake Matter	Env. Manager	Discharge Began	6/5/2025	Enter Text	
Collecting sample:	Name	Title	Sample Collected	Enter Date	-	
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-	
	Name	Title				
Substitute Sample?						
Detail any concerns (attach additional sheets as No Discharge occuri	ing			actions taken	n below	

Description: Outfall 6B outlet

Q2 2025 6B Page 1 of 2

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager	
Name	Title	
Jacob Matter	Enter Date 6/10/25	
<b>S</b> ignature	Date Signed	

Q2 2025 6B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport				AK06AB76		
Name of Facility					DES Tracking No.	
7B	Substantially Id	dentical Outfa	II? ⊠ Yes, □ N			
Outfall Name				(If yes, lis	st other outfalls)	
Person(s)/Title(s)					Date	Time
	Jake Matter		/lanager	Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Т	Γitle	Sample Collected	Enter	_
				Sumple Conceccu	Date	
	Jake Matter	Env. N	⁄lanager	Sample Examined	Enter	_
Examining sample:				Sample Examined	Date	
	Name	Т	Γitle			
	_					
	$\square$ Yes, $\boxtimes$ No. If Yes, identify qua			ly scheduled to be collected):	Enter Text	
Nature of Discharge	e: 🗵 Rainfall, 🗌 Snowmelt, I	If rainfall: Rain	nfall Amount	0.18 inch	es	
Previous Storm End	ed > 72 hours before Start o	of This Storm	? 🛛 Yes, 🗌 N	O1, if No explain: Enter Tex	ĸt	
Parameters:						
Color: ☐ None, ☐	Other, (describe): Enter Te	xt				
Odor: ☐ None, ☐	Musty, □ Sewage, □ Sulfu	ır, 🗆 Sour, 🛭	☐ Petroleum/	Gas (describe): Enter Text	t	
	, □ Other, (describe): Enter Te		•	,		
•	Slightly Cloudy, ☐ Cloudy,		Other			
•	□ No, □ Yes, (describe): Enter					
-		TEXT				
	□ No, □ Yes, (describe):					
•	□ No, □ Yes, (describe): Enter					
	sample): $\square$ No, $\square$ Yes, (desc					
Oil Sheen: $\square$ None	e, $\square$ Flecks, $\square$ Globs, $\square$ Sho	een, 🗆 Slick,	, $\square$ Other (deso	cribe): Enter Text		
Other Obvious Indic	ators of Stormwater Pollution	on: 🗌 No, 🏻	$\square$ Yes, (describe	): Enter Text		
Detail any concerns	, additional comments, des	crintions of	nictures takei	and any corrective a	ctions taken	helow
(attach additional sheets as	-	criptions or	pictui es takei	i, and any corrective o	ictions taken	i below
No discharges occur						
a CTE	<b>高高語</b>					

Description: Outfall 7B outlet

Q2 2025 7B Page 1 of 2

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager
Name	Title
Jacob Matter Bignature	Er <b>6#10/25</b>
<b>Ø</b> ignature	Date Signed

Q2 2025 7B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internatio	nal Airport			AK06AB76	
Name of Facility				DES Tracking No.	
9B Outfall Name	Substantially I	Identical Outfall? ⊠ Yes, ☐ No	9A, 9C	st other outfalls)	
outium nume			( , 03)	or our our and,	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager	Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	Name	Title			
				Fotos Toyet	
•		arter/year when sample was originally s		Enter Text	
		If rainfall: Rainfall Amount			
Previous Storm Ended	l > 72 hours before Start o	of This Storm? $oxtimes$ Yes, $oxtimes$ No $^1$	, if No explain: Enter Tex	xt	
☐ Solvents, ☐ Clarity: ☐ Clear, ☐ S Floating Solids: ☐ Settled Solids <sup>2</sup> : ☐ Suspended Solids: ☐ Foam (gently shake sa Oil Sheen: ☐ None, Other Obvious Indicat Detail any concerns, a	Other, (describe): Enter Telightly Cloudy, Cloudy, Cloudy, No, Yes, (describe): Ente No, Yes, (describe): No, Yes, (describe): Ente mple): No, Yes, (describe): Ente mple): No, Yes, (describe): Shors of Stormwater Pollutional comments, described.	□ Opaque, □ Other r Text r Text	oe): Enter Text Enter Text		ı below
(attach additional sheets as no No discharge occurring					

Description: Outfall 9B outlet

Q2 2025 9B Page 1 of 2

Description: outfall 9b inlet

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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

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Jake Matter	Environmental Manager
Name	Title
<u>Jacob Matter</u> Signature	Enter Date 6/10/25
//Signature	Date Signed

Q2 2025 9B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internation	onal Airport			AK06AB76	
Name of Facility				DES Tracking No.	
10 Outfall Name	Substantially id	dentical Outfall? $\square$ Yes, $\boxtimes$ No	Enter Text	st other outfalls)	
Outlan Name			(11 yes, 11	st other outlans,	
Person(s)/Title(s)				Date	Time
(1),	Jake Matter	Env. Manager	Discharge Began	6/5/2025	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	Name	Title			
	_			- · - ·	
•		rter/year when sample was originally s		Enter Text	
~		f rainfall: Rainfall Amount 0.			
Previous Storm Ende	d > 72 hours before Start o	f This Storm? $oxtimes$ Yes, $oxtimes$ No $^1$	, if No explain: Enter Tex	xt	
Clarity:  Clear,  Settled Solids:  Settled Solids <sup>2</sup> :  Suspended Solids:  Foam (gently shake solids)  Oil Sheen:  None,  Other Obvious Indicators,	tors of Stormwater Pollutional comments, des	□ Opaque, □ Other Text Text	Enter Text	actions taker	n below
(attach additional sheets as n No discharge occuring					

Description: Outfall 10 outlet

<u>Q2 2025 10</u> Page 1 of 2

Description: outfall 10 inlet

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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

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Jake Matter	Environmental Manager
Name	Title
	Enter Date 6/10/25
Øignature	Date Signed

Q2 2025 10 Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internatio	nal Airport			AK06AB76	
Name of Facility				DES Tracking No.	
11 Outfall Name	Substantially I	Identical Outfall? $\square$ Yes, $\boxtimes$ No		st other outfalls)	
Outraii Name			(IT yes, III	st other outrails)	
Person(s)/Title(s)				Data	T:
1 613011(3)/ 11616(3)	Jake Matter	Env. Manager	Discharge Began	Date 6/5/2025	Time Enter Text
Collecting sample:	Name	Title	Discharge Degan	Enter	LITTER TEXT
concerning sumple.			Sample Collected	Date	-
	Jake Matter	Env. Manager		Enter	
Examining sample:	Jake Watter	Livi Manager	Sample Examined	Date	-
	Name	Title		Date	
Substitute Sample? □	I $Yes$ , $oxtimes$ $No$ . If $Yes$ , identify qu	arter/year when sample was originally	y scheduled to be collected):	Enter Text	
Nature of Discharge:	oxtimes Rainfall, $oxtimes$ Snowmelt,	If rainfall: Rainfall Amount	0.18 inch	es	
Previous Storm Ended	d > 72 hours before Start	of This Storm? $oxtimes$ Yes, $oxtimes$ No	D <sup>1</sup> , if No explain: Enter Tex	ĸt	
Parameters:					
Color: $\square$ None, $\square$ C	Other, (describe): Enter Te	ext			
Odor: ☐ None, ☐ N	∕lusty,   □ Sewage, □ Sulf	ur, 🗆 Sour, 🗆 Petroleum/G	Gas (describe): Enter Tex	t	
•	Other, (describe): Enter Te		. ,		
	lightly Cloudy,   Cloudy,				
•	No, $\square$ Yes, (describe): Ente	• •			
<u>-</u>	No, ☐ Yes, (describe):	TCAC			
		r Toyt			
•	No, Yes, (describe): Ente				
	ample): $\square$ No, $\square$ Yes, (des		- · - ·		
		neen, 🗌 Slick, 🗌 Other (desci			
Other Obvious Indicat	ors of Stormwater Polluti	ion: $\square$ No, $\square$ Yes, (describe)	: Enter Text		
Detail any concerns, a (attach additional sheets as no No discharge occurrin	ecessary).	scriptions of pictures taken	, and any corrective a	ictions taker	n below

Description: Outfall 11 outlet

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Description: outfall 11 inlet

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 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.

Jake Matter	Environmental Manager
Name	Title
Jacob Matter	Enter Date 6/10/25
Signature	Date Signed

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