

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)

Collecting sample:

Jake Matter

Name

Env. Manager

Title

Discharge Began

Date

Time

-

Enter Text

Sample Collected

8/8/2025

-

Sample Examined

-

-

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 Enter Text 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 1A outlet		Description: Outfall 1A 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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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 8/11/25

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:	8/8/2025	11:35
	8/8/2025	12:05

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

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 Pond 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): leaf litter

Settled Solids²: ☒ No, ☐ Yes, (describe):

Suspended Solids: ☐ No, ☒ Yes, (describe): similar organisms as in 4b outfall but not as numerous

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 outlet	Description: Outfall 3a 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/11/25

Date Signed

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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:	8/8/2025	10:55
	8/8/2025	11:25

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

Title

Discharge Began

Sample Collected

Sample Examined

Enter Date

8/8/2025

8/8/2025

Enter Text

10:55

11:25

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 Pond 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 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): Leaf and bug

Settled Solids²: ☐ No, ☒ Yes, (describe): several small dark sub 1mm pieces of sediment

Suspended Solids: ☐ No, ☒ Yes, (describe): an abundance of near microscopic circular translucent organisms

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 4B outlet

Description: Outfall 4B 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/11/25

Date Signed

MSGP Quarterly Visual Assessment Form

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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:	8/8/2025	9:50
	8/8/2025	10:20

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

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 Standing water inches

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

Parameters:

Color: ☐ None, ☒ Other, (describe): yellow tint of vegetative tannins

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): nearly microscopic aquatic invertebrates swimming through sample

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 5A outlet	Description: Outfall 5A 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/11/25

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)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	8/8/2025	-

Jake Matter

Env. Manager

Discharge Began

Sample Collected

Sample Examined

Name

Title

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, ☐ 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 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 8/11/25

Date Signed

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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		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
	Name	Title	Sample Collected	8/8/2025	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	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, ☐ 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 6C outlet		Description: Outfall 6C 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

Enter Date 8/11/25

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.

7C

Substantially Identical Outfall? ☒ Yes, ☐ No

7A, 7B, 7D, 7E

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
	Name	Title	Sample Collected	8/8/2025	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	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, ☐ 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

		<div style="background-color: #e6f2ff; height: 150px; width: 100%;"></div>	
Description: Outfall 7C 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 8/11/25

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

Name of Facility

9C

Outfall Name

Substantially Identical Outfall? ☒ Yes, ☐ No

AK06AB76

APDES Tracking No.

9A, 9B,

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample:

Jake Matter

Env. Manager

Name

Title

Examining sample:

Jake Matter

Env. Manager

Name

Title

Discharge Began

Date

Time

Enter

Date

Enter Text

Sample Collected

8/8/2025

-

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 Enter Text 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

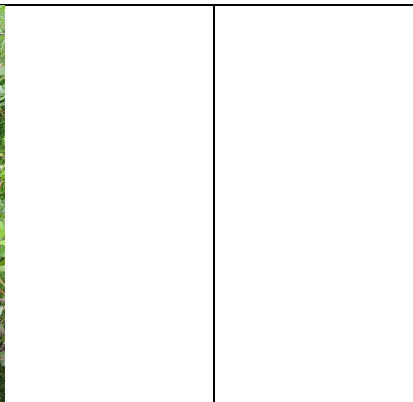
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below

(attach additional sheets as necessary).

No discharge occurring



Description: Outfall 9C outlet



Description: Outfall 9C 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 8/11/25

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)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
	Name	Title	Sample Collected	8/8/2025	-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	Enter Date	-
	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, ☐ 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 8/11/25

Date Signed

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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)

	Date	Time
Collecting sample:	Enter Date	Enter Text
Examining sample:	8/8/2025	-
	-	-

Jake Matter

Env. Manager

Collecting sample:

Name

Title

Examining sample:

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, ☐ 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

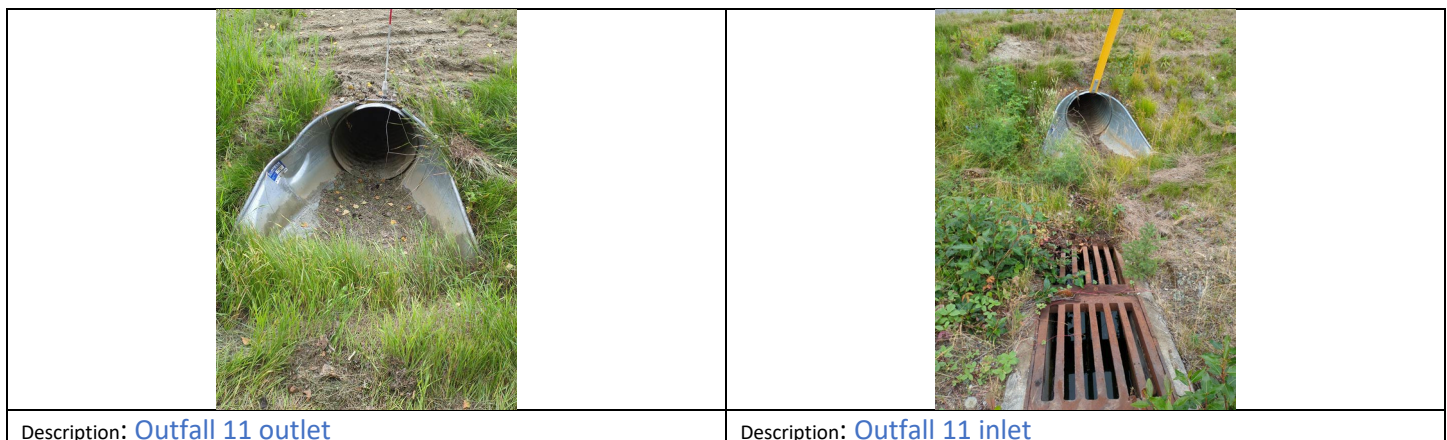
Oil Sheen: ☐ None, ☐ Flecks, ☐ Globbs, ☐ Sheen, ☐ Slick, ☐ Other (describe): Enter Text

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 Occuring



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.

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