(Complete a separate form for each outfall you assess)

Name of Facility	banks International Airport		_	AK06AB76 APDES Tracking No.		
1A	Substantially Identical Outfall? $oxtimes$ Yes, $oxtimes$ No		ALL	1B		
Outfall Name		Substantially lacinical outlant. Zi 1c3, Zi 1c6		t other outfalls)		
Person(s)/Title(s)				Date	Time	
Collecting sample: —	Jake Matter	Env. Manager	Discharge Began	-	Enter Text	
concorning samples	Name	Title	Sample Collected	8/8/2025	-	
Examining sample: —	Jake Matter Name	Env. Manager Title	Sample Examined	-	-	
	Name	riue				
Substitute Sample? □	Yes, 🛛 No. If Yes, identify qu	uarter/year when sample was originally s	scheduled to be collected):	Enter Text	t	
		, If rainfall: Rainfall Amount Er		es		
Previous Storm Ended	> 72 hours before Start	of This Storm? \boxtimes Yes, \square $\overline{No^1}$, if No explain: Enter Tex	t		
Parameters:						
Color: \square None, \square O	ther, (describe): Enter T	ext				
Odor: ☐ None, ☐ M	Nusty, \square Sewage, \square Sul-	fur, 🗆 Sour, 🗆 Petroleum/Ga	as (describe): Enter Text			
☐ Solvents, ☐	Other, (describe): Enter T	ext				
•	ightly Cloudy, Cloudy					
•	No, \square Yes, (describe): Ente					
•	No, ☐ Yes, (describe):	I TEXT				
		or Toyt				
•	No, Yes, (describe): Ente					
	mple): No, Yes, (de					
		heen, Slick, Other (described)				
Other Obvious Indicat	ors of Stormwater Pollut	tion: \square No, \square Yes, (describe):	Enter Text			
		escriptions of pictures taken,	and any corrective a	ctions takeı	n below	
(attach additional sheets as ne						
No Discharge occuring						
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Description: Outfall 1A outlet

Q3 2025 1A Page 1 of 2

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.

(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 8/11/25
& gnature	Date Signed

Q3 2025 1A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			_	AK06AB76		
Name of Facility				DES Tracking No.		
3A Outfall Name	Substantially	Identical Outfall? \square Yes, \boxtimes No		ter Text		
Outraii Name			(if yes, iii	st other outfalls)		
Person(s)/Title(s)				Date	Time	
	Jake Matter	Env. Manager		Enter		
Collecting sample:			Discharge Began	Date	Enter Text	
_	Name	Title	Sample Collected	8/8/2025	11:35	
Examining sample:	Jake Matter	Env. Manager	Sample Examined	8/8/2025	12:05	
Examining sample. —	Name	Title				
				Forter Tayet		
•		uarter/year when sample was originally s		Enter Text	<u> </u>	
_			ond inch			
Previous Storm Ended	I > 72 hours before Start	of This Storm? $oximes$ Yes, $oximes$ No ¹ ,	, if No explain: Enter Tex	xt		
Parameters:						
	Other, (describe): Enter Te	ext				
		fur, \square Sour, \square Petroleum/Ga	os (describe): Enter Text	ŀ		
•	,,		is (describe). Efficer fex	L		
•	Other, (describe): Enter To					
Clarity: $oxtimes$ Clear, $oxtimes$ Sl	lightly Cloudy, 🗌 Cloudy,	, \square Opaque, \square Other				
Floating Solids:	No, ⊠ Yes, (describe): leaf	litter				
Settled Solids ² :	No, ☐ Yes, (describe):					
		lar organisms as in 4b outfall b	hut not as numerous	2		
•	ample): $oxtimes$ No, $oxtimes$ Yes, (des		bat not as namerous	,		
			- · - ·			
		heen, \square Slick, \square Other (describ				
Other Obvious Indicat	ors of Stormwater Pollut	ion: \square No, \square Yes, (describe): \square	Enter Text			
Detail any concerns, a	additional comments. de	escriptions of pictures taken, a	and any corrective a	ctions taker	n below	
(attach additional sheets as ne		,	,			
Enter Text						
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Description: Outfall 3A outlet

Q3 2025 3A Page 1 of 2

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.

(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 8/11/25
Øignature	Date Signed

Q3 2025 3A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility				DES Tracking No.	
4B Outfall Name	Substantially	Identical Outfall? ☐ Yes, ☒ No		ter Text st other outfalls)	
Outrain Harris			(·· 1, ··-	it defici cations,	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager	Discharge Began	Enter	Enter Text
Collecting sample:				Date	EIILEI IEAL
	Name	Title	Sample Collected	8/8/2025	10:55
Examining sample:	Jake Matter Name	Env. Manager Title	Sample Examined	8/8/2025	11:25
Substitute Sample?	☐ Yes, ☒ No. If Yes, identify qu	uarter/year when sample was originally so	cheduled to be collected):	Enter Text	
· · · · · · · · · · · · · · · · · · ·	e: \square Rainfall, \square Snowmelt,		ond inch	es	
		of This Storm? $oxtimes$ Yes, $oxtimes$ No 1 ,	, if No explain: Enter Te	ct	
Parameters:					
Color: \square None, \boxtimes	Other, (describe): slight ye	ellow tinge			
Odor: ⊠ None, □	│ Musty, □ Sewage, □ Sulf	$^{ extsf{F}}$ ur, \square Sour, \square Petroleum/Ga	IS (describe): Enter Text	t	
	, ☐ Other, (describe): Enter Te		•		
	Slightly Cloudy, Cloudy,				
•	□ No, ⊠ Yes, (describe): Leaf	• •			
-		eral small dark sub 1mm piece	s of sediment		
		bundance of near microscopic		nt organisms	5
•	sample): \boxtimes No, \square Yes, (des	· · · · · · · · · · · · · · · · · · ·			
		neen, Slick, Other (describe	el: Enter Text		
		ion: \square No, \square Yes, (describe): E			
•	-	scriptions of pictures taken, a	and any corrective a	ctions taker	1 below
(attach additional sheets as Enter Text	necessaryj.				
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Description: Outfall 4B outlet

Q3 2025 4B Page 1 of 2

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.

(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 Watter</u> Signature	Enter Date 8/11/25	
8 gnature	Date Signed	

Q3 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 Outfall Name	Substantially	Identical Outfall? \square Yes, \boxtimes No	Enter Text (If yes, list other outfalls)		
Outrail Name			(II yes, IIs	ot other outrails)	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager	D: 1	Enter	
Collecting sample:		ū	Discharge Began	Date	Enter Text
	Name	Title	Sample Collected	8/8/2025	9:50
Examining sample: -	Jake Matter	Env. Manager	Sample Examined	8/8/2025	10:20
Examining sample.	Name	Title			
Nature of Discharge	: oxtimes Rainfall, $oxtimes$ Snowmelt,	uarter/year when sample was originally s If rainfall: Rainfall Amount St of This Storm? \boxtimes Yes, \square No^1	anding water inch		<u>:</u>
Odor: None, Solvents, Clarity: Clear, Solvents, Clarity: Clear, Solids: Settled Solids: Suspended Solids: Suspended Solids: So	☐ Other, (describe): Enter To Slightly Cloudy, ☐ Cloudy, ☐ Cloudy, ☐ No, ☐ Yes, (describe): Ente ☐ No, ☐ Yes, (describe): ☐ No, ☐ Yes, (describe): near sample): ☐ No, ☐ Yes, (describe): ☐ Sample): ☐ No, ☐ Yes, (describe): ☐ Stormwater Pollution	fur, ☐ Sour, ☐ Petroleum/Gaext ☐ Opaque, ☐ Other er Text fly microscopic aquatic invertes scribe): Enter Text neen, ☐ Slick, ☐ Other (describe) ion: ☐ No, ☐ Yes, (describe):	ebrates swimming the): Enter Text Enter Text	nrough samp	
Detail any concerns, (attach additional sheets as Enter Text		scriptions of pictures taken, a	and any corrective a	ctions taker	1 below

Description: Outfall 5A outlet

Q3 2025 5A Page 1 of 2

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.

(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
Jacob Matter	Enter Date 8/11/25
Øignature	Date Signed

Q3 2025 5A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76				
Name of Facility			APDES Tracking No.				
5B	Substantially Identical Outfall? \square Yes, \boxtimes		Enter Text				
Outfall Name			(If yes, lis	t other outfalls)			
Person(s)/Title(s)				Date	Time		
	Jake Matter	Env. Manager	Disabayas Dagay	Enter	Francis Tour		
Collecting sample:			Discharge Began	Date	Enter Text		
	Name	Title	Sample Collected	8/8/2025	-		
Examining sample: -	Jake Matter	Env. Manager	Sample Examined	-	-		
Examining sample.	Name	Title					
Substitute Sample?							
Other Obvious indic	ators of Stormwater Pollution	Off: \square NO, \square Yes, (describe):	Enter Text				
Detail any concerns (attach additional sheets as No Discharge occuri		criptions of pictures taken,	, and any corrective a	ctions taken	n below		
Description: Outfall 58		Description' Clic	k or tap here to enter	†ev†			

Q3 2025 5B Page 1 of 2

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.

(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
Jacob Matter	Enter Date 8/11/25
∕ Signature	Date Signed

Q3 2025 5B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility			APDES Tracking No.		
6C	Substantially I	•			
Outfall Name			(It yes, lis	st other outfalls)	
Person(s)/Title(s)				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		1	
Odor: None, Solvents, Clarity: Clear, Solids: Settled Solids: Suspended Solids: Foam (gently shake Oil Sheen: None	Other, (describe): Enter Te Slightly Cloudy, Cloudy, No, Yes, (describe): Ente No, Yes, (describe): No, Yes, (describe): Ente sample): No, Yes, (des e, Flecks, Globs, Sh	ur, □ Sour, □ Petroleum/Ga ext □ Opaque, □ Other r Text r Text	pe): Enter Text	:	
Detail any concerns (attach additional sheets as No discharge occuri	necessary).	scriptions of pictures taken,	and any corrective a	ctions taken	n below

Description: Outfall 6C outlet

Q3 2025 6C Page 1 of 2

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.

(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 Watter</u> Signature	Enter Date 8/11/25
Signature	Date Signed

Q3 2025 6C Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76		
Name of Facility				APDES Tracking No.	
7C	Substantially Identical Outfall? $oximes$ Yes			7A, 7B, 7D, 7E	
Outfall Name			(If yes, lis	st other outfalls)	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager	Disabassa Dagas	Enter	Forter Tour
Collecting sample:			Discharge Began	Date	Enter Text
_	Name	Title	Sample Collected	8/8/2025	_
	Jake Matter	Env. Manager		Enter	
Examining sample:			Sample Examined	Date	-
_	Name	Title		Date	
Substitute Sample?	\square Yes, $oxtimes$ No. If Yes, identify qua	rter/vear when sample was origina	illy scheduled to be collected):	Enter Text	
					<u></u>
_	: Rainfall, Snowmelt,	-	Enter Text inch		
Previous Storm Ende	ed > 72 hours before Start o	f This Storm? $oxtimes$ Yes, $oxtimes$ N	No ¹ , if No explain: Enter Te	ct	
Parameters:					
Color: None	Other, (describe): Enter Tex	rt .			
•	Musty, ☐ Sewage, ☐ Sulfu		(Gas (describe): Enter Text	+	
	•		das (describe). Litter Tex	L	
•	Other, (describe): Enter Te				
Clarity: ☐ Clear, ☐	Slightly Cloudy, \square Cloudy, \square	\sqcup Opaque, \sqcup Other			
Floating Solids:	🗌 No, 🗌 Yes, (describe): Enter	Text			
Settled Solids ² :	☐ No, ☐ Yes, (describe):				
Suspended Solids:	☐ No, ☐ Yes, (describe): Enter	Text			
•	sample): \square No, \square Yes, (desc				
	• •		u v Enton Tout		
	e, \square Flecks, \square Globs, \square She				
Other Obvious Indica	ators of Stormwater Pollution	n: \square No, \square Yes, (describe	e): Enter Text		
Detail any concerns	, additional comments, des	crintions of nictures take	n, and any corrective a	ctions taken	n helow
(attach additional sheets as		inpulations of pictures take	ii, and any corrective c	ctions taker	. 50.011
No Discharge occurin					
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Description: Outfall 70	Coutlet	Description: Cl	ick or tap here to enter	text.	

Q3 2025 7C Page 1 of 2

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.

(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 8/11/25
∕Signature	Date Signed

Q3 2025 7C Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport		AK06AB76			
Name of Facility			APDES Tracking No.		
9C Outfall Name	Substantially I	Identical Outfall? ⊠ Yes, ☐ No		9A, 9B, st other outfalls)	
Outrail Name			(ii yes, ii:	st other outrails)	
Person(s)/Title(s)				Date	Time
	Jake Matter	Env. Manager		Enter	
Collecting sample:	Jake Watter	z wanage.	Discharge Began	Date	Enter Text
от 111 0 11 р	Name	Title	Sample Collected	8/8/2025	_
	Jake Matter	Env. Manager	•	Enter	
Examining sample:		-	Sample Examined	Date	-
	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify qu	arter/year when sample was originally so	cheduled to be collected):	Enter Text	-
Nature of Discharge	$oxed{e} : \Box$ Rainfall, \Box Snowmelt,	If rainfall: Rainfall Amount En	ter Text inch	ies	
_		of This Storm? \boxtimes Yes, \square No ¹ ,	if No explain: Enter Te	xt	
		- · · · · · · · · · · · · · · · · · · ·			
Parameters:					
<u> </u>	Other, (describe): Enter Te	2V†			
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	•	Fur, \square Sour, \square Petroleum/Gas	S (describe): Effect Tex	ľ.	
	, \square Other, (describe): Enter Te				
Clarity: \square Clear, \square	Slightly Cloudy, \square Cloudy,	\square Opaque, \square Other			
Floating Solids:	\square No, \square Yes, (describe): Ente	r Text			
Settled Solids ² :	☐ No, ☐ Yes, (describe):				
Suspended Solids:	□ No, □ Yes, (describe): Ente	r Text			
•	sample): ☐ No, ☐ Yes, (des				
		neen, \square Slick, \square Other (describe	ov: Enter Text		
Other Obvious indic	ators of Stormwater Poliuti	ion: \square No, \square Yes, (describe): \square	inter rext		
Detail any concerns	, additional comments, de:	scriptions of pictures taken, a	and any corrective a	actions taker	n below
(attach additional sheets as					
No discharge occuri	ng				
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Description: Outfall 9C outlet

Q3 2025 9C Page 1 of 2

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.

(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 Sgnature	Enter Date 8/11/25
Signature	Date Signed

Q3 2025 9C Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internati	onal Airport			AK06AB76		
Name of Facility		Substantially Identical Outfall? Yes, No		APDES Tracking No.		
Outfall Name	Substantially Id			ter Text		
Outfall Name			(If yes, lis	st other outfalls)		
Person(s)/Title(s)				Date	Time	
1 613011(3)/ 11616(3)	Jake Matter	Env. Manager		Enter	Time	
Collecting sample:	Jake Watter	Liiv. Wanager	Discharge Began	Date	Enter Text	
concerning sumplies	Name	Title	Sample Collected	8/8/2025	_	
	Jake Matter	Env. Manager	·	Enter		
Examining sample:	Jake Matter	ziiii iiianagei	Sample Examined	Date	-	
_	Name	Title				
Substitute Sample?	\square Yes , $oxtimes$ No . If Yes , identify qua	arter/year when sample was originally so	cheduled to be collected):	Enter Text	t	
Nature of Discharge	: \square Rainfall, \square Snowmelt, I	If rainfall: Rainfall Amount $\underline{\hspace{0.1cm}}$	nter Text inch	es		
Previous Storm Ende	ed > 72 hours before Start o	of This Storm? $oxtimes$ Yes, $oxtimes$ No 1 ,	, if No explain: Enter Te	κt		
Parameters:						
Color: \square None, \square	Other, (describe): Enter Tex	xt				
		ur, 🗆 Sour, 🗆 Petroleum/Ga	IS (describe): Enter Text	t		
	Other, (describe): Enter Te		((() () () () () () () () ()	-		
•	Slightly Cloudy, \square Cloudy,					
•	□ No, □ Yes, (describe): Enter					
		TEXT				
	□ No, □ Yes, (describe):	Tout				
•	□ No, □ Yes, (describe): Enter					
· -	sample): \square No, \square Yes, (desc					
		een, \square Slick, \square Other (describe				
Other Obvious Indica	ators of Stormwater Pollution	on: \square No, \square Yes, (describe): \square	Enter Text			
Detail any concerns	. additional comments. des	scriptions of pictures taken, a	and any corrective a	ctions take	n below	
(attach additional sheets as		,	,,			
No Discharge occuri	ng					
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A STATE OF THE STA						
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			TO HAVE			

Description: Outfall 10 outlet

Q3 2025 10 Page 1 of 2

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.

(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 Watter</u> Signature	Enter Date 8/11/25
S ignature	Date Signed

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(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76			
Name of Facility	C. b. t. at a matically of	Colorada Maria de la Carta de		APDES Tracking No.		
Outfall Name	Substantially I	Identical Outfall? \square Yes, \boxtimes No		Enter Text (If yes, list other outfalls)		
Outlan Name			(11 700)	it build batians,		
Person(s)/Title(s)				Date	Time	
	Jake Matter	Env. Manager	Dischargo Bogan	Enter		
Collecting sample:			Discharge Began	Date	Enter Text	
	Name	Title	Sample Collected	8/8/2025	-	
Examining sample: _	Jake Matter	Env. Manager	Sample Examined	-	-	
	Name	Title				
Substitute Sample?	□ Ves ⊠ No If Yes identify au	arter/year when sample was originally	scheduled to be collected):	Enter Text	t	
	: \square Rainfall, \square Snowmelt,		nter Text inch			
_		of This Storm? $oxtimes$ Yes, $oxtimes$ No				
Previous Storm Linus	:u > /2 Hours before Start (JI IIIIS SLUIIII! 🖂 163, 🗀 180	-, If No explain. Little 167	((
Parameters:						
·	Other, (describe): Enter Te	\v+				
•	• •	fur, 🗆 Sour, 🗆 Petroleum/G	as decided Enter Toy	ı.		
•	,,		as (describe). Elliel Text			
•	Other, (describe): Enter Te					
	Slightly Cloudy, ☐ Cloudy,					
-	No, Yes, (describe): Enter	r Text				
	☐ No, ☐ Yes, (describe):					
•	☐ No, ☐ Yes, (describe): Ente					
Foam (gently shake s	sample): \square No, \square Yes, (des	cribe): Enter Text				
Oil Sheen: ☐ None	, \square Flecks, \square Globs, \square Sh	neen, \square Slick, \square Other (descri	be): Enter Text			
Other Obvious Indica	ators of Stormwater Polluti	ion: \square No, \square Yes, (describe):	Enter Text			
Detail any concerns.	additional comments, de	scriptions of pictures taken,	and any corrective a	ections take	n helow	
(attach additional sheets as		semperation of presence turner,	una uny 0000	Chons take.		
No Doscharge Occur						
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	a BOOK WAS A STANDARD OF THE S					

Description: Outfall 11 outlet

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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.

(Complete a separate form for each outfall you assess)

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Jake Matter	Environmental Manager
Name	Title
<u>Jacob Matter</u> Signature	Enter Date 8/11/25
Signature	Date Signed

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