

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		9/5/2025	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 0.35 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: 1B outlet	Description: 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

9/9/25

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)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	9/5/2025	Enter Text
	Name	Title	Sample Collected	9/5/2025	11:45-
Examining sample:	Jake Matter	Env. Manager	Sample Examined	9/5/2025	12:15
	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 0.35 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): insect and seed pod flakes

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

Suspended Solids: ☐ No, ☒ Yes, (describe): near microscopic white fibers

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: 3a outlet	Description: 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 9/9/25

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)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		9/5/2025	Enter Text
Examining sample:	Jake Matter	Env. Manager	Sample Collected	9/5/2025	11:40
			Sample Examined	9/5/2025	12:10

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 0.35 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): small spider and flying insect

Settled Solids²: ☐ No, ☒ Yes, (describe): small stick and insect remains

Suspended Solids: ☐ No, ☒ Yes, (describe): near microscopic white fibers

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: 4B outfall	Description: 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 9/9/25

Date Signed

MSGP Quarterly Visual Assessment Form

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Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

5A

Substantially Identical Outfall? ☐ Yes, ☒ No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	9/5/2025	Enter Text
	Name	Title	Sample Collected	9/5/2025	10:25
Examining sample:	Jake Matter	Env. Manager	Sample Examined	9/5/2025	10:55
	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 0.35 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): nearly microscopic what fibers

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

	
<p>Description: 5A outlet</p>	<p>Description: 5A discharge</p>

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 9/9/25

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	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		9/5/2025	Enter Text
Examining sample:	Jake Matter	Env. Manager	Sample Collected	9/5/2025	9:55
			Sample Examined	9/5/2025	10:25

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 0.35 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): a few grains of sediment under 1mm

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).

Enter Text

	
Description: 5B outlet	Description: 5B 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 9/9/25

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

Name of Facility

6A

Outfall Name

Substantially Identical Outfall? ☒ Yes, ☐ No

AK06AB76

APDES Tracking No.

6B, 6C

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample:

Jake Matter

Name

Env. Manager

Title

Discharge Began

Date

9/5/2025

Time

Enter Text

Sample Collected

9/5/2025

3:50

Sample Examined

9/5/2025

4:20

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 0.35 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): a small stick and other vegetation like leaves and a seed

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

Suspended Solids: ☐ No, ☒ Yes, (describe): near microscopic white fibers. Very similar to whats present in other samples

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: 6A outlet



Description: 6A 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.

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)

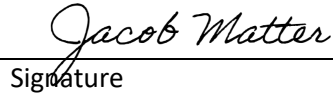
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage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



Signature

Enter Date 9/9/25

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

Name of Facility

7D

Outfall Name

Substantially Identical Outfall? ☒ Yes, ☐ No

AK06AB76

APDES Tracking No.

7A,7B,7C,7E

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample:

Jake Matter

Name

Env. Manager

Title

Discharge Began

Date

9/5/2025

Time

Enter Text

Sample Collected

9/5/2025

11:00

Sample Examined

9/5/2025

11:30

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 0.35 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): near microscopic white fibers

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: 7D outlet



Description: 7D 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 9/9/25

Date Signed

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AK06AB76

Name of Facility

APDES Tracking No.

9A

Substantially Identical Outfall? ☒ Yes, ☐ No

9B, 9C

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	9/5/2025	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 0.35 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 not occurring but sample of existing puddle was clean with no suspended or settled solids and only floating vegetative matter

	
Description: 9A outlet	Description: 9A 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 9/9/25

Date Signed

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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	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		9/5/2025	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 **0.35** 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: 10 outlet		Description: 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.

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(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 9/9/25

Date Signed

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

11

Substantially Identical Outfall? ☐ Yes, ☒ No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Jake Matter	Env. Manager		9/5/2025	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 0.35 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: 11 outlet	Description: 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

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

9/9/25

Enter Date

Date Signed