

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:	Elise N. Thomas	Env. Manager		10/4/2023	10:25
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

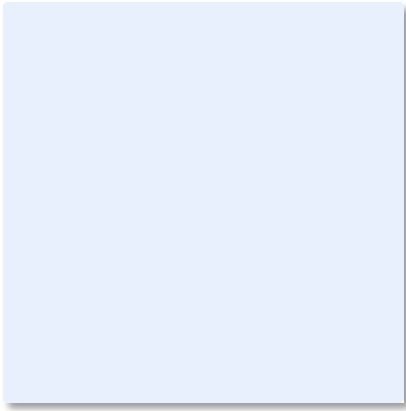
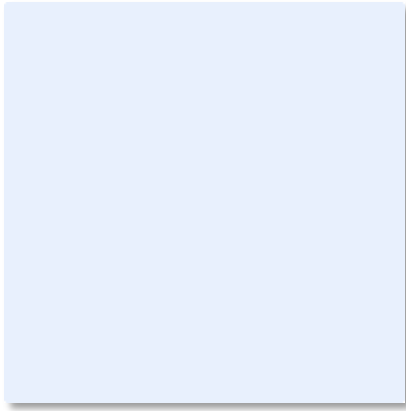
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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.

	
Description: Click or tap here to enter text.	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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(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.

Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed

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(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

3a

Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Discharge Began	10/4/2023	10:19
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

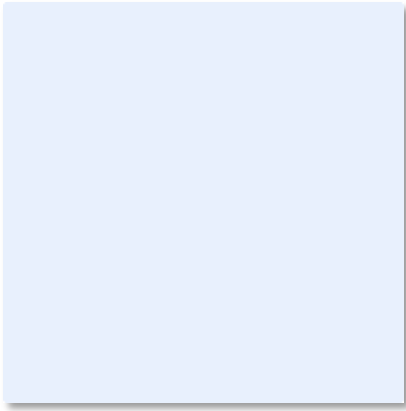
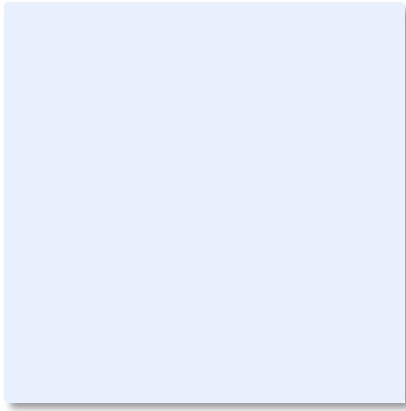
Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

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).

No discharge.

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed

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Name of Facility

APDES Tracking No.

4b
Outfall Name

Substantially Identical Outfall? Yes, No

Enter Text

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager		10/4/2023	10:15
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text


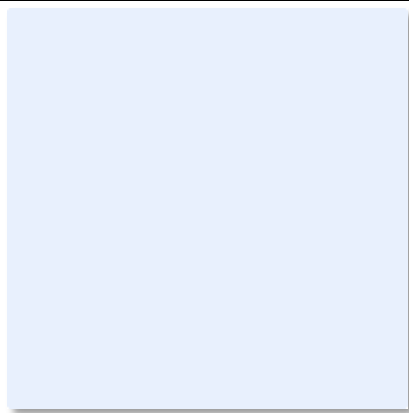
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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.

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

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Name of Facility

APDES Tracking No.

5a Substantially Identical Outfall? Yes, No

Enter Text

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager		10/4/2023	10:38
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text


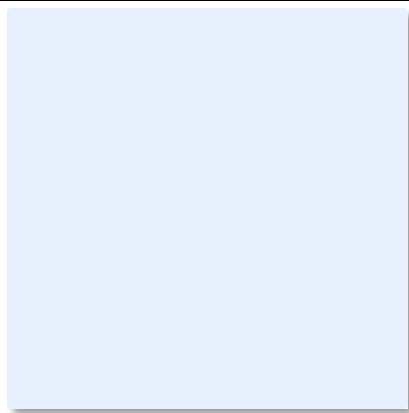
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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

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No discharge.

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

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APDES Tracking No.

5b
Outfall Name

Substantially Identical Outfall? Yes, No

Enter Text

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager		10/4/2023	10:30
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text

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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

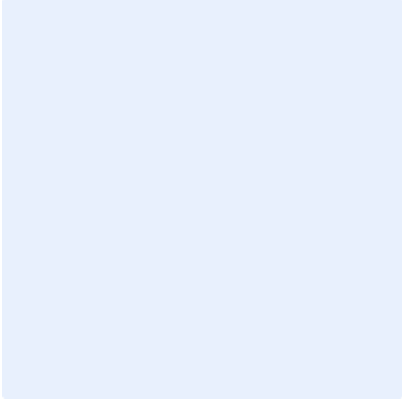
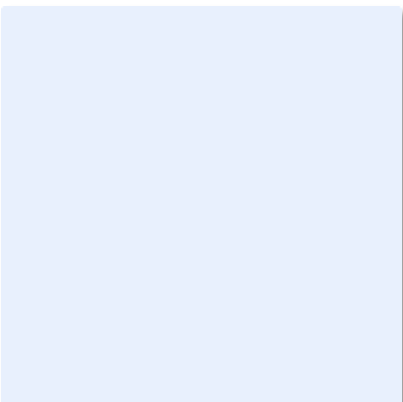
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

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Elise N. Thomas

Environmental Manager

Name

Title



Enter Date

10/4/2023

Signature

Date Signed

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AK06AB76

Name of Facility

APDES Tracking No.

6a

Substantially Identical Outfall? Yes, No

6b, 6c

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with 3 columns: Person/Action, Name, Title, Date, Time. Rows include Collecting sample, Examining sample, 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
Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other
Floating Solids: No, Yes, (describe): Enter Text
Settled Solids²: No, Yes, (describe): Enter Text
Suspended Solids: No, Yes, (describe): Enter Text
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).

No discharge.

Two large rectangular boxes for image descriptions, each with a placeholder text: Description: Click or tap here to enter text.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed

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Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

7d Substantially Identical Outfall? Yes, No

7a, 7b, 7c, 7e

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Elise N. Thomas</u>	<u>Env. Manager</u>		<u>10/4/2023</u>	<u>11:00</u>
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text


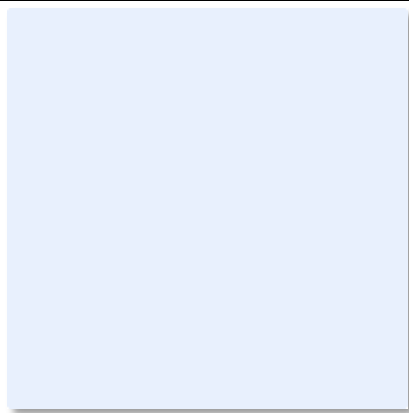
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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.

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed

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Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

9b

Substantially Identical Outfall? Yes, No

9a, 9c

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Elise N. Thomas</u>	<u>Env. Manager</u>		<u>10/4/2023</u>	<u>11:12</u>
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Examined	Enter Date	Enter Text
	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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

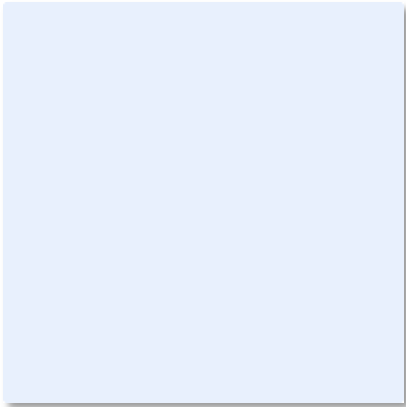

Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: No, Yes, (describe): Enter Text

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(attach additional sheets as necessary).

No discharge.

	
Description: Click or tap here to enter text.	Description: Click or tap here to enter text.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed

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Name of Facility

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10 Substantially Identical Outfall? Yes, No

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample: Elise N. Thomas Name Env. Manager Title
Examining sample: Enter Text Name Enter Text Title

Table with 3 columns: Discharge Began, Sample Collected, Sample Examined; Date, Time. Values include 10/4/2023, 11:05, Enter Date, Enter Text.

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
Clarity: Clear, Slightly Cloudy, Cloudy, Opaque, Other
Floating Solids: No, Yes, (describe): Enter Text
Settled Solids2: No, Yes, (describe): Enter Text
Suspended Solids: No, Yes, (describe): Enter Text
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

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(attach additional sheets as necessary).

No discharge.

Two large rectangular boxes for image descriptions, each with a light blue placeholder and a text prompt: 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.

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Elise N. Thomas

Environmental Manager

Name

Title



Enter Date 10/4/2023

Signature

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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:	Elise N. Thomas	Env. Manager		10/4/2023	10:08
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	Enter Text

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): Enter Text

Suspended Solids: No, Yes, (describe): Enter Text

Foam (gently shake sample): No, Yes, (describe): Enter Text

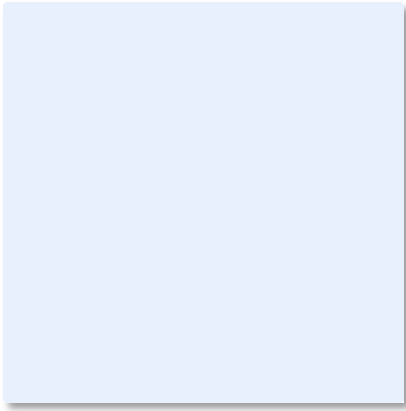
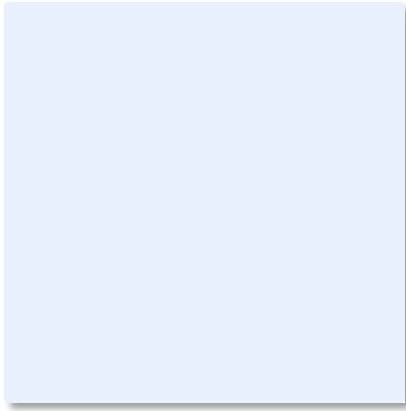
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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

	
Description: Click or tap here to enter text.	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.

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.

Elise N. Thomas

Name



Signature

Environmental Manager

Title

Enter Date 10/4/2023

Date Signed