

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)

| | Name | Title | Discharge Began | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | | Enter Date | Snowmelt |
| | Enter Text | Enter Text | Sample Collected | Enter Date | Enter Text |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 1055 |

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 none 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

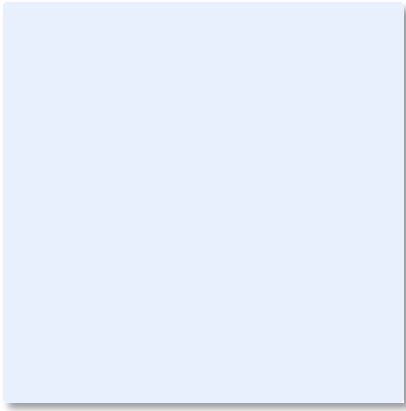
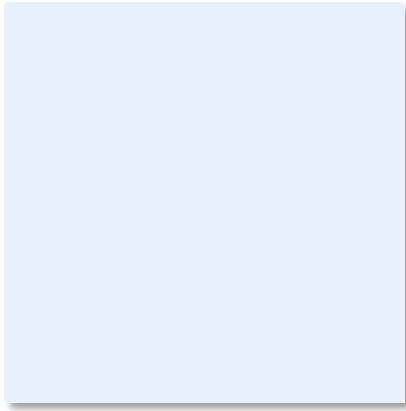
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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 AT THIS OUTFALL or at SIO 1B

| | |
|---|--|
|  |  |
| 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.

Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

5/1/24

Enter Date

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 | Discharge Began | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | | Enter Date | snowmelt |
| | Enter Text | Enter Text | Sample Collected | Enter Date | Enter Text |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 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

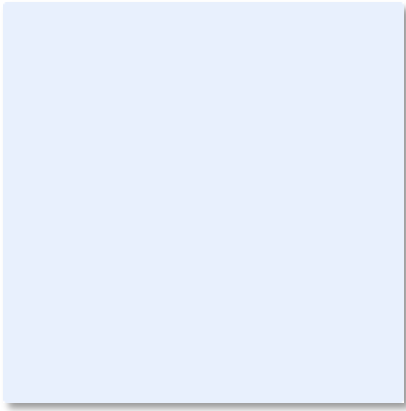
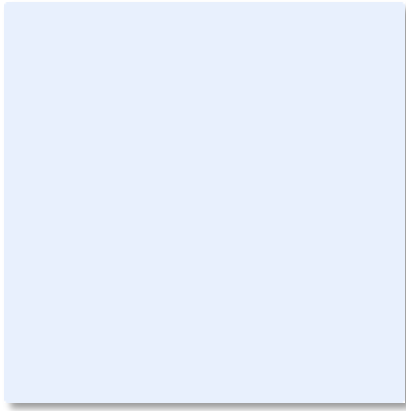
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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 AT THIS OUTFALL

| | |
|---|--|
|  |  |
| 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)

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

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 | | Enter Date | Enter Text |
| | Enter Text | Enter Text | Sample Collected | 5/1/2024 | 10:45 |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 11:15 |

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).

Enter Text

| | |
|---|--|
|  |  |
| 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

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: | Jake Matter | Env. Manager | | Enter Date | snowmelt |
| | Enter Text | Enter Text | Sample Collected | 5/1/2024 | 1000 am |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 10:30 am |
| | 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): a few barely visible white dots

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

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

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

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: | Jake Matter | Env. Manager | | Enter Date | Enter Text |
| | Enter Text | Enter Text | Sample Collected | Enter Date | Enter Text |
| Examining sample: | | | Sample Examined | 5/1/2024 | 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


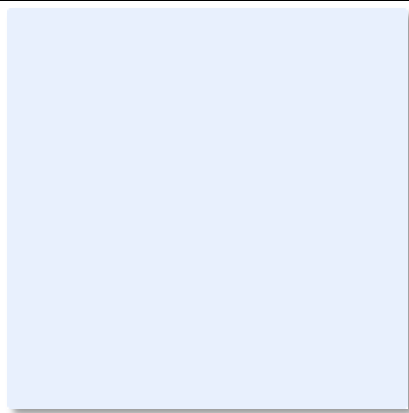
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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 OCCURRING AT THIS OUTFALL

| | |
|---|--|
|  |  |
| 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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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

6A

Substantially Identical Outfall? Yes, No

6B,6C

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with columns for Name, Title, Discharge Began, Date, and Time. Includes entries for Jake Matter (Env. Manager) and sample collection details.

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, 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 DISCHARGES OCCURRING AT THIS OUTFALL

Two large rectangular boxes for image descriptions, each with a placeholder 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

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

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

7A

Substantially Identical Outfall? Yes, No

7B,7C,7D,7E

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

| | Name | Title | Discharge Began | Date | Time |
|--------------------|-------------|--------------|------------------|------------|------------|
| Collecting sample: | Jake Matter | Env. Manager | | Enter Date | Enter Text |
| | Enter Text | Enter Text | Sample Collected | 5/1/2024 | 2:00 |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 2:30 |

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).

Enter Text

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

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

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

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.

9A

Substantially Identical Outfall? Yes, No

9B,9C

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with columns for Name, Title, Discharge Began, Date, and Time. Includes entries for Jake Matter (Env. Manager) and sample collection details.

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 OCCURRING AT THIS OUTFALL

Two large rectangular boxes for image descriptions, each containing a light blue placeholder and the 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.

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter

Signature

5/1/24

Enter Date

Date Signed

MSGP Quarterly Visual Assessment Form

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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 | | Enter Date | Enter Text |
| | Enter Text | Enter Text | Sample Collected | Enter Date | Enter Text |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 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

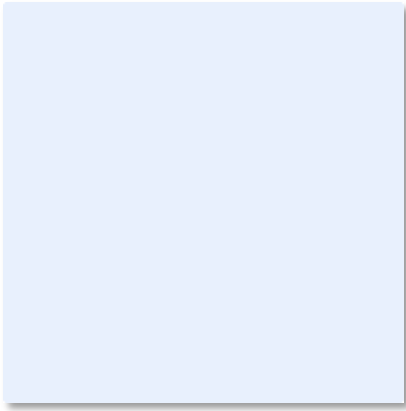
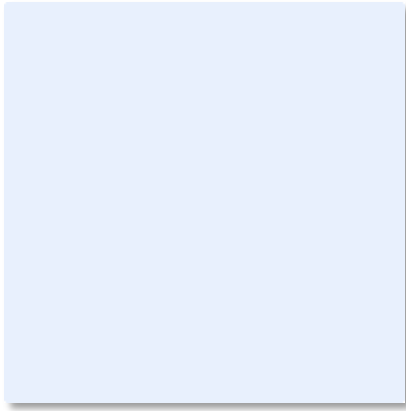
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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 OCCURRING AT THIS OUTFALL

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

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Jake Matter

Name

Environmental Manager

Title

Jacob Matter
Signature

5/1/24

Enter Date

Date Signed

MSGP Quarterly Visual Assessment Form

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Fairbanks International Airport

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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 | | Enter Date | snowmelt |
| | Enter Text | Enter Text | Sample Collected | 5/1/2024 | 11:00 am |
| Examining sample: | Enter Text | Enter Text | Sample Examined | 5/1/2024 | 11:30 am |

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): Rich organic matter smell

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): some broken down organic matter

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: 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.

Jake Matter

Name

Environmental Manager

Title

Signature

Enter Date

Date Signed