



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
MSGP Quarterly Visual Assessment
MSGP 6.2

A separate form is required for each outfall. Annual sampling requirements at each outfall: One sample from snowmelt discharge and three from rainfall storm events; one inspection per quarter (three-month period). Collect sample using a clean, clear container within 30 minutes of the beginning of a discharge (if not possible, describe why on an Exception Form and conduct a makeup inspection during the same quarter). Examine the outfall sample in a well-lit area and record the results for each site below. If there is no discharge at a particular outfall, then record "no discharge" on the form.

Name of Facility	Fairbanks International Airport	Outfall Site I.D.	N/A
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	N/A
Inspector Name(s)	N/A		
Weather Conditions/Notes	N/A		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> <i>Snowmelt Runoff</i>	<input type="checkbox"/> <i>Rainfall Runoff</i>	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u>	<u>Rainfall (Inches)</u>	<u>Time Since Prior Rainfall Event (Days)</u>
Reason if Sample Not Collected Within First 30 Min.	N/A		
Additional Comments	Due to staff absence because of COVID-19, this third quarterly visual inspection did not occur. It was confirmed with Maintenance and Operations staff that the airport property was properly maintained since the last inspection and as it has been in the past. Inspections will resume on schedule next season.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> <i>Clear</i>	<input type="checkbox"/> <i>Cloudy</i>	<input type="checkbox"/> <i>Dark</i>	
Odor	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Sewage</i>	<input type="checkbox"/> <i>Rotten Eggs</i>	
Clarity	<input type="checkbox"/> <i>Clear</i>	<input type="checkbox"/> <i>Cloudy</i>	<input type="checkbox"/> <i>Dark</i>	
Floating Solids	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Present</i>		
Settled Solids	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Present</i>		
Suspended Solids	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Present</i>		
Foam	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Present</i>		
Oil Sheen	<input type="checkbox"/> <i>Absent</i>	<input type="checkbox"/> <i>Present</i>	<input type="checkbox"/> <i>Smell</i>	



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Stains at Outfall	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time	N/A			

Printed Name: Angie Spear

Title: Airport Manager

Signature: _____