



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.	1b, 3a, 4b, 5a, 5b, 6c, 7b, 8b, 9b, 10, 11
APDES Tracking No.	AKR_06ROAB76	Sample Collection Date & Time	n/a
Inspector Name(s)	n/a		
Weather Conditions/Notes	Freezing temperatures		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
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.	No sampling due to freezing temperatures		
Additional Comments	Monthly visual inspections performed, but no discharge due to freezing temperatures. All 2021 quarterly (4) discharges will be conducted during discharge events.		

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



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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				

Printed Name: Angie Spear

Title: Airport Manager

Signature: 