



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
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: *Jeremy Langton*



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	3a
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments	Unable to take a sample because the water was frozen at the surface.		

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	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	4b
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	5a
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	5b
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" 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.			
Additional Comments			

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	04/28/2021			

Printed Name: Jeremy Langton Title: Engineering Assistant

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	6c
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	7b
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	8b
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	9b
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" 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.			
Additional Comments			

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	04/28/2021			

Printed Name: Jeremy Langton Title: Engineering Assistant

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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	10
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input checked="" 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.			
Additional Comments			

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



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	04/28/2021			

Printed Name: Jeremy Langton Title: Engineering Assistant

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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.	11
APDES Tracking No.	AKR <u>06R0</u> AB76	Sample Collection Date & Time	4/28/21
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	49° Sunny		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" 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.			
Additional Comments			

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	04/28/2021			

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: *Jeremy Langton*