

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
Outfall Name

Substantially Identical Outfall? Yes, No

1a
(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample:	<u>Elise N. Thomas</u> Name	<u>Env. Manager</u> Title
Examining sample:	<u>Enter Text</u> Name	<u>Enter Text</u> Title

	Date	Time
Discharge Began	9/14/2022	09:50
Sample Collected	Enter Date	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, 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.

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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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

September 14, 2022

Date Signed

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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)

				Date	Time
Collecting sample:	Elise N. Thomas <small>Name</small>	Env. Manager <small>Title</small>	Discharge Began	9/14/2022	09:45
Examining sample:	Enter Text <small>Name</small>	Enter Text <small>Title</small>	Sample Collected	Enter Date	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 0.25-0.75 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).

Cloudy, slight rain 48 F ; pH6

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

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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)

Collecting sample:	<u>Elise N. Thomas</u> Name	<u>Env. Manager</u> Title
Examining sample:	<u>Enter Text</u> Name	<u>Enter Text</u> Title

	Date	Time
Discharge Began	9/14/2022	09:42
Sample Collected	Enter Date	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 0.25-0.75 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

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Cloudy, slight rain 48 F ; pH6

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

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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		9/14/2022	10:02
	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 0.25-0.75 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).

Cloudy, slight rain 48 F ; pH6 , slight sheen in water likely from vegetation decay

	
<p>Description: Click or tap here to enter text.</p>	<p>Description: Click or tap here to enter text.</p>

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5b
Outfall Name

Substantially Identical Outfall? Yes, No

Enter Text

(If yes, list other outfalls)

Person(s)/Title(s)

Collecting sample:	<u>Elise N. Thomas</u> Name	<u>Env. Manager</u> Title
Examining sample:	<u>Enter Text</u> Name	<u>Enter Text</u> Title

	Date	Time
Discharge Began	9/14/2022	09:55
Sample Collected	Enter Date	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 0.25-0.75 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

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Cloudy, slight rain 48 F ; pH6

	
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.

6a

Substantially Identical Outfall? Yes, No

6a-6c

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with 3 columns: Person/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, 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

Table with 2 columns and 1 row for description. Includes placeholder text: Description: Click or tap here to enter text.

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Elise N. Thomas

Name

Environmental Manager

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Signature

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Name of Facility

APDES Tracking No.

7d

Substantially Identical Outfall? Yes, No

7a-7e

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with 3 columns: Person/Action, Name, Title, Date, Time. Includes entries for 'Collecting sample' and 'Examining sample'.

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

Table with 2 columns and 1 row for image descriptions. Each cell contains a large blue rectangular area and a text prompt: '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

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Signature

Environmental Manager

Title

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Name of Facility

APDES Tracking No.

9a 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:	Elise N. Thomas	Env. Manager		9/14/2022	10:50
	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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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:	Elise N. Thomas	Env. Manager		9/14/2022	10:42
	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, Globs, Sheen, Slick, Other (describe): Enter Text

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

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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		Enter Date	Enter Text
	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

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Parameters:

Color: None, Other, (describe): Enter Text

Odor: None, Musty, Sewage, Sulfur, Sour, Petroleum/Gas (describe): Enter Text
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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

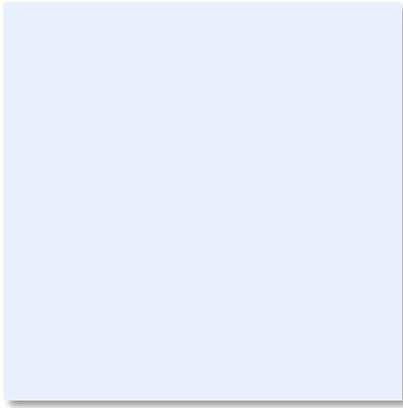
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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

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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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