

**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:	Elise N. Thomas	Env. Manager	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	5/16/2023	07:42

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  No,  Yes, (describe): Enter Text

Suspended Solids:  No,  Yes, (describe): Enter Text

Foam (gently shake sample):  No,  Yes, (describe): Enter Text


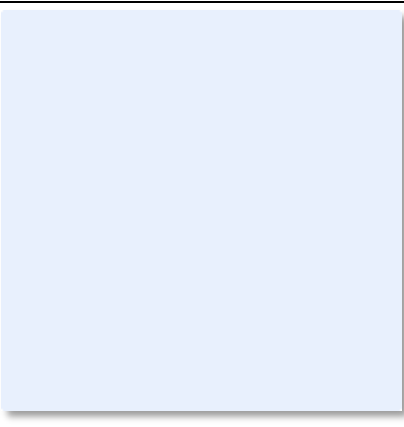
Oil Sheen:  None,  Flecks,  Globs,  Sheen,  Slick,  Other (describe): Enter Text

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

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

<sup>1</sup> 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.

<sup>2</sup> 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)**

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

May 16, 2023

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.

**11** 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	Enter Date	Enter Text
Examining sample:	Enter Text <small>Name</small>	Enter Text <small>Title</small>	Sample Collected	Enter Date	Enter Text
			Sample Examined	5/16/2023	07:47

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  No,  Yes, (describe): Enter Text

Suspended Solids:  No,  Yes, (describe): slight vegetation

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: <a href="#">Click or tap here to enter text.</a>	Description: <a href="#">Click or tap here to enter text.</a>

<sup>1</sup> 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.

<sup>2</sup> Observe for settled solids after allowing the sample to sit for approximately one-half hour.

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

May 16, 2023

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:	Elise N. Thomas	Env. Manager		Enter Date	Enter Text
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:			Sample Examined	5/16/2023	07:58

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  No,  Yes, (describe): Enter Text

Suspended Solids:  No,  Yes, (describe): slight vegetation

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



<sup>1</sup> 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.

<sup>2</sup> 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)*

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

May 16, 2023

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.

**1b** Substantially Identical Outfall?  Yes,  No

**1a**

Outfall Name

(If yes, list other outfalls)

**Person(s)/Title(s)**

	Name	Title	Discharge Began	Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	5/16/2023	08:04

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  No,  Yes, (describe): Enter Text

Suspended Solids:  No,  Yes, (describe): Enter Text

Foam (gently shake sample):  No,  Yes, (describe): Enter Text

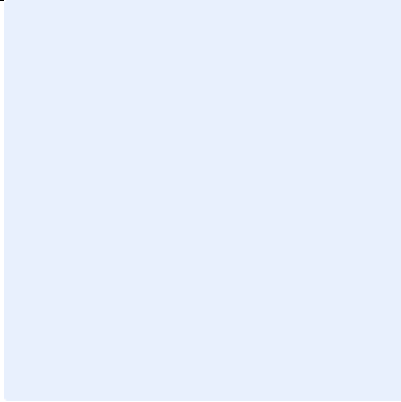
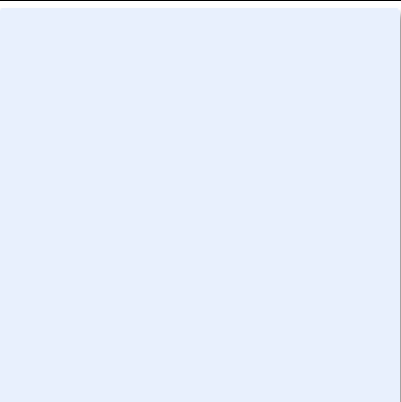
Oil Sheen:  None,  Flecks,  Globs,  Sheen,  Slick,  Other (describe): Enter Text

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).

Dry; not flowing

	
Description: <a href="#">Click or tap here to enter text.</a>	Description: <a href="#">Click or tap here to enter text.</a>

<sup>1</sup> 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.

<sup>2</sup> 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)**

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

May 16, 2023

Date Signed



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**AK06AB76**

Name of Facility

APDES Tracking No.

**5b** Substantially Identical Outfall?  Yes,  No

**5a**

Outfall Name

(If yes, list other outfalls)

**Person(s)/Title(s)**

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Elise N. Thomas</u>	<u>Env. Manager</u>		Enter Date	Enter Text
	Name	Title			
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Collected	Enter Date	Enter Text
	Name	Title	Sample Examined	<u>5/16/2023</u>	<u>08:10</u>

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  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

	
<p>Description: <a href="#">Click or tap here to enter text.</a></p>	<p>Description: <a href="#">Click or tap here to enter text.</a></p>

<sup>1</sup> 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.

<sup>2</sup> 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)**

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

May 16, 2023

Date Signed

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**AK06AB76**

Name of Facility

APDES Tracking No.

**5a** Substantially Identical Outfall?  Yes,  No

**5b**

Outfall Name

(If yes, list other outfalls)

**Person(s)/Title(s)**

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Elise N. Thomas</u>	<u>Env. Manager</u>		Enter Date	Enter Text
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Examined	<u>5/16/2023</u>	<u>08:15</u>
	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,  No<sup>1</sup>, if No explain: Enter Text

**Parameters:**

Color:  None,  Other, (describe): slight yellow/green hue

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

Clarity:  Clear,  Slightly Cloudy,  Cloudy,  Opaque,  Other

Floating Solids:  No,  Yes, (describe): Enter Text

Settled Solids<sup>2</sup>:  No,  Yes, (describe): Enter Text

Suspended Solids:  No,  Yes, (describe): Vegetation

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).

Need to remove grass from outfall; currently slowing flow. Maintenance will be cleaning this outfall.

	
Description: <u>Sample jar</u>	Description: <u>Outfall partially blocked with grass</u>

<sup>1</sup> 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.

<sup>2</sup> 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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Elise N. Thomas

Name



Signature

Environmental Manager

Title

May 16, 2023

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)**

	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:			Sample Examined	5/16/2023	08:35

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  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).

Dry; not flowing

Description: <a href="#">Click or tap here to enter text.</a>	Description: <a href="#">Click or tap here to enter text.</a>

<sup>1</sup> 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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Elise N. Thomas

Name



Signature

Environmental Manager

Title

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**AK06AB76**

Name of Facility

APDES Tracking No.

**7e** Substantially Identical Outfall?  Yes,  No

**7a, 7b, 7c, 7d,**

Outfall Name

(If yes, list other outfalls)

**Person(s)/Title(s)**

	Name	Title	Discharge Began	Date	Time
Collecting sample:	<u>Elise N. Thomas</u>	<u>Env. Manager</u>		Enter Date	Enter Text
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	<u>Enter Text</u>	<u>Enter Text</u>	Sample Examined	<u>5/16/2023</u>	<u>08:45</u>
	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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  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).

**Dry; not flowing**

Description: <a href="#">Click or tap here to enter text.</a>	Description: <a href="#">Click or tap here to enter text.</a>

<sup>1</sup> 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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Elise N. Thomas

Name



Signature

Environmental Manager

Title

May 16, 2023

Date Signed



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**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:	Elise N. Thomas	Env. Manager		Enter Date	Enter Text
	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
Examining sample:			Sample Examined	5/16/2023	08:56

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  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).

Dry; not flowing

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

<sup>1</sup> 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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---

**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

May 16, 2023

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.

9b

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	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	5/16/2023	09:03

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,  No<sup>1</sup>, 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 Solids<sup>2</sup>:  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).

Dry; not flowing

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

<sup>1</sup> 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.

<sup>2</sup> 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)*

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