

# 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	8/8/2023	09:21

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

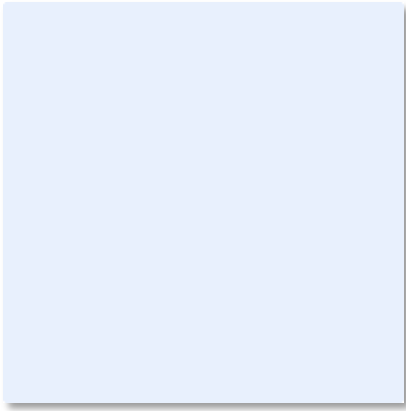
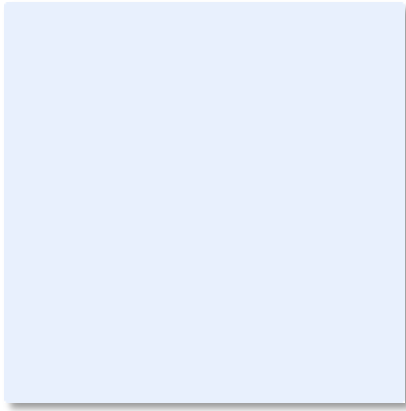
Oil Sheen:  None,  Flecks,  Globbs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE; checked substantially identical outfall (1a)**

	
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.

**MSGP Quarterly Visual Assessment Form**

*(Complete a separate form for each outfall you assess)*

---

**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

Environmental Manager

Name

Title



8/8/2023

Signature

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	8/8/2023	09:12

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

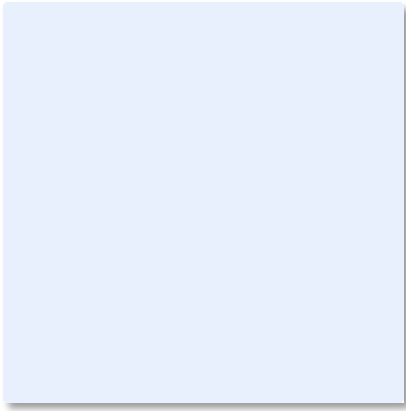
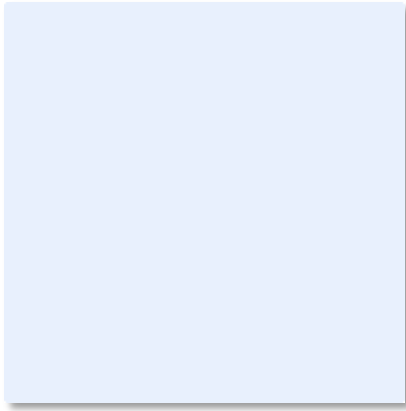
Oil Sheen:  None,  Flecks,  Globs,  Sheen,  Slick,  Other (describe): Enter Text

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).

NO DISCHARGE; high waters and no visible flow

	
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**

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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

Environmental Manager

Name

Title



8/8/2023

Signature

Date Signed

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*(Complete a separate form for each outfall you assess)*

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**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	8/8/2023	09:05

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).

**NO DISCHARGE; high waters and no visible flow**

	
<p>Description: <b>Outfall view</b></p>	<p>Description: <b>Sample from high water</b></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

Environmental Manager

Title



Signature

8/8/2023

Date Signed

Type text here

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**AK06AB76**

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	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	8/8/2023	09:37

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

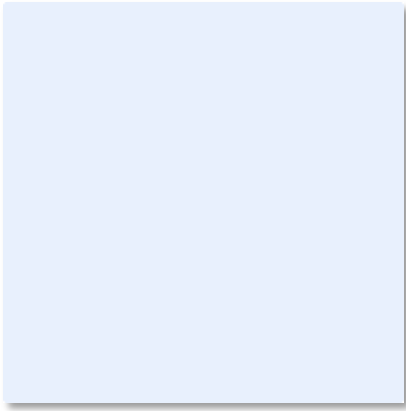
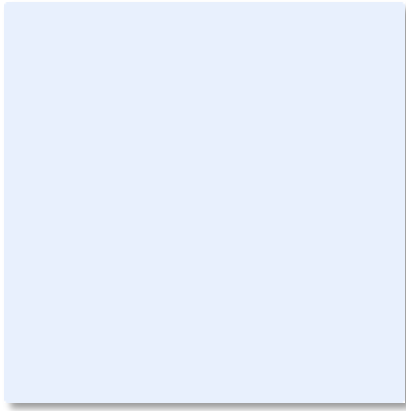
Oil Sheen:  None,  Flecks,  Globbs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE**

	
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.

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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

Environmental Manager

Name

Title



8/8/2023

Signature

Date Signed



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**AK06AB76**

Name of Facility

APDES Tracking No.

**5b**

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	8/8/2023	09:29

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

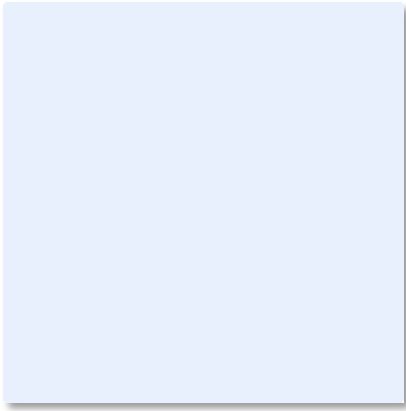
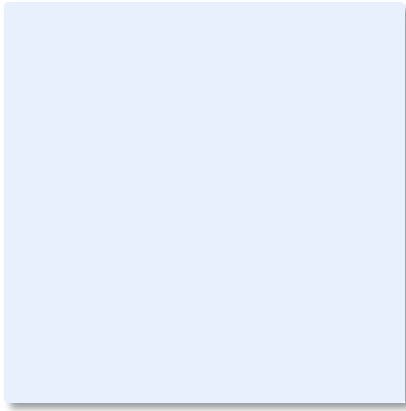
Oil Sheen:  None,  Flecks,  Globs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE**

	
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.

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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

Environmental Manager

Name

Title



8/8/2023

Signature

Date Signed

**MSGP Quarterly Visual Assessment Form**

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**Fairbanks International Airport**

**AK06AB76**

Name of Facility

APDES Tracking No.

**6b** Substantially Identical Outfall?  Yes,  No

**6a, 6c**

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>8/8/2023</u>	<u>09:55</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

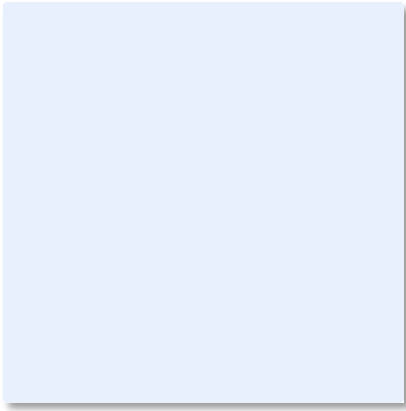
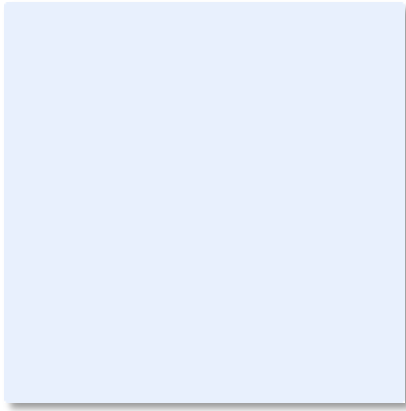
Oil Sheen:  None,  Flecks,  Globbs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE**

	
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

8/8/2023

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.

7d Substantially Identical Outfall? [X] Yes, [ ] No

7a, 7b, 7c, 7e

Outfall Name

(If yes, list other outfalls)

Person(s)/Title(s)

Table with columns for Name, Title, Date, and Time. Rows include Collecting sample, Examining sample, Discharge Began, Sample Collected, and Sample Examined.

Substitute Sample? [ ] Yes, [X] No. If Yes, identify quarter/year when sample was originally scheduled to be collected): Enter Text

Nature of Discharge: [X] Rainfall, [ ] Snowmelt, If rainfall: Rainfall Amount Enter Text inches

Previous Storm Ended > 72 hours before Start of This Storm? [X] 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

Two large rectangular boxes for image descriptions, each with a placeholder 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.

**MSGP Quarterly Visual Assessment Form**

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Elise N. Thomas

Environmental Manager

Name

Title



8/8/2023

Signature

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.

**9c** Substantially Identical Outfall?  Yes,  No

**9a, 9b**

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>8/8/2023</u>	<u>10:45</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

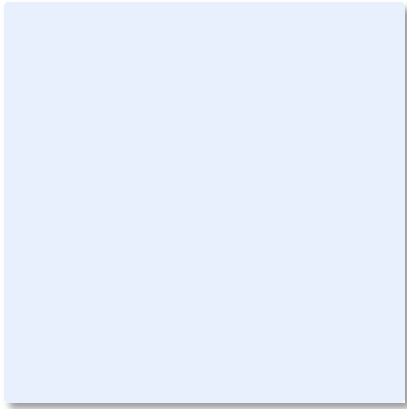

Oil Sheen:  None,  Flecks,  Globbs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE**

	
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

Environmental Manager

Name

Title



8/8/2023

Signature

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.

**10** Substantially Identical Outfall?  Yes,  No

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>8/8/2023</u>	<u>10:30</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

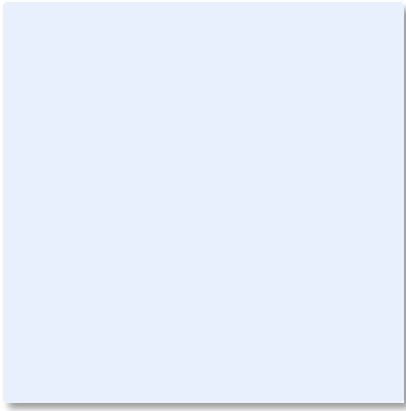
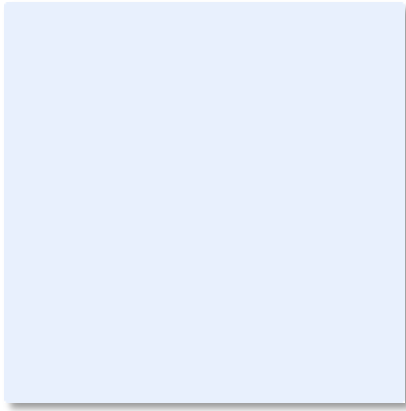
Oil Sheen:  None,  Flecks,  Globbs,  Sheen,  Slick,  Other (describe): Enter Text

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).

**NO DISCHARGE**

	
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.

**MSGP Quarterly Visual Assessment Form**

*(Complete a separate form for each outfall you assess)*

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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

Environmental Manager

Name

Title



8/8/2023

Signature

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)**

	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	8/8/2023	09:00

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

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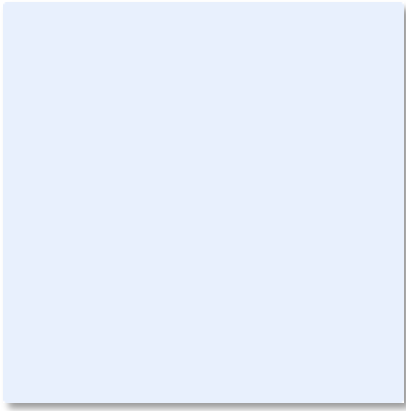
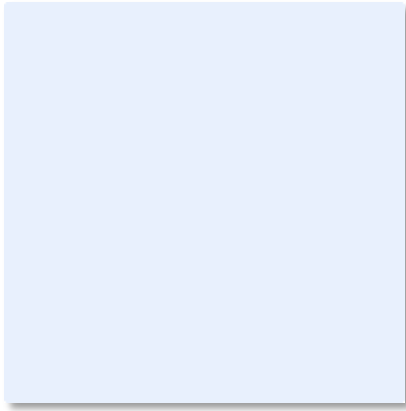
Oil Sheen:  None,  Flecks,  Globes,  Sheen,  Slick,  Other (describe): Enter Text

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**NO DISCHARGE**

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

<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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**MSGP Quarterly Visual Assessment Form**

*(Complete a separate form for each outfall you assess)*

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Elise N. Thomas

Environmental Manager

Name

Title



8/8/2023

Signature

Date Signed