

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Fairbanks International Airport

AK06AB76

Name of Facility

APDES Tracking No.

1a Substantially Identical Outfall? Yes, No

1b

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	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

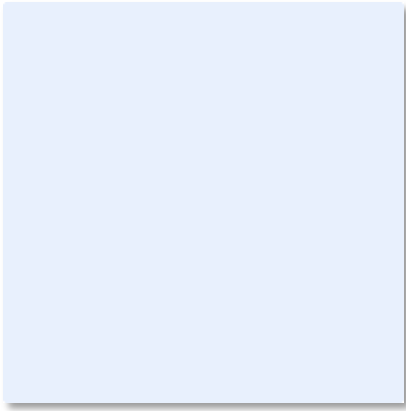
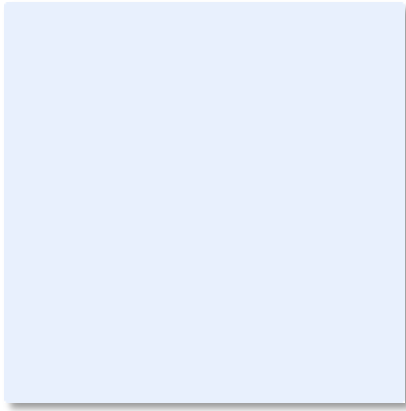
Oil Sheen: None, Flecks, Globes, Sheen, Slick, Other (describe): Enter Text

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

Environmental Manager

Name

Title



8/25/2023

Signature

Date Signed

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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	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

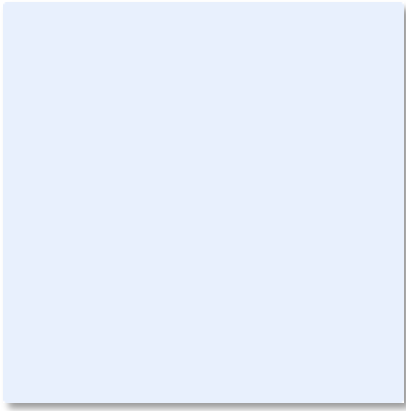
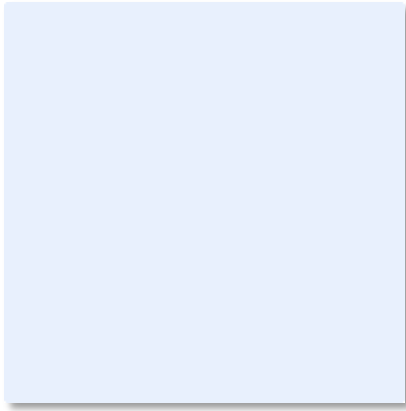
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Elise N. Thomas

Environmental Manager

Name

Title



8/25/2023

Signature

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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)

	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	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

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Settled Solids²: No, Yes, (describe): Enter Text

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

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

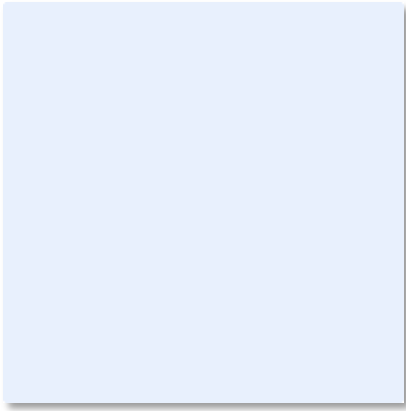
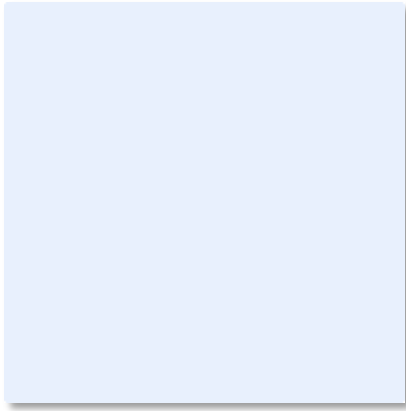
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Other Obvious Indicators of Stormwater Pollution: No, Yes, (describe): Enter Text

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below

(attach additional sheets as necessary).

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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

8/25/2023

Date Signed

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Name of Facility

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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		Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	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

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Parameters:

Color: None, Other, (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

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Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below

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Elise N. Thomas

Name



Signature

Environmental Manager

Title

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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		8/25/2023	0910
	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, Globes, Sheen, Slick, Other (describe): Enter Text

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

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

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Environmental Manager

Name

Title



8/25/2023

Signature

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APDES Tracking No.

6c Substantially Identical Outfall? Yes, No

6a, 6b

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
Examining sample:	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
	Name	Title	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


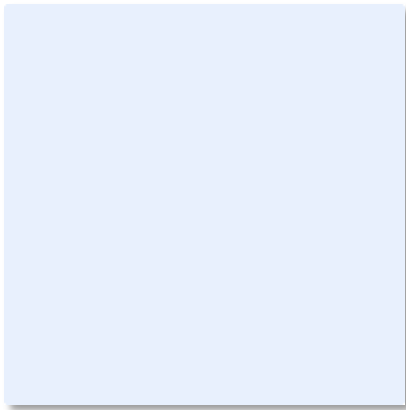
Oil Sheen: None, Flecks, Globs, Sheen, Slick, Other (describe): Enter Text

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

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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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Elise N. Thomas

Environmental Manager

Name

Title



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Signature

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7c Substantially Identical Outfall? Yes, No

7a, 7b, 7d, 7e

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
Examining sample:	Enter Text	Enter Text	Sample Collected	Enter Date	Enter Text
	Name	Title	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

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Settled Solids²: No, Yes, (describe): Enter Text

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Name

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Signature

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APDES Tracking No.

9a Substantially Identical Outfall? Yes, No

9b, 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		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

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

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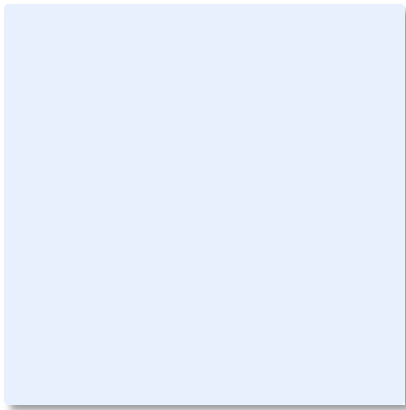
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10 Substantially Identical Outfall? Yes, No

Outfall Name

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Person(s)/Title(s)

	Name	Title		Date	Time
Collecting sample:	Elise N. Thomas	Env. Manager	Discharge Began	Enter Date	Enter Text
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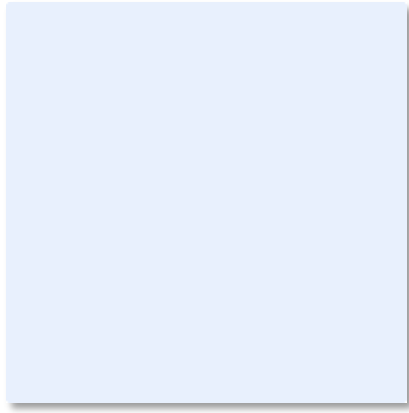
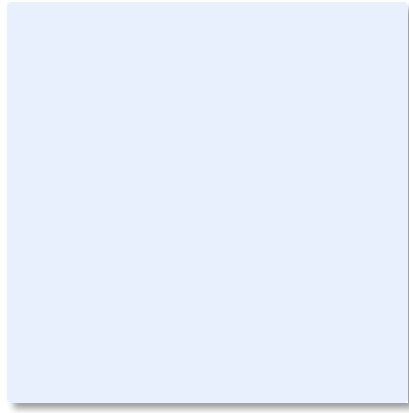
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Environmental Manager

Name

Title



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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	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	Enter Date	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

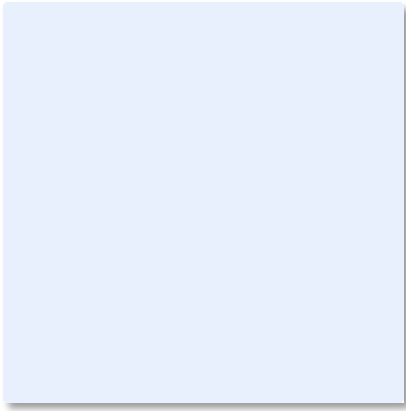
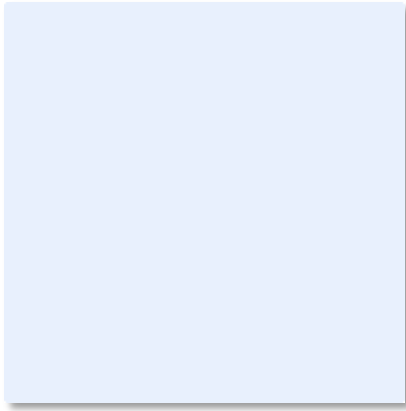
Oil Sheen: None, Flecks, Globbs, Sheen, Slick, Other (describe): Enter Text

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

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.

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

Name



Signature

Environmental Manager

Title

8/25/2023

Date Signed