

**Juneau International Airport  
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>LOWER DUCK CREEK</b>	Outfall/Inflow No.	<b>1</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	013	Time Sample Examined:	0220
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total Rainfall last 24 hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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.			
Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

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Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>UPPER DUCK CREEK-1</b>	Outfall/Inflow No.	<b>2</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0117	Time Sample Examined:	0225
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.89"		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: total rainfall last 24 hrs 0.89"		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Small vegetation <sup>etc</sup> suspended materials	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

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Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>UPPER DUCK CREEK-2</b>	Outfall/Inflow No.	<b>3</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/20
Time Sample Collected:	0119	Time Sample Examined:	0230
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.89"		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: Rainfall totals of 0.89" last 24 hrs		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

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Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>TERMINAL AREA DISCHRG</b>	Outfall/Inflow No.	<b>6</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0127	Time Sample Examined:	0232
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total Rainfall last 24hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
<b>Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)</b>			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

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Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<del>TW</del> <del>EX</del> <del>INFIELD</del> <del>WEST</del>	Outfall/Inflow No.	<del>X</del> no longer applicable
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:		Date Sample Examined:	
Time Sample Collected:		Time Sample Examined:	
Substitute Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input type="checkbox"/> None <input type="checkbox"/> Colored		
Odor:	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other		
Oil:	<input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other		
Clarity:	<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other		
Floating Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge (with applicable documentation) that less than a 72-hour interval is representative of local conditions.			
** Observe for settled solids after allowing the sample to sit for approximately one-hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
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Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

Outfall no longer exists

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Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42		
Name of Outfall/Inflow:	<del>TIYX DFIEXD BAX</del>	Outfall/Inflow No.	<del>X</del> no longer applicable		
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance		
Person(s) Examining Sample:	Christopher O'Brien	Title:	Airfield Maintenance		
Date Sample Collected:		Date Sample Examined:			
Time Sample Collected:		Time Sample Examined:			
Substitute Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:				
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____				
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:				
Parameter					
Color:	<input type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:			
Odor:	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:			
Oil:	<input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other				
Clarity:	<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other				
Floating Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
* The 72-hour interval can be waived when the previous storm did not yield a measurable storm water discharge (or other applicable documentation) that less than a 72-hour interval is representative of 1					
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes					
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).					
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)					
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Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020		

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Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>NE DEVELOPMNT OUTLET</b>	Outfall/Inflow No.	<b>9</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	<i>11/29/2020</i>	Date Sample Examined:	<i>11/29/2020</i>
Time Sample Collected:	<i>0135</i>	Time Sample Examined:	<i>0238</i>
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <i>0.89"</i>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <i>total rainfall last 24hrs 0.89"</i>		
Parameter			
Color:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Colored	If colored please describe: <i>light straw color</i>	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
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Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

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Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>TWY G CULVERT</b>	Outfall/Inflow No.	<b>10</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0142	Time Sample Examined:	0244
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total rainfall in 24 hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
<b>Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)</b>			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020



**Juneau International Airport  
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>JORDAN CRK CULVRT OUT</b>	Outfall/Inflow No.	<b>11</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0146	Time Sample Examined:	0247
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total Rainfall last 24hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

**Juneau International Airport**  
**Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>TWY D-E INFIELD DRNAGE</b>	Outfall/Inflow No.	<b>12</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0130	Time Sample Examined:	0250
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total Rainfall last 24hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>Small vegetation litter Particle floating</u>	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

**Juneau International Airport**  
**Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>RWY TRENCH DRAIN OUTL</b>	Outfall/Inflow No.	<b>13</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0153	Time Sample Examined:	0255
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total Rainfall last 24WS 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

**Juneau International Airport  
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	NW DEVELOP AREA OUTL	Outfall/Inflow No.	14
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0157	Time Sample Examined:	0302
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.99"		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: total Rainfall last 24 hrs 0.99"		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

**Juneau International Airport  
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>POND PKG AREA OUTLET</b>	Outfall/Inflow No.	<b>15</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0159	Time Sample Examined:	0305
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89"</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total rainfall 1" + 24 WS @ .89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020

**Juneau International Airport  
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	<b>POND DISCHARGE-RIVER</b>	Outfall/Inflow No.	<b>16</b>
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	11/29/2020	Date Sample Examined:	11/29/2020
Time Sample Collected:	0200	Time Sample Examined:	0307
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.89</u>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>total rainfall last 24 hrs 0.89"</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* 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.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K Wahto</i>	Date:	11/30/2020