MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Facility:		Juneau Internationa				cing No.	AKRO6AD42		
Name of Outfall/I		LOWER DUCK C			ll/Inflov	v No.	1		
Person(s) Collect		Christopher A O'Br		Title:			Airfield Maintenance		
Person(s) Examin		Christopher A O'Br	ien	Title:			Airfield Maintenance		
Date Sample Col		8/12/21				Examined:	8/12/2		
Time Sample Col		0901				Examined:	1210		
Substitute Sample Yes No	e?	If yes please specify			•				
Type of discharge Rainfall S									
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: ,S 7" IN+ 71 HN in Current Storm One of the storm of								
INC. THE STATE OF		1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Daw	om otom	1				
Color:	None □ Colored	PINCE IN CHIEF TO A STATE OF	rar	ameter	If colors	ed please describe			
			r 🗆 Sour 🗆			please describe:			
Pet	Petroleum/Gasoline Solvents Other								
Oil:	:					If other please describe:			
	Clarity:					please describe;			
Floating Solids?			☐ Yes 🗹	No	If yes pl	ease describe:			
Settled Solids**?			☐ Yes 🗹	No	If yes pl	ease describe:			
Suspended Solids	s?		☐ Yes 🖸	No	If yes pl	ease describe:			
Foam? (gently sh	nake sample)		☐ Yes 🗹	No	If yes pl	ease describe:			
Other obvious ind	dicators of water po	llution?	☐ Yes 🗹	No	If yes pl	ease describe:			
* The 72-hour int applicable docum	terval can be waived tentation) that less the	I when the previous st han a 72-hour interval	torm did not y	rield a me tive of loo	asurable cal storn	discharge or if you events during th	ou are able to document (attach e sampling period.		
** Observe for se	ttled solids after all	owing the sample to s	it for approxi	mately on	ne-half h	our			
Was it possible to	take samples withi f an actual discharg	n the 🛮 Yes 🗆		no please					
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
Certification by Fa	cility Responsible C	Official (Refer to MSGP	Appendix A. S	Subsection	n 1.12)				
I certify under penal assure that qualified or those persons dir	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. Waht	0		Title:		Airport Manager			
Signature:		Kalalike		Date:		8-18-2	021		

		Quarterly Vi			Lea Maria Salana			
		olete a separate			Livings (17.19			
Name of Facility:	Juneau International			Fracking No.	AKRO6AD42			
Name of Outfall/Inflow:	UPPER DUCK CR			nflow No.	2 Airfield Maintenance			
Person(s) Collecting Sample:	Christopher A O'Br		Title:					
Person(s) Examining Sample:		Christopher A O'Brien T			Airfield Maintenance			
Date Sample Collected:	8/12/21			nple Examined:	8/12/21			
Time Sample Collected:	v906			nple Examined:	1228			
Substitute Sample? ☐ Yes ☑ No	□ Yes ☑ No							
Type of discharge: ☑ Rainfall □ Snowmelt	fall Snowmelt							
	Previous Storm Ended > 72 hours before Start of This Storm? If no please explain*: , 37 15+ 72 HRS in Current Storm No*							
TOTAL COMPONENT OF TOTAL	Actives the recording to	Рома	motor					
Color: None Co	ored	rara	meter If c	olored please desc	ribe:			
		· D Sour D		ther please describ				
Petroleum/Gasoli	Petroleum/Gasoline □ Solvents □ Other							
Oil: ✓ None □ Fle	cks 🗆 Globs 🗆 Sheen	□ Slick □ (Other If o	If other please describe:				
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				ther please describ	· · · · · · · · · · · · · · · · · · ·			
Floating Solids?		☐ Yes Ø 1		es please describe				
Settled Solids**? ☐ Yes ☑ N				es please describe				
Suspended Solids?		☐ Yes 🗹 1	No If y	es please describe				
Foam? (gently shake sample)		☐ Yes 🗷]	No If y	es please describe				
Other obvious indicators of water	er pollution?	☐ Yes 🗾	No If y	es please describe				
* The 72-hour interval can be w applicable documentation) that	aived when the previous st ess than a 72-hour interval	orm did not yi is representati	eld a measu ive of local	rable discharge or storm events durin	if you are able to document (attach g the sampling period.			
** Observe for settled solids aft	er allowing the sample to s	it for approxin	nately one-h	alf hour.				
Was it possible to take samples first 30 minutes of an actual dist a measurable storm water event	charge from	No If n	no please ex	plain:				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Cortification by Esciliby Doonana	ble Official (Pofer to MCCD	Annendiy A Co	ubsection 1	12)				
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.			Title:	Airport Manag	ger			
	-Kulahde		Date:		-2021			

MSGP Quarterly Visual Assessment Form								
					n for each outfall			
Name of Faci		Juneau International Airpo		NPDES Tra		AKRO6AD42		
Name of Out		UPPER DUCK CREEK-		Outfall/Infl Title:	ow No.	3 Airfield Maintenance		
	llecting Sample:	Christopher A O'Brien						
	enson(s) Externing Sumpre			Title:		Airfield Maintenance		
Date Sample		8112/21			le Examined:	8/12/21		
Time Sample		0410				1229		
	Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken: ☐ Yes ☑ No							
Type of disch	narge: Snowmelt	If rainfall please specify rainfall amount (in inches):						
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No*							
THE RESERVOIR		e sovem deviation a 2x	Ранот	otow	MINUS ENGLIS	WELLIAM SHEW BUT IPSYME INCIDENCE STATES		
Color:	☑ None □ Colored	19/	Param		ored please describ	e:		
Odor:			Sour 🗆		er please describe:			
	:							
Oil:		□ Globs □ Sheen □ Sli	her If oth	If other please describe:				
Clarity:				II oth	er please describe:			
Floating Solids?					please describe:			
Settled Solids**? □ Yes ☑ No					please describe:			
Suspended So	olids?		'es 🗷 No		please describe:			
Foam? (gent	ly shake sample)		'es 🗹 No		please describe:			
	s indicators of water po		'es 🗹 No		please describe:			
* The 72-hou applicable do	r interval can be waived cumentation) that less t	d when the previous storm di han a 72-hour interval is repr	d not yield resentative	d a measura e of local sto	ble discharge or if y orm events during the	you are able to document (attach he sampling period.		
** Observe for	or settled solids after all	owing the sample to sit for a	pproximat	tely one-hal	f hour.			
	le to take samples withi		If no	please expl	ain:			
	tes of an actual discharg storm water event?	e from						
Detail any co necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
				-				
Certification b	y Facility Responsible C	Official (Refer to MSGP Appen	dix A, Sub	section 1.12				
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Name:	Patricia K. Waht	0		Title:	Airport Manager			
Signature:		Kyla who		Date:		-2021		

MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall									
47					of each outfall DES Tracking No. AKRO6AD42				
Name of Fac		Juneau International Air				6			
Name of Out		TERMINAL AREA DI Christopher A O'Brien	ISCHRG	Outfall/Infl Title:	IOW NO.	Airfield Maintenance			
	llecting Sample:								
* * * * * * * * * * * * * * * * * * * *	amining Sample:	Christopher A O'Brien		Title:	1 D 1 1	Airfield Maintenance			
Date Sample		8/12/21			le Examined:	8/11/21			
☐ Yes [Z]	res 🗹 No								
Type of disch	narge: Snowmelt	If rainfall please specify rainfall amount (in inches):							
1	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: 157" LAST 72 HRS in LUSTING 1+05 m								
			Parar	notor	2 7 S 1 1 S 2 1 S 1 C 1 S	DESCRIPTION POSTS SETTINGUES			
Color:	☑ None □ Colored		Farai		ored please descri	he:			
Odor:		☐ Sewage ☐ Sulfur ☐	Sour D		er please describe				
ouor.	Petroleum/Gasoline [Dour 🗀		3				
Oil:			Slick D O	ther If oth	er please describe	:			
On.	Oil:					If other please describe:			
Clarity:	Clarity:								
Floating Solids?					please describe:				
Settled Solid:	s**?		Yes 🔽 N		please describe:				
Suspended S	olids?		Yes 🗹 N	lo If yes	please describe:				
Foam? (gent	ly shake sample)		Yes 🗷 N	o If yes	please describe:				
Other obviou	s indicators of water po	llution?	Yes 🛮 N	o If yes	please describe:				
* The 72-hou applicable do	or interval can be waived cumentation) that less t	when the previous storm han a 72-hour interval is re	did not yiel epresentativ	ld a measura e of local sto	ble discharge or if orm events during	you are able to document (attach the sampling period.			
** Observe for	or settled solids after all	owing the sample to sit for	r approxima	ately one-hal	f hour.				
Was it possib	le to take samples withi	n the Yes No		please expl					
	tes of an actual discharg	e from							
a measurable	storm water event?								
Detail any co necessary).	ncerns, additional comr	nents, descriptions of pictor	ures taken, a	and any corre	ective actions take	n below (attach additional sheets as			
,									
Certification b	y Facility Responsible C	Official (Refer to MSGP App	endix A, Sul	bsection 1.12					
assure that qua	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. Waht	0		Title:	Airport Manager	г			
Signature:		Kalahto		Date:	8-18-				
	+acking	Malakto			0 10	1021			

		MSGP	Quarterly V	isual Assess	ment Form				
			plete a separat						
Name of Faci	lity:	Juneau Internationa	l Airport		Tracking No.	AKRO6AD42			
Name of Outf		TWY E-F INFIEL			nflow No.	7			
Person(s) Col	lecting Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance			
Person(s) Exa	mining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance			
Date Sample	Collected:			Date Sar	nple Examined:				
Time Sample	Collected:				mple Examined:				
Substitute Sar ☐ Yes ☐ N		If yes please specify	/ quarter/year	when sampl	e was originally sch	eduled to be taken:			
	Type of discharge: ☐ Rainfall ☐ Snowmelt If rainfall please specify rainfall amount (in inches):								
Previous Stort before Start of □ No*	m Ended > 72 four f This Storm? Yes	If no pleas explain	*:						
Parameter									
Color:	□ None □ Colore	ed	19		olored please descr	ibe:			
Odor:		☐ Sewage ☐ Sulfur ☐ Solvents ☐ Other		If o	ther please describe	24) Vij			
Oil;	□ None □ Flecks	□ Globs □ Sheen	□ Slick □	Other If o	If other please describe;				
Clarity:									
Floating Solid	ls?		☐ Yes ☐	No If y	es please lescroe.	N. C.			
Settled Solids**? □ Yes □ No					es please les ib				
Suspended So	olids?		☐ Yes ☐		es please describe:				
•	y shake sample)		□ Yes □		es please describe	J			
	s indicators of water p	ollution?	☐ Yes ☐		If yes please describe:				
* The 72-hour	r interval can be waiv		torm did not y	ield a measu	rable discharge or i storm events during	f you are able to document (attach g the sampling period.			
** Observe fo	r settled solids after a	allowing the sample to s	sit for approxi	nately one-l	nalf hour.				
first 30 minute	le to take samples wit es of an actual discha storm water event?		No If:	no please ex	plain				
Detail any cor necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by	y Facility Responsible	Official (Refer to MSGP	Appendix A, S	Subsection 1	12)				
assure that qua	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. Wa	hto		Title:	Alsport Manager				
Signature:				Date:					

				isual Assessm					
	Complete a separate form for each outfall								
Name of Facility		u Internationa			acking No.	AKRO6AD42			
Name of Outfall/		E INFIELD		Outfall/Inf	low No.	8			
Person(s) Collect	ting Sample: Chris	topher A O'Br	ien	Title:		Airfield Maintenance			
Person(s) Examin	ning Sample: Chris	topher O'Brier	1	Title:		Airfield Maintenance			
Date Sample Co					ole Examined:				
Time Sample Co.					ple Examined:				
Substitute Sample? Yes No If yes please specify quarter/year when sample was originally scheduled to be taken:									
Type of discharge:									
Previous Storm E before Start of Th □ No*	Ended > 72 hours If and Storm? ☐ Yes	Pase explain	*:						
□ N0.									
THE PERSON NAMED IN	是5000000000000000000000000000000000000		Par	ameter	加速型抗损性 体	人名英格兰 医克特氏染色 医乳毒素			
Color:	None Colored		5 .		lored please describ	pe:			
	□ None □ Musty □ Sewage □ Sultanour □ Petroleum/Gasoline □ Solvents □ Other				ner please describe:				
Oil:	None □ Flecks □ Glo	os 🗆 Sheen	□ Slio □	ther If oth	If other please describe:				
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					ner please describe:				
Floating Solids?			□ Yes □	No I ye	s please describe:				
Settled Solids**?			□ Yes □		s describe:				
Suspended Solids			□ Yes □		lease describe:				
Foam? (gently sl			□ Yes □		ple se describe:				
	dicators of water pollution?		☐ Yes ☐		s please describe:				
* The 72-hour int		the previous st	orm did not y	ield a measura	ble discharge or	you are able to document (attach the sampling period.			
** Observe for se	ettled solids after allowing t	he sample to s							
	o take samples within the of an actual discharge from m water event?	☐ Yes ☐	No If	no please expl	ain:				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
Certification by Fa	acility Responsible Official (Refer to MSGP	Appendix A, S	Subsection 1.12	2)				
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:	200			Date:					

MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Fac		Juneau Internationa			racking No.	AKRO6AD42			
Name of Out		NE DEVELOPM		Outfall/In	flow No.	9			
Person(s) Co	llecting Sample:	Christopher A O'B	rien	Title:		Airfield Maintenance			
Person(s) Ex	amining Sample:	Christopher A O'B	rien	Title:		Airfield Maintenance			
Date Sample					ple Examined:	8/12/21			
Time Sample		0935			ple Examined;	1235			
Substitute Sa	No				was originally sched				
	Type of discharge: Rainfall Snowmelt If rainfall please specify rainfall amount (in inches): 34 574 12 Am								
	Previous Storm Ended > 72 hours before Start of This Storm? If no please explain*: ,57 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
S I Shaward		T	Dane	meter	By SS MATERIA TAIN				
Color:	□ None ☑ Colored	III II SANGER	rara		lored please describe	e: 179m Straw			
Odor:	✓ None ☐ Musty		ır 🗆 Sour 🗀		her please describe;	() 4 5 1 1 4 5			
out.	Petroleum/Gasoline				F				
Oil:				Other If ot	her please describe;				
0	Oil:								
Clarity:	Clarity:				her please describe:				
Floating Solids?					s please describe:				
Settled Solid:	s**?		☐ Yes 🗹 1	No If ye	s please describe:				
Suspended S	olids?		☐ Yes 🗹 1	No If ye	s please describe:				
Foam? (gent	ly shake sample)		☐ Yes 🔼 1	No If yo	s please describe:				
Other obviou	s indicators of water po	llution?	☐ Yes 🗹 1	No If ye	s please describe:				
* The 72-hou applicable do	r interval can be waived cumentation) that less the	I when the previous s han a 72-hour interva	torm did not yi l is representati	eld a measur ive of local s	able discharge or if y torm events during th	ou are able to document (attach ne sampling period.			
** Observe fe	or settled solids after all			nately one-ha	ılf hour.				
first 30 minu	tele to take samples withites of an actual discharg storm water event?		l No If n	o please exp	lain;	a			
Detail any co necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Contification	v Casility Deananaible C	Minial (Defects MCCD	Annondly A C	ubsoction 4.4	2)	SERVE DESIGNATION DE SERVICIONE			
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. Waht	0		Title:	Airport Manager				
Signature:		Kulaluk	1	Date:	8-18-	2021			
	17760	/ VILLEUCO	11						

MSGP Quarterly Visual Assessment Form								
			plete a separate			T transcripto		
Name of Facility:		Juneau Internationa		NPDES To		AKRO6AD42		
Name of Outfall/I		TWY G CULVER		Outfall/Inf	low No.	10 Airfield Maintenance		
Person(s) Collecti		Christopher A O'Bı		Title:				
Person(s) Examin		Christopher A O'Bı	rien	Title:		Airfield Maintenance		
	Date Sample Collected: 8/12/21				le Examined:	8/12/14		
Time Sample Col		० १५३			ole Examined:	1240		
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken: Yes No								
Type of discharge ✓ Rainfall □ S	e of discharge: If rainfall please specify rainfall amount (in inches):							
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: .57" INF 72-HRS IN CONCOR Storm							
			D.			to pital mine/ha povi sa svi povi sa		
Color:	None □ Colored		Para	meter If co.	ored please describe	enting the state of the state o		
					er please describe:			
1 -		☐ Sewage ☐ Sund ☐ Solvents ☐ Other		n ou	ier preuse deserroe.	•		
Oil:	✓ None □ Flecks □ Globs □ Sheen □ Slick □ Other				If other please describe:			
Clarity:					er please describe:			
Floating Solids?					s please describe:			
Settled Solids**? ☐ Yes ☑ No					s please describe:			
Suspended Solids?					s please describe:			
Foam? (gently sh	ake sample)		☐ Yes ☑ 1	No If yes	s please describe:			
	licators of water po		☐ Yes 🗹 N		s please describe:			
* The 72-hour int applicable docum	erval can be waived entation) that less t	d when the previous s han a 72-hour interva	torm did not yie I is representati	eld a measura ve of local st	ble discharge or if y orm events during the	ou are able to document (attach ne sampling period.		
** Observe for se	ttled solids after all	owing the sample to s	sit for approxim	ately one-ha	lf hour.			
Was it possible to	take samples with f an actual discharg	in the Yes	l No If n	o please exp				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
		Per 1 1 / Pr 2	A . II . A .	1 41 4 . 4 . 4	2)			
Certification by Fa	cility Responsible C	Official (Refer to MSGP	Appendix A, Su	upsection 1.1	rootion or eunopyicion	in accordance with a system designed to		
assure that qualified	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. Waht	.0		Title:	Airport Manager			
Signature:	Fahir	Kulalek		Date:	8-18	- 2021		

MSGP Quarterly Visual Assessment Form								
			plete a separate					
Name of Facility:		Juneau Internationa			racking No.	AKRO6AD42		
Name of Outfall/Ir		JORDAN CRK CU		Outfall/Int	low No.	11		
Person(s) Collectin	ng Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance		
Person(s) Examini	ng Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance		
Date Sample Coll		8/12/21			ole Examined:	8112191		
Time Sample Coll	ected:	6956			ple Examined:	1248		
Substitute Sample					was originally sched			
Type of discharge: ✓ Rainfall □ St		If rainfall please specify rainfall amount (in inches): 0.34" Find 12Am						
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: . St" Inst takes in concern storm Concerns to the storm of the sto							
	No. of Contract of		Daws	· · · · · · · · · · · · · · · · · · ·		and some of using a six live of		
Color:	None 🗹 Colored	Constitution (Control	Para	imeter If co	lored please describe	e: 13mt Straw		
					her please describe:	2. 1(1, 1, 21) do		
Petr	or:				·			
Oil:	✓ None □ Flecks □ Globs □ Sheen □ Slick □ Other					If other please describe:		
	Clarity:				her please describe:			
Floating Solids?			☐ Yes ☑	No If ye	s please describe:			
Settled Solids**?			☐ Yes 🔼	No If ye	s please describe:			
Suspended Solids?			☐ Yes 🗹	No If ye	s please describe:			
Foam? (gently sha	ake sample)		☐ Yes 🗹	No If ye	s please describe:			
Other obvious indi		llution?	☐ Yes 🗷	No If ye	s please describe:			
* The 72-hour inte	rval can be waived	d when the previous st han a 72-hour interval	torm did not yi	eld a measurative of local st	able discharge or if y torm events during th	ou are able to document (attach ne sampling period.		
** Observe for set	tled solids after all	owing the sample to s	sit for approxin	nately one-ha	lf hour.			
Was it possible to first 30 minutes of a measurable storm	take samples withi an actual discharg	in the 🛮 🗹 Yes 🗆		no please exp	lain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
0 45.4	196 - Daniel - 197 - 197 - 197	Malal (Dafasta MOOD	Annandly A O	ubootion 4.4	2)			
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. Waht	50		Title:	Airport Manager	Airport Manager		
Signature:		Kalu Ho		Date:	8-18-	2021		

	MSGP Quarterl	y Visual Ass	sessme	nt Form			
	Complete a sepa	arate form fo	or each	outfall			
Name of Facility:	Juneau International Airport			cking No.	AKRO6AD42		
Name of Outfall/Inflow;	TWY D-E INFIELD DRNA	GE Outfa	tfall/Inflow No.		12		
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	itle:		Airfield Maintenance		
Person(s) Examining Sample:	Christopher A O'Brien	Title:			Airfield Maintenance		
Date Sample Collected;	8112/21			Examined:	8/12/21		
Time Sample Collected:	1006			e Examined:	1250		
Substitute Sample? ☐ Yes ☑ No	If yes please specify quarter/yo						
Type of discharge: ☐ Rainfall ☐ Snowmelt	If rainfall please specify rainfall amount (in inches):34" Since 12Am						
Previous Storm Ended > 72 hours before Start of This Storm? Yes No*							
		Parameter	1525	A PER SECOND	Michigan Company Company Company		
Color:				red please describe			
1 '	or: None Musty Sewage Sulfur Sour Petroleum/Gasoline Solvents Other			r please describe:			
Oil: ✓ None ☐ Flecks	✓ None □ Flecks □ Globs □ Sheen □ Slick □ Oth				If other please describe:		
Clarity: ✓ Clear Slightly Other			r please describe:				
Floating Solids?	Z No	If yes p	please describe:				
Settled Solids**?	☐ Yes	☑ No	If yes p	olease describe:			
Suspended Solids?	☐ Yes	Z No	If yes p	please describe:			
Foam? (gently shake sample)	☐ Yes	✓ No	If yes p	olease describe:			
Other obvious indicators of water po	llution?	Z No	If yes p	please describe:			
* The 72-hour interval can be waived applicable documentation) that less to	d when the previous storm did no han a 72-hour interval is represe	ot yield a me entative of lo	easurab cal stor	le discharge or if y m events during th	ou are able to document (attach ne sampling period.		
** Observe for settled solids after all	lowing the sample to sit for appr	oximately or	ne-half	hour.			
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?	in the Yes 🗆 No	If no please					
	'	1					
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification by Facility Responsible 0	Official (Refer to MSGP Appendix	A, Subsection	n 1.12)				
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Name: Patricia K. Wah	to	Title:		Airport Manager			
	Kuluhto	Date:		8-18.	-2021		

MSGP Quarterly Visual Assessment Form								
			plete a separate					
Name of Facility:		Juneau Internationa			acking No.	AKRO6AD42		
Name of Outfall/Ir		RWY TRENCH D		Outfall/Inf	low No.	13		
Person(s) Collectin	ng Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance		
Person(s) Examini	ng Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance		
Date Sample Coll	ected:	15/2/1			ole Examined:	8/12/24		
Time Sample Coll	ected:	(01)			ple Examined:	1254		
Substitute Sample'	?		-		was originally sched			
Type of discharge: Z Rainfall Si								
	Previous Storm Ended > 72 hours before Start of This Storm? Yes If no please explain*: , 57" 154 72HPf							
	Page / Sept / Se		D	matou				
Color:	None □ Colored		Para	meter	lored please describe			
		☐ Courage ☐ Culf.	r 🗆 Sour 🗆		ner please describe:			
	✓ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gasoline ☐ Solvents ☐ Other							
Oil:	il:					If other please describe:		
	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				ner please describe:			
Floating Solids?					s please describe:			
Settled Solids**?				No If ye	s please describe:			
Suspended Solids?	?		☐ Yes 🗹 1	No If ye	s please describe:			
Foam? (gently sha	ake sample)		☐ Yes 🗹 ì	No If ye	s please describe:			
Other obvious indi	icators of water po	Ilution?	☐ Yes 🗗 1	No If ye	s please describe:			
* The 72-hour inte applicable docume	erval can be waived entation) that less th	I when the previous s han a 72-hour interva	torm did not yio l is representati	eld a measura	able discharge or if y orm events during th	ou are able to document (attach ne sampling period.		
** Observe for set	tled solids after all	owing the sample to	sit for approxim	ately one-ha	lf hour.			
Was it possible to first 30 minutes of a measurable storm	take samples withi an actual discharg	n the Yes		o please exp				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Codification by Fa	allity Deananaible C	Official (Pofor to MCCD	Annendiy A C.	ibsection 1.1	2)			
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. Waht	0		Title:	Airport Manager			
Signature:		Kulahto		Date:	8-18-	2021		

14 2 4 5	uvalue fras.	MSGP	Quarterly Vis	sual Assessr	nent Form	Property (III) See Vinney Cold See Co.		
		Comp	plete a separate			10		
Name of Fac	ility;	Juneau Internationa	l Airport		racking No.	AKRO6AD42		
Name of Out	tfall/Inflow:	NW DEVELOP A		Outfall/In	flow No.	14		
Person(s) Co	llecting Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance		
Person(s) Ex	amining Sample:					Airfield Maintenance		
Date Sample	Date Sample Collected: 8/12/24				ple Examined:	8112121		
Time Sample	e Collected:	1621			ple Examined:	1256		
Substitute Sa ☐ Yes ☐		If yes please specify						
Type of discl	charge: If rainfall please specify rainfall amount (in inches):							
	Previous Storm Ended > 72 hours before Start of This Storm? Yes If no please explain*: 157" fast 72HB in confert 54050.							
Color:	✓ None □ Colored		Para	meter	lored please describ	e'		
Odor:			- Com C		her please describe:			
Odor.	or:							
Oil:	✓ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other				If other please describe:			
Clarity:	Clarity:				her please describe:			
Floating Soli	ids?		☐ Yes 🗹 1	No If ye	es please describe:			
Settled Solid	s**?		☐ Yes ☑ 1	No If ye	s please describe:			
Suspended S	olids?		☐ Yes ☑ Y	No If ye	s please describe:			
Foam? (gent	tly shake sample)		☐ Yes 🗹 ì	No If ye	s please describe:	11		
Other obviou	is indicators of water po	llution?	☐ Yes ☑ N	No If ye	s please describe:			
* The 72-hou applicable do	ur interval can be waived ocumentation) that less t	d when the previous st han a 72-hour interval	torm did not yie l is representati	eld a measur ve of local s	able discharge or if torm events during t	you are able to document (attach the sampling period.		
** Observe f	or settled solids after all	owing the sample to s	sit for approxim	nately one-ha	alf hour.			
Was it possib first 30 minu	ple to take samples withing tes of an actual discharge storm water event?	in the Z Yes 🗆		o please exp				
Detail any conecessary).	oncerns, additional comm	ments, descriptions of	pictures taken,	and any cor	rective actions taker	n below (attach additional sheets as		
		om tipe to the on	Assessed A. O.	the audie of A	2)			
I certify under assure that query those person	ralified personnel properly one directly responsible for	cument and all attachme gathered and evaluated gathering the informatio	nts were prepare the information s n, the information	ed under my d submitted. Bas n submitted is	irection or supervision sed on my inquiry of th , to the best of my kno	in accordance with a system designed to be person or persons who manage the system, by by b		
Name:	Patricia K. Waht	70		Title:	Airport Manager			
Signature:		Kaleloto		Date:	8-18-			
		1		V				

	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Quarterly Vis							
			plete a separate							
Name of Facility:		Juneau International Airport			acking No.	AKRO6AD42				
Name of Outfall/Inflow:		POND PKG AREA OUTLET		Outfall/Inf	low No.	15				
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:		8/12/21			le Examined:	8(12/2)				
Time Sample Collected:					ne Sample Examined: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Substitute Sample? ☐ Yes ✓ No		If yes please specify quarter/year when sample was originally scheduled to be taken:								
Type of discharge: ☑ Rainfall □ Snowmelt		If rainfall please specify rainfall amount (in inches):3U'' STACL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
1	Ended > 72 hours This Storm? □ Yes	If no please explain*: , 57" last 72 HRS in concert Storm								
	10 Te/ V 10 Te VA	THE RESERVE	Para	meter		beside where the history with the				
	✓ None □ Colored				If colored please describe:					
	None Musty Sewage Sulfur Sour Stroleum/Gasoline Solvents Other				If other please describe:					
Oil:	None ☐ Flecks	□ Globs □ Sheen	□ Slick □ C	other If oth	If other please describe:					
	Other				If other please describe:					
Floating Solids?			No If yes	If yes please describe:						
Settled Solids**? ☐ Yes ☑ N			No If yes	If yes please describe:						
Suspended Solids?			No If yes	If yes please describe:						
Foam? (gently shake sample)			☐ Yes ☐ N	No If yes	If yes please describe:					
Other obvious indicators of water pollution?				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 s	ettled solids after all	owing the sample to s	sit for approxim	ately one-ha	lf hour.					
					lease 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)										
Certification by F	acility Responsible C	Official (Refer to MSGP	Appendix A, Su	bsection 1.1	2)	in appardance with a gustom designed to				
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Name:	Patricia K. Waht	0		Title:	Airport Manager					
Signature:				Date:	8-18-	-2021				

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:	POND DISCHARGE-RIVER		Outfall/Infl	ow No.	16					
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:	8115/3/			le Examined:	KINN					
Time Sample Collected:	1048			me Sample Examined: 311						
Substitute Sample? ☐ Yes ☑ No	If yes please specify quarter/year when sample was originally scheduled to be taken:									
Type of discharge: ☑ Rainfall □ Snowmelt	If rainfall please specify rainfall amount (in inches):									
Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: 15+11 15+ 72+1015 in current Storm										
Parameter										
Color: None Colored	X TO SERVICE OF THE S		If colored please describe:							
	None □ Musty □ Sewage □ Sulfur □ Sour □				If other please describe:					
	Petroleum/Gasoline Solvents Other				Towns promot document					
	✓ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:						
Clarity:				If other please describe:						
Floating Solids?				If yes please describe:						
Settled Solids**?			No If yes	If yes please describe:						
Suspended Solids?	☐ Yes ☑	No If yes	If yes please describe:							
Foam? (gently shake sample)	☐ Yes 🖸 1	No If yes please describe:								
Other obvious indicators of water pollution?			No If yes	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 al	lowing the sample to									
Was it possible to take samples with first 30 minutes of an actual dischar a measurable storm water event?		l No If n	no please explain:							
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).										
O US (C. b. F. W. D										
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Name: Patricia K. Wah	to		Title:	Airport Manager						
	Kalulto		Date:		-2021					