		MSGP	Quarterly Vis	sual Assess	ment Form		
			olete a separate	form for e	ach outfall	LAWDO(ADA)	
Name of Fa		Juneau International		NPDES Tracking No.		AKRO6AD42	
	utfall/Inflow:	LOWER DUCK C			nflow No.	1 Airfield Maintenance	
Person(s) C	Collecting Sample:	Christopher A O'Br	ien	Title:			
Person(s) F	Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
	le Collected:	11/12/2021			nple Examined:	11/12/2021	
Time Samp	ole Collected:	1925			mple Examined:	2314	
Substitute : ☐ Yes ☑		If yes please specify					
Type of dis Rainfal	of discharge: If rainfall please specify rainfall amount (in inches):						
	Previous Storm Ended > 72 hours before Start of This Storm? Yes This Storm? Yes						
III NO					e forming of the con-		
Color:	None □ Colored		rara	meter	colored please descr	ibe:	
Odor:	None Colored		r		other please describe		
	Petroleum/Gasoline	☐ Solvents ☐ Other			•		
Oil:	il:				er If other please describe:		
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					other please describe		
Floating Solids?						regetation / Small ANT Particles	
Settled Solids**? Z Yes □ No.				No If	yes please describe:	resetation / Swall dit fortill	
Suspended	Solids?		✓ Yes □	No If	yes please describe:	Small brown forticles	
Foam? (ge	ntly shake sample)		☐ Yes ☑	No If	yes please describe:		
	ous indicators of water po	llution?	☐ Yes ☑	No If	yes please describe:		
* The 72-h	our interval can be waived documentation) that less t	when the previous s	torm did not yi l is representat	eld a measi	urable discharge or i storm events during	f you are able to document (attach g the sampling period.	
** Observe	for settled solids after all	owing the sample to	sit for approxin	nately one-	half hour.		
Was it poss first 30 mir	sible to take samples with nutes of an actual discharg le storm water event?	in the Yes	l No If 1	no please ex	xplain:		
Detail any necessary).		ments, descriptions of	pictures taken	, and any co	orrective actions tak	en below (attach additional sheets as	
					(4)		
Certification	n by Facility Responsible (Official (Refer to MSGF	Appendix A, S	ubsection 1	.12)	as in accordance with a custom decigned to	
assure that o	qualified personnel properly ;	gathered and evaluated gathering the informatio	the information the information	submitted. E on submitted	is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, snowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patricia K. Waht	· · · · · · · · · · · · · · · · · · ·		Title:	Airport Manag	er	
Signature:	Archi.	Kulalit :		Date:	16-15		
	111111111111111111111111111111111111111	I I I S I II VIOLE		-			

MSGP Quarterly Visual Assessment Form							
		plete a separat					
Name of Facility:	Juneau Internationa			racking No.	AKRO6AD42		
Name of Outfall/Inflow: Person(s) Collecting Sample:	UPPER DUCK CF Christopher A O'Bı		Outfall/In:	low No.	Airfield Maintenance		
Person(s) Examining Sample:	Christopher A O'Bı	rien	Title:	ala Farancia ada	Airfield Maintenance		
Date Sample Collected: Time Sample Collected:	11/12/2021			ple Examined:	2323		
Substitute Sample?		/ onarter/vear		was originally sched			
☐ Yes ☑ No							
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*: in (VIPENT STOTM, 6311 (aim, D.2") sworfall 1 1 1 + 72HRS						
		Para	ameter	lored please describe			
Color:				her please describe:			
Petroleum/Gasoline	☐ Solvents ☐ Other			•			
Oil: ☐ None ☐ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other If ot	If other please describe:			
Clarity: Clear Slightly Other	Cloudy Cloudy		her please describe:				
Floating Solids?		✓ Yes □	No If ye	s please describe: 🗸	regretation loggaric negetil		
Settled Solids**? ✓ Yes ✓ N				s please describe: \checkmark	"egathen loggare material		
Suspended Solids?		☐ Yes ☑		s please describe:			
Foam? (gently shake sample)		☐ Yes 🗷		s please describe:			
Other obvious indicators of water po		☐ Yes 🗹		s please describe:			
* The 72-hour interval can be waived applicable documentation) that less t							
** Observe for settled solids after all							
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?		No If i	no please exp	lain:			
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. Waht	.0		Title:	Airport Manager			
Signature:	Ky leelos	2	Date:	11-15-	-2.1		

	punture series				sessment Form		
Name of Fa	ailitu	Juneau Internationa			or each outfall ES Tracking No.	AKRO6AD42	
	utfall/Inflow:	UPPER DUCK CI		_	Ill/Inflow No.	3	
	ollecting Sample:		ristopher A O'Brien Titl			Airfield Maintenance	
	xamining Sample:	Christopher A O'B		Title:		Airfield Maintenance	
	e Collected:	1(/1)/60%1	ricii		Sample Examined:	11/12/2021	
	le Collected:	1738			Sample Examined:	7372	
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to Yes No						heduled to be taken:	
	ype of discharge: If rainfall please specify rainfall amount (in inches): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Previous Storm Ended > 72 hours of this Storm? Yes This Storm? Yes This Storm? Yes This Storm? Yes This Storm? Th						
E.M. Judane		a constituing the second	Pa	rameter			
Color:	✓ None □ Colored	h was a second of			If colored please descr	ribe:	
Odor:					If other please describ	e:	
Oil:	☑ None ☐ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other	If other please describe:		
Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					If other please describ	e:	
Floating Sol	lids?		☐ Yes 🗹		If yes please describe:		
Settled Solid	ds**?		☑ Yes □	No	If yes please describe:	veget ofton / eignine majerial	
Suspended S	Solids?		☐ Yes ☑	No	If yes please describe:		
Foam? (gen	itly shake sample)		☐ Yes ☑	No	If yes please describe:		
Other obvio	us indicators of water po	llution?	☐ Yes ☑	No	If yes please describe:		
applicable d	ocumentation) that less the	han a 72-hour interva	l is representa	ative of lo	cal storm events during	if you are able to document (attach g the sampling period.	
	for settled solids after all						
first 30 minu	ble to take samples within tes of an actual discharge storm water event?		l No II	no please	e explain:		
Detail any conecessary).	oncerns, additional comn	nents, descriptions of	pictures take	n, and any	corrective actions tak	ten below (attach additional sheets as	
	by Facility Responsible O					on in accordance with a system designed to	
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. Wahte	0		Title:	Airport Manag	er	
Signature:	Pagin.	Kylalek)	Date:	/(-15	5-21	

			Quarterly Vis				
			plete a separate				
Name of F		Juneau International			racking No.	AKRO6AD42	
	outfall/Inflow:	TERMINAL ARE		Outfall/Inf	low No.	6	
Person(s) (Collecting Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance	
	Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
	le Collected:	11/12/2021			ole Examined:	11/12/2021	
	ple Collected:	2016			ple Examined:	2327	
Substitute	Sample? I No	If yes please specify	quarter/year w	hen sample	was originally sche	duled to be taken:	
	Type of discharge: If rainfall please specify rainfall amount (in inches):					·	
	torm Ended > 72 hours t of This Storm? □ Yes	If no please explain	*: in (ul	ilnt ?to	in , , 3"1.	ain, e.i" sventall 1954 72Hpg	
7 J. Hall B.		OT SECUNDADE IN COLUMN	Para	meter	Caralle 1007 Nach		
Color:	None □ Colored		1 41 4		lored please describ	pe:	
Odor:			r 🗆 Sour 🗖		ner please describe:		
	Petroleum/Gasoline □ Solvents □ Other						
Oil:	Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other				If other please describe:		
Clarity:	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other						
Floating So	olids?		☐ Yes ☑ N		s please describe:		
Settled Sol	Settled Solids**?				s please describe:		
Suspended	Solids?		☐ Yes ☐,N	lo If ye	s please describe:		
Foam? (ge	ently shake sample)		☐ Yes ☑ N	lo If ye	s please describe:		
Other obvio	ous indicators of water po	Ilution?	☐ Yes ☑ N	lo If ye	s please describe:		
* The 72-h applicable	our interval can be waived documentation) that less the	l when the previous st han a 72-hour interval	torm did not yie l is representati	eld a measura	able discharge or if orm events during t	you are able to document (attach the sampling period.	
** Observe	e for settled solids after all	owing the sample to s	it for approxim	ately one-ha	lf hour.		
Was it poss first 30 mir	sible to take samples withi nutes of an actual discharg ole storm water event?	n the D Yes	No If no	o please exp	lain:		
Detail any necessary).		nents, descriptions of	pictures taken,	and any corr	ective actions taker	n below (attach additional sheets as	
	n by Facility Responsible C						
assure that or those pers	qualified personnel properly of sons directly responsible for	gathered and evaluated t gathering the information	the information son, the information	ubmitted. Bas n submitted is,	ed on my inquiry of the to the best of my kno	n in accordance with a system designed to the person or persons who manage the system, towledge and belief, true, accurate, and the and imprisonment for knowing violations.	
Name:	Patricia <u>K.</u> Waht	0		Title:	Airport Manager		
Signature:	The	- Kulach	la	Date:	11-15-		
	1000	- di					

1914 四世里经知	Applied Velocity	MSGP	Quarterly Vi	sual Assessi	ment Form		
			plete a separate				
Name of Facili	ty:	Juneau International			racking No.	AKRO6AD42	
Name of Outfa		TWY E-F INFIEL		Outfall/In	flow No.	7	
Person(s) Colle	ecting Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance	
Person(s) Exan	nining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Date Sample C					ple Examined:		
Time Sample C					nple Examined:		
Substitute Sam	0					heduled to be taken:	
Type of dischar] Snowmelt.	If rainfall please spe		mount (in in	ches):		
	n Ended > 72 hours This Storm? □ Yes	If no please explain	*:				
□ No*			1	X	6 1		
				1	1 1 1		
l forts size		A LUCILLE DE	Para	ameter	15 990 - 1-6		
Color: [□ None □ Colored				olored please desc		
	☐ None ☐ Musty [Petroleum/Gasoline ☐			If of	ther please describ	oc.	
Oil:	☐ None ☐ Flecks [☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:		
Clasitan				l If o	ther please describ	Ae'	
	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				/		
Floating Solids?					es please describe		
Settled Solids*	*?		☐ Yes ☐		es please describe		
Suspended Sol	ids?		☐ Yes ☐		es please describe		
Foam? (gently	shake sample)		☐ Yes ☐		es please describe		
	indicators of water po		☐ Yes ☐		es please describe		
* The 72-hour applicable docu	interval can be waived umentation) that less th	when the previous st han a 72-hour interval	torm did not yi I is representat	eld a measur ive of local s	rable discharge or storm events durin	if you are able to document (attach g the sampling period.	
** Observe for	settled solids after all	owing the sample to s	sit for approxim	nately one-h	alf hour.		
first 30 minutes	e to take samples withing sof an actual discharg torm water event?		No If 1	no please exp	olain:		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification by	Facility Responsible C	Official (Refer to MSGP	Appendix A, S	ubsection 1.	12)	ion in accordance with a quatery decisioned to	
assure that quali	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:	Patri <u>cia</u> K. Waht	0		Title:	Airport Manag	ger	
Signature:		in Klabelle	Po	Date:		15-21	

TO THE			Quarterly Vis				
			plete a separate			T AMPOCADAS	
Name of Fa		Juneau Internationa		NPDES Tr		AKRO6AD42	
	utfall/Inflow:	TWY E INFIELD		Outfall/Inf	low No.	8	
Person(s) C	Collecting Sample:	Christopher A O'Bı		Title:		Airfield Maintenance	
	Series and the series of the s			Title:		Airfield Maintenance	
	le Collected:				le Examined:		
	le Collected:	10 1 10			ole Examined:	dulad to be taken	
□ Yes □	Substitute Sample? ☐ Yes ☐ No If yes please specify quarter/year when sample was originally scheduled to be taken:						
	Type of discharge: ☐ Rainfall ☐ Snowmelt ☐ Snowmelt ☐ If rainfall please specify rainfall amount (in inches):						
	Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes If no please explain*:						
□ No*			<u> </u>	X	(**)	/	
				1	1	/	
Werks I'm			Para	meter	1		
Color:	☐ None ☐ Colored				ored please describ	No.	
Odor:	☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gasoline ☐ Solvents ☐ Other			If oth	er please describe:		
Oil:	□ None □ Flecks □ Globs □ Sheen □ Slick □ Other			other If oth	If other please describe:		
Clarity:	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				please describe:		
Floating Solids?				lo li yes	please describe:		
Settled Soli			☐ Yes ☐ N	lf yes	s please describe:		
Suspended	Solids?		☐ Yes ☐ N	lf yes	s please describe:		
	ntly shake sample)		☐ Yes ☐ ﴾	o If yes	s please describe:		
Other obvio	ous indicators of water po	llution?	☐ Yes ☑ N	lo If yes	If yes please describe:		
* The 72-he applicable of	our interval can be waived documentation) that less t	d when the previous s han a 72-hour interva	torm did not yie l is representati	eld a measura	ble discharge or if orm events during t	you are able to document (attach the sampling period.	
** Observe	for settled solids after all	owing the sample to s	if for approxim	ately one-ha	lf hour.		
first 30 min	ible to take samples within tess of an actual discharged le storm water event?		No If n	o please expl	ain:		
Detail any onecessary).	concerns, additional comm	nents, descriptions of	pictures taken,	and any corr	ective actions taker	n below (attach additional sheets as	
Certification	by Facility Responsible C	Official (Refer to MSGP	Appendix A, Su	bsection 1.12	2)		
assure that o	qualified personnel properly g	gathered and evaluated gathering the information	the information s	ubmitted. Bases submitted is,	ed on my inquiry of the to the best of my kno	n in accordance with a system designed to the person or persons who manage the system, towledge and belief, true, accurate, and the and imprisonment for knowing violations.	
Name:	Patricia K. Waht	0		Title:	Airport Manager		
Signature:	Fohi	Kulalisto		Date:		5-2/	

	MSGP Quarterly Visual Assessment Form								
l xx an a	####COOR				for each outfall DES Tracking No. AKRO6AD42				
Name of Faci		Juneau Internationa				AKRO6AD42			
Name of Out	lecting Sample:	NE DEVELOPMI Christopher A O'B		Outfall/Ir Title:	IIIOW NO.	Airfield Maintenance			
	mining Sample:	Christopher A O'B	rien	Title:	1 D . 1 1	Airfield Maintenance			
Date Sample Time Sample		11/12/2021			ple Examined:	2-330			
Substitute San			v anarter/vear v		4				
☐ Yes ☑ N	Substitute Sample?								
Type of disch		If rainfall please specify rainfall amount (in inches):6 '\ Jime 12#M							
The second secon	m Ended > 72 hours f This Storm? ☐ Yes	If no please explain	*: in cur	int Itolin	, 63" rain	, O.L" Insurfall last FRHRS			
SETS OF CHANG			Para	meter					
Color:	☑ None ☐ Colored	1.81	Turu		olored please descr	ibe:			
Odor:	✓ None ☐ Musty [r 🗆 Sour 🗆		ther please describe				
1 1	Petroleum/Gasoline								
Oil:	☑ None □ Flecks	☐ Globs ☐ Sheen	□ Slick □ (Other If o	If other please describe:				
Clarity:	Clarity:				ther please describe	2			
Floating Solic	is?		☐ Yes 🔟	No If y	es please describe:				
Settled Solids**?					es please describe:				
Suspended So	olids?		☐ Yes 🗹 1	No If y	es please describe:				
Foam? (gentl	y shake sample)		☐ Yes 🗷 1	No If y	es please describe:				
Other obvious	s indicators of water po	llution?	☐ Yes ☑ 1	No If y	es please describe:				
	r interval can be waived cumentation) that less th					f you are able to document (attach the sampling period.			
	r settled solids after all	owing the sample to s	sit for approxim						
first 30 minute	le to take samples withi es of an actual discharg storm water event?		l No lifn	o please exp	olain:				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
Cortification	y English Pannanalkia C	official (Defects MCCD	Annondiy A C.	theaction 1	12)	BARGES AND STREET			
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 Manage	er			
Signature:		Kialalit	3	Date:	11-19				

MSGP Quarterly Visual Assessment Form							
			plete a separat			LAVROCADA2	
Name of Fac		Juneau Internationa			racking No.	AKRO6AD42	
Name of Out		TWY G CULVER		Outfall/In	llow No.	10 Airfield Maintenance	
	llecting Sample:	Christopher A O'Bı					
	amining Sample;	Christopher A O'Bı	rien	Title:		Airfield Maintenance	
Date Sample		2034			ple Examined:	2332	
Time Sample		If yes please specify	u anorter/veor				
Substitute Sa	No						
Type of disch	narge: Snowmelt	If rainfall please spo	ecify rainfall a	mount (in inc	hes): _ , 6	e IZAM	
	rm Ended > 72 hours of This Storm? ☐ Yes	If no please explain	*: in Lui	cent Sto.	rm .63" rain	, o.h." snowfell lest ALHRS	
	NUMBER OF STREET		Par	ameter			
Color:	None Colored		1 41		lored please describ	e:	
Odor:	None Musty		r 🗆 Sour 🗆		her please describe:		
0.1	Petroleum/Gasoline [Solvents Other	r		han mlaaga daganiha.		
Oil:	☑ None □ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other 11 of	r If other please describe:		
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ If Other					her please describe:		
Floating Solids?					s please describe:		
Settled Solids**? ☐ Yes ☑ No					s please describe:		
Suspended So	olids?		☐ Yes 🗹		s please describe:		
Foam? (gent	ly shake sample)		☐ Yes 🗹		s please describe:		
	s indicators of water po		☐ Yes 🗹		s please describe:		
* The 72-hou applicable do	or interval can be waived cumentation) that less the	l when the previous st han a 72-hour interva	torm did not y I is representat	ield a measur tive of local s	able discharge or if torm events during t	you are able to document (attach he sampling period.	
** Observe for	or settled solids after all						
first 30 minut	tele to take samples withites of an actual discharg storm water event?		No If	no please exp	lain:		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
0-48-41	w Facility Bases with C	Walet Defeate MOOD	Annendly A. C	Subscation 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	0		Title:	Airport Manager		
Signature:		Kaluha		Date:	- 00	-2(
	7000	1 10000					

MSGP Quarterly Visual Assessment Form								
			plete a separate					
Name of Facili		Juneau Internationa			Fracking No.	AKRO6AD42		
Name of Outfa		JORDAN CRK CI			nflow No.	11		
Person(s) Colle	ecting Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance		
Person(s) Exan	nining Sample:	Christopher A O'Bı	ien	Title:		Airfield Maintenance		
Date Sample C		11/12/2011			nple Examined:	11/12/2021		
Time Sample C		2228			nple Examined:	2334		
Substitute Sam		If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of dischar		If rainfall please specify rainfall amount (in inches): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	n Ended > 72 hours This Storm? ☐ Yes	If no please explain	*: in cur	vent St	In .6311 ran	10.2" Snowfull 1957 72HRS		
		The state of the s	Pare	meter				
Color:	✓ None □ Colored		1 41 4		olored please describe	<u> </u>		
	None Musty [r 🗆 Sour 🗖		ther please describe:			
	Petroleum/Gasoline							
	✓ None □ Flecks [Other If (ther please describe:			
"	/	_ 0.000		,	1			
Clarity:								
Floating Solids					es please describe:			
Settled Solids*			✓ Yes □			get ation / broady Particles		
Suspended Soli			☐ Yes ☑	No If y	es please describe:	Joi - How / Bloom I In Actor		
Foam? (gently			☐ Yes ☑		If yes please describe:			
	indicators of water po	Ilution?	☐ Yes ☑		es please describe;			
* The 72-hour		when the previous s	torm did not yi	eld a measu	rable discharge or if y	ou are able to document (attach ne sampling period.		
** Observe for	settled solids after all							
first 30 minutes	to take samples withing s of an actual discharg torm water event?		No If r	o please ex	plain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by	Facility Responsible C	Official (Refer to MSGP	Appendix A S	ubsection 1	12)	THE RESERVE OF THE BUILDINGS		
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:	Palin	Kalalito		Date:	11-15	-2 (

MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Fac		Juneau Internationa			ES Tracking No.	AKRO6AD42			
Name of Ou		TWY D-E INFIEI			ll/Inflow No.	12			
Person(s) Co	ollecting Sample:	Christopher A O'B	rien	Title:		Airfield Maintenance			
Person(s) Ex	kamining Sample:	Christopher A O'B:	rien	Title:		Airfield Maintenance			
Date Sample		11/12/2021			Sample Examined:	11/12/2021			
Time Sampl		2046			Sample Examined:	2337			
Substitute S		If yes please specify quarter/year when sample was originally scheduled to be taken:							
Type of disc Rainfall	harge: Snowmelt	If rainfall please specify rainfall amount (in inches):							
	Previous Storm Ended > 72 hours before Start of This Storm? Yes 1 Yes 1 No*								
	THE RESERVE AND ADDRESS OF THE PERSON OF THE	1230 111 124-0	Par	rameter	CENTRAL PER				
Color:	✓ None □ Colored		rai		If colored please desc	cribe:			
Odori	□ None ☑ Musty		ır 🗆 Sour 🗀		If other please descri				
0 40	Petroleum/Gasoline								
Oil:	✓ None ☐ Flecks			Other	If other please descri	be:			
Clarity:						be:			
Floating Solids?					If yes please describe				
Settled Solid	ls**?	F	☐ Yes ☑		If yes please describe				
Suspended S	Solids?		☐ Yes 🗹	No	If yes please describe);			
Foam? (gen	tly shake sample)		☐ Yes ☑	No	If yes please describe	4			
Other obviou	us indicators of water po	llution?	☐ Yes ☐	No	If yes please describe:				
* The 72-ho	ur interval can be waived ocumentation) that less t	d when the previous s han a 72-hour interva	torm did not y l is representa	ield a me	asurable discharge or cal storm events durin	if you are able to document (attaching the sampling period.			
	for settled solids after all								
first 30 minu	ble to take samples withintes of an actual discharge storm water event?		l 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).									
Cortification	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 Mana	ger			
Signature:	raurcia K. Wani	. /		Date:		-			
	ragin	- Kulalis	20		11-1	5-2/			

MSGP Quarterly Visual Assessment Form								
		olete a separate			X			
Name of Facility:	Juneau International	Airport		racking No.	AKRO6AD42			
Name of Outfall/Inflow:	RWY TRENCH DI	RAIN OUTL	Outfall/In	flow No.	13			
Person(s) Collecting Sample:	Christopher A O'Bri	Christopher A O'Brien Tit			Airfield Maintenance			
Person(s) Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance			
Date Sample Collected:	11/12/2021			ple Examined:	11/12/2021			
Time Sample Collected:	2050			nple Examined:	2340			
Substitute Sample? ☐ Yes ☑ No				was originally sched				
Type of discharge: ☑ Rainfall □ Snowmelt	If rainfall please spe	cify rainfall an	nount (in inc	ches): <u>.["</u> Inmfa	II SIMK IRAM			
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*	before Start of This Storm? Yes							
all automobiles in the worker and		Para	meter	The state of the s				
Color: None Colored				olored please describe	e:			
Petroleum/Gasoline E	Odor: None Musty Sewage Sulfur Sour Petroleum/Gasoline Other			her please describe:				
Oil:	Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other				If other please describe,			
Clarity: ☐ Clear ☐ Slightly Other								
Floating Solids?		☐ Yes ☑ N	lo If yo	es please describe:				
Settled Solids**?		☐ Yes ☐ N	lo If yo	es please describe:				
Suspended Solids?		☐ Yes ☑ N	lo If yo	es please describe:				
Foam? (gently shake sample)		☐ Yes ☑ N	lo If ye	es please describe:				
Other obvious indicators of water po	llution?	☐ Yes ☐ N	Jo If ye	If yes please describe:				
* The 72-hour interval can be waived applicable documentation) that less the								
** Observe for settled solids after all	owing the sample to si	it for approxim	ately one-ha	alf hour.				
Was it possible to take samples within first 30 minutes of an actual discharg a measurable storm water event?	in the 🗹 Yes 🗆	No If no	o please exp	olain:				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by Facility Responsible C								
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Name: Patricia K. Waht	0		Title:	Airport Manager				
	Kulelde		Date:	11-15	- 'Z (

or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and	MSGP Quarterly Visual Assessment Form										
Name of Outfall/Inflow: NV DEVELOP AREA OUT: Outfall/Inflow No. 14											
Person(s) Examining Sample: Christopher A O'Brien Title: Airfield Maintenance						-					
Person(s) Examining Sample: Christopher A O'Brien Title: Airfield Maintenance					_	Inflow No.					
Date Sample Collected:											
Time Sample Collected: 1.3.2.6 Time Sample Examined: 2.3.4						1 12 1 12					
Substitute Sample?				·							
Yes No If rainfall please specify rainfall amount (in inches): \(\frac{1}{2} \) \(\frac{1}{2}				, quarter/waar i							
Previous Storm Ended > 72 hours Previous Storm Previous Storm Ended Previous Ende											
Before Start of This Storm? Yes No*											
Color:	before Start	before Start of This Storm? ☐ Yes									
Color:	THE LAND SEC.		11.83220204403	Para	meter	Maria Ser at Times					
Odor:	Color:	✓ None ☐ Colored		1 414		colored please describe	ð:				
Petroleum/Gasoline			☐ Sewage ☐ Sulfu	r 🗆 Sour 🗆							
Clarity:						•					
Other Floating Solids?	Oil:						If other please describe:				
Settled Solids**? Suspended Solids**? Suspended Solids**? Suspended Solids**? Suspended Solids** Suspended Solids* Suspen	, = ==== = ====, ====, ====, ====, ====, ====, ====, ====, =====, =====, =====, =====, =====, =====, =====, =====, ======										
Suspended Solids?	Floating Soli	ds?		☐ Yes 🗹	No If	yes please describe:					
Foam? (gently shake sample) Other obvious indicators of water pollution? 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? 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) Leading 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 of 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 If yes No					No If	yes please describe: 🗸	eyctation Hartietles				
Other obvious indicators of water pollution? * 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? 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 syste 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 If yes D No If yes please describe: If you are able to document (attach and such as measurable discharge or if you are able to document (attach and such as measurable discharge or if you are able to document (attach applicable) one-half hour. If no please explain: If no pleas	Suspended S	olids?		☐ Yes ☑	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? 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 syste 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 Airport Manager	Foam? (gent	tly shake sample)		☐ Yes 🗹	No If	yes please describe:					
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? 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 syste 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 Airport Manager	Other obviou	is indicators of water po	llution?	☐ Yes ☑	No If						
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Patricia K. Wahto Airport Manager	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,										
	Name:	Patricia K Waht	0		Title:	Airport Manager					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature:			, O	Date:		5-2/				

MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall											
0.00	(41)				orm for each outfall NPDES Tracking No. AKRO6AD42						
Name of Fac		Juneau Internationa		Outfall/Inf	1000,000,000,000,000	15					
Name of Outfall/Inflow:			PKG AREA OUTLET		low No.	Airfield Maintenance					
Person(s) Collecting Sample:		Christopher A O'Brien		Title:							
Person(s) Examining Sample:		Christopher A O'Brien		Title:		Airfield Maintenance					
Date Sample Collected:		11/12/2021		Date Sample Examined:		11/12/3021					
Time Sample Collected:					ne Sample Examined: 2345						
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): 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1									
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*		If no please explain*: In current Storm 63" rain, 0.2" seoutall 184772HFS									
Davovatov											
Color:	Parameter ☐ None ☐ Colored										
Odor:	□ None □ Colored	☐ Courage ☐ Culf.	r 🗆 Çayır 🗖		If other please describe:						
Odor.	Petroleum/Gasoline	0		1100	A Court pressure decersor.						
Oil:		Globs Sheen Slick Other			If other please describe:						
Oir		_ Globs L Sheen		Julei II ou	if other please describe.						
Clarity:	☐ Clear ☐ Slightly Other	Cloudy Cloudy	☐ Opaque ☐	If ot	If other please describe:						
Floating Soli	ds?		No If ye	If yes please describe:							
Settled Solid	s**?		☐ Yes 🔼	No If ye	If yes please describe:						
Suspended S	olids?	☐ Yes ☑ No			If yes please describe:						
Foam? (gent	ly shake sample)	☐ Yes ☑ No			If yes please describe:						
Other obviou	is indicators of water po	llution?	No If ye	If yes please describe:							
Other obvious indicators of water pollution? Yes 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 f	or settled solids after all	owing the sample to	sit for approxin	nately one-ha	lf hour.						
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? If no please explain: 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. Waht	0		Title:	Airport Manage	er					
Signature:		Kulelte)	Date:	1(=15						

MSGP Quarterly Visual Assessment Form												
Complete a separate form for each outfall												
Name of Facility:		Juneau Internationa				cking No.	AKRO6AD42					
Name of Outfall/Inflow:		POND DISCHARGE-RIVER				ow No.	16					
Person(s) Collecting Sample:		Christopher A O'Brien		Title:	٠.		Airfield Maintenance					
Person(s) Examining Sample:		Christopher A O'Brien		Title:	·		Airfield Maintenance					
Date Sample		11/15/2091			Date Sample Examined:		11/12/2021					
Time Sample Collected:		2224			Time Sample Examined:		2347					
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): 6" [ainfall 5" nce 12Am										
	orm Ended > 72 hours of This Storm? ☐ Yes	If no please explain*: in current storm -63" rain, 0.2" Showfall lust 72His										
Parameter												
Color:	✓ None □ Colored			If colored please describe:								
Odor:	None Musty Sewage Sulfur Sour				If other please describe:							
	Petroleum/Gasoline	line Solvents Other										
Oil:	✓ None ☐ Flecks 1	Flecks □ Globs □ Sheen □ Slick □ Other If other please describe:										
Clarity:	☐ Clear ☐ Slightly Other	· · · · · · · · · · · · · · · · · · ·					If other please describe:					
Floating Sol	ids?		☐ Yes Z No		If yes please describe:							
Settled Solids**?			☐ Yes ☑ No		If yes please describe:							
Suspended S	Solids?		☐ Yes ☑, No		If yes please describe:							
Foam? (gen	tly shake sample)	☐ Yes ☐ No		No	If yes please describe:							
Other obviou	us indicators of water po	llution?	☐ Yes ☐	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 t	for settled solids after all											
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? If no please explain: 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	hy Facility Responsible C	Official (Refer to MSGP	Appendix A	Subsection	n 1.12							
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Name:	Patricia K. Waht	0		Title:		Airport Manager						
Signature:							2/					