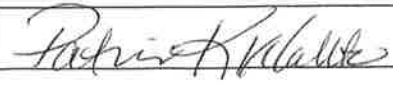
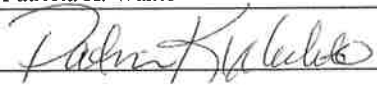



Juneau International Airport Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP

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:	LOWER DUCK CREEK	Outfall/Inflow No.	1
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	1925	Time Sample Examined:	2314
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>.6" since 12 AM</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>in current storm .63" rain, 0.2" snowfall last 72 HRS</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 type="checkbox"/> Slightly Cloudy <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation / small dirt particles</u>	
Settled Solids**?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation / small dirt particles</u>	
Suspended Solids?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>small brown particles</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)			
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:		Date:	11-15-21


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:	UPPER DUCK CREEK-1	Outfall/Inflow No.	2
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	1934	Time Sample Examined:	2323
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>.6" since 12AM</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>in current storm .63" rain, 0.2" snowfall last 72hrs</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation / organic material</u>	
Settled Solids**?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation / organic material</u>	
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:		Date:	11-15-21

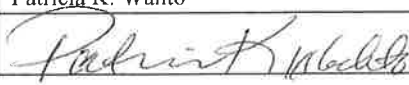
Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP

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:	UPPER DUCK CREEK-2	Outfall/Inflow No.	3
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	1738	Time Sample Examined:	2325
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>.6"</u> since 12AM		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: <u>in current storm .63" rain, 0.2" snowfall last 72 HRS</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation/organic material</u>	
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:		Date:	11-15-21

**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:	TERMINAL AREA DISCHRG	Outfall/Inflow No.	6
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2016	Time Sample Examined:	2327
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>.6" since 12AM</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>in current storm .63" rain, 0.2" snowfall 1st 72hrs</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:		Date:	11-15-21


**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:	TWY E-F INFIELD WEST	Outfall/Inflow No.	7
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*: EXIST		
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	If other please describe:	
Clarity:	<input 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 type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input 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 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:		Date:	11-15-21

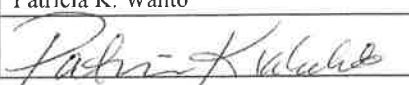
Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP

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:	TWY E INFIELD EAST	Outfall/Inflow No.	8
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): _____ <i>Doesn't</i>		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*: <i>Ex: 5x</i>		
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	If other please describe:	
Clarity:	<input 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 type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input 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 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:	11-15-21


**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:	NE DEVELOPMNT OUTLET	Outfall/Inflow No.	9
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2330	Time Sample Examined:	2330
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>.6" since 12AM</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>in current storm .63" rain, 0.2" snowfall last 72HR</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:		Date:	11-15-21

**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:	TWY G CULVERT	Outfall/Inflow No.	10
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2036	Time Sample Examined:	2332
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>.6" since 12AM</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>In Current storm .63" rain, 0.2" snowfall last 72hrs</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:		Date:	11-15-21

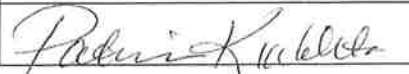
**Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

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:	JORDAN CRK CULVRT OUT	Outfall/Inflow No.	11
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2228	Time Sample Examined:	2334
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>.6" rainfall since 12AM</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>in current storm .63" rain, 0.2" snowfall last 72 hrs</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: <u>vegetation / brown particles</u>	
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:		Date:	11-15-21

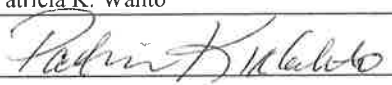
**Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

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:	TWY D-E INFIELD DRNAGE	Outfall/Inflow No.	12
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2046	Time Sample Examined:	2337
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>.6" SIMR 12AM</u> <u>rainfall</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>In current storm .6" rain, 0.2" snowfall last 72hrs</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 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).			
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:	11-15-21


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:	RWY TRENCH DRAIN OUTL	Outfall/Inflow No.	13
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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2050	Time Sample Examined:	2340
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>.6" rainfall since 12AM</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>in current storm .63" rain, 0.2" snowfall last 72 HRS</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:		Date:	11-15-21

**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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2220	Time Sample Examined:	2342
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): .6" rainfall since 12AM		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: in current storm .63" rain, 0.2" snowfall last 72 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: vegetation particles	
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:		Date:	11-15-21

**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:	POND PKG AREA OUTLET	Outfall/Inflow 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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2:21	Time Sample Examined:	2:45
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>.6" rainfall since 12AM</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>in current storm .63" rain, 0.2" snowfall last 72hrs</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 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).			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:		Date:	11-15-21

**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:	POND DISCHARGE-RIVER	Outfall/Inflow 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:	11/12/2021	Date Sample Examined:	11/12/2021
Time Sample Collected:	2224	Time Sample Examined:	2347
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>.6" rainfall since 12AM</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>in current storm - 6.3" rain, 0.2" snowfall last 72hrs</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:	11-15-21