	Quarter	y Visual Passessi		Collins and the	NA PLANTAGE		
		MSGP	Quarterly Vis	form for each	outfall	SURLEY BURN A SECURITION OF THE SECURITIES OF THE SECURITION OF TH	
Name of Facility: Juneau International Airport Name of Facility: Name of Facility: Name of Facility:		NPDES Tra	cking No	AKRO6AD42			
Name of Facil		LOWER DUCK CI		Outfall/Infl		1	
Name of Outf		Christopher A O'Bri		Title:	OW 110*	Airfield Maintenance	
` ′	lecting Sample:			Title:		Airfield Maintenance	
	mining Sample:	Christopher A O'Bri	en		e Examined:	2/9/2022	
Date Sample		2313			le Examined:	0021	
Time Sample		If yes please specify quarter/year when sample was originally scheduled to be taken:					
Substitute Sar ☐ Yes ☐ N	nple? No						
Type of disch Rainfall	arge: □ Snowmelt	If rainfall please spe					
Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: in Current storm 1.57" (Ninfall > 114 72hr)						wintul >1 114 47 pt.	
A State of the last		Verley Constitution	Par	ameter			
Color:	None Colored			If col	ored please descri	be:	
Odor:	None Musty Petroleum/Gasoline	☐ Sewage ☐ Sulfur		If oth	er please describe		
Oil:	□ None □ Flecks			Other If oth	If other please describe:		
Clarity:] If oth	er please describe			
	Other		☐ Yes 🗹	No. If ye	s please describe;		
Floating Soli			☐ Yes ☐		s please describe:		
Settled Solids			☐ Yes ☑		s please describe:		
Suspended So			☐ Yes ☑		If yes please describe:		
	ly shake sample)		/		If yes please describe:		
# TD1 - GO 1	is indicators of water pour interval can be waive	d when the previous s	Yes torm did not y	ield a measura	a measurable discharge or if you are able to document (attach of local storm events during the sampling period.		
** Observe f	or settled solids after al	lowing the sample to s	sit for approxi	mately one-ha	If hour.		
Was it possible first 30 minu	ble to take samples with tes of an actual dischar te storm water event?	in the 💹 Yes 🗀	l No If	no please exp	lain:		
Detail any connecessary).	oncerns, additional com	ments, descriptions of	pictures taker	n, and any cor	rective actions take	en below (attach additional sheets as	
Certification	by Facility Responsible	Official (Refer to MSGF	Appendix A,	Subsection 1.1	2)		
I certify under assure that qu	penalty of law that this do ualified personnel properly	ocument and all attachment gathered and evaluated and evaluated and evaluated and evaluated at the information at the informati	ents were prepartion the information the information	ared under my on submitted. Bar ion submitted is	irection or supervisionsed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patricia K. Wal	hto 2		Title:	Airport Manag	er	
Signature:	Jahn	Kulah	to	Date:		2022	
		111					



OUTFALL I LOWER DUCK CREEK

MSGP Quarterly Visual Assessment Form							
			plete a separate				
Name of Facility	/ :	Juneau International		NPDES Tr		AKRO6AD42	
Name of Outfall		UPPER DUCK CF		Outfall/Inf	low No.	2	
Person(s) Collec	ting Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Person(s) Exami	ining Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance	
Date Sample Co	ollected:	2/8/2022			le Examined:	2/9/2022	
Time Sample Co	ollected:	2321			ole Examined:	0028	
Substitute Samp □ Yes ☑ No	le?	If yes please specify					
Type of discharg ☑ Rainfall □	ge: Snowmelt	If rainfall please spo					
	Ended > 72 hours This Storm? ☐ Yes	If no please explain	*: 1.67"1	elayfall 7	of the in car	rent I to sm	
			W 60 - 21				
			Para	meter	lored please describ	p.	
17.27	None Colored				ner please describe:	6.	
Pe	etroleum/Gasoline [☐ Sewage ☐ Sulfu☐ Solvents ☐ Other	1		•		
Oil:	None □ Flecks	□ Globs □ Sheen	□ Slick □ C	other If oth	ner please describe:		
	Clarity:				ner please describe:		
Floating Solids?			☐ Yes ☑ N	lo If ye	s please describe:		
Settled Solids**	?		☐ Yes ☐ N	lo If ye	s please describe:		
Suspended Solid	ds?		☐ Yes ☑ N	lo If ye	s please describe:		
Foam? (gently s			☐ Yes ☑ A	lo If ye	If yes please describe:		
Other obvious in	ndicators of water po	llution?	☐ Yes ☐ N	lo If ye	If yes please describe:		
* The 72-hour in applicable documents	nterval can be waived mentation) that less t	d when the previous s han a 72-hour interva	torm did not yie l is representati	eld a measura	able discharge or if form events during t	you are able to document (attach he sampling period.	
** Observe for s	settled solids after all	lowing the sample to	sit for approxim	ately one-ha	lf hour,		
Was it possible t first 30 minutes	to take samples with of an actual discharg orm water event?	in the 🛮 🗹 Yes 🗆	l No If n	o please exp	lain:		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
0.40 4	Tablic Days and the	Main /Pater to MOOD	Annoydly A C.	theaction 4.4	2)	THE PERSON NAMED IN COLUMN TO SERVE	
Certification by F	racility Responsible (Official (Refer to MSGP	Appendix A, St	d under my d	irection or supervision	in accordance with a system designed to	
assure that qualifi	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.					ne person or persons who manage the system, by ledge and belief, true, accurate, and	
Name:	Patricia K. Wah	to a		Title:	Airport Manager		
Signature:	1	Kululde)	Date:		2022	
		- Angelow Manager					





OUTFALL 2 Upper Duck Creek 1

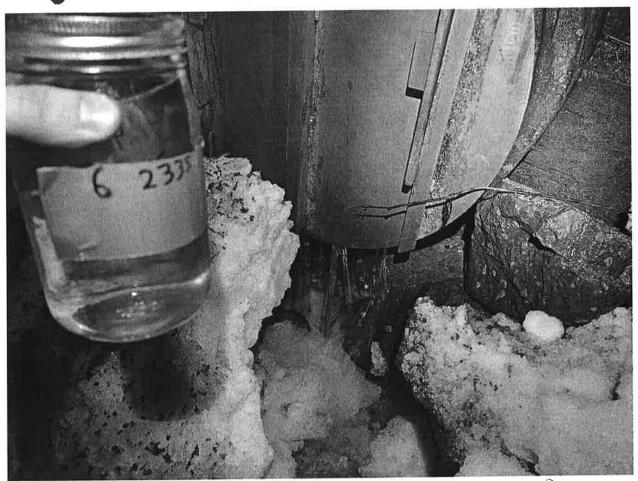
THE STATE OF		MSGP	Quarterly V	isual Asses	ssment Form		
			olete a separat			AKDOCAD42	
Name of Facility:		Juneau International			Tracking No.	AKRO6AD42	
Name of Outfall/Ir		UPPER DUCK CR		Title:	Inflow No.	Airfield Maintenance	
Person(s) Collection	ng Sample:	Christopher A O'Br		Title:			
Person(s) Examini	ng Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Date Sample Coll	ected:	2/8/2022			ample Examined:	2/9/2012	
Time Sample Coll	ected:	Time Sample Examined: 0030					
Substitute Sample	?	If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of discharge: Z Rainfall S	nowmelt						
Previous Storm Er before Start of Thi							
	ALL DEV	N/ 3 IV / hadde	Dor	ameter		AND THE PERSON AND TH	
Color:	None □ Colored		гаг	If	colored please descri	ibe:	
		☐ Sewage ☐ Sulfu	r 🗆 Sour 🗆		other please describe		
		☐ Sewage ☐ Sund ☐ Solvents ☐ Other		1	, care present		
		☐ Globs ☐ Sheen		Other If	other please describe	<u> </u>	
On.	None - Fiecks	U 01008 U SHECH	□ Slick □	Other 1	V p. v		
Clarity:					»:		
Floating Solids?			☐ Yes 🗹	No If	f yes please describe:		
Settled Solids**?			☐ Yes ☑		f yes please describe:		
Suspended Solids)		☐ Yes Ø	-	f yes please describe:		
Foam? (gently sha			☐ Yes ☐	279/2012	If yes please describe:		
	icators of water po	allution?	☐ Yes ☐		f yes please describe:		
* The 72-hour inte	erval can be waive	d when the previous s than a 72-hour interva	torm did not y	ield a meas	surable discharge or i	f you are able to document (attach the sampling period.	
** Observe for set	tled solids after al	lowing the sample to	sit for approxi	mately one	-half hour.		
Was it possible to	take samples with f an actual discharg	in the 🛮 🗹 Yes 🗀	l No If	no please o	explain:		
						1 1 2 1 1 1 1 2 1 1 1	
Detail any concern necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
						North Control of State Control	
Certification by Fa	cility Responsible	Official (Refer to MSGF	Appendix A,	Subsection	1.12)	and in accordance with a quatem designed to	
assure that qualified	personnel properly	gathered and evaluated	the information on the informati	submitted. on submitte	Based on my inquiry of d is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patricia K. Wah	to ,		Title:	Airport Manage	er	
Signature:	Palu=	Kulalote		Date:	2-11	-2022	

3



OUTFAIR 3: Upper Duck CK. 2

THE REPORT OF THE PARTY OF THE	MSGP Quarterly Visual Assessment Form						
	Comp	olete a separate					
Name of Facility:	Juneau International	Airport	NPDES Tr		AKRO6AD42		
Name of Outfall/Inflow:	TERMINAL ARE.		Outfall/Inf	low No.	6		
Person(s) Collecting Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance		
Person(s) Examining Sample:	Christopher A O'Br		Title:		Airfield Maintenance		
Date Sample Collected:	2/8/2022			le Examined:	2/4/2022		
Time Sample Collected:	2.335			ole Examined:	0034		
Substitute Sample? ☐ Yes ☑ No	If yes please specify						
Type of discharge: ☑ Rainfall □ Snowmelt					infall 1954 24his		
	Previous Storm Ended > 72 hours before Start of This Storm? \(\subseteq \text{ Yes} \) \[\subseteq \text{No*} \)				Kall > last 72hs		
		Para	meter	land places describ			
Color: None C				ored please describ er please describe:	e:		
	Iusty □ Sewage □ Sulfu: line □ Solvents □ Other		11 00	ier piease describe.			
Oil: Z None D F	lecks Globs Sheen	□ Slick □ C	other If oth	If other please describe:			
Clarity:				If other please describe;			
Floating Solids?		☐ Yes ☑ N		s please describe:			
Settled Solids**?		☐ Yes ☑ N	To If ye	s please describe:			
Suspended Solids?		☐ Yes ☑	lo If ye	s please describe:			
Foam? (gently shake sample)		☐ Yes 🖒 N	lo If ye	If yes please describe:			
Other obvious indicators of wa	ater pollution?	☐ Yes ☐ N		If yes please describe:			
* The 72-hour interval can be applicable documentation) tha	waived when the previous so t less than a 72-hour interva	torm did not yie l is representati	eld a measura ve of local st	ble discharge or if orm events during t	you are able to document (attach the sampling period.		
** Observe for settled solids a	fter allowing the sample to s	sit for approxim	ately one-ha	lf hour.			
Was it possible to take sample first 30 minutes of an actual dia measurable storm water ever	s within the Scharge from	No If n	o please exp	lain:			
Detail any concerns, additional necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
Certification by Facility Respon	sible Official (Refer to MSGP	Appendix A, St	bsection 1.1	2)			
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 violation					ne person or persons who manage the system, by building and belief, true, accurate, and		
Name: Patricia K	. Wahto		Title:	Airport Manager			
Signature:	hi Kulale	ر.	Date:		-2022		

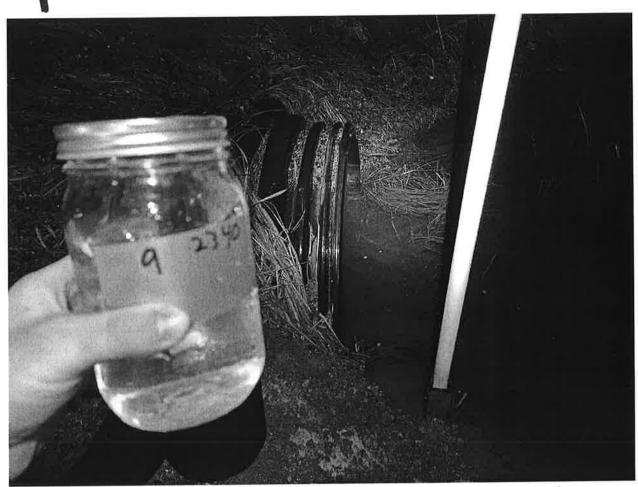


OUTFALL 6 : Terminal Area Discharge

		Quarterly Vi						
		olete a separate			1			
Name of Facility:	Juneau International			racking No.	AKRO6AD42			
Name of Outfall/Inflow:	TWY E-F INFIEL		Outfall/In	flow No.	7			
Person(s) Collecting Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance			
Person(s) Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance			
Date Sample Collected:				ple Examined:				
Time Sample Collected:		- X		ple Examined:				
Substitute Sample? ☐ Yes ☐ No	If yes please specify				duled to be taken:			
Type of discharge: ☐ Rainfall ☐ Snowne	If rainfall please spe	cify rainfall a	mount (in inc	nount (in inches):				
Previous Storm Ended > 72 novel before Start of This Storm? ☐ Yes ☐ No*	before Start of This Storm? Yes							
	JY,			7				
		Para	ameter	KING SEED STOKE				
Color:				olored please descri				
	☐ Sewage ☐ Sulfur☐ Solvents ☐ Other		If of	her please describe				
Oil: ☐ None ☐ Flecks	☐ Globs ☐ Sheen	□ Stick □	mer If of	her please describe				
Clarity:	Cloudy Cloudy	□ Opaque □	" J.	her please describe	\			
Floating Solids?		☐ Yes ☐	No If	s please describe:	X			
Settled Solids**?	V	☐ Yes ☐	No If yo	es please describe:	5.			
Suspended Solids?	/	□ Yes □	No If y	es please describe;	\			
Foam? (gently shake sample)		□ Yes □	No If y	If yes please describe:				
Other obvious indicators of water po	ollution?	□ Yes □	No If yo	If yes please describe:				
* The 72-hour interval can be waive applicable documentation) that less to	d when the previous st than a 72-hour interval	is representat	ive of local s	storm events during	you are able to document (attach the sampling period.			
** Observe for settled solids after al		it for approxir	nately one-h	alf hour.				
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	olain:	<u> </u>			
200			and an-	maatiya aatiana tal	n halow (attach additional charte as			
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, S	ubsection 1.	12)				
I certify under penalty of law that this do assure that qualified personnel properly or those persons directly responsible for	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. Wah	to		Title:	Airport Manage	r			
	Kulalide		Date:	2-11	1-2022			

		MSGP Quarterly Vis			PORT TO THE PARTY OF THE PARTY		
		Complete a separate			T		
Name of Facility:		Juneau International Airport	NPDES Tra		AKRO6AD42		
Name of Outfall/I		TWY E INFIELD EAST	Outfall/Infl	ow No.	8 Airfield Maintenance		
Person(s) Collecti	ng Sample:	Christopher A O'Brien	Title:				
Person(s) Examin	ing Sample:	Christopher O'Brien	Title:		Airfield Maintenance		
Date Sample Col				e Examined:			
Time Sample Col		10		le Examined:	hulad to be taken		
Substitute Sample	?	If yes please specify quarter/year w	hen sample v	as originally sched	juled to be taken.		
☐ Yes ☐ No							
	Type of discharge: ☐ Rainfall ☐ Snowmelt ☐ Snowmelt ☐ If rainfall please specify rainfall amount (in inches):						
Previous Storm E	nded > 72 hours	If no please explain*:					
	is Storm? □ Yes	Shi					
			meter				
	None Colored			ored please describ	e:		
Odor:	None ☐ Musty	□ Sewage □ Sulfur □ So	If oth	er please describe;			
		□ Solvents □ Other	11:0	· 1 · · · 1 · · · · · · · · · · · · · ·			
Oil:	None □ Flecks	□ Globs □ Sheen □ Slick □ (II on	er please describe:			
Clarity: Oth		Cloudy Cloudy Opaque	If oth	er lease escribe:			
Floating Solids?	1	☐ Yes ☐ 1	No If yes	please describe:			
Settled Solids**?		☐ Yes ☐ 1		please describe:			
Suspended Solids		☐ Yes ☐ 1	No If yes	please describe:			
Foam? (gently sh		☐ Yes ☐ 1	No If yes	If yes please describe:			
Other obvious inc	licators of water po	ollution?		If yes please describe:			
* The 72-hour int applicable docum	erval can be waive entation) that less	d when the previous storm did not yithan a 72-hour interval is representati	eld a measura ve of local sto	ble discharge or if orm events during t	you are able to document (attach the sampling period.		
** Observe for se	ttled solids after al	lowing the sample to sit for approxin	nately one-hal	f hour.			
	take samples with		o please expl	ain:			
first 30 minutes o	f an actual discharg						
a measurable stor	m water event?						
	4 41.1	1 1 'd' Cointings talian	and any core	active actions taker	helow (attach additional sheets as		
Detail any concer necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as						
necessary).			/	2.			
Certification by Fa	cility Responsible	Official (Refer to MSGP Appendix A, S	ubsection 1.12	(Carried Control			
assure that qualified	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
Name:	Patricio V Web	to	Title:	Airport Manager			
Signature:	Patricia K. Wahto ure: Pastin Kylalisto I				-2022		

MSGP Quarterly Visual Assessment Form						
	Complete a separate					
Name of Facility:	Juneau International Airport	NPDES Tr		AKRO6AD42		
Name of Outfall/Inflow:	NE DEVELOPMNT OUTLET	Outfall/Inf	ow 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:	2/8/2022		le Examined:	2/9/2022		
Time Sample Collected:	2340		ole Examined:	0037		
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken: U Yes Z No						
Type of discharge: If rainfall please specify rainfall amount (in inches):						
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*	If no please explain*: 1 ~ LW	nent/to	m 1.6711 va	iwall 7191+72hr)		
		17770				
		ameter	ored please describe	a.		
Color: None Colored			er please describe:	c.		
Odor:	☐ Sewage ☐ Sulfur ☐ Sour ☐ ☐ Solvents ☐ Other					
Oil:	☐ Globs ☐ Sheen ☐ Slick ☐ (Other If oth	er please describe:			
Clarity:			If other please describe:			
Floating Solids?	☐ Yes 🖸	No If ye	please describe:			
Settled Solids**?	☐ Yes ☑	No If ye	s please describe;			
Suspended Solids?	☐ Yes ☑	No If ye	s please describe:			
Foam? (gently shake sample)	☐ Yes ☑		If yes please describe:			
Other obvious indicators of water po	/	2000	If yes please describe:			
* The 72-hour interval can be waived applicable documentation) that less to	d when the previous storm did not yi	ield a measura	ble discharge or if y orm events during the	you are able to document (attach he sampling period.		
** Observe for settled solids after al.	lowing the sample to sit for approximately	nately one-ha	lf hour.			
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?	in the 🗹 Yes 🗆 No If i	no please exp	ain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
		hilanati 4.4	2			
assure that qualified personnel properly	cument and all attachments were prepar gathered and evaluated the information gathering the information, the information	ed under my di submitted. Bas on submitted is	rection or supervision ed on my inquiry of th to the best of my kno	in accordance with a system designed to e person or persons who manage the system, wledge and belief, true, accurate, and he and imprisonment for knowing violations.		
Name: Patricia K. Wah	to	Title:	Airport Manager			
Signature: Man	Kulehto	Date:	2-11-2	2022		



DUTFALL 9° NE Development Area outles

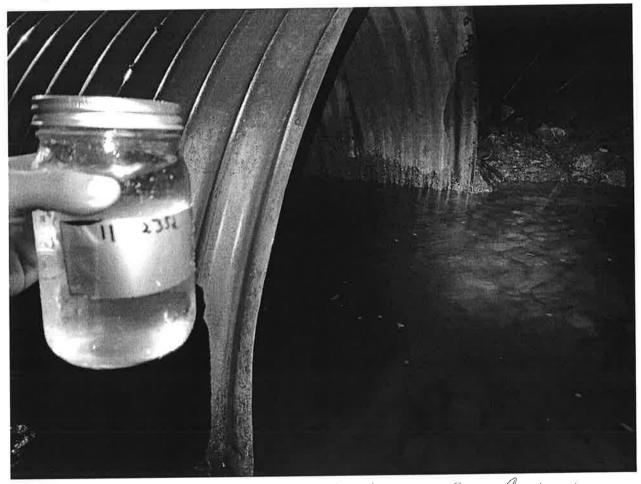
MSGP Quarterly Visual Assessment Form							
					for each outfall		
Name of Facilit		Juneau International			Tracking No.	AKRO6AD42	
Name of Outfal		TWY G CULVER			Inflow No.	10 Airfield Maintenance	
Person(s) Colle	cting Sample:	Christopher A O'Br	ien	Title:			
Person(s) Exam	nining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Date Sample C	Collected:	2/8/2012			mple Examined:	2/9/2022	
Time Sample C		2344			ample Examined:	0039	
Substitute Sam					ole was originally sch		
Type of discharge: Rainfall Snowmelt If rainfall please specify rainfall amount (in inches): O.5 11 Poinfall 1954 24 his							
1	Ended > 72 hours This Storm? □ Yes	If no please explain	*: in cult	en+1+	orn 1.67111	-inf-11 719 + 72hrs	
	25 Y 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MINISTRACTOR	Para	meter			
Color: [✓ None □ Colored		Iara		colored please descri	ibe:	
	✓ None □ Musty		r 🗆 Sour 🗇		other please describe		
	Petroleum/Gasoline				•		
	Z None □ Flecks			Other If	other please describe	e:	
011.	Z None 🗀 Ticeks	_ 01003 _ 011 00 11	_ 5				
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If	If other please describe:		
Floating Solids				No If	yes please describe:		
Settled Solids*			☐ Yes ☐		yes please describe:		
Suspended Solids			☐ Yes ☐		yes please describe:		
Foam? (gently			☐ Yes ☐	200090	yes please describe:		
1,0	indicators of water po	Ilution?	☐ Yes ☐		If yes please describe:		
* The 72-hour	interval can be waived	when the previous s	torm did not vi	eld a meas	surable discharge or i	f you are able to document (attach g the sampling period.	
** Observe for	settled solids after all	owing the sample to s	sit for approxin	nately one	-half hour.		
first 30 minutes	to take samples with s of an actual discharg torm water event?	in the Yes 🗆	No If r	no please o	explain:		
Detail any cond necessary).	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. S	ubsection	1.12)		
I certify under perassure that quali	enalty of law that this door	cument and all attachme gathered and evaluated	ents were prepar the information on the information	ed under m submitted. on submitte	ny direction or supervision Based on my inquiry of d is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patricia K. Wah	to 7		Title:	Airport Manage		
Signature:	()				2-11	2022	



OUTFALL 10: TWY G Culvert

		Quarterly Vis	sual Assess	ment Form			
Complete a separate form for each outfall							
Name of Facility:	Juneau Internationa			racking No.	AKRO6AD42		
Name of Outfall/Inflow:	JORDAN CRK CU		Outfall/In	flow No.	11		
Person(s) Collecting Sample:	Christopher A O'Br	rien	Title:		Airfield Maintenance		
Person(s) Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance		
Date Sample Collected:	2/8/2012			ple Examined:	2/9/2012		
Time Sample Collected:	2352			nple Examined:	0041		
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken: Yes No							
Type of discharge: If rainfall please specify rainfall amount (in inches): Delin Painfall last 24 h/J							
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*	If no please explain	*: in LMP	enastol	N 1.6711 1	wintall 715 + 72 his		
				original designation of the second			
	CATALOG STATE	Para	meter	olored please describe			
Color: None Colored					5. 		
Odor:				ther please describe:			
Oil: ✓ None ✓ Flecks				ther please describe:			
Clarity: ☐ Clear ☐ Slightly Other				If other please describe:			
Floating Solids?		☐ Yes ☑ N	No If y	es please describe:			
Settled Solids**?		☐ Yes ☑ 1	Vo If y	es please describe:			
Suspended Solids?		☐ Yes ☑ X	Vo If y	es please describe:			
Foam? (gently shake sample)		☐ Yes ☑ X	vo If y	If yes please describe:			
Other obvious indicators of water po	llution?	☐ Yes ☐ N		If yes please describe:			
* The 72-hour interval can be waived applicable documentation) that less t	d when the previous st	torm did not yie l is representati	eld a measu ve of local	rable discharge or if y storm events during th	ou are able to document (attach ne sampling period.		
** Observe for settled solids after all	lowing the sample to s	sit for approxim	ately one-h	alf hour.			
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?		No If n	o please ex	plain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
I certify under penalty of law that this doc assure that qualified personnel properly or those persons directly responsible for	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. Wahi	to		Title:	Airport Manager			
Signature: Lafin	Kulieleto		Date:	2-11-2	022		





OUT FALL 11: Jordan CRK Culvert OUTLES

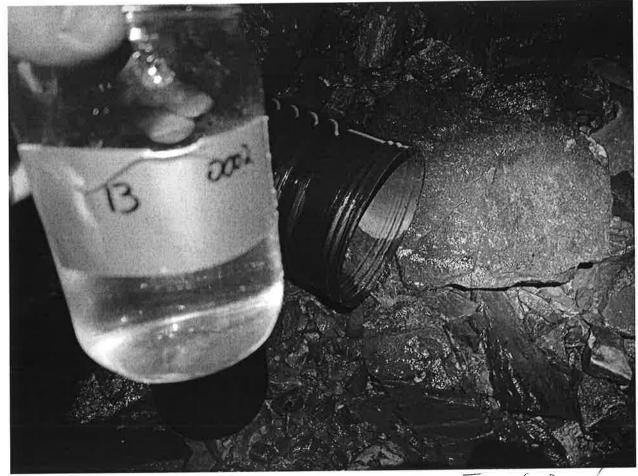
	Hay Mill of The Co		Quarterly Vis				
			olete a separate				
Name of Facility		Juneau International		NPDES Tr		AKRO6AD42	
Name of Outfall		TWY D-E INFIEL		Outfall/Infl	ow No.	12	
Person(s) Collec	ting Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Person(s) Exami	ning Sample:	Christopher, A O'Br	ien	Title:		Airfield Maintenance	
Date Sample Co		2/8/2022			le Examined:	2/9/2022	
Time Sample Co	llected:	2358			ole Examined:	0043	
Substitute Samp ☐ Yes ☑ No	le?	If yes please specify					
Type of discharge: If rainfall please specify rainfall amount (in inches): O . 611 California							
	Ended > 72 hours his Storm? ☐ Yes	If no please explain	*: in cull	int stori	~ 1.67" (a)	Wall >72 ND	
						7	
THE CAMERICAN	1	"别"的生态。各种主义	Para	meter	and places describ	a·	
	None □ Colored				ored please describ	c. 	
Pe	etroleum/Gasoline [☐ Sewage ☐ Sulfu: ☐ Solvents ☐ Other	•		er please describe:	·	
Oil: Z	None □ Flecks	☐ Globs ☐ Sheen	□ Slick □ C	Other If oth	If other please describe:		
	Clarity:				If other please describe:		
Floating Solids?			☐ Yes ☑ A		s please describe:		
Settled Solids**	?		☐ Yes ☑ N	No If yes	s please describe:		
Suspended Solid	ls?		☐ Yes ☑)	No If yes	please describe:		
Foam? (gently s			☐ Yes ☑	No If yes	If yes please describe:		
,	dicators of water po	Ilution?	☐ Yes ☑ 1	No If yes	If yes please describe:		
* The 72-hour in	nterval can be waive	d when the previous stantan a 72-hour interval	torm did not yie l is representati	eld a measura ve of local st	ble discharge or if y orm events during t	you are able to document (attach he sampling period.	
** Observe for s	ettled solids after al	lowing the sample to s	sit for approxim	ately one-ha	f hour.		
Was it possible t	o take samples with of an actual discharg	in the 🛮 🗹 Yes 🗆	No If n	o please expl	ain:		
Detail any conce necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
					Name of the last o		
Certification by F	acility Responsible (Official (Refer to MSGP	Appendix A, Su	ibsection 1.1	2)	to according with a greature decisioned 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 violation					e person or persons who manage the system, wledge and belief, true, accurate, and		
Name:	Patricia K, Wah	to		Title:	Airport Manager		
Signature:	Halin	Kulalito		Date:	2411	2022	
4	1 / 0010 601	COLUMN TO THE TAXABLE PROPERTY OF THE PARTY					





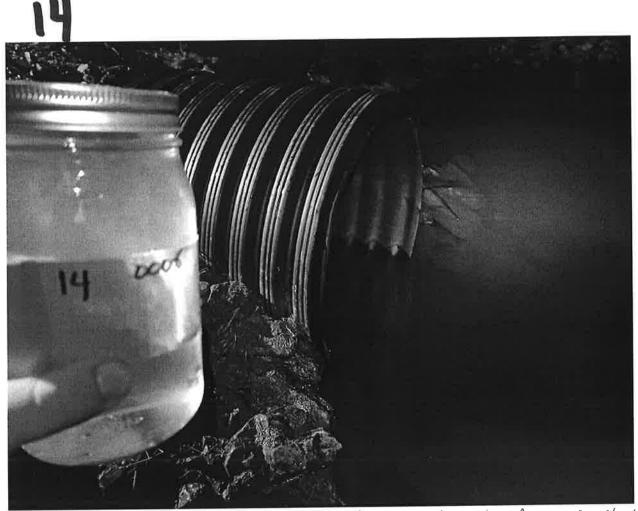
OUTFAU 12: TWY D-E INFIELD DRAINAGE

Complete a separate form for each outfall		MSGP Quarterly Visual Assessment Form							
Name of Outsidu/Inflow New Y TRENCH DRAIN OUT. All Anti-field Maintenance					form for ea	ch outfall			
Solide Charastropher Christopher Chr	Name of Facility:				The state of the s	The state of the s			
Person(s) Examining Sample: Christopher A O'Brien Title: Airfield Maintenance Date Sample Collected: 2	Name of Outfall/In	flow:				flow No.			
Date Sample Collected: Date Sample Collect	Person(s) Collectin	g Sample:	Christopher A O'Bri	ien	Title:				
Date Sample Collected: 1	Person(s) Examinir	ng Sample:	Christopher A O'Br	ien					
Substitute Spriple?			2/1/2022	0 2/9/202	Date Sam	ple Examined:	2/4/2011		
Type of discharge: Rainfall Snowmelt If rainfall please specify rainfall amount (in inches):	Time Sample Colle	ected:							
Rainfall									
Before Start of This Storm? Yes	☑ Rainfall □ Snowmelt								
Color:	before Start of This	before Start of This Storm? Yes							
Color:				Dan	a matar				
Odor:	Color: 1 5	None Colored	OF CHARLES THE STREET	rar		olored please descri	be:		
Petroleum/Gasoline Solvents Other	- 1			r 🗆 Sour 🗖					
Clarity:						1			
Other Floating Solids? Settled Solids**? Suspended Solids* Suspe	Oil:	None Flecks	☐ Globs ☐ Sheen	□ Slick □	Other If o	ther please describe	:		
Settled Solids**?									
Suspended Solids? 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) Leafily 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 Date: If yes D No If yes please describe: If yes pl	Floating Solids?								
Foam? (gently shake sample)	Settled Solids**?								
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 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 Date:	Suspended Solids?			☐ Yes ☑	No If y				
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 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 Date:	Foam? (gently sha	ke sample)		☐ Yes ☐	No If y				
* 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 system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Date: Airport Manager	Other obvious indi	cators of water po	ollution?	☐ Yes ☐					
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 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 Date:	* The 72-hour inte applicable docume	rval can be waive ntation) that less	d when the previous st than a 72-hour interval	torm did not y	ield a measu tive of local	rable discharge or i storm events during	f you are able to document (attach the sampling period.		
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 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 Date:	** Observe for sett	tled solids after al	lowing the sample to s	sit for approxi	mately one-h	alf hour.			
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 Date:	Was it possible to first 30 minutes of	take samples with an actual discharg	in the 🛮 🗹 Yes 🗆	No If	no please ex	plain:			
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 Date:									
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assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the persons of 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 Patricia K. Wahto Date:	Certification by Fac	ility Responsible	Official (Refer to MSGP	Appendix A,	Subsection 1	12)	on in accordance with a system designed to		
Patricia K. Wahto Airport Manager Date:	assure that qualified	personnel properly	gathered and evaluated	the intormation	submitted, Ba	ased on my inquiry of s to the best of my ki	nowledge and belief, true, accurate, and		
Cignoture: Date:	Name:	Patricia K. Wah	ito		Title:	Airport Manage	er		
1 117 67 1 160 38 - 18	Signature:	Hali-	7/		Date:				



OUTFALL 13: RWY Trench Drain

	The Mile Yought of				sessment Form		
					or each outfall	T LOUIS SCURIO	
Name of Fac		Juneau Internationa			ES Tracking No.	AKRO6AD42	
Name of Out		NW DEVELOP A			ıll/Inflow No.	14	
Person(s) Co	ollecting Sample:	Christopher A O'Bı	rien	Title		Airfield Maintenance	
Person(s) Ex	amining Sample:	Christopher A O'Bı	rien	Title		Airfield Maintenance	
Date Sample		2/9/2022	•		Sample Examined:	2/9/2022	
Time Sample		0006			Sample Examined:	0050	
Substitute S	Yes 🗹 No						
Type of discharge: If rainfall please specify rainfall amount (i ☐ Rainfall ☐ Snowmelt							
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: No Current Storm 1.67 Printed 2145+7245					Laymen Stat STUR	
ATAI DE PARTIE	SA HEAVIS SAID OF THE	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Par	ameter		新型性 国际发展等别的企业 L 7000 E L 2 L L	
Color:	✓ None □ Colored		ran		If colored please descri	ribe:	
Odor:	□ None ☑ Musty		r 🗆 Sour 🗆		If other please describ		
Juoi.	Petroleum/Gasoline [F. Santa Maria	421	
Oil:	None Flecks			Other	If other please describ	pe:	
Oil.					in other please desertee.		
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					If other please describ		
Floating Solids?			No	If yes please describe:	: Small green Vegetation Floating		
Settled Solid			☐ Yes ☑	No	If yes please describe:		
Suspended S	Solids?		☐ Yes ☐	No	If yes please describe:		
	tly shake sample)		✓ Yes □	No	If yes please describe: Small form bubbles prosent when		
	us indicators of water po	llution?	☐ Yes 🗹	No	If yes please describe:		
applicable de	ocumentation) that less t	han a 72-hour interva	l is representa	tive of lo	ocal storm events durin	if you are able to document (attach g the sampling period.	
	for settled solids after all		sit for approxi	mately o	ne-half hour		
first 30 minu	ble to take samples with tes of an actual discharg e storm water event?		l No If	no pleas	e explain:		
Detail any conecessary).	oncerns, additional com	ments, descriptions of	pictures taker	n, and an	y corrective actions tak	ken below (attach additional sheets as	
Certification	by Facility Responsible (Official (Refer to MSGF	Appendix A, S	Subsection	on 1.12)	i la sudana sitta a sutana da langal ta	
assure that qu	ualified personnel properly	gathered and evaluated gathering the information	the information on, the informati	submitte on submi	d. Based on my inquiry o tted is, to the best of my l	ion in accordance with a system designed to f the person or persons who manage the system, knowledge and belief, true, accurate, and f fine and imprisonment for knowing violations.	
Name:	Patricia K. Wahi	to		Title	: Airport Manag	ger	
Signature:	Tallou K. Wall	Kulalito		Date		-2022	



OUTFALL 14: NW Develop. Area Outlet

	MSGP Quarterly Visual Assessment Form									
Complete a separate form for each outfall										
Name of Facility:		Juneau International Airport			Tracking No.	AKRO6AD42				
Name of Outfall/Inflow:		POND PKG AREA OUTLET			nflow 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:		2/9/2022			nple Examined:	2/9/2022				
Time Sample Collected:					e Sample Examined: 0053					
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): 0.6" rainfall 145+ 24 WS								
Previous Storm Er before Start of Thi		If no please explain*: in current storm 1.67" rondali 1"sf 72hrs								
Parameter										
Color:	Nama D. Cala 1		rara		colored please describ	oe:				
	None Colored				If other please describe:					
Odor:				" \						
Oil:	None Flecks Globs Sheen Slick Other				If other please describe:					
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If	If other please describe:					
Floating Solids?			No If	If yes please describe:						
Settled Solids**?			☐ Yes ☑	No If	If yes please describe:					
Suspended Solids?					If yes please describe:					
Foam? (gently shake sample)				If yes please describe:						
Other obvious indicators of water pollution?			No If	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 set	tled solids after al	lowing the sample to s	sit for approxin	nately one-	half hour.					
** 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? 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)									
Certification by Fac	cility Responsible (Official (Refer to MSGP	Appendix A, S	upsection 1	direction or autominio	n 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. Wah	ahto			Airport Manager	Airport Manager				
Signature:		Kululeto)	Date:	2-11-	2022				



OUTFALL 15: POND Barking Area Outles

MSGP Quarterly Visual Assessment Form									
Complete a separate form for each outfall									
Name of Facility:	Juneau International Airport		ES Tracking No.	AKRO6AD42					
Name of Outfall/Inflow:	POND DISCHARGE-RIVER		all/Inflow No.	16					
Person(s) Collecting Sample:	Christopher A O'Brien		:	Airfield Maintenance					
Person(s) Examining Sample:	Christopher A O'Brien		1	Airfield Maintenance					
Date Sample Collected:	2/9/2012		Sample Examined:	2/9/2022					
Time Sample Collected:			e Sample Examined:	0056					
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): 0.6" rainfall 10st 14 hrs								
Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: in Current Storm 1.67 " rainfall >125+72 hrs									
Parameter									
Color: ☑ None ☐ Colored		If colored please describe:							
Odor:	☐ Sewage ☐ Sulfur ☐ Sour ☐ Solvents ☐ Other		If other please describe:						
Oil: ✓ None ☐ Flecks	☐ Globs ☐ Sheen ☐ Slick	□ Other	If other please describe:						
Clarity: ☐ Clear ☐ Slightly Other	Cloudy 🗆 Cloudy 🗆 Opaque	e 🗆	If other please describe:						
Floating Solids?	☐ Yes	☑ No	If yes please describe:						
Settled Solids**?			If yes please describe:						
Suspended Solids?			If yes please describe:						
Foam? (gently shake sample)	☐ Yes	☑ No	If yes please describe:						
Other obvious indicators of water pollution?			If yes please describe:						
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.									
** Observe for settled solids after a	llowing the sample to sit for appr	oximately	one-half hour.						
Was it possible to take samples with first 30 minutes of an actual dischar a measurable storm water event?		If no plea	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. Wal	nto	Title	: Airport Mana	ger					
Signature: Halin	Killalito	Date	2-1	11-2022					



OUTFALL 16: POND DISCHARGE - RIVER