

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:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2:313	Time Sample Examined:	0021
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" 1st 24hrs		
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 1.67" rainfall > 72hrs		

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:
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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)

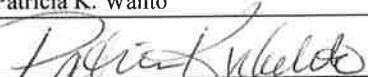
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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:	2-11-2022



OUTFALL 1 LOWER DUCK
CREEK

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

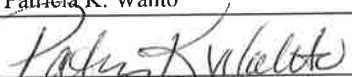
MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	UPPER DUCK CREEK-1	Outfall/Inflow No.	2
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2321	Time Sample Examined:	0028
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" last 24hrs		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: 1.67" rainfall > 72hrs in current storm		
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:	2-11-2022

2



OUTFALL 2 Upper Duck
Creek 1

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

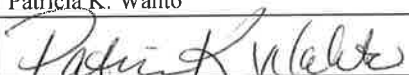
MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	UPPER DUCK CREEK-2	Outfall/Inflow No.	3
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2324	Time Sample Examined:	0030
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.5" 1.5" + 24 hrs		
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 1.67" 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 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 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:	2-11-2022

3

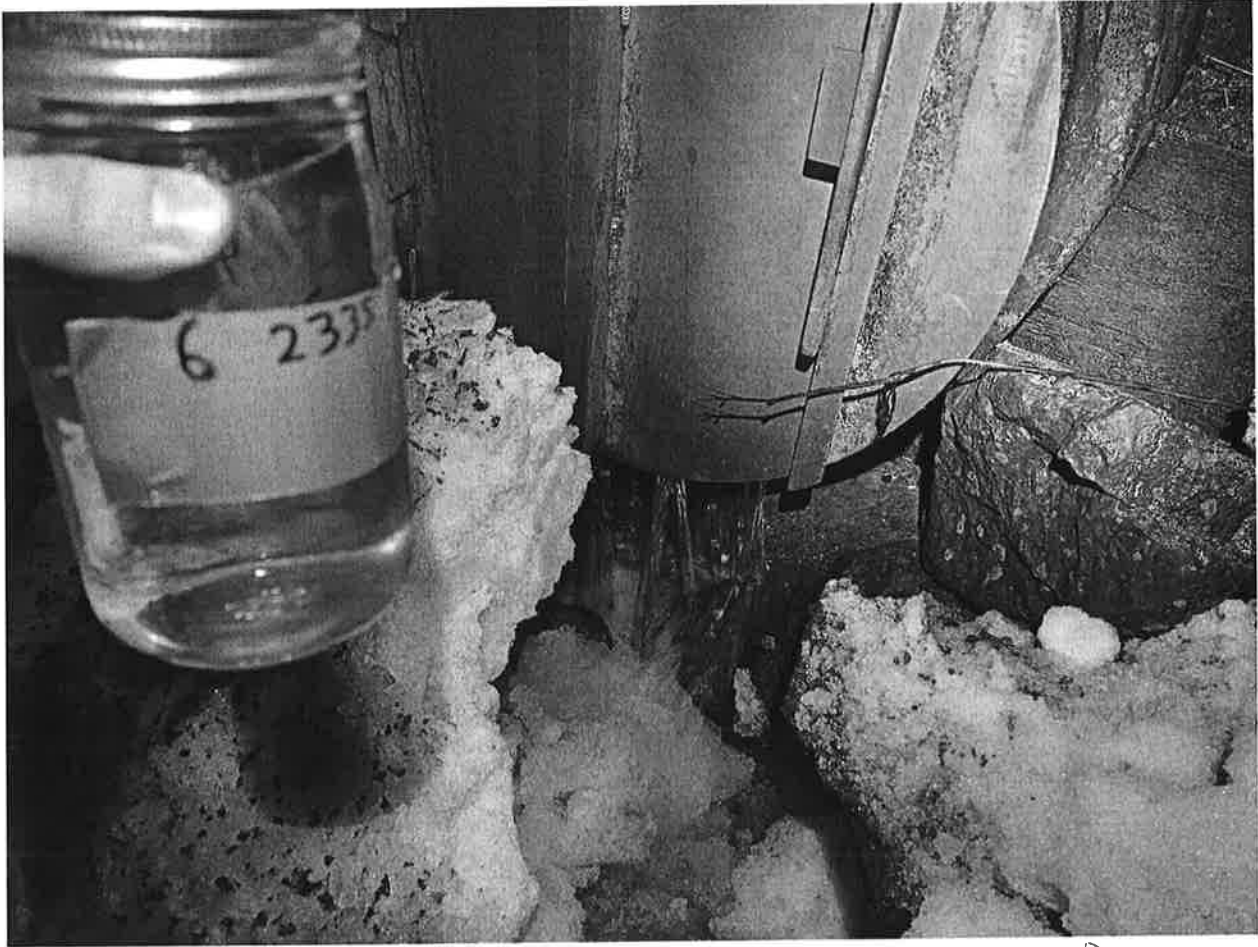


OUTFALL 3 : UPPER DUCK CK. 2

**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:	2/8/2022	Date Sample Examined:	2/4/2022
Time Sample Collected:	2:35	Time Sample Examined:	0034
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall last 24 hrs		
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 1.67" rainfall > 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 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 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:	2-11-2022

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OUTFALL 6 : Terminal Area Discharge

**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*:		
Parameter			
Color:	<input 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"/> Rot <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"/> Stick <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)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K. Wahto</i>	Date:	2-11-2022


**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): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Solvents <input type="checkbox"/> Petroleum/Gasoline <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).			
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Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:	<i>Patricia K. Wahto</i>	Date:	2-11-2022

Don't

EXISTS

**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:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2340	Time Sample Examined:	0037
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall last 24hrs		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*: in comment form 1.67" rainfall > 72hrs		
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"/> Globbs <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:	2-11-2022

9



OUTFALL 9: NE Development Area
Outlet

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:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2344	Time Sample Examined:	0039
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.511 rainfall last 24 hrs		
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 1.6711 rainfall 7195 + 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 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.

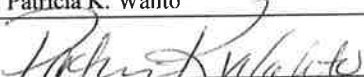
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

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:
---	---	-----------------------

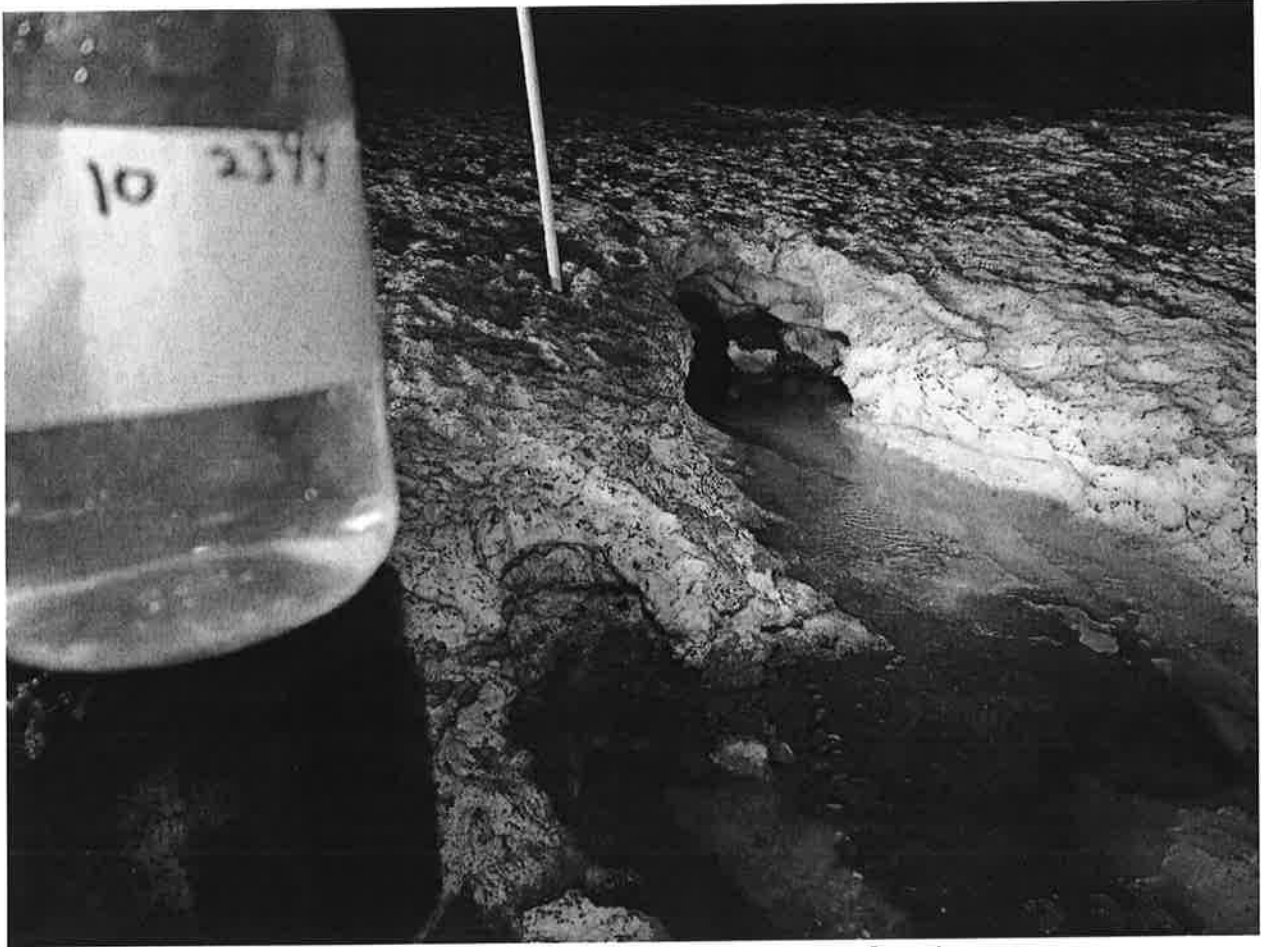
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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.

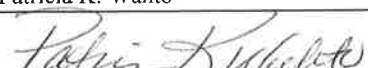
Name:	Patricia K. Wahto	Title:	Airport Manager
Signature:		Date:	2-11-2022

10



OUTFALL 10: Twy G Culvert


**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:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2352	Time Sample Examined:	0041
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall last 24 hrs		
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 1.67" rainfall 71st + 72hrs		
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:	2-11-2022



OUT FALL 11: Jordan CRK Culvert outlet

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

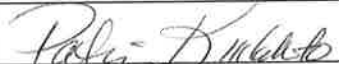
MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	TWY D-E INFIELD DRNAGE	Outfall/Inflow No.	12
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	2/8/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	2:35P	Time Sample Examined:	0043
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall last 24 hrs		
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 1.67" rainfall >72 hrs		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input 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:	2-11-2022

12



OUTFALL 12: TWY D-E INFIELD
DRAINAGE

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:	2/9/2022 2/9/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	0002	Time Sample Examined:	0046
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall		
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 1.67" rainfall just 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 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:	2-01-2022

13



OUTFALL 13 : Rwy Trench Drain
outlet

**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:	2/9/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	0006	Time Sample Examined:	0050
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.6" rainfall last 24hrs		
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 1.67" rainfall last 72hrs		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Small green vegetation floating	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Small foam bubbles present when shaken	
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:	2-11-2022

14



OUTFALL 14: NW Develop. Area Outlet

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

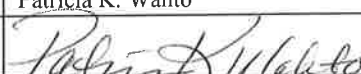
MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6AD42
Name of Outfall/Inflow:	POND PKG AREA OUTLET	Outfall/Inflow No.	15
Person(s) Collecting Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Person(s) Examining Sample:	Christopher A O'Brien	Title:	Airfield Maintenance
Date Sample Collected:	2/4/2022	Date Sample Examined:	2/4/2022
Time Sample Collected:	0010	Time Sample Examined:	0053
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.6" rainfall last 24 hrs</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 1.67" rainfall 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)			
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:	2-11-2022

15



OUTFALL 15: Pond Parking Area Outlet

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:	2/9/2022	Date Sample Examined:	2/9/2022
Time Sample Collected:	0012	Time Sample Examined:	0056
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): <u>0.6" rainfall last 24 hrs</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 1.57" rainfall last 72 hrs</u>		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input 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:	2-11-2022

16



OUTFALL 16: POND DISCHARGE - RIVER