

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

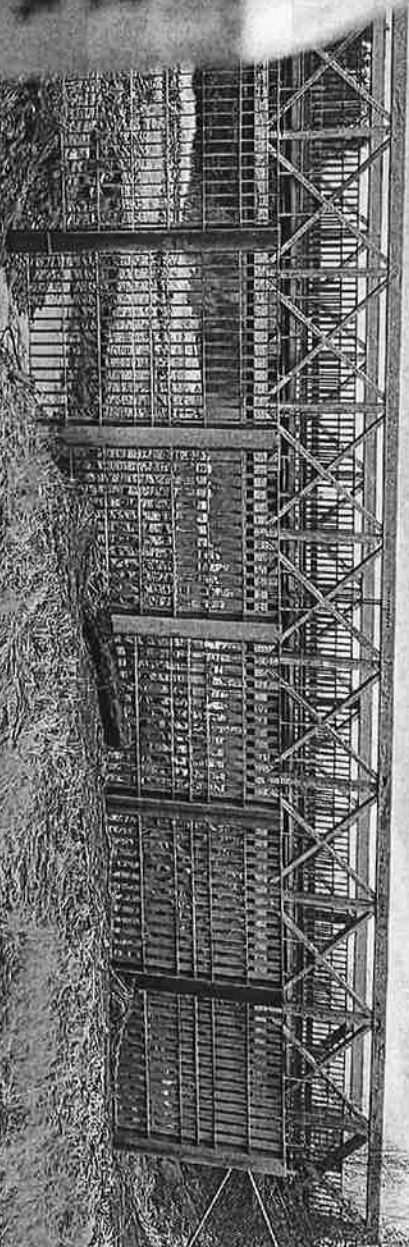
| MSGP Quarterly Visual Assessment Form | | | |
|--|--|-----------------------------|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Lower Duck Creek | Outfall/Inflow No. | 1 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0853 | Time Sample Examined: | 1007 |
| 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): 0.07" 1st + 2.4 WS | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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: | 1/24/2023 |

#1

OPSS

lower Duck
Creek

1/22/2023



**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. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Upper Duck Creek - 1 | Outfall/Inflow No. | 2 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0840 | Time Sample Examined: | 1006 |
| 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): 0.08" last 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| Parameter | | | |
| Color: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Colored | If colored please describe: | |
| Odor: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other | If other please describe: | |
| Oil: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other | If other please describe: | |
| Clarity: | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other | If other please describe: | |
| Floating Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Settled Solids**? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: Small organic material | |
| Suspended Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Foam? (gently shake sample) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Other obvious indicators of water pollution? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. | | | |
| ** Observe for settled solids after allowing the sample to sit for approximately one-half hour. | | | |
| Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no please explain: | |
| Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). | | | |
| Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) | | | |
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| Name: | Patricia K. Wahto | Title: | Airport Manager |
| Signature: | <i>Patricia K. Wahto</i> | Date: | 1/24/2023 |

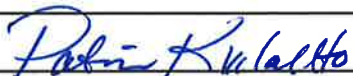
#2

UPPER JUCK
JUCK-1

1/22/2023



**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. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Upper Duck Creek - 2 | Outfall/Inflow No. | 3 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0842 | Time Sample Examined: | 1003 |
| 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): 0.08" 1st 24WS | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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: | 1/24/2023 |

3
UPPER DUCK CREEK

-2

1/22/2023

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

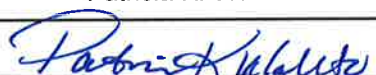
| MSGP Quarterly Visual Assessment Form | | | |
|--|--|-----------------------------|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Terminal Area Discharge | Outfall/Inflow No. | 6 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 2744 | Time Sample Examined: | 1002 |
| 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): 0.08" 1st 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| Parameter | | | |
| Color: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Colored | If colored please describe: | |
| Odor: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other | If other please describe: | |
| Oil: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other | If other please describe: | |
| Clarity: | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other | If other please describe: | |
| Floating Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Settled Solids***? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Suspended Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Foam? (gently shake sample) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Other obvious indicators of water pollution? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. | | | |
| ** Observe for settled solids after allowing the sample to sit for approximately one-half hour. | | | |
| Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no please explain: | |
| Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). | | | |
| Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) | | | |
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| Name: | Patricia K. Wahto | Title: | Airport Manager |
| Signature: |  | Date: | 1/24/2023 |

1-22-2023

#6
Terminal Area
Discharge



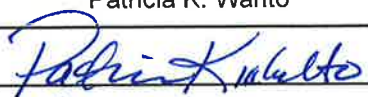
**Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

| MSGP Quarterly Visual Assessment Form | | | |
|--|--|--|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKRO6-AD4 2 |
| Name of Outfall/Inflow: | NE Development Area Outlet | Outfall/Inflow No. | 9 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0753 | Time Sample Examined: | 0958 |
| 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): 0.08" 1st 24 HRJ | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| Parameter | | | |
| Color: | <input type="checkbox"/> None <input checked="" type="checkbox"/> Colored | If colored please describe: very light straw | |
| Odor: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other | If other please describe: | |
| Oil: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other | If other please describe: | |
| Clarity: | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other | If other please describe: | |
| Floating Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Settled Solids**? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Suspended Solids? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Foam? (gently shake sample) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| Other obvious indicators of water pollution? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes please describe: | |
| * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. | | | |
| ** Observe for settled solids after allowing the sample to sit for approximately one-half hour. | | | |
| Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no please explain: | |
| Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). | | | |
| Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) | | | |
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| Name: | Patricia K. Wahto | Title: | Airport Manager |
| Signature: |  | Date: | 1/24/2023 |

#9
0253
NE DEL. AREA
Outlet
1-29-2023



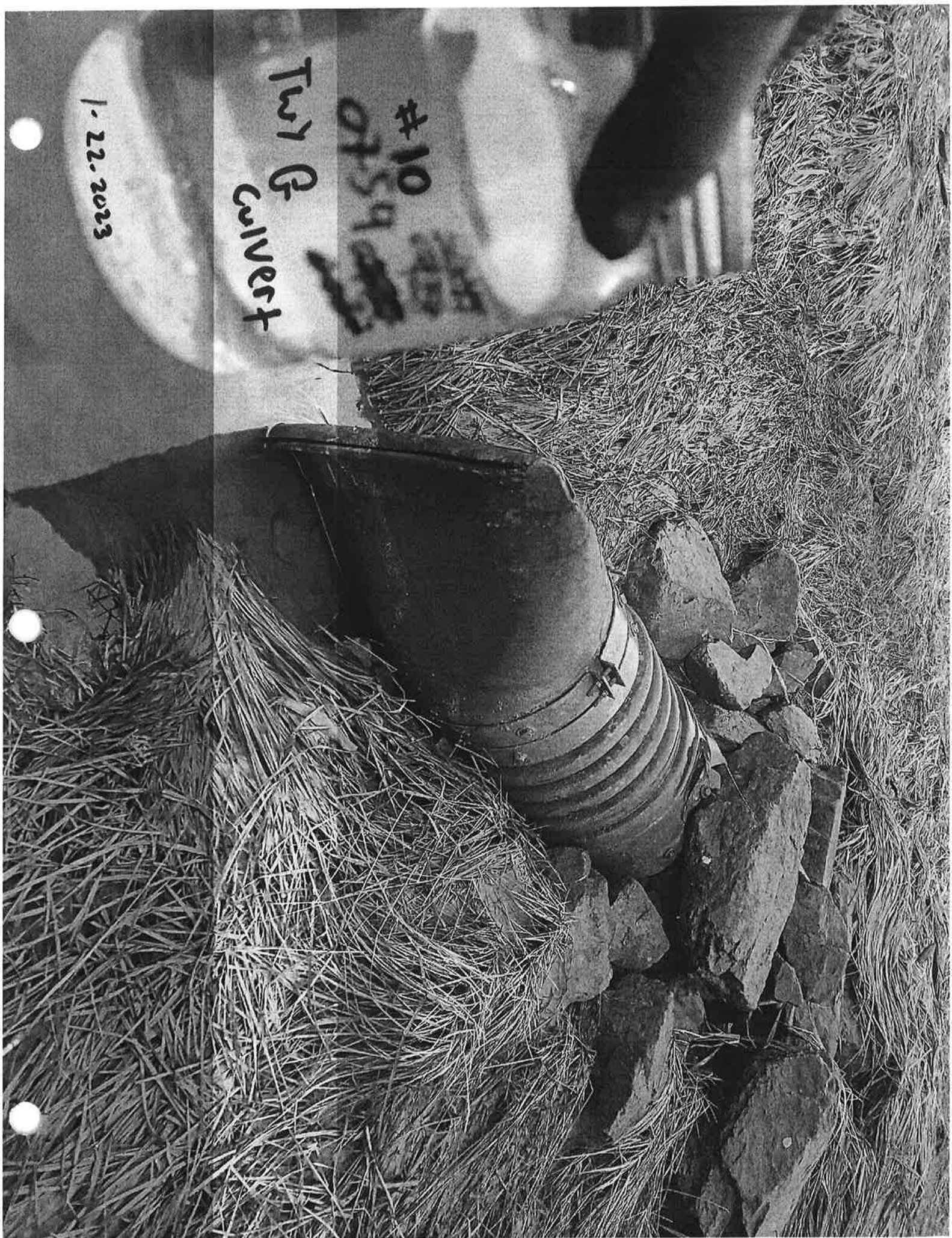
**Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

| MSGP Quarterly Visual Assessment Form | | | |
|--|--|-----------------------------|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKRO6-AD4 2 |
| Name of Outfall/Inflow: | Taxiway G Culvert | Outfall/Inflow No. | 10 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0759 | Time Sample Examined: | 0951 |
| 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): 0.08" last 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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. | | | |
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| Signature: |  | Date: | 1/24/2023 |

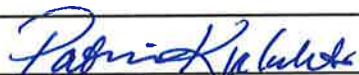
Twy G
convent

#10
0759

1-22-2023



**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. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Jordan Creek Culvert Outlet | Outfall/Inflow No. | 11 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0921 | Time Sample Examined: | 1005 |
| 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): 0.08 last 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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: | 1-24-2023 |

#11


0921

Soison creek
Culvert outlet

22-2023



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

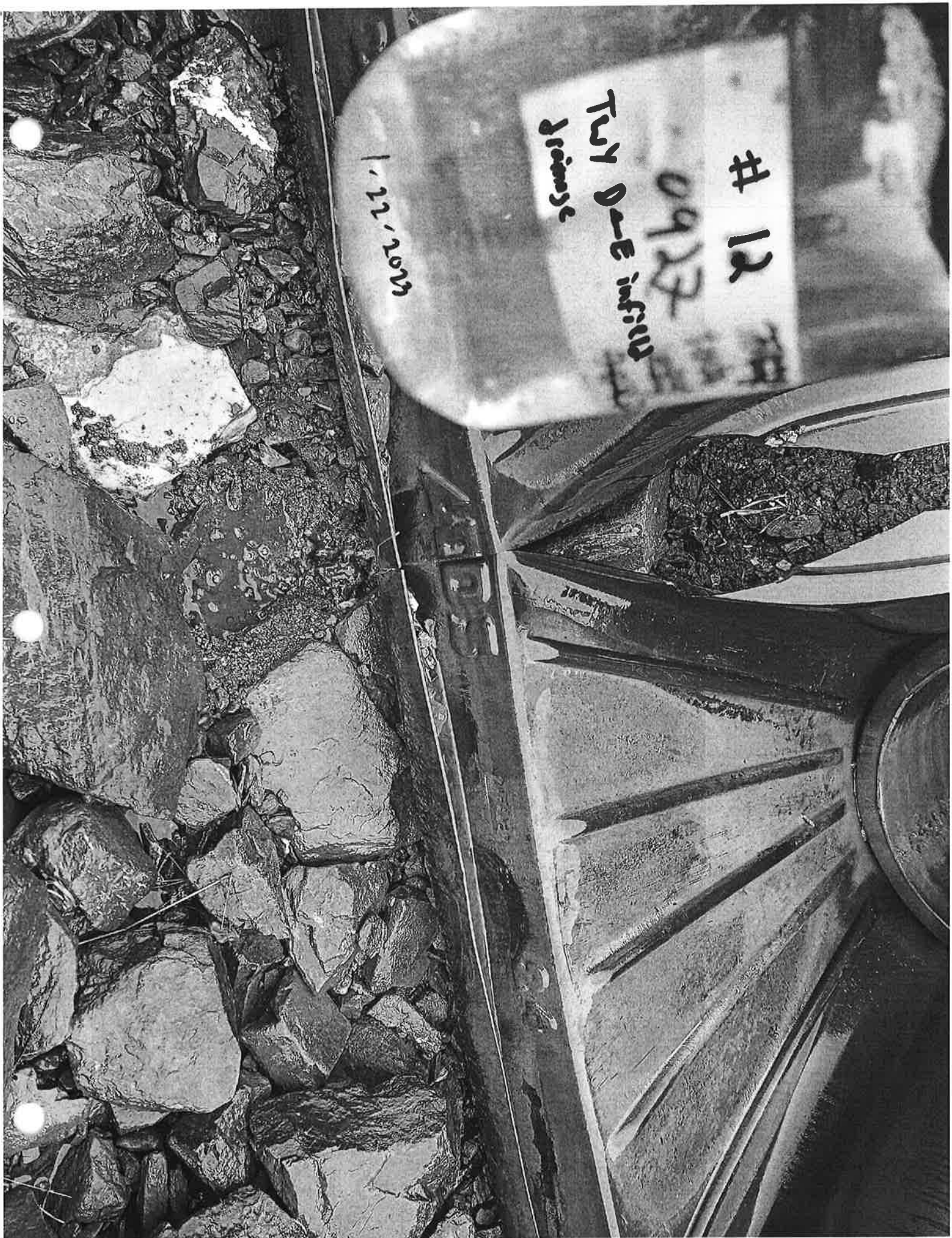
| MSGP Quarterly Visual Assessment Form | | | |
|--|--|-----------------------------|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Taxiway D - E Infield Drainage | Outfall/Inflow No. | 12 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0927 | Time Sample Examined: | 1000 |
| 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): 0.07 in + 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| Parameter | | | |
| Color: | <input checked="" type="checkbox"/> None <input type="checkbox"/> Colored | If colored please describe: | |
| Odor: | <input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input checked="" 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: | 1/24/2023 |

12

0923

TUY D-6 infill
Jicoms

1, 12, 2003



**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. | AKRO6-AD4 2 |
| Name of Outfall/Inflow: | Runway Trench Drain Outlets | Outfall/Inflow No. | 13 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| 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"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other | If other please describe: | |
| Oil: | <input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other | If other please describe: | |
| Clarity: | <input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other | If other please describe: | |
| Floating Solids? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Settled Solids**? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Suspended Solids? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Foam? (gently shake sample) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Other obvious indicators of water pollution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. | | | |
| ** Observe for settled solids after allowing the sample to sit for approximately one-half hour. | | | |
| Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? | <input type="checkbox"/> Yes <input checked="" 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). <i>NO water present</i> | | | |
| 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: | <i>1/23/2023</i> |

*No water
unable to sample*



No. 13

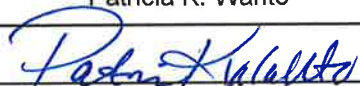
Dip 10° N 30° E

Dip 10° N 30° E

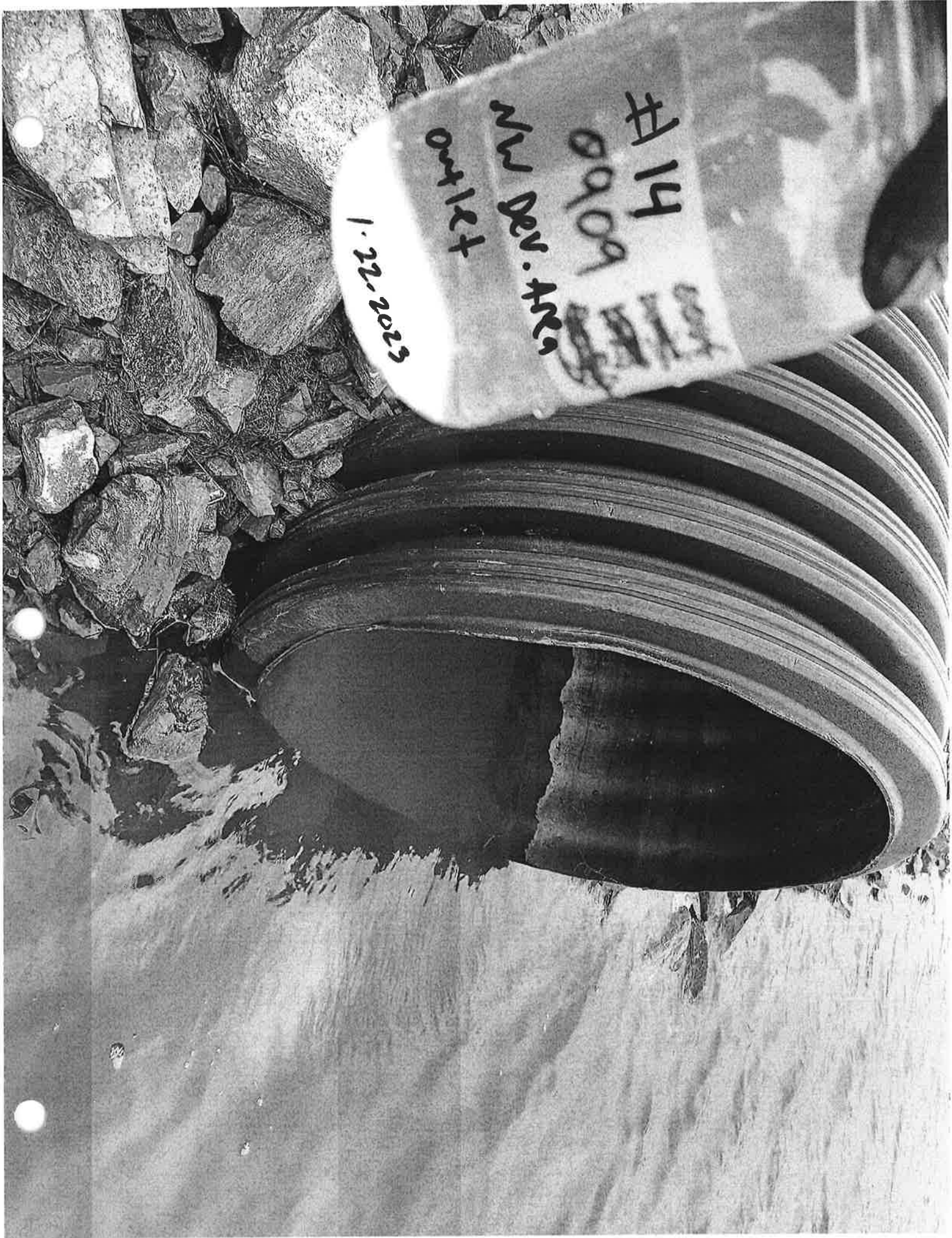
Dip 10° N 30° E

#13

**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. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | NW Development Area Outlet | Outfall/Inflow No. | 14 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| Time Sample Collected: | 0909 | Time Sample Examined: | 0945 |
| 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): 0.08 Last 24 hrs | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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: | 1/24/2023 |

#14
0909
NW Dev. Area
Outlet
1.22.2023



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

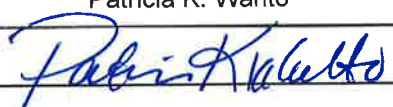
| MSGP Quarterly Visual Assessment Form | | | |
|--|---|-----------------------------|--------------------------------------|
| Complete a separate form for each outfall | | | |
| Name of Facility: | Juneau International Airport | NPDES Tracking No. | AKRO6-AD4 2 |
| Name of Outfall/Inflow: | Pond Parking Area Outlet | Outfall/Inflow No. | 15 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/22/23 |
| 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"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other | If other please describe: | |
| Oil: | <input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other | If other please describe: | |
| Clarity: | <input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other | If other please describe: | |
| Floating Solids? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Settled Solids**? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Suspended Solids? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please describe: | |
| Foam? (gently shake sample) | <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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). <i>NO WATER PRESENT</i> | | | |
| 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: | 1/24/2023 |

*No water
No sampling*

NO WATER
OUTLET
AND PARKING
#13



**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. | AKR06-AD4 2 |
| Name of Outfall/Inflow: | Pond Discharge To River | Outfall/Inflow No. | 16 |
| Person(s) Collecting Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Person(s) Examining Sample: | Christopher A. O'Brien | Title: | Airfield Maint. Equipment Operator 2 |
| Date Sample Collected: | 1/22/23 | Date Sample Examined: | 1/24/23 |
| Time Sample Collected: | 0911 | Time Sample Examined: | 0944 |
| 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>0.08" 101 + 24 hrs</u> | | |
| Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* | If no please explain*: | | |
| 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: | 1/24/2023 |



#16
0911
Port 8150000
40 lines
1-22-2023