, "Piou					essment Form	ज्यास्त्रीतीयः भूतिमानः विश्वति । १००		
			plete a separa					
Name of Fa		Juneau Internation			S Tracking No.	AKRO6-AD4 2		
	utfall/Inflow:	Lower Duck Cre			l/Inflow No.	1		
Person(s) C	Collecting Sample:	Christopher A. C		Title:		Airfield Maint. Equipment Operator 2		
	Examining Sample:	Christopher A. O'Brien				Airfield Maint. Equipment Operator 2		
	le Collected:				ample Examined:	1/11/13		
	ole Collected:	0853			Sample Examined:	1007		
Substitute S	Sample? No	If yes please specif	y quarter/year	when sam	ple was originally sch	neduled to be taken:		
Type of dis	charge: l □ Snowmelt	If rainfall please specify rainfall amount (in inches): D.O? " AJ + LY WAS						
	form Ended > 72 hours tof This Storm? Yes	If no please explain*:						
		CONTRACTOR DESIGNATION OF THE PERSON OF THE	m.					
Color:	✓ None □ Colored	TOWN - NYWIN	Pa	rameter	f colored please descr	ika:		
Odor:			- M 9 M		f other please describ			
Odol.		one 🗹 Musty 🗆 Sewage 🗀 Sulfur 🗀 Sour 🗀 eum/Gasoline 🗆 Solvents 🗆 Other			Touter prease describe	c .		
Oil:	☑ None □ Flecks	Tlecks □ Globs □ Sheen □ Slick □ C			If other please describe:			
Clarity:					f other please describe	e;		
Floating Solids?				No I	f yes please describe:	· · · · · · · · · · · · · · · · · · ·		
Settled Solids**?					f yes please describe:			
Suspended Solids?				-	f yes please describe:			
	ntly shake sample)		☐ Yes ☑		If yes please describe:			
	ous indicators of water po	114'0	☐ Yes ☑		f yes please describe:			
					a measurable discharge or if you are able to document (attach			
	documentation) that less t							
** Observe	for settled solids after all	owing the sample to	sit for approxi	imately one	-half hour.			
first 30 min	ible to take samples with utes of an actual discharg le storm water event?		l No If	`no please	explain:			
Detail any onecessary).	concerns, additional comm	nents, descriptions of	pictures taker	n, and any	corrective actions take	en below (attach additional sheets as		
	by Facility Responsible C							
assure that q or those pers	ualified personnel properly ons directly responsible for	gathered and evaluated gathering the informatio	the information n, the informati	n submitted. ion submitte	Based on my inquiry of d is, to the best of my kr	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and Imprisonment for knowing violations.		
Name:	Patrio	cia K. Wahto		Title:		Airport Manager		
Signature:	Foli:	Knalk		Date:	I,	124/2023		



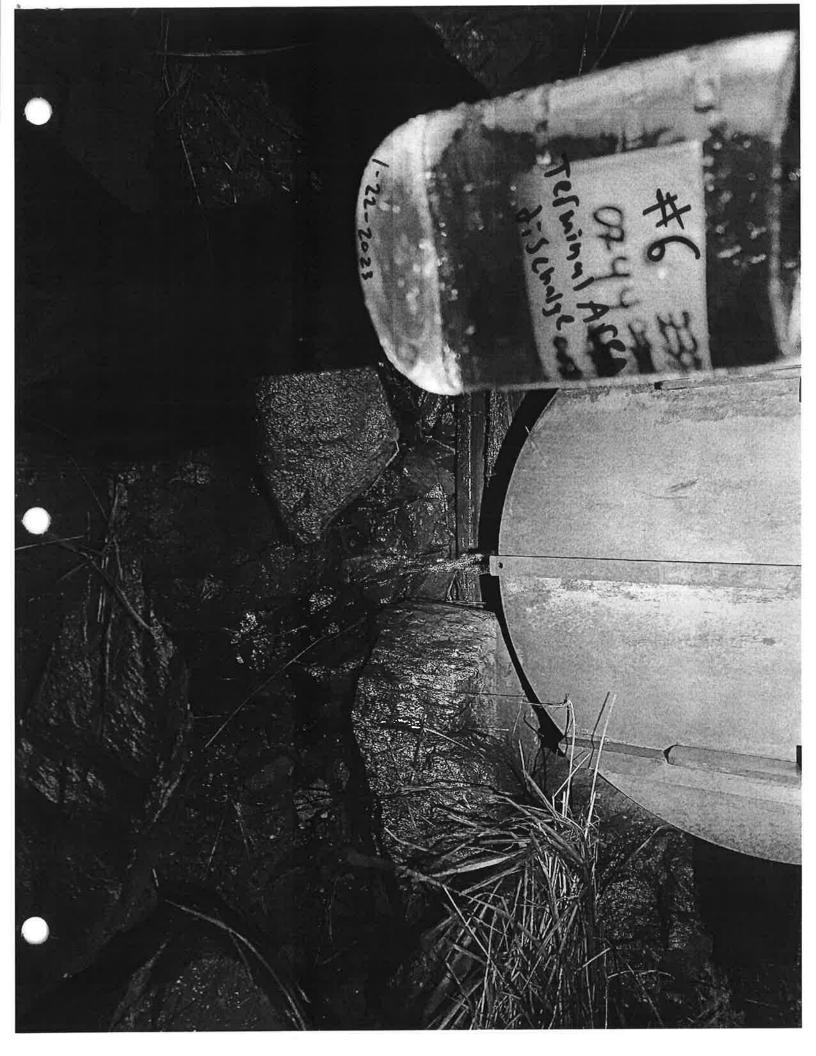
	SOUTH REAL PROPERTY.		Quarterly Vi			MELPHAN OF THE STATE OF THE STATE OF		
			plete a separate			T -		
Name of Facility:		Juneau Internation			racking No.	AKRO6-AD4 2		
Name of Outfall/		Upper Duck Cree		Outfall/Inf	low No.	2		
Person(s) Collect	ing Sample:	Christopher A. C		Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examin		Christopher A. O		Title:		Airfield Maint. Equipment Operator 2		
Date Sample Co.		1/77/7.	3		ole Examined:	1/22/23		
Time Sample Co		0840			ple Examined:	1006		
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be take Yes No								
Type of discharge Rainfall	e: Snowmelt	If rainfall please specify rainfall amount (in inches): U.O8 " 141+ 24 WIS						
Previous Storm E before Start of Th No*	Ended > 72 hours nis Storm? Yes	If no please explain*:						
	The state of the s	- W	veneral pos					
Color:	None □ Colored		Para	meter If co	lored please descr	rihe:		
		☐ Sewage ☐ Sulfu	- D Sour D		er please describ			
				11 00	iei pieuse deserie	.		
Petroleum/Gasoline ☐ Solvents ☐ Other Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other					If other please describe:			
	MI: La None Flecks Globs Sheen Shek Other					The salest presses described.		
Clarity:	Class C Slightly	Claudy Claudy		If of	ner please describ	ρ.		
	Clarity:					.		
Floating Solids?					s please describe:			
Settled Solids**?					s please describe:	Small organic material		
Suspended Solids	s?		☐ Yes 🗹		s please describe:			
Foam? (gently sl	hake sample)		☐ Yes 🗹	No If ye	s please describe:			
Other obvious inc	dicators of water po	llution?	☐ Yes 🗷	No If ye	s please describe:			
* The 72-hour intapplicable docum	terval can be waived nentation) that less t	d when the previous s han a 72-hour interva	torm did not yi l is representati	eld a measur ive of local st	able discharge or i	if you are able to document (attach g the sampling period.		
** Observe for se	ettled solids after all	lowing the sample to		nately one-ha	lf hour.			
	o take samples with of an actual discharg rm water event?		l No lf r	no please exp	lain:			
Detail any concernecessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
On Million Hard Brown	allifu DanIbi- (Official (Defends MCCD	Annandly A C	ubenetlan # 4	21			
Certification by Fa	activity responsible (Official (Refer to MSGP	Appendix A, 5	ad under my d	rection or cuponicia	on in accordance with a system designed to		
assure that qualifier or those persons di	d personnel properly girectly responsible for	gathered and evaluated gathering the informatio	the information s	submitted. Bas in submitted is	ed on my inquiry of to the best of my k	the person or persons who manage the system, mowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Patrio	cia K. Wahto		Title:		Airport Manager		
Signature:	tak	- Kulale	Au	Date:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	124/2023		



					ssessment Form				
		(Complete a separ	rate form f	or each outfall				
Name of Facility:		Juneau Intern			ES Tracking No.	AKRO6-AD4 2			
Name of Outfall/		Upper Duck	Creek - 2		all/Inflow No.	3			
Person(s) Collect	ing Sample:	Christopher	A, O'Brien	Title	:	Airfield Maint. Equipment Operator 2			
Person(s) Examir	ning Sample:	Christopher	A. O'Brien	Title	:	Airfield Maint. Equipment Operator 2			
Date Sample Col	llected:				Sample Examined:	1/22/23			
Time Sample Col		2847			Sample Examined:	1003			
Substitute Sample ☐ Yes ☑ No	e?	If yes please specify quarter/year when sample was originally scheduled to be taken:							
Type of discharge Rainfall S	e: Snowmelt	If rainfall please specify rainfall amount (in inches): _ o ロッツ い しょうト よりいり							
Previous Storm E before Start of Th	inded > 72 hours his Storm? ✓ Yes	If no please exp	If no please explain*:						
		-				NEW CONSTRUCTION OF THE PROPERTY OF THE PROPER			
Color:	None ☐ Colored	m - e	P	arameter	If colored please descri	The content of the co			
	None Colored		16 D 0	_	If other please describe				
	roleum/Gasoline			<u>ا</u> ا	if other please describe	5 .			
Oil:	None Flecks	☐ Globs ☐ Sh	een 🗆 Slick 🗆	Other	If other please describe:				
01 11	<u> </u>	GI 1 [] GI			TC 41 1 1 1				
Clarity:					If other please describe);			
Floating Solids?			☐ Yes ☑	No	If yes please describe:				
Settled Solids**?	Settled Solids**?								
Suspended Solids?					If yes please describe:				
Foam? (gently shake sample)					If yes please describe:				
	licators of water po	llution?	☐ Yes ☑	No	If yes please describe:				
* The 72-hour int	erval can be waived	d when the previo	us storm did not	yield a m		f you are able to document (attach the sampling period.			
	ttled solids after all								
	take samples withing the samples withing the fan actual discharge meter event?		s 🗆 No 🔝	If no pleas	e explain:				
	ns, additional com	nents, description	s of pictures take	en, and an	y corrective actions take	en below (attach additional sheets as			
necessary).									
	cility Responsible C								
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:	Patrio	cia K. Wahto		Title	: /	Airport Manager			
Signature:	The	- Kul	a l Ho	Date	1/2	4/2023			



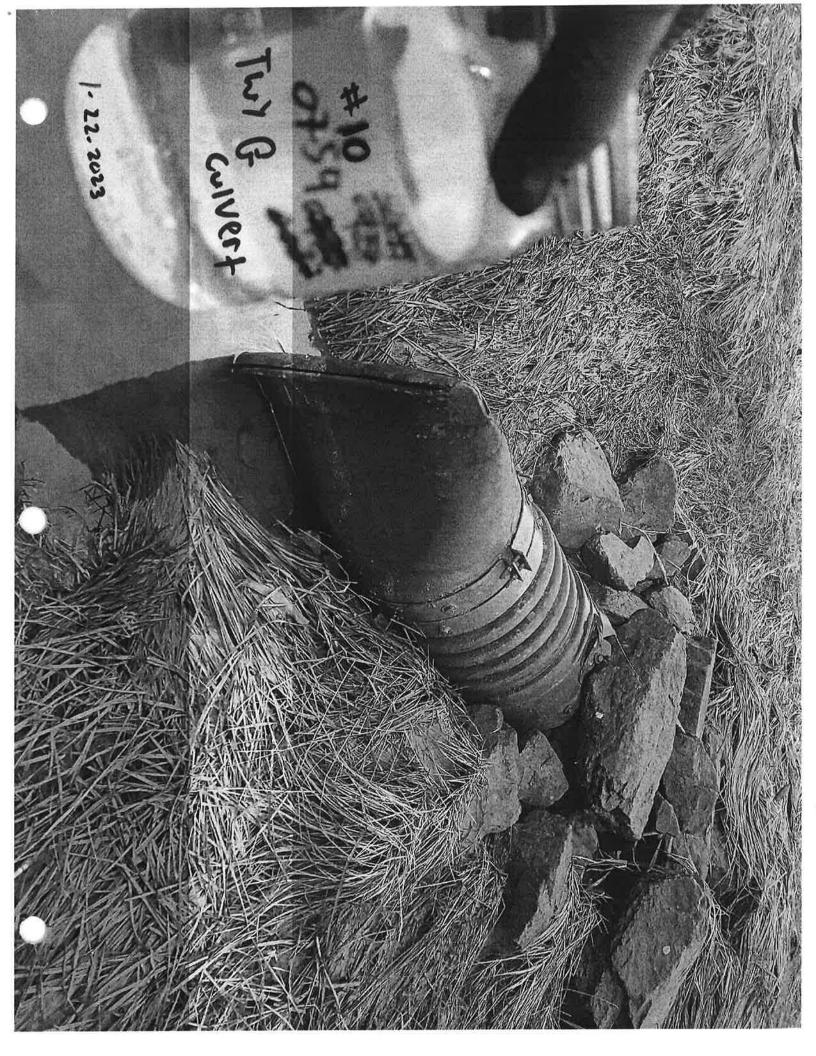
	STORY OF STORY	MSGP	Quarterly V	Visual Asse	ssment Form			
			plete a separa					
Name of Fac	cility:	Juneau Internation	al Airport	NPDES	Tracking No.	AKRO6-AD4 2		
Name of Ou	tfall/Inflow:	Terminal Area D	ischarge	Outfall	/Inflow No.	6		
Person(s) Co	ollecting Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Ex	kamining Sample:	Christopher A. O	'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample		1/22/23		Date S	ample Examined:	1/11/13		
Time Sampl	e Collected:	V7-44			ample Examined:	100%		
Substitute S	ample? No	If yes please specify	y quarter/year	when sam	ole was originally sc	heduled to be taken:		
Type of disc	charge: ☐ Snowmelt	If rainfall please spo	ecify rainfall	amount (in	inches): 0,07 W	1 M + 7 H M2		
	orm Ended > 72 hours of This Storm? Yes	If no please explain*:						
			Dec		A STATE OF THE PARTY OF THE PAR			
Color:	✓ None □ Colored		Pai	rameter	colored please desc	riha:		
Odor:	✓ None ☐ Musty		- D Coun C		other please describ			
Odor.	Petroleum/Gasoline			- "	outer please deserte			
Oil:	☑ None ☐ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other I	If other please describe:			
Clarity:					other please describ	oe:		
Floating Solids?					yes please describe			
Settled Solids**?					yes please describe			
Suspended Solids?					yes please describe			
Foam? (gen	Foam? (gently shake sample)					:		
	us indicators of water po	ollution?	☐ Yes 🗷	No I	yes please describe			
* The 72-ho applicable d	ur interval can be waived ocumentation) that less t	d when the previous s han a 72-hour interva	torm did not y l is representa	yield a mea ative of loca	surable discharge or al storm events durin	if you are able to document (attach g the sampling period.		
** Observe	for settled solids after all	lowing the sample to	sit for approxi	imately one	-half hour.			
first 30 minu	ble to take samples with utes of an actual discharg e storm water event?	in the Yes 🗆	No If	no please	explain:			
Detail any conecessary).	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)			
assure that que	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:	Patrio	cia K. Wahto		Title:		Airport Manager		
Signature:	Tho	he tule	leto	Date:	1/2	24/2023		



					sessment Form	题 在上型连进 医抗毒性 35 mg 以下		
Complete a separate f								
Name of Facility:		Juneau Internation			ES Tracking No.	AKRO6-AD4 2		
Name of Outfall/		NE Development			all/Inflow No.	9		
Person(s) Collect	ing Sample:	Christopher A. C		Title		Airfield Maint. Equipment Operator 2		
Person(s) Examir	ning Sample:	Christopher A. C	D'Brien	Title		Airfield Maint. Equipment Operator 2		
Date Sample Col					Sample Examined:	1/22/23		
Time Sample Col		0753			Sample Examined:	0958		
Substitute Sample ☐ Yes ☑ No	e? 	If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharge ☑ Rainfall □ S	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.09 "\ajt L4 HR]						
Previous Storm E before Start of Th No*	inded > 72 hours his Storm?	If no please explain*:						
The state of the s		AUTO E INCOME AUTO	Do	rameter	FISAN SWIETS OF ST	State that is in the second engine of the first of the second		
Color:	None Colored	Will Market Market	ra	ameter	If colored please descri	ibe: very light Stlaw		
		☐ Sewage ☐ Sulfu	ır 🗆 Sour 🗆		If other please describe			
		☐ Sewage ☐ Sunc		_	if outer preuse deserted	•		
		☐ Globs ☐ Sheen		Other	If other please describe	3,		
	None - Piccas	L Globs L Sheen		Other	-			
Clarity:					If other please describe	×		
Floating Solids?					If yes please describe:			
Settled Solids**? ☐ Yes ☑ No					If yes please describe:			
Suspended Solids?					If yes please describe:			
Foam? (gently shake sample)					If yes please describe:			
Other obvious inc	licators of water po	llution?	☐ Yes ☑	No	If yes please describe:			
* The 72-hour int applicable docum	erval can be waived entation) that less t	l when the previous s han a 72-hour interva	storm did not al is represent	yield a mo	easurable discharge or i ocal storm events during	f you are able to document (attach the sampling period.		
** Observe for se	ttled solids after all	owing the sample to	sit for approx	imately o	ne-half hour.			
Was it possible to first 30 minutes o a measurable stor	take samples withing the samples withing from actual discharge mater event?	in the Yes in the i	No H	f no pleas	e explain:			
Detail any concer necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
			NE SOUTH PROPERTY.	0.1	4.40	NO - I III I		
		Official (Refer to MSGF				on in accordance with a system declared to		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Name:	Patrio	cia K. Wahto		Title		Airport Manager		
Signature:	tab	in Kalalus	te	Date	1/2	4/2023		



			Quarterly Vi			raysa wil tall was being the			
		Com	plete a separate	form for	each outfall				
Name of Facility:		Juneau Internation	nal Airport		Tracking No.	AKRO6-AD4 2			
Name of Outfall/I		Taxiway G Cul	vert		Inflow No.	10			
Person(s) Collect	ing Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2			
Person(s) Examin	ing Sample:	Chriştopher A. O'Brien Tit				Airfield Maint. Equipment Operator 2			
Date Sample Col		1/2L/23 D			mple Examined:	1/22/23			
Time Sample Col		0759			imple Examined:	0451			
Substitute Sample Yes No	Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken:								
Type of discharge	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.08" 1914 24 Krs							
Previous Storm E before Start of Th No*	inded > 72 hours is Storm? Yes	If no please explain*:							
Company of the Company	0.00	The British Was	Dore	ameter	Herte Course Voice				
Color:	None Colored	A CONTRACTOR OF THE STATE OF TH	ran		colored please descr	ibe:			
		☐ Sewage ☐ Sulfu	r 🗆 Sour 🗆		other please describe				
		☐ Solvents ☐ Other							
				Other If	If other please describe:				
	Dil:					•			
Clarity:					other please describe				
Floating Solids?					yes please describe:				
Settled Solids**?					yes please describe:				
Suspended Solids?					yes please describe:				
Foam? (gently sh			☐ Yes 🗹	No If	yes please describe:				
	licators of water po	llution?	☐ Yes ☑		yes please describe:				
* The 72-hour int applicable docum	erval can be waived entation) that less t	d when the previous s han a 72-hour interva	torm did not yi l is representat	eld a meas ive of loca	urable discharge or i l storm events during	if you are able to document (attach g the sampling period.			
** Observe for se	ttled solids after all	owing the sample to	sit for approxin	nately one-	-half hour.				
Was it possible to first 30 minutes o a measurable stor	o take samples with f an actual discharg m water event?	in the Yes up from] No If i	no please e	xplain:	~			
Detail any concer necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by Fa	acility Responsible (Official (Refer to MSGF	Appendix A, S	ubsection	1.12)	nesmi siyang tanggan si salanga			
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:	Patri	cia K. Wahto		Title:		Airport Manager			
Signature:	Jagri	Kululte	3	Date:	1/:	24/2023			



MSGP Quarterly Visual Assessment Form								
				or each outfall	÷			
Name of Facility:		Juneau Internation			ES Tracking No.	AKRO6-AD4 2		
Name of Outfall/I		Jordan Creek Cเ	lvert Outlet		all/Inflow No.	11		
Person(s) Collecting	ng Sample:	Christopher A. C	D'Brien	Title	:	Airfield Maint. Equipment Operator 2		
Person(s) Examina	ing Sample:	Christopher A. C	O'Brien	Title		Airfield Maint. Equipment Operator 2		
Date Sample Coll		1/22/23				1/12/23		
Time Sample Coll		0921			Sample Examined:	1005		
Substitute Sample Yes No	?	If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharge ☑ Rainfall □ S	: nowmelt	If rainfall please specify rainfall amount (in inches): _O.o3 \ast-24 hrs						
Previous Storm En	nded > 72 hours is Storm? ☑ Yes	If no please explain*:						
			Pa	rameter	If colored please desc	illar		
	Control of the contro					nde:		
	Odor:					ю.		
Oil:	:					e:		
Clarity:					If other please describ	e:		
Floating Solids?					If yes please describe:			
Settled Solids**?					If yes please describe			
Suspended Solids?					If yes please describe:			
Foam? (gently sha	ake sample)		☐ Yes Z	No	If yes please describe			
Other obvious ind	icators of water po	llution?	☐ Yes ☑	No	If yes please describe:			
* The 72-hour into applicable docume	erval can be waived entation) that less t	l when the previous s han a 72-hour interva	storm did not al is represent	yield a me ative of lo	easurable discharge or ocal storm events durin	if you are able to document (attach g the sampling period.		
** Observe for set	ttled solids after all	owing the sample to	sit for approx	cimately o	ne-half hour.			
Was it possible to first 30 minutes of a measurable storr	take samples withing an actual dischargen water event?	in the Yes C] No I	f no pleas	e explain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
					4.40			
Certification by Fa	cility Responsible 0	Official (Refer to MSGI	P Appendix A,	Subsection	on 1.12)	law in accordance with a system declared to		
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Name:	Patri	cia K. Wahto		Title	:	Airport Manager		
Signature:	Fas	mick la lu	let	Date		24-2023		



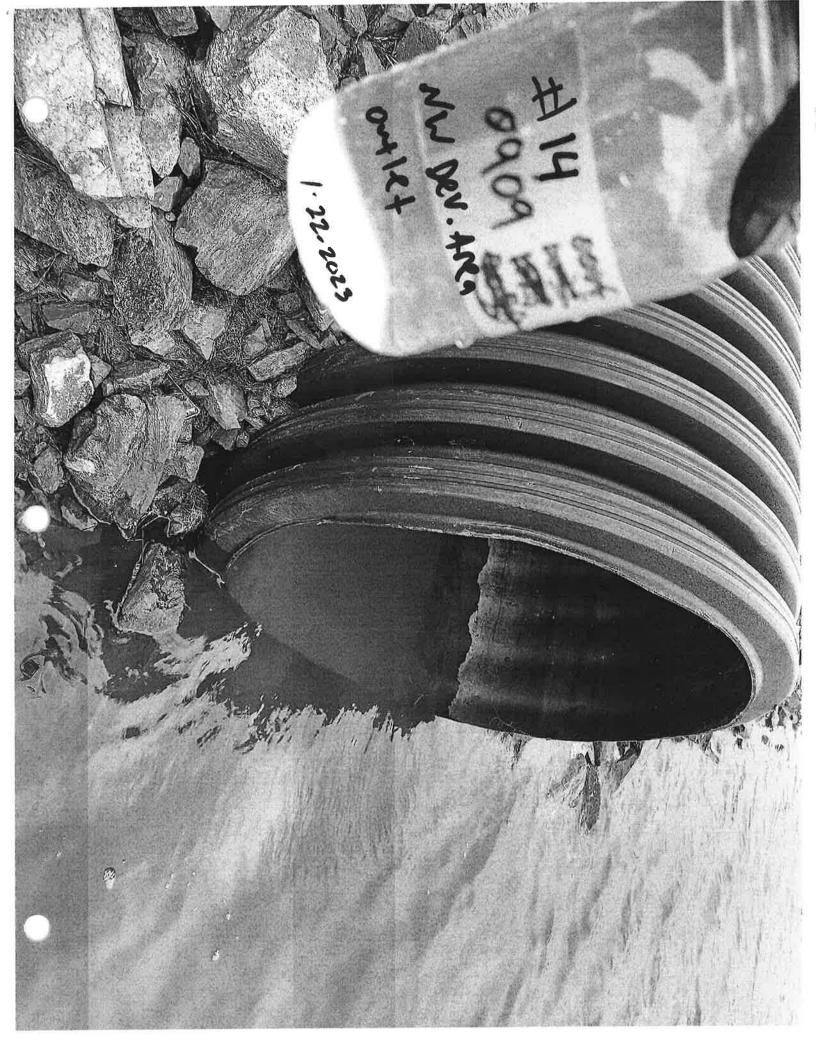
	Naska kan		MSGP Quarterly					
			Complete a sepa					
Name of Facility:		Juneau Inte	ernational Airport			cking No.	AKRO6-AD4 2	
Name of Outfall/I		Taxiway D	- E Infield Drainag		fall/Infl	ow No.	12	
Person(s) Collect	ing Sample:	Christoph	er A. O'Brien	Title	e:		Airfield Maint. Equipment Operator 2	
Person(s) Examin	ning Sample:	Christoph	er A. O'Brien	Title	e:		Airfield Maint. Equipment Operator 2	
Date Sample Col		1/21/	2-3			e Examined:	1/11/13	
Time Sample Col		0927				le Examined:	1000	
Substitute Sample	Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken:							
Type of discharge	e: Snowmelt	If rainfall ple	ease specify rainfal	ll amount ((in inch	es): <u>0.07</u> 1.1	+ 24613	
Previous Storm E before Start of Th No*	inded > 72 hours his Storm? ☑ Yes	If no please explain*:						
						#========		
			par extensi i pilon P	arameter		ored please describ		
	None Colored			1				
	r:					er please describe:		
Oil: Z	✓ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other					If other please describe:		
Clarity:					If other	er please describe:		
Floating Solids?						please describe:		
Settled Solids**? □ Yes ☑ No						please describe:		
Suspended Solids?						please describe:		
Foam? (gently sh			☐ Yes			please describe:		
1	licators of water po	Ilution?	☐ Yes [please describe:		
* The 72-hour int	erval can be waived	when the pre	vious storm did no	t yield a m	neasurat ocal sto	ole discharge or if orm events during	you are able to document (attach the sampling period.	
	ttled solids after all							
Was it possible to first 30 minutes o a measurable stor	o take samples with f an actual discharg m water event?	n the e from	Yes □ No	If no pleas	se expla	in:		
							1.1. () 1.112 1.1.	
Detail any concer necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
	acility Responsible C							
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Name:	Patri	cia K. Wahte	0	Title	e:	A	Airport Manager	
Signature:	Log	hisk	alasto.	Date	e:	1/2	4/2023	



MSGP Quarterly Visual Assessment Form										
Complete a separate form for each outfall										
Name of Facili	fv	Juneau Internation		NPDES Tra		AKRO6-AD4 2				
Name of Outfa		Runway Trench D		Outfall/Infl		13				
Person(s) Colle		Christopher A. O		Title:		Airfield Maint. Equipment Operator 2				
``				Title:		Airfield Maint. Equipment Operator 2				
Date Sample C		Offitotophor 7 tr	511011		e Examined:	- /				
Time Sample C					le Examined:					
Substitute Sam		If yes please specify	quarter/year w			uled to be taken:				
☐ Yes ☐ No										
Type of dischar ☐ Rainfall ☐	Type of discharge: If rainfall please specify rainfall amount (in inches):									
Previous Storm	Ended > 72 hours	If no please explain	*:							
I	This Storm? ☐ Yes									
						/				
CAME IN IT	Parameter									
Color: [☐ None ☐ Colored				ored please describe	s: (d) cor				
	r:				er please describe:	10× X0				
Oil:				ther If oth	er please describe:	<i>D</i> ,				
						10 10				
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If oth	er please describe:	P's a				
Floating Solids?					please describe:	1 ()				
Settled Solids**?					please describe:					
Suspended Solids?				please describe:						
Foam? (gently shake sample)					please describe:					
	indicators of water po	Hution?	☐ Yes ☐ N		please describe:					
t The 72 hours	integral can be avaigned	tution:				ou are able to document (attach				
applicable docu	umentation) that less the	han a 72-hour interval	l is representativ	e of local sto	orm events during th	ne sampling period.				
** Observe for	settled solids after all	owing the sample to s	sit for approxim	ately/one-hal	f hour.					
Was it possible	to take samples within	n the	No If n	please expl	ain:					
first 30 minutes	s of an actual discharg	e from								
a measurable st	torm water event?									
			1		nativa antiona talenn	below (attach additional sheets as				
			pictures taken,	and any com	ective actions taken	below (attach additional sheets as				
necessary).	10 water	Dre Sen+								
(/\	10 2014	4101001	11							
			11							
Certification by	Facility Responsible C	Official (Refer to MSGP	Appendix A, Su	bsection 1.12		OTHER STATE OF THE				
Logrify under no	nally of law that this do	cument and all attachme	nts were prepare	d under my dir	rection or supervision	in accordance with a system designed to				
assure that quali	fied personnel properly	gathered and evaluated	the information s	ubmitted. Base	ed on my inquiry of the	e person or persons who manage the system,				
or those persons	directly responsible for	gathering the informatio	n, the information	ı submitted is, nation includi:	to the best of my Kno	wledge and belief, true, accurate, and ne and imprisonment for knowing violations.				
complete. I am a	iware that there are sign	micant penalties for Subf	inding ialse millin	nation, includin	ig the possibility of fit	to and improdution for allowing violations.				
Name:	Patri	cia K. Wahto		Title:	Airport Manager					
Signature:	DI	in Kulat	1	Date:	1/2	V /2023				
	1 att	-) Walar	10		1/2	412023				



MSGP Quarterly Visual Assessment Form								
			plete a separat			1		
Name of Facility		Juneau Internation			ES Tracking No.	AKRO6-AD4 2		
Name of Outfall		NW Developmen		Outfal Title:	ll/Inflow No.			
Person(s) Collec	cting Sample:		Chilistopher A. O Bhen			Airfield Maint. Equipment Operator 2		
Person(s) Exami		Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample Co		1/22/23			Sample Examined:	1/12/23		
Time Sample Co		<i>७</i> ५ ७५	1 /		Sample Examined:	09 45		
Substitute Samp ☐ Yes ☑ No		If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharg ☑ Rainfall □		If rainfall please specify rainfall amount (in inches): 0.07 Last Ly Wis						
	Ended > 72 hours This Storm? ☑ Yes	If no please explain*:						
			Par	ameter	rC -14-1 - 4 4	MANUAL SET STANDARD STANDS		
	None Colored				If colored please describ			
	Z None □ Musty [Petroleum/Gasoline □			,	If other please describe:			
Oil:	None Flecks	☐ Globs ☐ Sheen	□ Slick □	Other]	If other please describe:			
Clarity:					If other please describe:			
Floating Solids?					If yes please describe:			
Settled Solids**?					If yes please describe:			
Suspended Solids?					If yes please describe:			
Foam? (gently s	shake sample)		☐ Yes Z	No 1	If yes please describe:			
Other obvious in	ndicators of water pol	llution?	☐ Yes ☑	No J	If yes please describe:			
* The 72-hour is applicable document	nterval can be waived mentation) that less t	l when the previous s han a 72-hour interva	torm did not y l is representat	ield a mea	asurable discharge or if cal storm events during	you are able to document (attach the sampling period.		
** Observe for	settled solids after all	owing the sample to	sit for approxi	nately on	ne-half hour.			
Was it possible first 30 minutes	to take samples withi of an actual discharg orm water event?	n the	No If	no please	e explain:			
	erns, additional comm	nents, descriptions of	pictures taken	, and any	corrective actions taken	n below (attach additional sheets as		
necessary).								
Codification by	Facility Darmanaikle C	Minial (Potor to MCC)	Annondiv A C	Subsection	n 1 12)			
Leadily under no	Facility Responsible C	ument and all attachme	ante were prepa	red under	my direction or supervision	n in accordance with a system designed to		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Name:	Patrio	cia K. Wahto		Title:	A	Airport Manager		
Signature:	factor	Halalt		Date:	1/2	4/2023		



	Selven in the service of	MSGI	Quarterly Vi	sual Assess	ment Form					
		Com	plete a separate	form for e	ach outfall					
Name of Fac	ility:	Juneau Internation	nal Airport		Fracking No.	AKRO6-AD4 2				
Name of Out		Pond Parking Are	ea Outlet		nflow No.	15				
Person(s) Co	ollecting Sample:	Christopher A. C	D'Brien	Title:		Airfield Maint. Equipment Operator 2				
Person(s) Ex	amining Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2				
Date Sample	Collected:	(/22/23			ple Examined:	1/22/23				
Time Sample					nple Examined:					
Substitute Sa		If yes please specif	y quarter/year w	vhen sampl	e was originally sched	uled to be taken:				
Type of disc ☐ Rainfall	harge: □ Snowmelt	If rainfall please specify rainfall amount (in inches):								
	rm Ended > 72 hours of This Storm? □ Yes	If no please explain*:								
	Parameter									
Color:	□ None □ Colored				olored please describe	Setim				
Odor:	☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gasoline ☐ Solvents ☐ Other				ther please describe:) al all s				
Oil:	☐ None ☐ Flecks	☐ Globs ☐ Sheen	□ Slick □ C	Other If o	ther please describe:	10 Sandis				
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					ther please describe:	1 NO				
Floating Solids?					es please describe:					
Settled Solids**? □ Yes □ No					es please describe:					
Suspended Solids?					es please describe:					
	tly shake sample)		☐ Yes ☑ N		es please describe:					
	is indicators of water po	llution?	☐ Yes ☐ 1		If yes please describe:					
* The 72-hou	or interval can be waived ocumentation) that less t	d when the previous s	torm did not yie lis representati	eld a measu ve of local	rable discharge or if y storm events during th	ou are able to document (attach e sampling period.				
	or settled solids after all									
first 30 minu	ole to take samples with tes of an actual discharge storm water event?		No If n	o please ex	plain:					
1	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). NOWATER PRESENT									
Parama de de la companya del companya del companya de la companya	CONTROL CONTRO	AMARAN IN ATTOCKET OF THE	A CONTRACTOR AND A		40)					
Certification	by Facility Responsible (Micial (Refer to MSGP	Appendix A, St	ubsection 1.	12)	in accordance with a system designed to				
assure that que	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:	Patrio	cia K. Wahto		Title:	Ai	rport Manager				
Signature:	top	Lulas	Le	Date:	1/2	24/2023				



MSGP Quarterly Visual Assessment Form								
			form for ea	ch outfall				
Name of Facility	<i>7</i> :	Juneau Internation	al Airport		racking No.	AKRO6-AD4 2		
Name of Outfall		Pond Discharge 1	To River	Outfall/In	flow No.	16		
Person(s) Collec	ting Sample:	Christopher A. O	'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Exami	ning Sample:	Christopher A. O'Brien Tit				Airfield Maint. Equipment Operator 2		
Date Sample Co		1/22/23 Dat			ple Examined:	1/22/23		
Time Sample Co		oqil			ple Examined:	10944		
Substitute Sampl ☐ Yes ☐ No	le?	If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharg ☑ Rainfall □	ge: Snowmelt	If rainfall please spe	ecify rainfall a	nount (in inc	thes): 0.08 " 1=1	+ 24 hrs		
	Ended > 72 hours This Storm? Yes	If no please explain*:						
	,		Par	ameter				
1947	None Colored				olored please descri her please describe			
	Odor:							
Oil: None Flecks Globs Sheen Slick Other					If other please describe:			
Clarity:					her please describe	:		
Floating Solids?			No If y	es please describe:				
Settled Solids**			No If y	es please describe:				
Suspended Solids?					es please describe:			
Foam? (gently s			☐ Yes ☑	No If y	es please describe:			
	ndicators of water pol	Ilution?	☐ Yes 🖸	No If v	es please describe:			
* The 72-hour in	nterval can be waived	l when the previous s han a 72-hour interva	torm did not yi l is representat	eld a measurive of local s	rable discharge or if torm events during	you are able to document (attach the sampling period.		
** Observe for s	settled solids after all	owing the sample to	sit for approxit	nately one-h	alf hour.			
Was it possible t first 30 minutes	to take samples withit of an actual discharg orm water event?	n the 🛮 🗹 Yes 🗀	l No If	no please exp	olain:			
ļ,								
Detail any conce necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification by F	Facility Responsible C	Official (Refer to MSGP	Appendix A, S	subsection 1.	12)			
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:	Patri	cia K. Wahto		Title:		Airport Manager		
Signature:	Lock	in Kulub	to	Date:	1/24/2023			

