) Juneau International Airport

Ouarterly Visual Assessment of Storm Water Discharge - 2020 MSGP MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall Juneau International Airport Name of Facility: NPDES Tracking No. AKRO6-AD4 2 Name of Outfall/Inflow: Lower Duck Creek Outfall/Inflow No. Person(s) Collecting Sample: Title: Airfield Maint. Equipment Operator 2 Christopher A. O'Brien Person(s) Examining Sample: Christopher A. O'Brien Title: Airfield Maint. Equipment Operator 2 111123 Date Sample Collected: 8/1/23 Date Sample Examined: 1236 1049 Time Sample Collected: Time Sample Examined: If yes please specify quarter/year when sample was originally scheduled to be taken: Substitute Sample? ☐ Yes ☑ No If rainfall please specify rainfall amount (in inches): 0, 98" 145+ 24 W. Type of discharge: Rainfall Snowmelt Previous Storm Ended > 72 hours If no please explain\*: before Start of This Storm? Yes □ No\* Parameter Color: ☑ None ☐ Colored If colored please describe: Odor: ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ If other please describe: Petroleum/Gasoline 

Solvents 

Other ✓ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other Oil: If other please describe: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ If other please describe: Clarity: Floating Solids? ☐ Yes ☑ No If yes please describe: ☐ Yes ☑ No Settled Solids\*\*? If yes please describe: ☐ Yes ☑ No If yes please describe: Suspended Solids? ☐ Yes ☑ No If yes please describe: Foam? (gently shake sample) Other obvious indicators of water pollution? ☐ Yes ☑ 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 ✓ Yes □ No If no please explain: first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Title: Name: Airport Manager Patricia K. Wahto Date: Signature: 8/18/2023



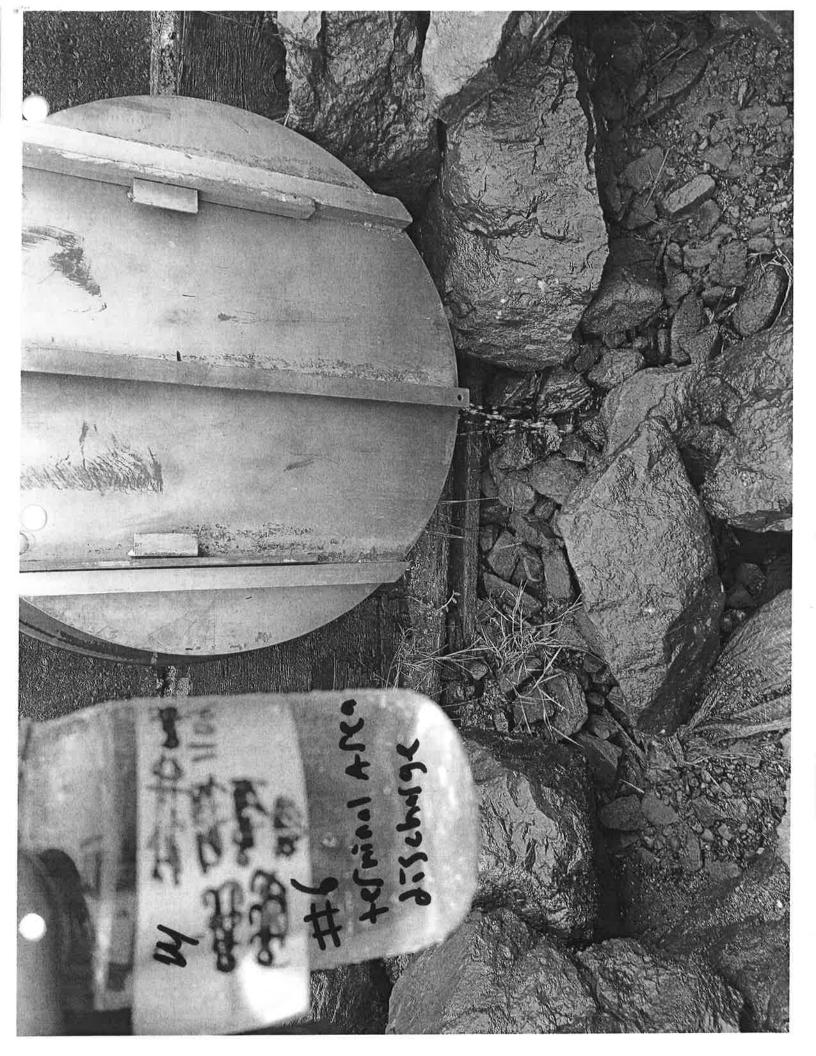
			Quarterly Vis				
			plete a separate				
Name of Facility:		Juneau Internation		NPDES Tr		AKRO6-AD4 2	
Name of Outfall/I		Upper Duck Cre		Outfall/Inf	low No.	2	
Person(s) Collecti	ng Sample:	Christopher A. C	)'Brien	Title:		Airfield Maint. Equipment Operator 2	
Person(s) Examin		Christopher A. C		Title:		Airfield Maint. Equipment Operator 2	
Date Sample Coll		8/1/202	.7		le Examined:	8/1/2023	
Time Sample Coll		1053			ole Examined:	1239	
Substitute Sample	?	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): 0.88 " 115 24 kg					
Previous Storm Endefore Start of The No*	nded > 72 hours is Storm? ☑ Yes	If no please explain	*;				
100000000		The second secon	Dore	meter	TVE DESIGNATION	THE RESIDENCE OF THE PARTY OF T	
Color:	None  Colored		гага		lored please descr	ribe:	
		☐ Sewage ☐ Sulfu	r 🗆 Sour 🗀		ner please describe		
	•	☐ Solvents ☐ Other			<b>F</b>		
				Other If oth	er please describ	e:	
Oil:					•		
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					er please describe	e:	
Floating Solids?					s please describe:	Floating olderic material	
Settled Solids**?			✓ Yes □ I			settled of quil material	
Suspended Solids'	2		☐ Yes ☐		If yes please describe:		
Foam? (gently sh			☐ Yes ☑ I		If yes please describe:		
	icators of water po	Hution?	☐ Yes ☐ I		If yes please describe:		
						if you are able to document (attach	
applicable docume	entation) that less t	han a 72-hour interva	l is representati	ve of local st	orm events during	g the sampling period.	
		lowing the sample to	sit for approxim	ately one-ha	lf hour.		
Was it possible to	take samples with	in the 🗹 Yes 🗆	No If n	o please expl	ain:		
first 30 minutes of a measurable storr	f an actual discharg n water event?	ge from					
Detail any concern necessary).	ns, additional comr	ments, descriptions of	pictures taken,	and any corr	ective actions take	en below (attach additional sheets as	
Cartification by Ea	cility Responsible (	Official (Refer to MSGP	Annendiy A Co	heartion 1 1	2)	PER PROPERTY AND SECURITION OF THE PARTY OF	
						on in accordance with a system designed to	
assure that qualified or those persons dire	personnel properly ectly responsible for	gathered and evaluated gathering the information	the information s in, the information	ubmitted. Bas n submitted is,	ed on my inquiry of to the best of my k	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:	tash:	Kululite	-J	Date:	8,	118/2023	



" z'- over	- 1/24 - 1/25	MSG	P Quarterly	y Visual A	ssessment Form		
					for each outfall		
Name of Fac		Juneau Internatio			DES Tracking No.	AKRO6-AD4 2	
Name of Out		Upper Duck Cre	eek - 2		fall/Inflow No.	3	
Person(s) Co	llecting Sample:	Christopher A. O'Brien Tit			<del>)</del> :	Airfield Maint. Equipment Operator 2	
Person(s) Ex	amining Sample:	Christopher A. (	O'Brien	Title	<b>:</b>	Airfield Maint. Equipment Operator 2	
Date Sample	Collected:	8/1/23			Sample Examined:	8/1/23	
Time Sample		1055			e Sample Examined:	1241	
Substitute Sa		ample was originally sch	neduled to be taken:				
Type of discl	harge: □ Snowmelt	If rainfall please specify rainfall amount (in inches): 0 - 88 11 11+ 14 W/5					
	rm Ended > 72 hours of This Storm?  Yes	If no please explain*:					
	The state of the s		ut die en mis T	Parameter	THE STANFARD CO.		
Color:	✓ None □ Colored	est in the metal deficite		rarameter	If colored please descr	rihe:	
Odor:			ur 🗆 Sour	$\overline{}$	If other please describ		
Odor.	Odor:						
Oil:	☑ None □ Flecks	☐ Globs ☐ Sheen	☐ Slick [	☐ Other	If other please describe:		
Clarity:   Clear Slightly Cloudy   Cloudy   Opaque   Other					If other please describ	e:	
Floating Solids?					If yes please describe:		
	Settled Solids**? □ Yes ☑ No				If yes please describe:		
Suspended S	olids?		☐ Yes	☑ No	If yes please describe:		
Foam? (gent	ly shake sample)		☐ Yes □	☑ No	If yes please describe:		
	s indicators of water po	llution?	☐ Yes	No	If yes please describe:		
* The 72-hou applicable do	r interval can be waived ocumentation) that less t	d when the previous han a 72-hour intervi	storm did no al is represen	ot yield a m ntative of l	neasurable discharge or i ocal storm events during	if you are able to document (attach g the sampling period.	
** Observe f	or settled solids after all	owing the sample to	sit for appro	oximately o	one-half hour.		
Was it possib	ole to take samples with tes of an actual discharg storm water event?	in the Yes	□ No		no please explain:		
		<u> </u>					
Detail any conecessary).	ncerns, additional comr	nents, descriptions o	f pictures tal	ken, and ar	ny corrective actions tak	en below (attach additional sheets as	
Certification t	y Facility Responsible (	Official (Refer to MSG	P Appendix A	A, Subsecti	on 1.12)		
assure that que	alified personnel properly on a directly responsible for	gathered and evaluated gathering the informati	d the informat on, the inform	tion submitte nation subm	ed. Based on my inquiry of itted is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and Imprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title	e;	Airport Manager	
Signature:	Ladi	Lydy Ho	·	Date	: 8/	18/2023	



a le sol 2	THE VIEW BY	MSC	GP Quarterly	Visual Asses	sment Form		
					n for each outfall		
Name of Facility		Juneau Internati			Tracking No.	AKRO6-AD4 2	
Name of Outfa		Terminal Area	Discharge		Inflow No.	6	
Person(s) Colle	ecting Sample:	Christopher A.	. O'Brien	Title:		Airfield Maint. Equipment Operator 2	
Person(s) Exam	nining Sample:	Christopher A.	O'Brien	Title:		Airfield Maint. Equipment Operator 2	
Date Sample C		8/1/20	123	Date Sa	mple Examined:	1/1/2023	
Time Sample C		1107			unple Examined:	1243	
Substitute Sample?							
Type of dischar ☐ Rainfall ☐	rge:   Snowmelt	If rainfall please specify rainfall amount (in inches): 0.38" 141 + 24 hrs					
Previous Storm before Start of D	Ended > 72 hours This Storm? Yes	If no please explain*:					
	The state of the state of		Dev		to the second second second		
Color: [	Z None □ Colored		Pa	rameter	colored please descri	iha	
	None   Musty		for [7] Sour [		other please describe		
	Petroleum/Gasoline			<b>-</b>   "	outer please describe		
Oil:	None   Flecks	☐ Globs ☐ Shee	n 🗆 Slick 🗆	Other If	other please describe	):	
Clarity:					other please describe	:	
Floating Solids?					yes please describe:		
Settled Solids**? ☐ Yes ☑ No				No If	yes please describe:		
Suspended Soli	ds?		☐ Yes ☐	No If	yes please describe:		
Foam? (gently	shake sample)		☐ Yes ☑	No If	If yes please describe:		
Other obvious i	ndicators of water pol	llution?	☐ Yes 🖸	No If	If yes please describe:		
	nterval can be waived mentation) that less th					f you are able to document (attach the sampling period.	
	settled solids after all						
first 30 minutes	to take samples withing of an actual discharge orm water event?		□ No If	'no please e	xplain:		
Detail any conc necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
Calle III III	Castle, Passage 1911	Milatel In Co.	D Annandi A	Onka-atta-	40)		
	Facility Responsible O					a in accordance with a creature designed to	
assure that qualifi or those persons	ied personnel properly g directly responsible for g	pathered and evaluate gathering the informat	ed the information tion, the informati	submitted. B on submitted	ased on my inquiry of t is, to the best of my kn	n in accordance with a system designed to he person or persons who manage the system, owledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title:	/	Airport Manager	
Signature:	Hahi	Kindal	k	Date:	8/	18/2023	



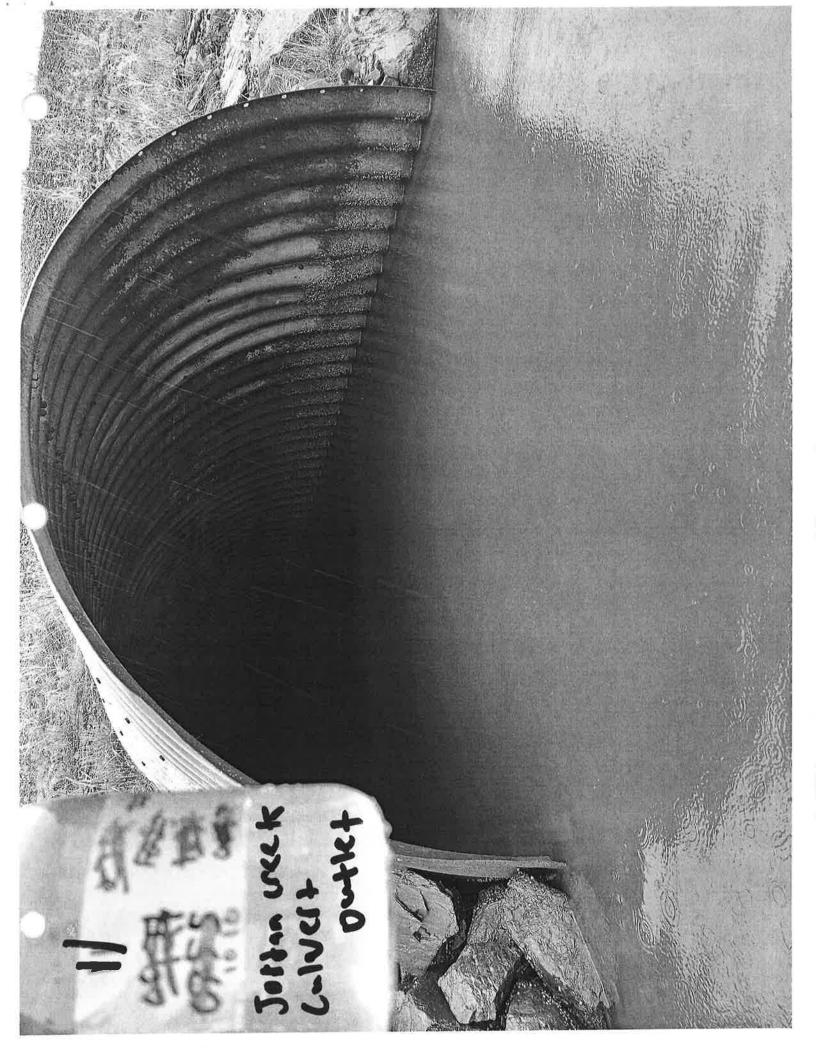
77818630 N	AMERICAN PROPERTY.	MSGI	P Quarterly V	isual Ass	essment Form		
		Com	iplete a separa				
Name of Faci	ility:	Juneau Internation	nal Airport	NPDE	S Tracking No.	AKRO6-AD4 2	
Name of Out		NE Development	Area Outlet		/Inflow No.	9	
Person(s) Col	llecting Sample:	Christopher A. (	O'Brien	Title:		Airfield Maint. Equipment Operator 2	
Person(s) Exa	amining Sample:	Christopher A. C	D'Brien	Title:		Airfield Maint. Equipment Operator 2	
Date Sample	Collected:	R/1/20T.	3		ample Examined:	8/1/2023	
Time Sample	Collected:	1105			Sample Examined:	1244	
Substitute Sa	mple? No				ple was originally sch		
Type of disch	arge: □ Snowmelt	If rainfall please sp	ecify rainfall	amount (in	inches): 0,88" \	4) + 24 W.Y.	
Previous Stor before Start o	m Ended > 72 hours of This Storm?  Yes	If no please explain	1*:				
	***		Dec		NA TRUE POLICE		
Color:	✓ None □ Colored		Pa	rameter	f colored please descr	rihe	
Odor:	✓ None ☐ Musty		ır 🗆 Sour 🗀		f other please describ		
Odor.	Petroleum/Gasoline			1 1	cuiei pieuse deserre	••	
Oil:	☑ None □ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other I	f other please describ	e:	
Clarity:	☐ Clear ☐ Slightly	Cloudy Cloudy	□ Opague [	<del>-   -</del>	f other please describ	e'	
Charty.	Other Signary	Cloudy El Cloudy	— Opaque i		omer preuse deperie		
Floating Solids?					f yes please describe:		
Settled Solids	**?		✓ Yes □	No I	f yes please describe:	settles olders makeval	
Suspended So	olids?		☐ Yes	No I	If yes please describe:		
Foam? (gentl	ly shake sample)		☐ Yes Z	No I	If yes please describe:		
Other obvious	s indicators of water po	llution?	☐ Yes 🗷	No I	If yes please describe:		
* The 72-hou applicable do	r interval can be waived cumentation) that less t	I when the previous s han a 72-hour interva	storm did not y il is representa	vield a mea tive of loc	surable discharge or i al storm events during	if you are able to document (attach g the sampling period.	
** Observe fo	or settled solids after all	owing the sample to	sit for approxi	mately one	⊢half hour.		
first 30 minut	le to take samples withing the sof an actual discharge storm water event?		] No   If	'no please	explain:		
Detail any con necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
	y Facility Responsible C						
assure that qua or those persor	alified personnel properly ( as directly responsible for	gathered and evaluated gathering the information	the information on, the informati	n submitted. ion submitte	Based on my inquiry of d is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title:		Airport Manager	
Signature:	Loch	1=Kulen	lto	Date:	8	1/18/2023	



onever with the later of the later.	MSGP Quarter	rly Visual A	ssessment Form			
			for each outfall	40		
Name of Facility:	Juneau International Airport		ES Tracking No.	AKRO6-AD4 2		
Name of Outfall/Inflow:	Taxiway G Culvert		all/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:	8/1/2023		Sample Examined:	8/1/2023		
Time Sample Collected:	1109		e Sample Examined:	1246		
Substitute Sample?  ☐ Yes ☑ No	If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of discharge:  ☑ Rainfall ☐ Snowmelt	If rainfall please specify rainfall amount (in inches): 0.18 1 105+ 24 h/5					
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Ye ☐ No*	If no please explain*:					
		Parameter	asanti uni pia ati	THE STREET WE STREET AT LINE		
Color: None Color	ad	I al ameter	If colored please des	cribe:		
	☐ Sewage ☐ Sulfur ☐ Sou	ur 🗆	If other please descri			
	□ Solvents □ Other					
Oil: None   Flecks	Globs 🗆 Sheen 🗀 Slick	c □ Other	If other please describe:			
Clarity:	ly Cloudy 🗆 Cloudy 🗀 Opaq	que 🗆	If other please descri	ibe:		
Floating Solids?	☐ Yes	s 🗹 No	If yes please describ			
Settled Solids**?	☐ Yes	s 🛛 No	If yes please describ	e:		
Suspended Solids?	□ Yes	s 🗹 No	If yes please describe:			
Foam? (gently shake sample)	□ Yes	s 🗷 Ņo	If yes please describe:			
Other obvious indicators of water	oollution?	s 🗹 No	If yes please describe:			
* The 72-hour interval can be waiv applicable documentation) that les	red when the previous storm did s than a 72-hour interval is repre-	not yield a mesentative of l	neasurable discharge o ocal storm events duri	r if you are able to document (attach ng the sampling period.		
** Observe for settled solids after	allowing the sample to sit for app	proximately of	one-half hour.			
Was it possible to take samples wi first 30 minutes of an actual discha a measurable storm water event?	thin the Yes No	If no plea	se 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 Appendi	ix A, Subsect	ion 1.12)	do karitan agreement		
assure that qualified personnel proper	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: Pat	ricia K. Wahto	Title	е:	Airport Manager		
Signature: Fag	en Kululto	Date	e: 8	118/2023		



	(S) 2) (S) (M)				ssessment Form for each outfall		
Name of Facil		Juneau Internatio	nal Airport		DES Tracking No.	AKRO6-AD4 2	
Name of Outf		Jordan Creek Cu	ulvert Outlet		fall/Inflow No.	11	
Person(s) Coll	lecting Sample:	Christopher A. (	O'Brien	Titl	e:	Airfield Maint. Equipment Operator 2	
Person(s) Exa	mining Sample:	Christopher A. (	D'Brien	Titl		Airfield Maint. Equipment Operator 2	
Date Sample		8/1/20	3		e Sample Examined:	811/2023	
Time Sample		1010			e Sample Examined:	1247	
Substitute Sar	nple? No				ample was originally sche		
Type of discharge: If rainfall please specify rainfall amo					(in inches): o.ll '\	ast 24 WS	
	m Ended > 72 hours f This Storm? ☑ Yes	± ±					
Color:	✓ None □ Colored		Pa	arameter	If colored please describ	net	
	None   Musty		- D Corre (	_	If other please describe:		
	Petroleum/Gasoline	_		Ц	in outer prease 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**?   ✓ Yes □ No				] No	If yes please describe:	26++169 oldanic maturial	
Suspended So	lids?		☐ Yes Z	No	If yes please describe:		
	y shake sample)		☐ Yes ☑	No	If yes please describe:		
	indicators of water po	llution?	☐ Yes ☑	No	If yes please describe:		
* The 72-hour applicable doc	interval can be waived cumentation) that less t	l when the previous s han a 72-hour interva	storm did not al is represent	yield a n tative of l	neasurable discharge or if ocal storm events during	you are able to document (attach the sampling period.	
	r settled solids after all		sit for approx	cimately (	one-half hour.		
first 30 minute	e to take samples withings of an actual discharge storm water event?		] No   I	f no plea	se explain:		
Detail any con necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
					4.48		
	y Facility Responsible C						
assure that qual or those person	lified personnel properly ( s directly responsible for	gathered and evaluated gathering the information	I the information, the information	n submitte	ed. Based on my inquiry of thitted is, to the best of my kno	n in accordance with a system designed to ne person or persons who manage the system, owledge and belief, true, accurate, and ne and imprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title	·   ^	Airport Manager	
Signature:	tal	Lulaha	b	Date	e: 8/c	8/2023	



MSGP Quarterly Visual Assessment Form								
			plete a separate					
Name of Facility:		Juneau Internation	nal Airport		Tracking No.	AKRO6-AD4 2		
Name of Outfall/I		Taxiway D - E Inf	field Drainage		Inflow No.	12		
Person(s) Collecti	ing Sample:	Christopher A. C	)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examin	ing Sample:	Christopher A. C		Title:		Airfield Maint. Equipment Operator 2		
Date Sample Col	lected:	8/1/202	3		mple Examined:	3/1/1027		
Time Sample Coll		1036			mple Examined:	1299		
Substitute Sample  ☐ Yes ☑ No	e?			(0)	le was originally sch			
Type of discharge  ☑ Rainfall □ S	e: Snowmelt	If rainfall please sp	ecify rainfall a	mount (in i	nches): 0.87'' 1	ar 54 ml		
Previous Storm Ender to the before Start of The No*	nded > 72 hours is Storm? ✓ Yes	If no please explain	ı*:					
					P712010101010101			
61 1=			Para	ameter	colored please descr	iha:		
	None  Colored				other please describe			
		☐ Sewage ☐ Sulfu☐ Solvents ☐ Other		"	omer please describe	J.		
Oil:	None  Flecks	☐ Globs ☐ Sheen	□ Slick □	Other If	other please describe	9:		
	Clarity:					e:		
Floating Solids?					yes please describe:			
Settled Solids**?			☐ Yes ☑	No If	yes please describe:			
Suspended Solids	?		☐ Yes 🗹	No If	yes please describe:			
Foam? (gently sh	ake sample)		☐ Yes ☑	No If	If yes please describe:			
	licators of water po	llution?	☐ Yes ☑	No If	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	torm did not yi l is representat	eld a meas ive of local	urable discharge or i 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 approxin	nately one-	half hour.			
	take samples withi f an actual discharg m water event?		] No   If 1	no please e	xplain:			
Detail any concern necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
					(40)			
Certification by Fa	cility Responsible C	Official (Refer to MSGP	Appendix A, S	upsection	I.1Z)	on in appared and a with a proteon declared to		
assure that qualified	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name:	Patrio	cia K. Wahto		Title:		Airport Manager		
Signature:	Jaki	Kalald	,	Date:	8	/18/2023		



		Store Pa				Assessment Form		
						for each outfall		
Name of Facility			u Internationa			DES Tracking No.	AKRO6-AD4 2	
Name of Outfall			ay Trench Dr			fall/Inflow No.	13	
Person(s) Collect	ting Sample:	Chris	Christopher A. O'Brien Ti			e:	Airfield Maint. Equipment Operator 2	
Person(s) Exami	ning Sample:	Chris	stopher A. O'E	3rien	Titl	e:	Airfield Maint. Equipment Operator 2	
Date Sample Co	ollected:	8	1/1/202	3		e Sample Examined:	9/1/3023	
Time Sample Co			1038			e Sample Examined:	125,	
Substitute Sampl	le?					ample was originally sch		
Type of discharg	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.75 ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Ended > 72 hours his Storm? ☑ Yes							
		V					STATE A TABLE TO THE	
Color:	None □ Colored		Di William	1,700	arameter	If colored please descri	ha:	
	/		D S-16	□ Saus		If other please describe		
	Odor:					<u>-</u>		
Oil:	✓ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other					If other please describe:		
Clarity:					• D	If other please describe:		
Floating Solids?					If yes please describe:			
Settled Solids**? ☐ Yes ☐ No					If yes please describe:			
Suspended Solids	s?			☐ Yes	-	If yes please describe:		
Foam? (gently sl				□ Yes		If yes please describe:		
	dicators of water po	Ilution?		☐ Yes		If yes please describe:		
* The 72-hour int	terval can be waived	d when the	previous stor	rm did no	t yield a n		Fyou are able to document (attach the sampling period.	
	ettled solids after all							
	o take samples withing of an actual discharg on water event?		✓ Yes □	No	If no plea	se explain:		
Detail any concer necessary).	ms, additional comm	nents, desc	criptions of pi	ictures tal	ken, and a	ny corrective actions take	n below (attach additional sheets as	
				4				
	cility Responsible C							
assure that qualified or those persons di	d personnel properly ( rectly responsible for	gathered ar gathering th	nd evaluated th he information,	e informati the inform	ion submitte ation subm	ed. Based on my inquiry of t itted is, to the best of my kn	n in accordance with a system designed to he person or persons who manage the system, owledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patrio	cia K. W	ahto		Title	):	Airport Manager	
Signature:	Harri.	K	laste		Date	× 8,	18/2023	



	Q dans tox	MSG	P Quarterly	Vigual A	ggeggm	ent Form	Out of the State o
			nplete a separ				
Name of Fac	eility'	Juneau Internation			DES Tracking No. AKRO6-AD4 2		
Name of Ou		NW Developme				ow No.	14
	ollecting Sample:	Christopher A.		Title			Airfield Maint. Equipment Operator 2
	amining Sample:	Christopher A.		Title	·		Airfield Maint. Equipment Operator 2
Date Sample		8/1/202				le Examined:	811/2023
Time Sample		1042	*			le Examined:	125%
Substitute Sa		If yes please speci	fv quarter/vea				
☐ Yes ☐	No				٠		
Type of discharge: If rainfall please specify rainfall amount (in inches): _O-88"   1-3+ 29 m/5						ast 24 his	
	rm Ended > 72 hours of This Storm? ☑ Yes	If no please explai	n*:				
□ No*							
		STATE OF THE STATE	D.	arameter	0.13	was the last	TO SEE SECTION AND ASSUMES.
Color:	☑ None □ Colored			ar ametel		ored please descri	be:
Odor:	None Musty		ir 🗆 Sour	$\neg$		er please describe	
Odor.	Petroleum/Gasoline	☐ Solvents ☐ Oth	er			•	
Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Oth					If other please describe:		
Clarity:					If oth	er please describe	:
Floating Solids?					If yes	please describe:	
Settled Solid			☐ Yes ☐			please describe:	
Suspended S			☐ Yes ☐			please describe:	
	tly shake sample)		☐ Yes [	1			
,-	us indicators of water po	llution?	☐ Yes ☐				
* The 72-hou	ur interval can be waived ocumentation) that less the	when the previous	storm did not	yield a m	neasural	ble discharge or if	you are able to document (attach the sampling period.
** Observe t	for settled solids after all	owing the sample to	sit for approx	ximately o	one-hal	f hour.	
	ole to take samples withi		□ No □	If no pleas	se expla	ain:	
first 30 minu	ites of an actual discharge storm water event?				_		
Detail any conecessary).	oncerns, additional comm	nents, descriptions o	of pictures tak	en, and an	ıy corre	ective actions take	n below (attach additional sheets as
Certification	by Facility Responsible C	Official (Refer to MSG	P Appendix A	, Subsecti	on 1.12		
assure that que	alified personnel properly one directly responsible for	gathered and evaluate oathering the informat	d the information in the determinant of the determinant of the information of the determinant of the determi	on submitte ation submi	ed. Base itted is,	ed on my inquiry of t to the best of my kn	n in accordance with a system designed to he person or persons who manage the system, owledge and belief, true, accurate, and ine and imprisonment for knowing violations.
Name:	Patrio	cia K. Wahto		Title	e:	/	Airport Manager
Signature:	+achi	X Walte		Date	ə:	8/1	8/2023



MSGP Quarterly Visual Assessment Form							
				for each outfall			
Name of Facility	y:	Juneau Internation	Juneau International Airport NP.			AKRO6-AD4 2	
Name of Outfall		Pond Parking Are			ll/Inflow No.	15	
Person(s) Collec	ting Sample:	Christopher A. C	Christopher A. O'Brien Titl			Airfield Maint. Equipment Operator 2	
Person(s) Exami	ning Sample:	Christopher A. C	)'Brien	Title:		Airfield Maint. Equipment Operator 2	
Date Sample Co		811/1023			Sample Examined:	8/1/2023	
Time Sample Co		1042			Sample Examined:	1723	
Substitute Sampl  ☐ Yes ☑ No	le?		-		nple was originally sche		
Type of discharg  ☑ Rainfall □	ge: Snowmelt	If rainfall please sp	ecify rainfall a	mount (in	n inches):	lost 24 his	
	Ended > 72 hours his Storm? ☑ Yes	If no please explain	1**				
					anne vi		
C-1 I G	(Name El C.1. 1	The state of the s	Par	ameter	If colored please descri	BUTON THE TOTAL PROPERTY OF THE PROPERTY OF TH	
	None  Colored				If other please describe:		
		☐ Sewage ☐ Sulfu ☐ Solvents ☐ Other		1	if other please describe:		
Oil:	None □ Flecks	☐ Globs ☐ Sheen	□ Slick □	Other I	If other please describe:	:	
Ot	Clarity:					:	
Floating Solids?	Floating Solids?						
Settled Solids**	?		☐ Yes ☑		If yes please describe:		
Suspended Solid	s?		☐ Yes ☑		If yes please describe:		
Foam? (gently s	hake sample)		☐ Yes ☑		If yes please describe:		
	dicators of water po		☐ Yes ☑		If yes please describe:		
* The 72-hour in applicable docun	terval can be waived nentation) that less th	l when the previous s han a 72-hour interva	torm did not yi l is representat	ield a mea ive of loc	asurable discharge or if al storm events during	you are able to document (attach the sampling period.	
		owing the sample to:					
	o take samples withi of an actual discharg rm water event?		] No   If 1	no please	explain:		
Detail any concernecessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).						
		VP 1 1 /P /			4.48		
		Official (Refer to MSGP					
assure that qualifie or those persons d	ed personnel properly of lirectly responsible for	gathered and evaluated gathering the information	the information on, the information	submitted. on submitte	Based on my inquiry of the	n in accordance with a system designed to the person or persons who manage the system, towledge and belief, true, accurate, and the and imprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title:	A	Airport Manager	
Signature:	takes	Kvilale	k	Date:	8	1/18/2023	



CALLES III		MSGI	Quarterly V	isual Assess	ment Form	pily w i gla vanaan di waann		
			plete a separat					
Name of Facili	of Facility: Juneau International Airport NF				racking No.	AKRO6-AD4 2		
Name of Outfa	ll/Inflow:	Pond Discharge	To River	Outfall/In	flow No.	16		
Person(s) Colle	ecting Sample:	Christopher A. C	)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Exam	nining Sample:	Christopher A. C	)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample (		8/1/202		Date Sam	ple Examined:	811 12023		
Time Sample C	Collected:	1045			ple Examined:	1255		
Substitute Sam	ple?	If yes please specif	-					
Type of discharge: If rainfall please specify rainfall amount (in inches): O. ₹₹`` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						lut rapil		
	n Ended > 72 hours This Storm? ☑ Yes	If no please explain	*:					
			Dore	ameter	S THE PARTY	Marie Indiana and Marie State (Marie State )		
Color:	✓ None □ Colored		1 41		olored please descri	ihe:		
Odor:						o:		
Oil:						If other please describe:		
	Clarity:					e:		
Floating Solids?					es please describe:			
Settled Solids*	*?		☐ Yes ☑	No If yo	es please describe:			
Suspended Soli	ids?		☐ Yes ☑	No If y	es please describe:			
Foam? (gently	shake sample)		☐ Yes ☑	No If yo	es please describe:			
Other obvious	indicators of water po	llution?	☐ Yes 🗹	No If yo	If yes please describe:			
	interval can be waived amentation) that less th					f you are able to document (attach the sampling period.		
** Observe for	settled solids after all	owing the sample to	sit for approxin					
first 30 minutes	to take samples withing of an actual discharge commuter event?	n the Yes 🗆	l No   If 1	no please exp	olain:			
Detail any cond necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
		VII. 1 / 1/2		- In	(0)			
	Facility Responsible C					n in accordance with a contem declared to		
assure that qualit or those persons	fied personnel properly of directly responsible for	gathered and evaluated gathering the informatio	the information and the information	submitted. Ba n submitted is	sed on my inquiry of t s, 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:	tahi	Kulalte	Ď	Date:	8,	1/18/2023		

