in-incense	n pież sebywają?	Challeton.			ssessment Form			
			Complete a se	parate form	for each outfall			
Name of Facilit	ty:	Juneau	International Airport	NPI	DES Tracking No.	AKRO6-AD4 2		
Name of Outfal		Lowe	r Duck Creek		fall/Inflow No.	1		
Person(s) Colle	ecting Sample:	Chris	topher A. O'Brien	Titl	e:	Airfield Maint. Equipment Operator 2		
Person(s) Exam	nining Sample:		topher A. O'Brien	Titl	e:	Airfield Maint, Equipment Operator 2		
Date Sample C		11/	8/2023	Dat	e Sample Examined:	11/8/2023		
Time Sample C	Collected:		2112		e Sample Examined:	2201		
Substitute Samp	ple?				ample was originally sch			
Type of dischar ☑ Rainfall □	rge: Snowmelt	If rainfall please specify rainfall amount (in inches): 2133 11 145+ 24 hrs						
	Ended > 72 hours This Storm? Yes	If no please explain*:						
William Switch		1000	Control Provi	Parameter				
	None Colored				If colored please descri			
		y □ Sewage □ Sulfur □ Sour □ □ Solvents □ Other			If other please describe	o: 		
Oil:	None 🗆 Flecks	☐ Globs	☐ Sheen ☐ Slick	☐ Other	If other please describe	other please describe:		
Clarity: Z Clear Slightly Cloudy Cloudy Opaque Other					If other please describe	×		
Floating Solids?					If yes please describe:			
Settled Solids**?					If yes please describe:			
Suspended Solids?					If yes please describe:			
Foam? (gently			□ Yes		If yes please describe:			
	indicators of water po	Ilution?		No	If yes please describe:			
						f you are able to document (attach		
applicable docu	mentation) that less the	han a 72-h	our interval is repres	sentative of l	ocal storm events during	the sampling period.		
** Observe for	settled solids after all	owing the	sample to sit for app	roximately	one-half hour.			
Was it possible	to take samples withi	n the	✓ Yes □ No		se explain:			
	s of an actual discharg orm water event?	e from						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
						ſ		
	Facility Responsible C					一直是"我心"的"我一样是你人"的表示。从		
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	ia K. Wa	ahto	Title	e: ,	Airport Manager		
Signature:	Police	Kuli	(Se	Date	e: //-	17-2023		



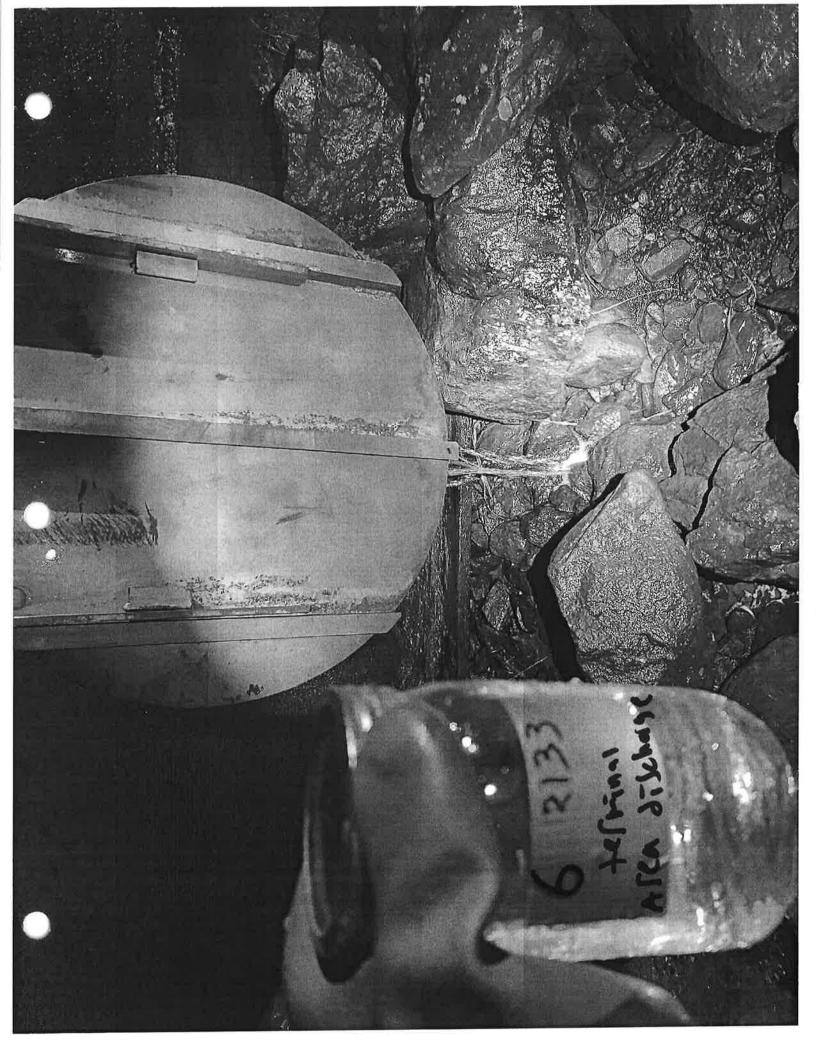
					ssessment Form	BOOK THE RESERVE SOUTH		
					for each outfall			
Name of Facil		Juneau Internatio			DES Tracking No.	AKRO6-AD4 2		
Name of Outfa		Upper Duck Cre	ek - 1		all/Inflow No.	2		
Person(s) Coll	ecting Sample:	Christopher A. (O'Brien	Title):	Airfield Maint. Equipment Operator 2		
Person(s) Exar	mining Sample:	Christopher A. C		Title		Airfield Maint. Equipment Operator 2		
Date Sample		11/8/202	7		Sample Examined:	11/8/2023		
Time Sample		2121			e Sample Examined:	2203		
Substitute Sam	aple? o	If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discha	arge: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.33 " 1.5+ 14 hrs						
Previous Storm before Start of	n Ended > 72 hours This Storm? Yes	If no please explain*:						
STO CLOTES	A CONTRACTOR OF THE PARTY OF TH	iletificence (in ju	Pa	rameter	70 1 1 1 1 1 1			
					If colored please describ			
	 ✓ None □ Musty □ Sewage □ Sulfur □ Sour □ Petroleum/Gasoline □ Solvents □ Other 				If other please describe:			
Oil:	None Flecks Globs Sheen Slick Othe				If other please describe:			
Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					If other please describe:			
Floating Solids?					If yes please describe:			
Settled Solids**? ✓ Yes □ No					If yes please describe:	lettled organic material		
Suspended Solids?					If yes please describe:			
Foam? (gently	shake sample)		☐ Yes Z	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 umentation) that less th	l when the previous s han a 72-hour interva	storm did not al is represent	yield a m ative of le	easurable discharge or if ocal storm events during	you are able to document (attach the sampling period.		
** Observe for	settled solids after all	owing the sample to						
first 30 minute	e to take samples withing sof an actual discharge torm water event?] 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).								
	Facility 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	: Д	irport Manager		
Signature:	The	. Kalalista	j	Date	: 11-	17-2023		



		MSG	P Quarterly V	isual Assess	ment Form		
		Con	mplete a separa	te form for ea	ich outfall		
Name of Facility:	:	Juneau Internation	onal Airport	NPDES 7	Tracking No.	AKRO6-AD4 2	
Name of Outfall/		Upper Duck Cr	eek - 2	Outfall/In	ıflow 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		11/8/20		Date San	ple Examined:	11/8/2023	
Time Sample Col	llected:	2124			nple Examined:	2205	
Substitute Sample	e?			•	was originally sch		
Type of discharge Rainfall	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.33" 41+ 24 hs					
Previous Storm E before Start of Th	ous Storm Ended > 72 hours e Start of This Storm? Z Yes o* If no please explain*:						
		S Court S Passe Still	Pai	rameter			
Color:	None □ Colored		1 41		olored please descri	be:	
		☐ Sewage ☐ Sulf	fur 🗆 Sour 🗆		ther please describe		
		☐ Solvents ☐ Oth			•		
Oil: None 🗆 Flecks 🗆 Globs 🗆 Sheen 🗆 Slick 🗀 Othe				Other If o	If other please describe:		
Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					ther please describe	::	
Floating Solids?					es please describe:		
Settled Solids**? ☐ Yes ☐ No					es please describe:		
Suspended Solids?					es please describe:		
Foam? (gently sh	hake sample)		☐ Yes ☑	No If y	es please describe:		
Other obvious inc	dicators of water po	llution?	☐ Yes ☑	No If y	es please describe:		
						f you are able to document (attach the sampling period.	
		lowing the sample to					
	o take samples with of an actual discharg m water event?		□ No If	'no please exp	olain:		
Detail any concer necessary).	ns, additional com	nents, descriptions o	of pictures taken	n, and any cor	rective actions take	en below (attach additional sheets as	
		Official (Refer to MSG				- ' day on the surface designed to	
assure that qualified or those persons di	d personnel properly (rectly responsible for	gathered and evaluate gathering the informat	d the information ion, the informati	submitted. Ba on submitted is	sed on my inquiry of t s, to the best of my kn	n in accordance with a system designed to the person or persons who manage the system, lowledge and belief, true, accurate, and limprisonment for knowing violations.	
Name:	Patrio	cia K. Wahto		Title:		Airport Manager	
Signature:	De Ville			Date:	11-1	17-2023	



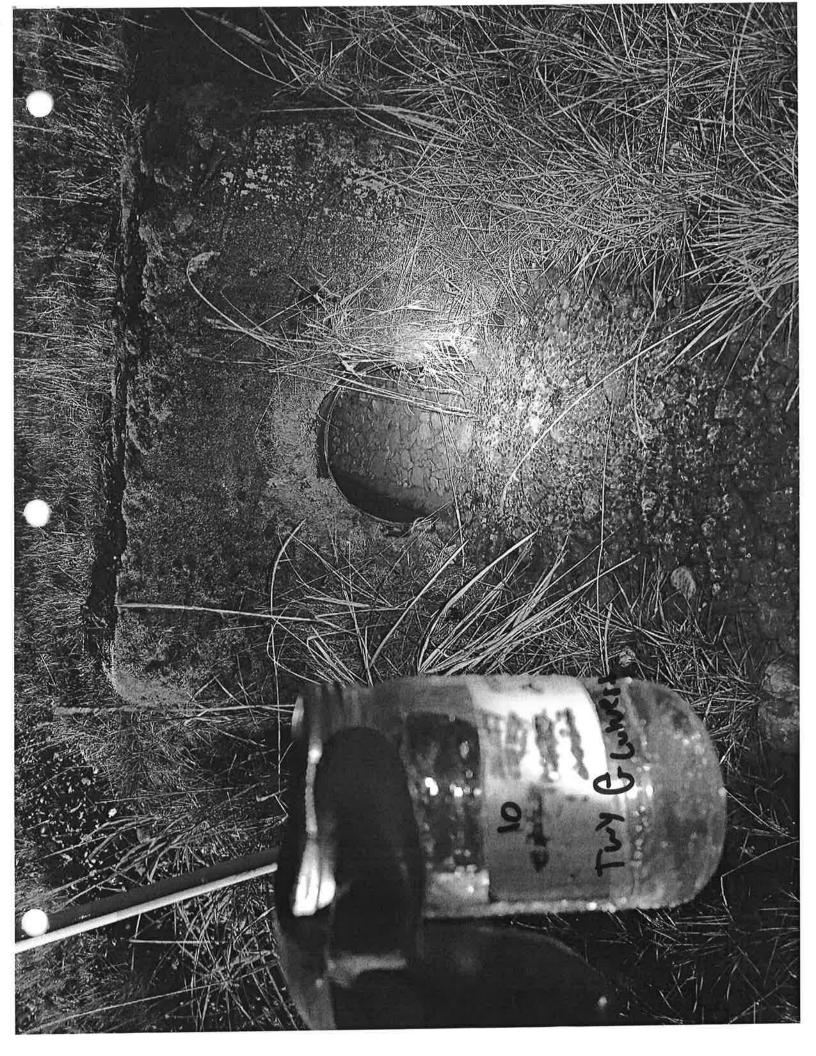
	THE HEAD TOWN	MSG	P Quarterly	Visual A	ssessment Form			
		Cor	nplete a sepa		for each outfall	/4		
Name of Fa	cility:	Juneau Internation			ES Tracking No.	AKRO6-AD4 2		
	ıtfall/Inflow:	Terminal Area I	Discharge		all/Inflow No.	6		
Person(s) C	ollecting Sample:	Christopher A.	O'Brien	Title	:	Airfield Maint. Equipment Operator 2		
Person(s) Ex	xamining Sample:	Christopher A.	O'Brien	Title		Airfield Maint. Equipment Operator 2		
Date Sample	e Collected:	11/8/907	3		Sample Examined:	11/8/2023		
Time Sample Collected:					e Sample Examined:	12208		
Substitute S					imple was originally sc			
Type of disc	charge: ☐ Snowmelt	If rainfall please specify rainfall amount (in inches): 0.3311 145+ 24 hrs						
Previous Sto before Start □ No*	orm Ended > 72 hours of This Storm? ∠ Yes	If no please explain*;						
		IN THE CHIEF PARTY	D					
Color:	✓ None □ Colored	A THE PERSON NAMED IN COLUMN TWO	P	arameter	If colored please desc	rihe:		
Odor:			San D Sour		If other please describ			
Odor:					if outer piease deserte			
Oil: Z None Flecks Globs Sheen Slick Ot				Other	er If other please describe:			
Trong a ricord a Gross a Sheef a Sheef a Sheef					ii omer promot dostino	-		
Clarity:					If other please describ	e:		
Floating Sol	lids?		☐ Yes E	No	If yes please describe			
Settled Solids**?					If yes please describe	140		
Suspended Solids?					If yes please describe:			
Foam? (gen	ntly shake sample)		☐ Yes □	No	If yes please describe:			
Other obvio	us indicators of water po	llution?	☐ Yes 5	No	If yes please describe:			
	our interval can be waived ocumentation) that less t					if you are able to document (attach g the sampling period.		
** Observe	for settled solids after all	owing the sample to	sit for appro	ximately o	one-half hour.			
Was it possi first 30 minu	ble to take samples with utes of an actual discharg e storm water event?	in the Yes [f no please explain:			
Detail any c necessary).	oncerns, additional comr	nents, descriptions o	f pictures tak	ten, and an	y corrective actions tak	ten below (attach additional sheets as		
	by Facility Responsible (
assure that que	ualified personnel properly ons directly responsible for	gathered and evaluated cathering the informati	d the information, the information	on submitte ation submi	d. Based on my inquiry of tted is, to the best of my k	on in accordance with a system designed to the person or persons who manage the system, anowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Patrio	cia K. Wahto		Title	:	Airport Manager		
Signature:	Hari	- Kalali	f.	Date	: //	-17-2023		



			Quarterly V			A SPECIAL SUPPLICATION OF THE		
			plete a separat					
Name of Facility:		Juneau Internation			Fracking No.	AKRO6-AD4 2		
Name of Outfall/In		NE Development	Area Outlet		ıflow No.	9		
Person(s) Collectin	ng Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examini	ng Sample:	Christopher A. C		Title:		Airfield Maint. Equipment Operator 2		
Date Sample Coll		11/8/29)	-3		ple Examined:	11/8/2023		
					nple Examined:	2219		
Substitute Sample	?	If yes please specif						
Type of discharge: Rainfall S		If rainfall please specify rainfall amount (in inches): 0.33 " 105 + 24 WJ						
Previous Storm Enbefore Start of Thi ☐ No*	nded > 72 hours is Storm? ✓ Yes If no please explain*:							
o - o o and	Sermi Electrical	ive to a Direct Stock	Dar	ameter				
Color:	None □ Colored		rar		olored please descr	ibe:		
	Aug Strandard Company		r 🗆 Sour 🗆		ther please describe			
	Odor:							
- 1				Other If o	ther please describe	2:		
	Oil: None Flecks Globs Sheen Slick Oth							
Clarity:] If c	ther please describe	e:		
Floating Solids?				No If y	es please describe:			
Settled Solids ^{**} ? ☐ Yes ☑ No					es please describe:			
Suspended Solids?					es please describe:			
Foam? (gently sha			☐ Yes ☐		es please describe:			
Other obvious indi		lution?	☐ Yes ☐	223-123	es please describe:			
* The 72-hour inte	rval can be waived	when the previous s	torm did not y	ield a measu	rable discharge or i	f you are able to document (attach the sampling period.		
		owing the sample to s	sit for approxi	nately one-h	alf hour.			
Was it possible to a first 30 minutes of a measurable storm	an actual discharg		l No lf	no please ex	plain:			
D . 3	1.12.2	3. 1.11 0						
necessary).	is, additional comn	nents, descriptions of	pictures taken	, and any co	rrective actions take	en below (attach additional sheets as		
O. Milestin Land	Ules Prace and the Co	Mala (Data-ta MCCC	Augustic & C	lubanetica d	121			
		official (Refer to MSGP				on in general and with a system decision of to		
assure that qualified or those persons dire	personnel properly of ectly responsible for	gathered and evaluated gathering the information	the information on, the information	submitted. Ba on submitted i	sed on my inquiry of 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	Patricia K. Wahto				Airport Manager		
Signature:	Hade.	-Kulgin		Date:	[1	17-2023		



		The state of the s	Quarterly V	1771/119 91 7		PROSERVE TO LEGACION TO THE	
			plete a separat				
Name of Facili		Juneau Internation	al Airport		acking No.	AKRO6-AD4 2	
Name of Outfa		Taxiway G Cul	vert	Outfall/Inf	low No.	10	
Person(s) Colle	ecting Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2	
	nining Sample:	Christopher A. C		Title:		Airfield Maint. Equipment Operator 2	
Date Sample O		11/8/202	3		le Examined:	11/8/2023	
Time Sample C		2141			ple Examined:	2220	
Substitute Sam		If yes please specify					
Type of discha	rge: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.33 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Previous Storm before Start of	n Ended > 72 hours This Storm? Yes	ded > 72 hours Storm? Yes If no please explain*:					
Color:	None Colored		Par	ameter	lored please descri	he'	
			- 🗀 0 🗆		ner please describe		
	☑ None □ Musty l Petroleum/Gasoline □			1100	iei piease describe	•	
Oil:				Other If oth	If other please describe:		
Clarity:] If ot	ner please describe	,	
Other					ter preuse deserre	•	
Floating Solids?				No If ye	s please describe:		
Settled Solids**? ☐ Yes ☑ No					s please describe:		
Suspended Solids?					s please describe:		
Foam? (gently	shake sample)		☐ Yes 🗹	No If ye	s please describe:		
Other obvious	indicators of water po	llution?	☐ Yes ☑	No If ye	s please describe:		
* The 72-hour applicable docu	interval can be waived umentation) that less the	l when the previous s han a 72-hour interva	torm did not y l is representat	ield a measura ive of local st	able discharge or if orm events during	f you are able to document (attach the sampling period.	
** Observe for	settled solids after all	owing the sample to s	sit for approxi	nately one-ha	lf hour.		
first 30 minutes	e to take samples withing s of an actual discharg torm water event?		No If	no please exp	lain:		
Detail any cond necessary).	cerns, additional comn	nents, descriptions of	pictures taken	, and any corr	ective actions take	en below (attach additional sheets as	
Carliffeetten	Casilla Deservable C	Minial (Balanta Moon	Annondis A C	Subspation 4.4	2)		
Leadify under no	Facility Responsible C	ument and all attachme	mpheriaix M, 2	ed under my di	rection or eupervisio	n in accordance with a system designed to	
assure that quali	fied personnel properly of directly responsible for	gathered and evaluated gathering the information	the information	submitted. Bas on submitted is.	ed on my inquiry of t to the best of my kn	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:	tochi	Kulajek	/	Date:	/	1-17-2023	



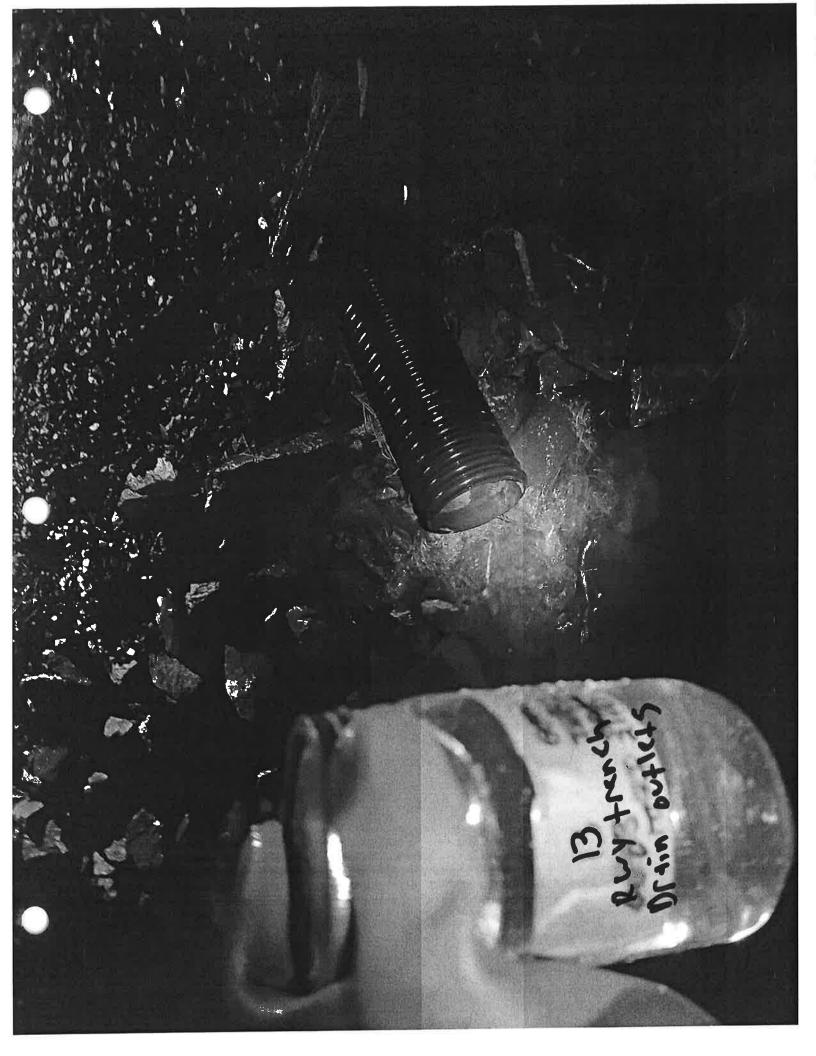
	2	MSGP	Quarterly	Visual Ass	sessment Form	and the billion is a same in the same			
MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall									
Name of Facility:		Juneau Internation			ES Tracking No.	AKRO6-AD4 2			
Name of Outfall/I		Jordan Creek Cu			II/Inflow No.	11			
Person(s) Collecti		Christopher A. C		Title:		Airfield Maint. Equipment Operator 2			
Person(s) Examin		Christopher A. C		Title:		Airfield Maint. Equipment Operator 2			
Date Sample Col		11/8/202			Sample Examine				
Time Sample Col		2048			Sample Examine				
Substitute Sample						y scheduled to be taken:			
Type of discharge Rainfall S	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.33 11 1-5+ 24 hrs							
Previous Storm E before Start of Th	nded > 72 hours is Storm? ✓ Yes	If no please explain	*						
			n.			Not believe the south of the south			
Colors 1 77	None □ Colored		Pa Pa	rameter	If colored please	describe:			
			r 🖂 Sour 🗆		If other please de				
Odor: None Musty Sewage Sulfur Sour Petroleum/Gasoline Solvents Other					ii oliici picase de	Serios.			
Oil:					If other please describe:				
Clarity:					If other please de	scribe:			
Floating Solids?					If yes please desc	ribe:			
Settled Solids**? □ Yes □ No					If yes please desc	ribe:			
Suspended Solids?					If yes please desc	ribe:			
Foam? (gently sh			☐ Yes 🗷	No	If yes please desc	ribe:			
	licators of water po	llution?	☐ Yes ☑	No	If yes please desc	cribe:			
* The 72-hour inte	erval can be waive	d when the previous s	torm did not	yield a me ative of lo	easurable discharg cal storm events o	e or if you are able to document (attach during the sampling period.			
** Observe for se	ttled solids after all	lowing the sample to	sit for approx	imately or	ne-half hour.				
Was it possible to	take samples with f an actual discharg	in the ✓ Yes □	l No li	f no please	e explain:				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
Certification by Fa	cility Responsible (Official (Refer to MSGF	Appendix A,	Subsection	on 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:	tali	in Kuliil	te	Date:		11-17-2023			



					sessment Form			
					or each outfall			
Name of Facility:		Juneau Internation			ES Tracking No.	AKRO6-AD4 2		
Name of Outfall/I		Taxiway D - E Inf			11/Inflow No.	12		
Person(s) Collecti	ing Sample:	Christopher A. C	D'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examin	ing Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample Col		11/8/202	.3		Sample Examined:	11/1/2023		
Time Sample Col		2056			Sample Examined:	2210		
Substitute Sample	e?				nple was originally so			
Type of discharge	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.33 114 24 hr						
Previous Storm E before Start of Th No*	nded > 72 hours is Storm? ✓ Yes	If no please explain*:						
THURSDAY AND THUS	A DESCRIPTION OF THE PARTY OF T	VIII II	Do	ramatar	SRUZAL DI REZ	Sold Shall and Span State of the same of the		
Color: Z	None Colored		ra	rameter	If colored please des	crihe:		
			ır 🗆 Sour 🗆		If other please descri			
	None □ Musty □ Sewage □ Sulfur □ Sour □ etroleum/Gasoline □ Solvents □ Other				II odiei piesse sessii			
				Other	If other please descri	he:		
	Dil:				II Olliek produce deseri			
Clarity:					If other please descri	be:		
Other								
Floating Solids?					If yes please describe	e;		
Settled Solids**? ☐ Yes ☑ No					If yes please describe	e:		
Suspended Solids?					If yes please describe	e:		
Foam? (gently sh	ake sample)		☐ Yes 🗹	No	If yes please describe	e;		
	licators of water po		☐ Yes 🗹		If yes please describe			
* The 72-hour intapplicable docum	erval can be waived entation) that less t	d when the previous s han a 72-hour interva	torm did not	yield a me ative of lo	easurable discharge or cal storm events duri	r if you are able to document (attach ng the sampling period.		
** Observe for se	ttled solids after all	lowing the sample to	sit for approx	imately or	ne-half hour.			
Was it possible to first 30 minutes of a measurable storn	take samples with f an actual discharg m water event?	in the Yes C	No H	f no please	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 (Official (Refer to MSGF	Appendix A,	Subsectio	on 1.12)	at a language 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:	Patri	cia K. Wahto		Title:		Airport Manager		
Signature:	Hagu	Kulaha	les	Date:	11-	17-2023		



MSGP Quarterly Visual Assessment Form								
		Com	plete a separat	e form for ea	ch outfall			
Name of Facility:		Juneau Internation	al Airport		racking No.	AKRO6-AD4 2		
Name of Outfall/In		Runway Trench D	Orain Outlets	Outfall/Ir	flow No.	13		
Person(s) Collectin	ng Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examini	ing Sample:	Christopher A. O	'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample Coll		11/8/2023			ple Examined:	11/8/2023		
Time Sample Coll		2100			ple Examined:	2212		
Substitute Sample	?	If yes please specify						
Type of discharge:	: nowmelt	If rainfall please specify rainfall amount (in inches): 0.37 1 1 4 1 24 WIS						
Previous Storm Er before Start of Thi		If no please explain*:						
01 100	N DOI 1		Par	ameter	olored please describ	ne'		
	None Colored		_ 🗂 0 🖂		her please describe:			
Odor: Z	:				ner prease describe.			
Oil:	il:				If other please describe:			
Clarity:] If o	ther please describe:			
Floating Solids?				No If y	es please describe:			
Settled Solids**?				No If y	es please describe:			
Suspended Solids?				No If y	es please describe:			
Foam? (gently sha			☐ Yes 🗹	No If y	es please describe:			
Other obvious ind	icators of water po	llution?	☐ Yes 🗹	No If y	es please describe:			
* The 72-hour integraphicable docume	erval can be waived entation) that less t	l when the previous s han a 72-hour interva	torm did not y l is representa	ield a measu tive of local	able discharge or if torm events during	you are able to document (attach the sampling period.		
** Observe for set	tled solids after all	owing the sample to	sit for approxi	mately one-h	alf hour.			
Was it possible to	take samples with an actual discharg	n the Yes	l No If	no please ex	olain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by Fa	cility Responsible (Official (Refer to MSGF	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:	Name: Patricia K. Wahto				P	Airport Manager		
Signature:	Park	i Klubilot	1	Date:	14.	-17-2023		



COLUMN SAME	WALK AND RESPONDE	MSGI	P Quarterly V	isual Assessn	ent Form			
		Com	plete a separat	e form for eac	h outfall			
Name of Facility	,	Juneau Internation	nal Airport	NPDES To	acking No.	AKRO6-AD4 2		
Name of Outfall/		NW Developmen	t Area Outlet	Outfall/Inf	low No.	14		
Person(s) Collect	ting Sample:	Christopher A. C	O'Brien	Title:		Airfield Maint. Equipment Operator 2		
Person(s) Examin	ning Sample:	Christopher A. C)'Brien	Title:		Airfield Maint. Equipment Operator 2		
Date Sample Co		11/8/202	3		ole Examined:	11/8/2027		
Time Sample Co		2104			ple Examined:	22\3		
Substitute Sampl ☐ Yes ☑ No	e?					neduled to be taken:		
Type of discharg ☐ Rainfall ☐	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.3311 105+ 24 615						
Previous Storm I before Start of TI	Ended > 72 hours his Storm? Yes	If no please explain	1*:					
					E 10-07-01-01			
Colon I	None Colored		Par	ameter	lored please descr	rihe:		
	/		-		ner please describ			
	Odor:					·.		
Oil:	Dil:					If other please describe:		
Clarity:					ner please describ	e:		
Floating Solids?					s please describe:			
Settled Solids**? ☐ Yes ☑ No					s please describe:			
Suspended Solids?					s please describe:			
Foam? (gently si	hake sample)		☐ Yes ☑	No If ye	s please describe:			
Other obvious in	dicators of water po	llution?	☐ Yes 🗹		s please describe:			
* The 72-hour in applicable docum	terval can be waived nentation) that less t	d when the previous s han a 72-hour interva	storm did not yi il is representat	ield a measura ive of local st	able discharge or i orm events during	if you are able to document (attach g the sampling period.		
** Observe for se	ettled solids after all	lowing the sample to	sit for approxir	nately one-ha	lf hour.			
Was it possible to	o take samples with of an actual discharg	in the 🛮 🗹 Yes 🗆		no please exp				
Detail any concernecessary).	rns, additional comr	nents, descriptions of	f pictures taken	, and any con	ective actions tak	en below (attach additional sheets as		
Certification by F	acility Responsible (Official (Refer to MSGF	Appendix A, S	Subsection 1.1	2)			
assure that qualified	ed personnel properly glirectly responsible for	gathered and evaluated gathering the information	I the information on, the information	submitted. Bas on submitted is	ed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, mowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Patri	cia K. Wahto		Title:		Airport Manager		
Signature:	tally	Kulai ite	5	Date:	11-	17-2023		



	o for the grade and		Quarterly				
			plete a separ				
Name of Facility:		Juneau Internation			ES Track		AKRO6-AD4 2
Name of Outfall/I		Pond Parking Are	ea Outlet		all/Inflov	No.	15
Person(s) Collecti	ing Sample:	Christopher A. C	D'Brien	Title	:		Airfield Maint. Equipment Operator 2
Person(s) Examin	ing Sample:	Christopher A. C		Title	-		Airfield Maint. Equipment Operator 2
Date Sample Col		11/1/202	3			Examined:	11/8/2023
Time Sample Col		2106				Examined:	2215
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be tall Yes I No							
Type of discharge Rainfall S	e: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.37 " 145 24 WIS					
Previous Storm E before Start of Th	nded > 72 hours nis Storm? ✓ Yes	If no please explain*:					
	75 - NAST - 7		D.	arameter	Ser I morted	and the second	Was to the State of the State o
Color:	None 🗆 Colored	and the second s		arameter	If colore	ed please describe	e:
			r 🗆 Sour	п		please describe:	
Odor:					II Guioi	prouso deserroe.	
Oil: Z None Flecks Globs Sheen Slick Other					If other	please describe:	
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					If other	please describe:	
Floating Solids?					If yes pl	ease describe:	
Settled Solids**?					If yes pl	ease describe:	
Suspended Solids?					If yes pl	ease describe:	
Foam? (gently sh	nake sample)		☐ Yes 2	Z No	If yes pl	ease describe:	
Other obvious ind	licators of water po	llution?	☐ Yes [2	No	If yes p	ease 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 il is represen	t yield a mo	easurable ocal stom	discharge or if y n events during th	you are able to document (attach he sampling period.
** Observe for se	ttled solids after all	lowing the sample to	sit for approx	ximately o	ne-half h	our.	
Was it possible to	take samples with f an actual discharg	in the 🛛 Yes 🗀] No	If no pleas	se explain	:	
		*					
Detail any concernecessary).	ns, additional comr	ments, descriptions of	pictures tak	en, and an	y correct	ive actions taken	below (attach additional sheets as
Certification by Fa	cility Responsible (Official (Refer to MSGF	Appendix A	, Subsection	on 1.12)		
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:	Patri	cia K. Wahto		Title):	Α	irport Manager
Signature:	tole	in Kylaulo)	Date	»:	/(-17-2023



MSGP Quarterly Visual Assessment Form		Quarter								
Name of Pfacility: Juneau International Alprort NPDES Tracking No. AKRO6-AD4 2	MSGP Quarterly Visual Assessment Form									
Name of Outfall/Inflow: Pend Discharge 1c River Outfall/Inflow No. 1	77	3	Cor	mplete a separa	te form for	C Tracking No.	AKBOR AD4 3			
Person(s) Examining 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: 1/9/3-b-3 Date Sample Examined: 1/19/3-b-3 Time Sample Collected: 1/0 Time Sample Examined: 1/19/3-b-3 Time Sample Collected: 1/0 Time Sample Examined: 1/19/3-b-3 Time Sample Collected: 1/0 Time Sample Examined: 1/19/3-b-3 Type of discharge: If yes please specify quarter/year when sample was originally scheduled to be taken:										
Person(s) Examine Sample: Christopner A O'Brien Title: Arfield Mant. Equipment Operator 2 Date Sample Collected:						I/IIIIIOW NO.				
Date Sample Collected:										
Time Sample Collected: Substitute Symple? If yes please specify quarter/year when sample was originally scheduled to be taken: Type of discharge: If rainfall please apecify quarter/year when sample was originally scheduled to be taken: Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): Type of discharge: If rainfall please apecify rainfall amount (in inches): If officer please describe: If officer please describe: If other please describe: If yes p			The state of the s							
Substitute Spenple?				.3						
Yes No No None Colored If rainfull please specify rainfall amount (in inches): 0.33 1 1 1 1 1 1 1 1 1				· C						
Rainfall Snowmelt Snowmelt Previous Storm Ended > 72 hours		e?	If yes please specify quarter/year when sample was originally scheduled to be taken:							
Defore Start of This Storm? Yes	Type of discharg ☑ Rainfall □	e: Snowmelt	If rainfall please s	pecify rainfall	amount (in	inches): 0.33 1	145 + 4 MJ			
Defore Start of This Storm? Yes	Previous Storm I	anded > 72 hours	If no please explai	in*·						
Parameter	before Start of T	his Storm? Yes	ir no preuse capital	•						
Color:										
Odor:	7 72 - 7		The STATE OF THE S	Pa		2012 12 12 14 14 14				
Petroleum/Gasoline Solvents Other	Color:	None Colored								
Oil:]]	If other please describe:				
Clarity:					Other I	If other please describe:				
Other Floating Solids? Settled Solids**? Suspended Solids**? Suspended Solids*** Suspended Solids** Suspended Solids** Suspended Solids** Suspended Solids** Suspended Solids* Yes No If yes please describe: 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 first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Title: Airport Manager										
Settled Solids**?						If other please describe:				
Settled Solids**? Suspended Solids? Foam? (gently shake sample) Other obvious indicators of water pollution? **The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. **Observe for settled solids after allowing the sample to sit for approximately one-half hour. Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Title: Airport Manager Signature:	Floating Solids?					If yes please describe:				
Suspended Solids? Yes No If yes please describe: Foam? (gently shake sample) Yes No If yes please describe: 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 first 30 minutes of an actual discharge from a measurable storm water event? If no please explain: Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)						If yes please describe:				
Foam? (gently shake sample)						If yes please describe:				
Other obvious indicators of water pollution? The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately one-half hour. Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Date: Airport Manager						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? 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, the information, the information 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			allution?							
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Title: Airport Manager	* The 72-hour in	terval can be waived	d when the previous	storm did not y	yield a mea ative of loc	asurable discharge or if al storm events during	you are able to document (attach the sampling period.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Title: Airport Manager	** Observe for se	ettled solids after all	lowing the sample to	sit for approx	imately on	e-half hour.				
first 30 minutes of an actual discharge from a measurable storm water event? Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Patricia K. Wahto Title: Airport Manager Signature: Airport Manager	Was it possible to	o take samples with	in the	□ No If	f 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:	first 30 minutes of	of an actual discharg	ge from	- 1						
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	a measurable sto	rm water event?								
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										
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 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 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:	Certification by F	acility Responsible (Official (Refer to MSC	SP Appendix A.	Subsection	n 1.12)				
Patricia K. Wahto Airport Manager	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 property 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 pathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and									
Signature: Date: 11-17-2023	Name: Patricia K. Wahto				Title:	A	Airport Manager			
	Signature:	Lalin	Kylichx	6	Date:	/1-	17-2023			

