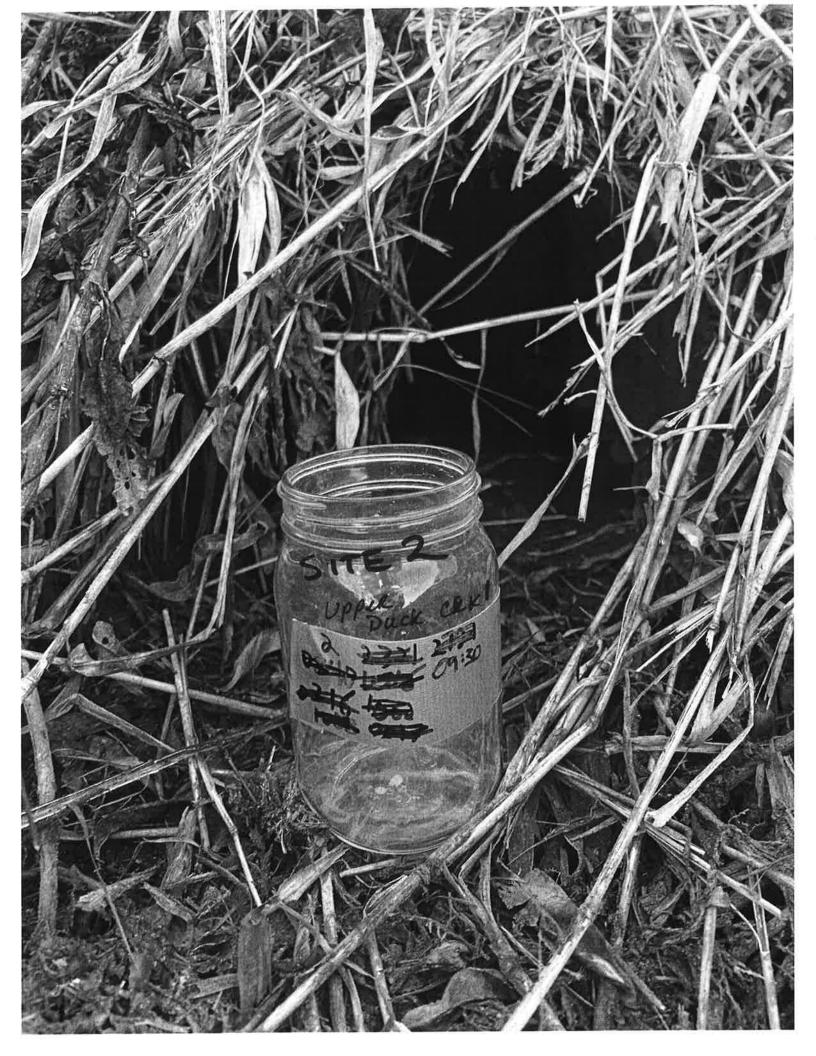
Quarterly visual Assessment of Storin Water Discharge 2020 Mag								
MSGP Quarterly Visual Assessment Form								
			plete a separate			Lucasia		
Name of Faci		Juneau Internation		NPDES Tr		AKRO6-AD4 2		
Name of Out		Lower Duck Cree	k	Outfall/Inf	low No.	1		
Person(s) Col	llecting Sample:	Andres Delgado		Title:		Airport M&O Superintendent		
Person(s) Exa	amining Sample:	Andres Delgado		Title:		Airport M&O Superintendent		
Date Sample	Collected:	3/28/2020	ч	Date Samp	le Examined:	3/28/2024		
Time Sample		0920		Time Samp	ole Examined:	1115		
Substitute Sa	mple?	If yes please specify	y quarter/year v	vhen sample	was originally sche	duled to be taken:		
☐ Yes 🛛 1	No							
Type of disch  ☐ Rainfall	narge:  Snowmelt	If rainfall please specify rainfall amount (in inches):						
Previous Stor	m Ended > 72 hours	If no please explain	*.					
	of This Storm? 🖳 Yes	no piease explain.						
			Para	meter				
Color:	None □ Colored				ored please describ			
Odor:	None Musty I Petroleum/Gasoline			If oth	er please describe:			
Oil:				Other If oth	er please describe:			
Oil.								
Clarity:   ✓ Clear □ Slightly Cloudy □ Cloudy □ Opaque □ If other □ Other					er please describe:			
Floating Solids?								
Settled Solids**? ☐ Yes ☑ N					please describe:			
Suspended Solids?					please describe:			
	ly shake sample)		☐ Yes 🔀 1	311 251112	please describe:			
	s indicators of water po	Ilution?	☐ Yes ☑ 1		please describe:			
			tes vil			you are able to document (attach		
applicable do	cumentation) that less the	han a 72-hour interva	l is representati	ve of local st	orm events during	the sampling period.		
** Observe for	or settled solids after all	owing the sample to	sit for approxim	ately one-ha	f hour.			
	le to take samples withi			o please expl				
first 30 minut	tes of an actual discharg storm water event?	ge from			DRY WEATHER FOR Z+ WEEKS.			
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)								
Loortifu undor a	nonalty of law that this doe	umont and all attachme	nte were prepare	d under my di	raction or supervision	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:	Patty K. Waht	0		Title:	Airport Manag	ger		
Signature:	Pade	Kydeiles	6	Date:	3/29/	2024		

SITE 1 Lower Duck Ckk arrandamenter franklikens

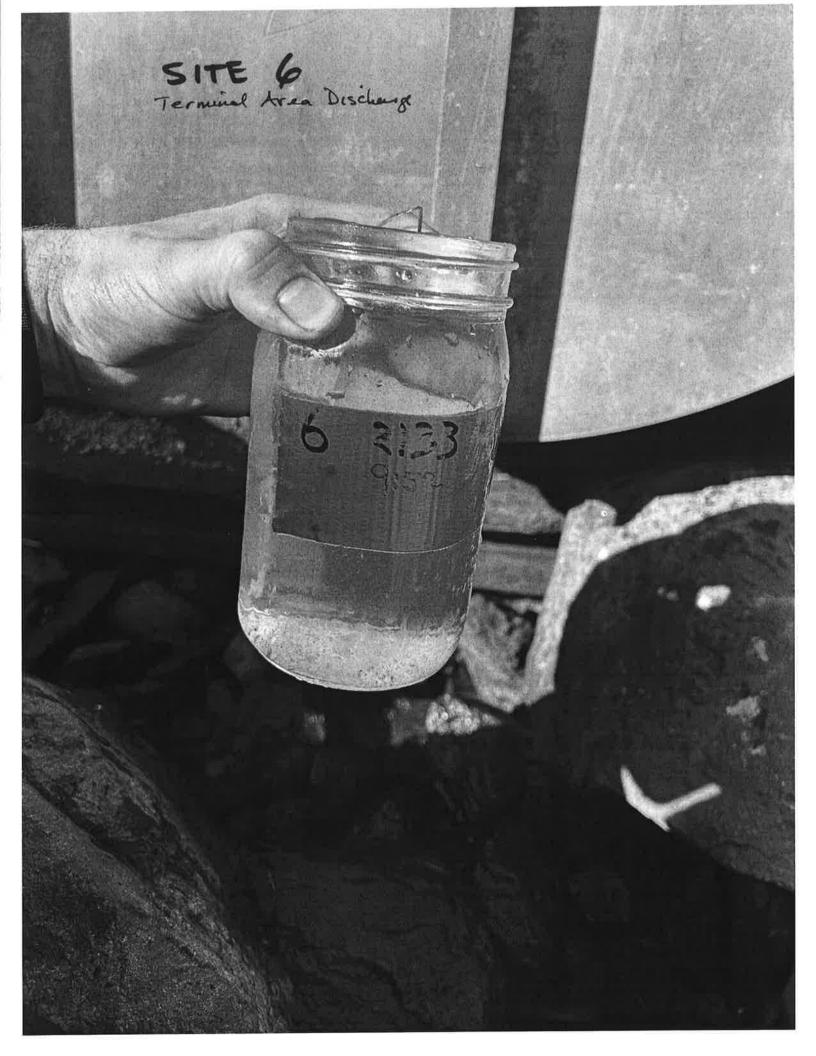
Quarterly Visual Assessment of Stellar Vater Distributed								
MSGP Quarterly Visual Assessment Form  Complete a separate form for each outfall								
N						AKRO6-AD4 2		
Name of Facility:	0	Juneau Internatio		NPDES To		2		
Name of Outfall/In Person(s) Collection		Upper Duck Cree	K-1	Outfall/Inf Title:	IOW NO.			
		Andres Delgado				Airport M&O Superintendent		
Person(s) Examin		Andres Delgado		Title:		Airport M&O Superintendent		
Date Sample Coll		3/28/2024			ole Examined:	3/29/2024		
Time Sample Coll					ple Examined:			
Substitute Sample  ☐ Yes ☒ No	?	If yes please specify	y quarter/year w	vhen sample	was originally sched	fuled to be taken:		
Type of discharge  ☐ Rainfall ☐ S	: nowmelt	If rainfall please sp	ecify rainfall an	nount (in incl	hes):			
Previous Storm Er	nded > 72 hours	If no please explain	*-					
before Start of Thi		ii no piease explani						
L 140								
			Рага	meter				
Color:	None  Colored		22 vs		lored please describ	e:		
		☐ Sewage ☐ Sulfu☐ Solvents ☐ Other		If oth	ner please describe:			
				ther If oth	ner please describe:			
					•			
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If oth	ner please describe:			
Floating Solids?								
Settled Solids**? ☐ Yes ☐ No					s please describe:			
Suspended Solids?					s please describe:			
Foam? (gently sha	21		☐ Yes ☐ N		s please describe:			
Other obvious ind		llution?	☐ Yes ☐ N		s please describe:			
					a measurable discharge or if you are able to document (attach			
applicable docume	entation) that less th	han a 72-hour interva	l is representati	ve of local st	orm events during t	he sampling period.		
** Observe for set	tled solids after all	owing the sample to	sit for approxim	ately one-ha	lf hour.			
Was it possible to				o please expl				
first 30 minutes of	an actual discharg							
a measurable stori	ii water event!							
Detail any concern	ns additional comm	nents descriptions of	nictures taken.	and any corr	ective actions taken	below (attach additional sheets as		
necessary).		_	_					
	DRY,	TUO OUT	FLOW	. SEE	ATTACH	ED PHOTOS.		
Certification by Fac	cility Responsible C	Official (Refer to MSGP	Appendix A, St	bsection 1.1	2)			
I certify under penalt	y of law that this doc	ument and all attachme	nts were prepare	d under my di	rection or supervision	in accordance with a system designed to e person or persons who manage the system,		
or those persons dire	ectly responsible for	gathering the informatio	n, the information	n submitted is,	to the best of my kno	wledge and belief, true, accurate, and		
complete. I am awar	e that there are signi	ticant penaities for subf	nitung taise infor	nation, includi	ng the possibility of fir	ne and imprisonment for knowing violations.		
Name:	Patty K. Waht	0		Title:	Airport Manag	er		
Signature:	takn	Kulalte	in.	Date:	3/29/	2024		



Quarterly visual Assessment of Storing Water District Constitution								
MSGP Quarterly Visual Assessment Form  Complete a separate form for each outfall								
N 49 W						AKRO6-AD4 2		
Name of Facility		Juneau Internation			racking No.			
Name of Outfall		Upper Duck Cree	K - Z	Outfall/In	llow No.	3		
Person(s) Collec	ting Sample:	Andres Delgado		Title:		Airport M&O Superintendent		
Person(s) Exami		Andres Delgado		Title:		Airport M&O Superintendent		
Date Sample Co		3 28 202			ole Examined:	3/28/2024		
Time Sample Co					ple Examined:			
Substitute Samp  ☐ Yes ☒ No	le?	If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharg ☐ Rainfall ☐		If rainfall please spo	ecify rainfall ar	nount (in inc	hes):			
	Ended > 72 hours This Storm? ✓ Yes	If no please explain	*:					
01. 15			Para	meter	laged places dece-	ha.		
	None Colored				lored please descri			
		☐ Sewage ☐ Sulfu☐ Solvents ☐ Other		11 00	her please describe			
Oil:					If other please describe:			
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If of	her please describe			
Floating Solids?			No If ye	s please describe:				
Settled Solids**?					s please describe:			
Suspended Solids?					s please describe:			
Foam? (gently s			☐ Yes ☐ I		s please describe:			
TOTAL CONTROL TO THE STATE OF T	idicators of water po	Ilution?	☐ Yes ☐ 1		s please describe:			
* The 72-hour in	nterval can be waived		torm did not yi	eld a measur	able discharge or if	you are able to document (attach the sampling period.		
** Observe for s	settled solids after all	owing the sample to	sit for approxin	nately one-ha	lf hour.			
Was it possible t	to take samples with of an actual discharg	in the		no please exp				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary)  DRY, NO OUTFLOW. SEE ATTACHED PHOTOS.								
Certification by F	acility Responsible C	Official (Refer to MSGP	Appendix A, S	ubsection 1.1	2)	1		
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:	Patty K. Waht	0		Title:	Airport Mana	ger		
Signature:	Tash	- Kialal		Date:	3/29	1/2024		



Quarterly Visual Assessment of Storin Water Discharge - 2020 Misor									
MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall									
						LAMBOS ADA S			
Name of Fac		Juneau Internation		NPDES Tr		AKRO6-AD4 2			
Name of Out		Terminal Area Di	scharge	Outfall/Inf	low No.	6			
Person(s) Co	ollecting Sample:	Andres Delgado		Title:		Airport M&O Superintendent			
Person(s) Ex	amining Sample:	Andres Delgado		Title:		Airport M&O Superintendent			
Date Sample	Collected:	3 28 200	24		le Examined:	3/28/2024			
Time Sample	e Collected:	0952	1.6		ole Examined:	1/17			
Substitute Sa	ample?	If yes please specif	y quarter/year v	vhen sample v	was originally sche	duled to be taken:			
☐ Yes 🏻									
Type of disc	harge:	If rainfall please sp	ecify rainfall ar	nount (in inch	nes):				
Kannan	Showmen								
Previous Sto	rm Ended > 72 hours	If no please explain	1*1						
before Start	of This Storm? Z Yes								
□ No*									
			Para	meter					
Color:	None □ Colored				ored please describ				
Odor:	None ☐ Musty ☐ Petroleum/Gasoline ☐			If oth	er please describe:				
				2.1 10 11	1 1 7				
Oil:	:				If other please describe:				
Clarity:									
Other					•				
Floating Soli	ids?		ĭ Yes □	No If yes	s please describe:	LEAVES , PLANT MATERIAL			
Settled Solids**?   ✓ Yes □ N					please describe:	SOIL, BANG.			
Suspended S	olids?		¥ Yes □	No If yes	please describe:	REGANIC PARTICULATE.			
	tly shake sample)		☐ Yes 📈		please describe:				
	is indicators of water po	llution?	☐ Yes 🚺		please describe:				
						you are able to document (attach			
applicable do	ocumentation) that less t	han a 72-hour interva	l is representat	ive of local st	orm events during t	the sampling period.			
** ***	Post assertant and the According	and the seconds to	ate Can annual time	satalis ana hal	Chour				
	for settled solids after all		AT IC.		aim.				
	ble to take samples withintes of an actual discharg		L NO III	io piease expi	ani.	O + WEEKS			
	e storm water event?	,c non	17	DRY W	EATHER	, Z+ WEEKS .			
d medsurable	Storm water event.			•					
Detail any co	oncerns additional comp	nents descriptions of	nictures taken	and any corr	ective actions taker	below (attach additional sheets as			
necessary).	oncorns, adameterial contr	nome, debenperons of	p			•			
1									
Certification	by Facility Responsible C	Official (Refer to MSGF	Appendix A, S	ubsection 1.12	2)				
I certify under	penalty of law that this doc	ument and all attachme	ents were prepar	ed under my di	rection or supervision	in accordance with a system designed to			
assure that ou	alified personnel properly	pathered and evaluated	the information :	submitted. Bas	ed on my inquiry of th	ie person or persons who manage the system,			
or those perso	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.								
complete. I an	n aware that there are signi	ificant penalties for sub	mitting false info	mation, includi	ng the possibility of fi	ne and imprisonment for knowing violations.			
Name:	Patty K. Waht	0		Title:	Airport Manag	ger			
Ciaratura		. / .	,	Date:					
Signature:	the.	Kalel			3/29	12024			



Quarterly Visual Assessment of Storm Water Discharge – 2020 MSG1									
			P Quarterly V						
			nplete a separa						
Name of Facility:		Juneau Internati		NPD	DES Tra	icking No.	AKRO6-AD4 2		
Name of Outfall/I	nflow:	TWY E - F Infield	d West	Outf	fall/Infl	ow No.	7		
Person(s) Collecti	ing Sample:	Andres Delgado		Title	<b>:</b>		Airport M&O Superintendent		
Person(s) Examin	ing Sample:	Andres Delgado		Title	<del></del>		Airport M&O Superintendent		
Date Sample Col		T III C C C C C C C C C C C C C C C C C		Date	Sampl	e Examined:			
Time Sample Col						le Examined:			
Substitute Sample		If yes please speci	fy quarter/year				duled to be taken:		
☐ Yes ☒ No		Or-							
Type of discharge ☐ Rainfall ☐ S		If named please secify infall amount (in inches):  If no please explain*:							
Previous Storm Ender before Start of The No*	nded > 72 hours is Storm? ☐ Yes	If no please explai	n*:			EXI	57		
	T W		Pai	rameter					
Color:	None   Colored				If cold	ored please describ	oe:		
		☐ Sewage ☐ Sulf ☐ Solvents ☐ Other			If oth	er please describe:			
		☐ Globs ☐ Sheen		Other	If oth	er please describe:			
	arity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If other please describe:				
Floating Solids?			☐ Yes ☐	No	If ves	please describe:			
Settled Solids**?						please describe:			
	0				-	please describe:			
Suspended Solids?						<u>*</u>			
Foam? (gently shake sample)						please describe:			
	licators of water po		☐ Yes ☐			please describe:			
* The 72-hour into applicable docume	erval can be waived entation) that less t	d when the previous han a 72-hour interv	storm did not y al is representa	yield a m ative of l	easurat ocal sto	ole discharge or if orm events during	you are able to document (attach the sampling period.		
** Observe for se	ttled solids after all	owing the sample to	sit for approxi	imately o	one-half	hour.			
Was it possible to	take samples withing fan actual discharg	in the		no pleas					
		•							
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:	Patty K. Waht	to	/	Title		Airport Maria	ger		
Signature:				Date	:				
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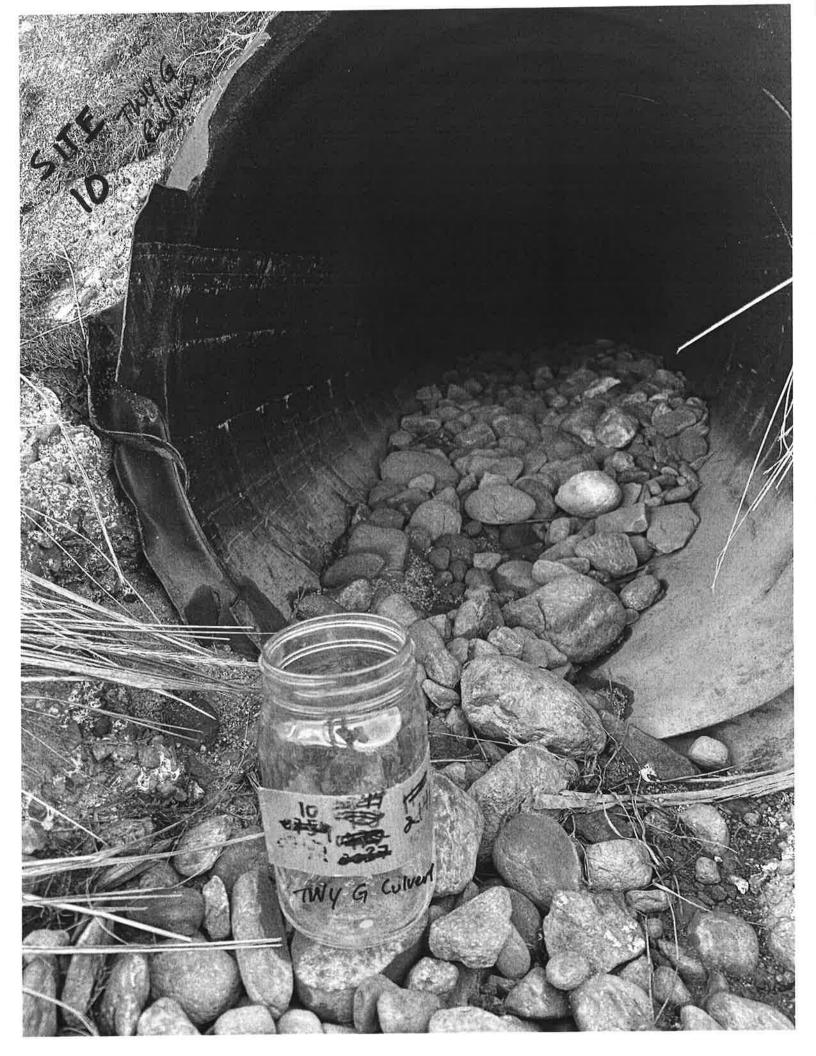
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP									
MSGP Quarterly Visual Assessment Form  Complete a separate form for each outfall									
Nome of	.:1:4			e form	for each outta DES Tracking	No.	AKRO6-AD4 2		
Name of Fac		Juneau Internation TWY E - F Infield			fall/Inflow No		8		
Name of Our	ollecting Sample:		Last	Title			Airport M&O Superintendent		
	0 1	Andres Delgado					Airport M&O Superintendent		
	amining Sample:	Andres Delgado		Title			Airport M&O Superintendent		
Date Sample Time Sample					e Sample Exa e Sample Exa				
Substitute Sa		If you ploage aposifi	/ guarter/year				uled to be taken:		
☐ Yes 🛛		If yes please specify quarter/year when sample was originally scheduled to be taken:							
Type of disc	harge,	7 8 60 11 50 -00	wify rainfall a	mount i	(in inches)				
	☐ Snowmelt	If no please explain*:  Parameter							
Previous Sto	rm Ended > 72 hours	If no please explain	*.	A	-				
1	of This Storm? \( \square\) Yes	II no piease explain		V					
□ No*	or ima bronn. 🗀 100					XI			
			Par	ameter					
Color:	☐ None ☐ Colored					lease describe	ð: 		
Odor:	☐ None ☐ Musty Petroleum/Gasoline ☐	_			If other plea	ase describe:			
Oil:	☐ None ☐ Flecks	☐ Globs ☐ Sheen ☐ Slick ☐ Other If other please describe:							
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ If other please describe:									
Other									
Floating Solids?					If yes pleas				
Settled Solids**? □ Yes □ No					If yes pleas				
Suspended Solids?					If yes pleas				
Foam? (gently shake sample)					If yes pleas	e describe:			
Other obvious indicators of water pollution?									
* The 72-hou applicable do	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	ield a n tive of l	neasurable dis ocal storm ev	scharge or if y rents during th	ou are able to document (attach ne sampling period.		
** Observe 1	or settled solids after all	lowing the sample to	sit for approxi	mately o	one-half hour	:			
	ole to take samples with				se explain:				
	tes of an actual discharg			•					
a measurable	storm water event?								
							1 1 ( ) 1 112 1 1 1 - 4		
	oncerns, additional come	nents, descriptions of	pictures taken	i, and ar	ny corrective	actions taken	below (attach additional sheets as		
necessary).									
Certification	by Facility Responsible (	Official (Refer to MSGP	Appendix A, S	Subsecti	ion 1.12)				
I certify under	penalty of law that this doo	cument and all attachme	nts were prepar	red unde	r my direction	or supervision	in accordance with a system designed to		
assure that or	alified personnel property	oathered and evaluated	the information	submitte	ed. Based on n	ny inquiry of the	e person or persons who manage the system,		
or those perso	ons directly responsible for	gathering the information	n, the information	on subm	itted is, to the	best of my know	wledge and belief, true, accurate, and		
complete, I an	complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
7.									
Name:	Patty K. Wahi	to /		Title	Air	port Manag	er		
Signature:				Date	:				
					/				
				/					
			/						
	2								

Rev. 1 - December 2022

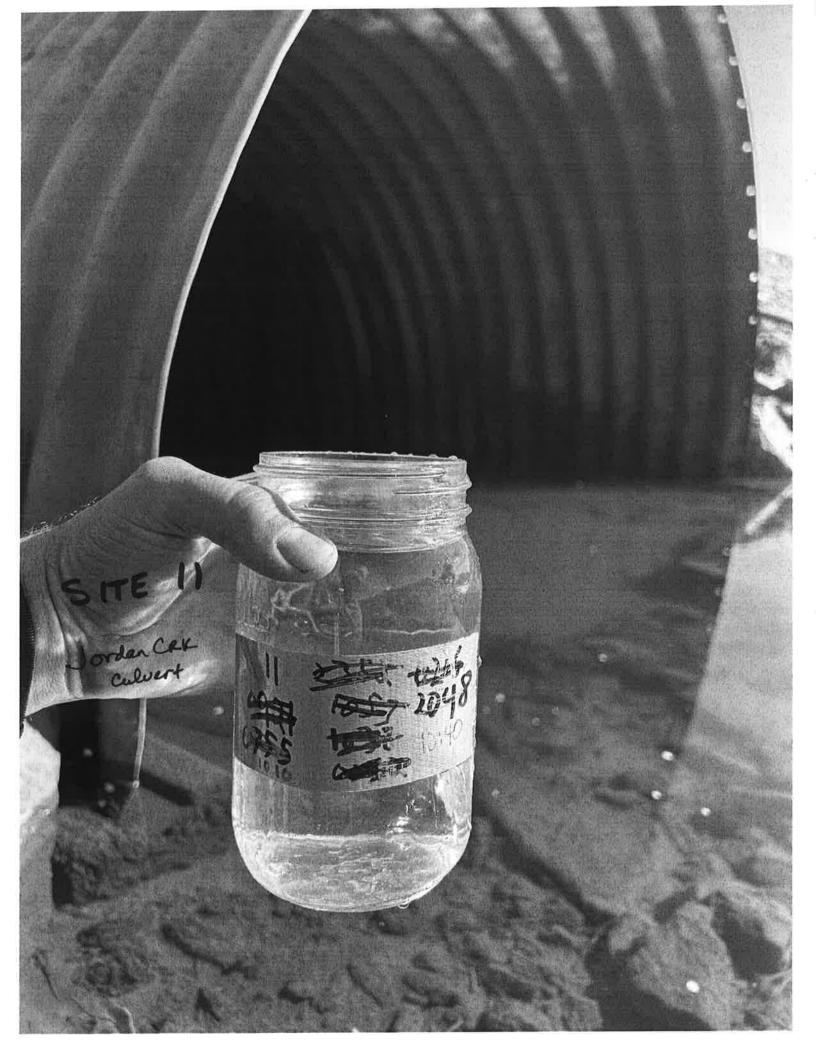
MSGP Quarterly Visual Assessment Form								
						A STATE OF THE STA		
			plete a separa			LAUDON ADA O		
Name of Facility:		Juneau Internation			Tracking No.	AKRO6-AD4 2		
Name of Outfall/In		NE Development	Area Outlet		Inflow No.	9		
Person(s) Collectin		Andres Delgado		Title:		Airport M&O Superintendent		
Person(s) Examini	ng Sample:	Andres Delgado Titl				Airport M&O Superintendent		
Date Sample Colle		3 28 202	4		ample Examined:	3/28/2024		
Time Sample Colle		1005			ample Examined:	1118		
Substitute Sample?		If yes please specif	y quarter/year	when samp	ole was originally sche	duled to be taken:		
Type of discharge:  ☐ Rainfall ■ St		If rainfall please sp	ecify rainfall a	amount (in i	inches):			
Previous Storm En before Start of This No*		If no please explain*;						
			Pai	rameter				
	None   Colored				colored please describ	C:		
1		<ul><li>☐ Sewage ☐ Sulfu</li><li>☐ Solvents ☐ Othe</li></ul>		] If	other please describe:			
Oil:	None   Flecks	☐ Globs ☐ Sheen	□ Slick □	Other If	other please describe:			
Clarity: ☐ Clear ✓ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ ☐ If other please descr Other					other please describe:			
Floating Solids?								
Settled Solids**? ☐ Yes ☑ No					yes please describe:			
Suspended Solids?					yes please describe:	EGANIC PARTICULATE		
Foam? (gently sha			☐ Yes 🛂		yes please describe:			
Other obvious indi		llution?	☐ Yes 🛂		yes please describe:			
* The 72-hour inte	rval can be waived	when the previous s	torm did not y	ield a meas	surable discharge or if	you are able to document (attach he sampling period.		
** Observe for sett	led solids after all	owing the sample to	sit for approxi	mately one-	-half hour.			
Was it possible to				no please e				
first 30 minutes of a measurable storm		e from	7	DRY L	JEATHER ,	Z+ WEEKS		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by Fac	ility Responsible C	Official (Refer to MSGF	Appendix A,	Subsection	1.12)			
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Name:	Patty K. Waht	0		Title:	Airport Manag	ger		
Signature:	Halie	Kulal	As	Date:	3/2	9/2024		

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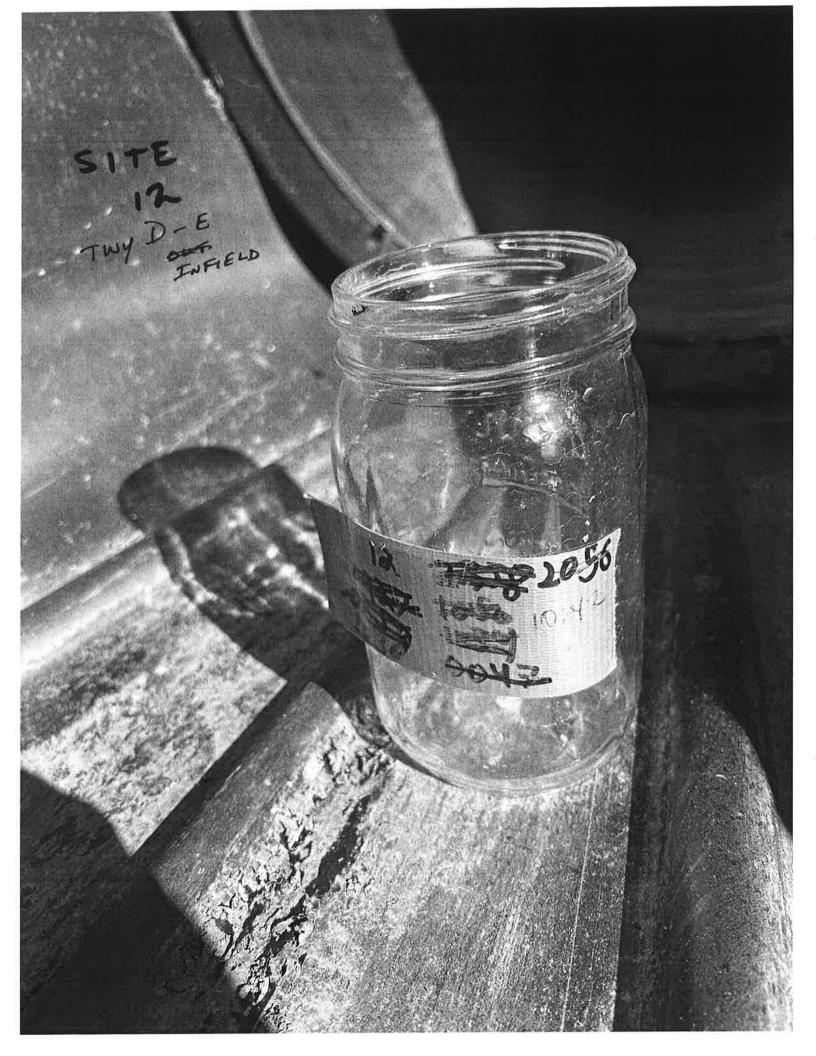
MCCD Operations Visited Assessment Form								
MSGP Quarterly Visual Assessment Form  Complete a separate form for each outfall								
Name of Fac	silier.	Juneau Internation			racking No.	AKRO6-AD4 2		
Name of Out		TWY G Culvert	Jilai Airport	Outfall/Int		10		
	ollecting Sample:	Andres Delgado		Title:	IIOW NO.	Airport M&O Superintendent		
	<u> </u>			Title:		Airport M&O Superintendent		
	camining Sample:	Andres Delgado	,		ala Evaminad:	3/28/2024		
Date Sample Time Sample		3/28/2024			ple Examined:	3/28/2024		
Substitute Sa		If yes please specif	i anastas/vaar v			eduled to be taken:		
☐ Yes 🏻	*	ii yes picase specii	y quarter/year v	vnen sample	was originarry serv	by the to be taken.		
Type of disc:  ☐ Rainfall	harge:  Snowmelt	If rainfall please sp	ecify rainfall ar	nount (in inc	hes):			
Previous Sto	rm Ended > 72 hours	If no please explain	1*:					
	of This Storm? X Yes	.,,						
□ No*								
			Para	meter				
Color:	☐ None ☐ Colored				lored please descri			
Odor:	☐ None ☐ Musty Petroleum/Gasoline ☐			If ot	her please describe			
Oil:	☐ None ☐ Flecks			Other If of	If other please describe:			
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If of	her please describe	:		
Floating Solids?								
Settled Solids**? □ Yes □ No					s please describe:			
Suspended Solids?					s please describe:			
0	tly shake sample)		☐ Yes ☐ 1		s please describe:			
	is indicators of water po	llution?	☐ Yes ☐ I		s please describe:			
						you are able to document (attach		
applicable do	ocumentation) that less t	han a 72-hour interva	l is representati	ve of local st	form events during	the sampling period.		
** Observe f	for settled solids after all	owing the sample to	sit for approxim	ately one-ha	If hour.			
	ole to take samples with			o please exp				
	ites of an actual discharg							
a measurable	storm water event?		- 1					
			1.					
	oncerns, additional comr	nents, descriptions of	pictures taken,	and any corr	rective actions take	n below (attach additional sheets as		
necessary).	- ·					almos		
	DRY, N	o output	ى ب د	ZEE '	ATTACHE	2 PHOLO2		
Certification	by Facility Responsible C	Official (Refer to MSGP	Appendix A. Si	ubsection 1.1	2)			
I certify under	penalty of law that this doo	cument and all attachme	ents were prepare	d under my d	irection 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:	Patty K. Wahi	to		Title:	Airport Mana	ger		
Signature:	Jadri	Kulock	to	Date:	3/29	(2024		



Quarterly visual Assessment of Stein via the Distribute 2020 (ASSE								
MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall								
Name of Facility		Juneau Internation	piete a separate		racking No.	AKRO6-AD4 2		
Name of Outfall		Jordan Creek Cu	Ivert Outlet	Outfall/Int		11		
Person(s) Collect			IVCIT OUTIO	Title:	10W 140.	Airport M&O Superintendent		
		Andres Delgado				Airport M&O Superintendent		
Person(s) Examin		Andres Delgado		Title:	1. Province	3/28/2024		
Date Sample Co		3/28/202	7		ple Examined:			
Time Sample Co		1045				ulad to be taken:		
Substitute Sampl  ☐ Yes ☒ No	le :	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):						
	n Ended > 72 hours This Storm? ▼ Yes  If no please explain*:							
			Dow	unatar				
Color:	None □ Colored		rara	meter If co	lored please describ	e:		
		☐ Sewage ☐ Sulfu	ır 🗆 Sour 🗀		ner please describe:			
		Solvents  Other		11.00				
Oil:								
Clarity: Slightly Cloudy Cloudy Opaque If other please describe:								
Floating Solids? ☐ Yes ⋈ No If yes please describe:								
Settled Solids**? □ Yes ☑ No					s please describe:			
Suspended Solids?					s please describe:			
Foam? (gently shake sample)					s please describe:			
	dicators of water po	Ilution?	☐ Yes 🚰		s please describe:			
* The 72-hour in	terval can be waived		torm did not yi	eld a measur	able discharge or if	you are able to document (attach he sampling period.		
** Observe for se	ettled solids after all	owing the sample to						
	o take samples withing fan actual discharg rm water event?			no please exp		, Z+ WEEKS		
						11 (11 110 11 1		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
				· · · · · · ·	61			
Certification by F	acility Responsible C	Official (Refer to MSGP	Appendix A, S	ubsection 1.1	2)	is accordance with a queter decimed 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:	Patty K. Waht	0		Title:	Airport Manag	ger		
Signature:	take	c Kiel	eelte	Date:	3/2	9/2024		



MSGP Quarterly Visual Assessment Form								
Complete a separate form for each outfall								
Name of Facility	0	Juneau Internation			Tracking No.	AKRO6-AD4 2		
Name of Outfall/		TWY D - E Infield		_	Inflow No.	12		
Person(s) Collect			Diamage	Title:	IIIIIOW NO.	Airport M&O Superintendent		
		Andres Delgado				Airport M&O Superintendent		
Person(s) Examir		Andres Delgado		Title:	1 - 1 - 1			
Date Sample Col		3/28/202	4		mple Examined:	3/28/2024		
Time Sample Col		YC 1 :0			mple Examined:	1 1 14 1 1 - 4 1 1 - 4		
Substitute Sample	e?	If yes please specif	y quaπer/year	wnen samp	le was originally sch	equied to be taken.		
Type of discharge  Rainfall  S		If rainfall please spe	ecify rainfall	amount (in i	nches):			
Previous Storm E before Start of Th ☐ No*	ended > 72 hours his Storm? X Yes	If no please explain	1 <b>*</b> (					
Colom I [7]	N .		Pai	rameter	colored please descri	ha		
	None Colored				other please describe			
Pet	troleum/Gasoline	☐ Sewage ☐ Sulfu☐ Solvents ☐ Other	r		other please describe	•		
Oil:				Other If	If other please describe:			
Clarity:				☐ If	other please describe	:		
Floating Solids?					yes please describe:			
Settled Solids**?					yes please describe:			
Suspended Solids?					yes please describe:			
Foam? (gently sl			☐ Yes ☐	A 140	yes please describe:			
	licators of water po	Ilution?	☐ Yes ☐		yes please describe:			
* The 72-hour int	erval can be waived		torm did not	ield a meas	urable discharge or if	you are able to document (attach the sampling period.		
** Observe for se	ttled solids after all	owing the sample to s	sit for approxi	mately one-	half hour.			
	take samples withing f an actual discharg m water event?		No If	no please e	xplain:			
		•						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).  DRY, WO OUTFLOW, SEE ATTACHED PHOTOS.								
					(40)			
Certification by Fa	cuity Responsible C	Official (Refer to MSGP	Appendix A.	Subsection '	l.1Z)	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:	Patty K. Waht	0		Title:	Airport Mana	ger		
Signature:	Tal.	- Luliele	A	Date:	3/29	12024		



MSGP Quarterly Visual Assessment Form								
		Com	plete a separate	form for ea	ch outfall			
Name of Facility	y:	Juneau Internation		NPDES T	racking No.	AKRO6-AD4 2		
Name of Outfal		Runway Trench I	Orain Outlets	Outfall/In	flow No.	13		
Person(s) Collec	cting Sample:	Andres Delgado		Title:		Airport M&O Superintendent		
Person(s) Exam	ining Sample:	Andres Delgado		Title:		Airport M&O Superintendent		
Date Sample C	ollected:	3/28/200	LY		ple Examined:	3/28/2024		
Time Sample Co	ollected:		•		ple Examined:			
Substitute Samp  ☐ Yes ☒ No		If yes please specif				eduled to be taken:		
Type of discharg  ☐ Rainfall ☐		If rainfall please spo	ecify rainfall an	nount (in inc	thes):			
1	Ended > 72 hours This Storm? ☐ Yes	If no please explain	*:					
			D	4				
Color:	☐ None ☐ Colored		Para	meter If co	olored please descri	he:		
	☐ None ☐ Musty [	Course C Culfu	- D Sour D		her please describe:			
	etroleum/Gasoline			I i o	nor preuse deserree.	•		
					If other please describe:			
-	3.10.10							
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					her please describe			
Floating Solids?				No If yo	s please describe:			
Settled Solids**? ☐ Yes ☐ No				No If yo	s please describe:			
Suspended Solids? ☐ Yes ☐ No					s please describe:			
Foam? (gently	shake sample)		☐ Yes ☐ N	To If ye	s please describe:			
	ndicators of water pol		☐ Yes ☐ N		If yes please describe:			
* The 72-hour in applicable document	nterval can be waived mentation) that less the	when the previous s nan a 72-hour interva	torm did not yie l is representati	eld a measur ve of local s	able 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 s	sit for approxim	ately one-ha	alf hour.			
first 30 minutes	to take samples withi of an actual discharg orm water event?		l No lf n	o please exp	lain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).  DEY, NO OUTFLOW, SEE ATTACHED PHOTOS.								
Cartification but	Facility Possessible C	Minial (Defer to MCCD	Annondia A C.	beaction 4.4	2)			
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:	Patty K. Waht	0		Title:	Airport Manager			
Signature:	Hadin	Kylali	So	Date:	3/29	(2024		



MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
N CE - 33			Fracking No.	AKRO6-AD4 2					
Name of Facility:	Juneau International Airport NW Development Area Outlet		nflow No.	14					
Name of Outfall/Inflow: Person(s) Collecting Sample:		Title:	illow No.	Airport M&O Superintendent					
	Andres Delgado			Airport M&O Superintendent					
Person(s) Examining Sample:	Andres Delgado	Title:	( p / )	3/28 / 2024					
Date Sample Collected:	3/28/2024	Date San	ple Examined:						
Time Sample Collected:	1035		nple Examined:	1/23					
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):								
Previous Storm Ended > 72 hours	If no please explain*:								
before Start of This Storm?   ✓ Yes  ✓ No*									
		meter							
Color:  None □ Colored			olored please describ						
Odor: None Musty Petroleum/Gasoline	☐ Sewage ☐ Sulfur ☐ Sour ☐ ☐ Solvents ☐ Other	If o	ther please describe:						
Oil: Some ☐ Flecks									
Clarity: GClear ☐ Slightly Other									
Floating Solids? Settled Solids**?	☐ Yes ☑		es please describe:						
			es please describe:						
Suspended Solids?	☐ Yes ☐		es please describe:						
Foam? (gently shake sample)	☐ Yes 🔼								
Other obvious indicators of water po			es please describe:						
* The 72-hour interval can be waived applicable documentation) that less t	han a 72-hour interval is representat	ive of local	storm events during	the sampling period.					
** Observe for settled solids after all	owing the sample to sit for approxit	nately one-h	alf hour						
Was it possible to take samples with		no please ex							
first 30 minutes of an actual discharg a measurable storm water event?	e from	•		2+ WEEKS -					
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
	22 No. 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20								
Certification by Facility Responsible C	Official (Refer to MSGP Appendix A, S	ubsection 1.	.12)						
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Name: Patty K. Waht	o	Title:	Airport Manag	ger					
Signature:	Kralatto	Date:	3/29	1/2024					

SITE 14

Quarterly visual Assessment of Storin water Discharge – 2020 MISO1										
MSGP Quarterly Visual Assessment Form										
Complete a separate form for each outfall										
Name of Facility:		Juneau International Airport			racking No.	AKRO6-AD4 2				
Name of Outfall/Inflow:		Pond Parking Area Outlet		Outfall/Inf	low No.	15				
Person(s) Collecting Sample:		Andres Delgado		Title:		Airport M&O Superintendent				
Person(s) Examining Sample:		Andres Delgado		Title:		Airport M&O Superintendent				
Date Sample Collected:		3/29 12024		Date Sample Examined:		3/28/2024				
Time Sample Collected:		1033			ple Examined:	1124				
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):								
1	orm Ended > 72 hours of This Storm?  Yes	If no please explain*:								
Parameter										
Color:	✓ None ☐ Colored			If co	lored please describ	e:				
Odor:	None  Musty Petroleum/Gasoline	☐ Sewage ☐ Sulfur ☐ Sour ☐ ☐ Solvents ☐ Other			If other please describe:					
Oil:	None 🗆 Flecks	☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:					
Clarity:	arity:			If ot	If other please describe:					
Floating Soli		☐ Yes No If yes please describe		s please describe:						
Settled Solids**?					If yes please describe:					
Suspended Solids?			☐ Yes ☑ 1		If yes please describe:					
Foam? (gently shake sample)			☐ Yes 🛂 1		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 all	owing the sample to	sit for approxim	ately one-ha	If 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:  DEY						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as										
necessary).										
Certification	by Facility Responsible C	Official (Refer to MSGP	Appendix A, S	ubsection 1.1	2)	MI 1 1				
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Name: Patty K. Wahto				Title:	Airport Manag	jer				
Signature:	+ach,	Kula	lHo	Date:	3/29	12024				



Quarterly visual Assessment of Storin Valor Discharge 2020 Masses										
MSGP Quarterly Visual Assessment Form  Complete a separate form for each outfall										
N. CP. T.		NPDES Tracking No.		AKRO6-AD4 2						
Name of Facility:	Juneau International Airport			16						
Name of Outfall/Inflow:	Pond Discharge to River	Outfall/Inf Title:	IOW NO.							
Person(s) Collecting Sample:	Andres Delgado			Airport M&O Superintendent						
Person(s) Examining Sample:	Andres Delgado	Title:		Airport M&O Superintendent						
Date Sample Collected:	3/28/2024		le Examined:	3/28/2024						
Time Sample Collected:	1020		e Sample Examined: //25							
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):									
Previous Storm Ended > 72 hours before Start of This Storm? ■. Yes □ No*	If no please explain*:	se explain*:								
Parameter										
Color: None Colored			If colored please describe:							
	Mone ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gasoline ☐ Solvents ☐ Other			If other please describe:						
Oil: None 🗆 Flecks	☐ Globs ☐ Sheen ☐ Slick ☐	Other If oth	If other please describe:							
Clarity: Clear Slightly Other				If other please describe:						
Floating Solids?	☐ Yes 🔽	No If ye	If yes please describe:							
Settled Solids**?			If yes please describe:							
Suspended Solids?			If yes please describe:							
			If yes please describe:							
			If yes please describe:							
Other obvious indicators of water po										
* 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 al	lowing the sample to sit for approxim	nately one-ha	lf hour.							
first 30 minutes of an actual discharge	ge from	ICE ME	EMELT FROM POND ITSELT.							
a measurable storm water event?	72	RY WE	V WEATHER , Z+ WEEKS.							
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).										
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)										
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Name: Patty K. Wah	Name: Patty K. Wahto			Airport Manager						
Signature: Lash	in Kidalito	Date:	3/2	-9/2024						

SITE 16
POND DIScharge To River