

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Lower Duck Creek	Outfall/Inflow No.	1
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:06 AM	Time Sample Examined:	0900 AM
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<i>None</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:
Settled Solids**?	<i>None</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:
Suspended Solids?	<i>None</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:
Foam? (gently shake sample)	<i>NONE</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:
Other obvious indicators of water pollution?	<i>NONE</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: <i>EXTENDED PERIOD OF DRY WX</i>	
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024

#1 6-27-2024
7:06
Lower Duck Creek

WAGON
BLIND
MOUNTAIN

**Juneau International Airport
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MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Upper Duck Creek -1	Outfall/Inflow No.	2
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:16	Time Sample Examined:	07:16 DRJ
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). <p align="center">DRJ AT TIME OF SAMPLE.</p>			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patty K. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024



#2 6-27-2022
07:13
Upper Duck Creek
#1

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Upper Duck Creek - 2	Outfall/Inflow No.	3
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:16	Time Sample Examined:	DRY
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED PERIOD OF DRY WX.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLE.			
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024



#3 6-27-2024
07:16
Upper Duck CRK-2

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Terminal Area Discharge	Outfall/Inflow No.	6
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	7:30	Time Sample Examined:	DEJ
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED PERIOD OF DRY WX	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLING.			
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024

#6 6-27-2024
07:30

Terminal Area Discharge

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	TWY E - F Infield West	Outfall/Inflow No.	7
Person(s) Collecting Sample:		Title:	
Person(s) Examining Sample:		Title:	
Date Sample Collected:		Date Sample Examined:	
Time Sample Collected:		Time Sample Examined:	
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
DOES NOT EXIST			
Parameter			
Color:	<input type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patty K. Wahto	Title:	Airport Manager
Signature:		Date:	

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6-AD4 2
Name of Outfall/Inflow:	TWY E - F Infield East	Outfall/Inflow No.	8
Person(s) Collecting Sample:		Title:	
Person(s) Examining Sample:		Title:	
Date Sample Collected:		Date Sample Examined:	
Time Sample Collected:		Time Sample Examined:	
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please explain:	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
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Name:	Patty K. Wahto	Title:	Airport Manager
Signature:		Date:	

DOES NOT EXIST

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	NE Development Area Outlet	Outfall/Inflow No.	9
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:35	Time Sample Examined:	0900 AM
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe: Organics	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED PERIODS OF DRY WX.	
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024



#9 6-27-2024
7:35
NE Develop Area OUT

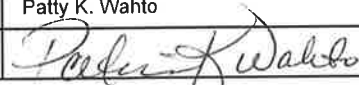
**Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP**

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	TWY G Culvert	Outfall/Inflow No.	10
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:16	Time Sample Examined:	12:14
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLING			
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024



#10 6-27-2004
07:42
TW G culvert


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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Jordan Creek Culvert Outlet	Outfall/Inflow No.	11
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	07:58	Time Sample Examined:	0902 AM
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). WATER IS TIDAL, NOT STORM WATER.			
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. Wahto	Title:	Airport Manager
Signature:		Date:	6-28-2024



#11
6-27-2024
07:58
Jordan C&K Culvert - OUT

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6-AD4 2
Name of Outfall/Inflow:	TWY D - E Infield Drainage	Outfall/Inflow No.	12
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-24-24	Date Sample Examined:	6-27-24
Time Sample Collected:	08:05	Time Sample Examined:	DRY
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globes <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids***	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLE.			
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. Wahto	Title:	Airport Manager
Signature:		Date:	6-28-2024

#12 6-27-2024
08:05
Twy D-E InField Drainage

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


MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Runway Trench Drain Outlets	Outfall/Inflow No.	13
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	0811	Time Sample Examined:	DRY
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLING.			
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024

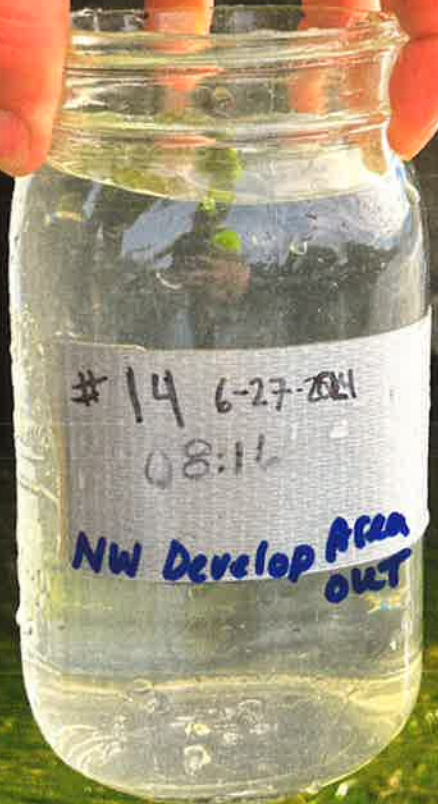
#13 6-27-2024

08-11

AWAY TRENCH DRAIN OUT

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	NW Development Area Outlet	Outfall/Inflow No.	14
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	08:16	Time Sample Examined:	09:05 AM
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids***	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER -	
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. Wahto	Title:	Airport Manager
Signature:		Date:	6-28-2024



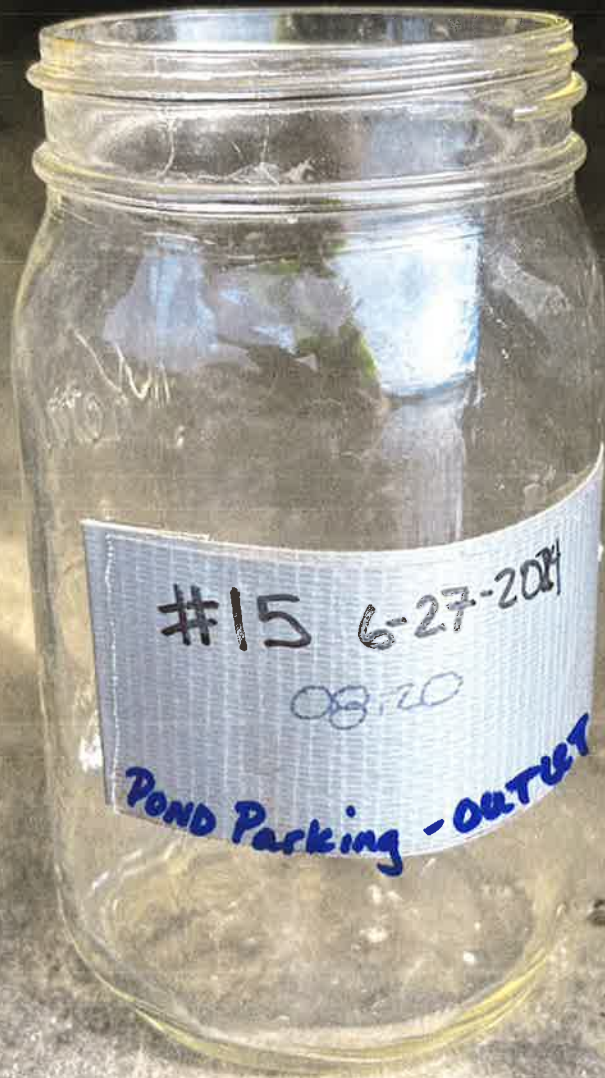
14 6-27-2011

08:11

NW Develop Area
OUT

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6-AD4 2
Name of Outfall/Inflow:	Pond Parking Area Outlet	Outfall/Inflow No.	15
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-11-24	Date Sample Examined:	6-21-24
Time Sample Collected:	08:10 AM	Time Sample Examined:	DRY
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRY AT TIME OF SAMPLING.			
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. Wahto	Title:	Airport Manager
Signature:	<i>Patty K. Wahto</i>	Date:	6-28-2024


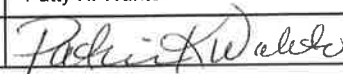


#15 6-27-2004

08:20

POND Parking - OUTLET

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

MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKR06-AD4 2
Name of Outfall/Inflow:	Pond Discharge to River	Outfall/Inflow No.	16
Person(s) Collecting Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Person(s) Examining Sample:	Nathan Barzee	Title:	Sr. Equipment Operator
Date Sample Collected:	6-27-24	Date Sample Examined:	6-27-24
Time Sample Collected:	8:25	Time Sample Examined:	0906 AM
Substitute Sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please specify quarter/year when sample was originally scheduled to be taken:		
Type of discharge: <input type="checkbox"/> Rainfall <input checked="" type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): _____		
Previous Storm Ended > 72 hours before Start of This Storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	If no please explain*:		
Parameter			
Color:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Colored	If colored please describe:	
Odor:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gasoline <input type="checkbox"/> Solvents <input type="checkbox"/> Other	If other please describe:	
Oil:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other	If other please describe:	
Clarity:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Settled Solids**?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Suspended Solids?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Foam? (gently shake sample)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
Other obvious indicators of water pollution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes please describe:	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please explain: EXTENDED DRY WEATHER	
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. Wahto	Title:	Airport Manager
Signature:		Date:	6-28-2024

#16 6-27-2024

08:23

POND Discharge TO RIVER