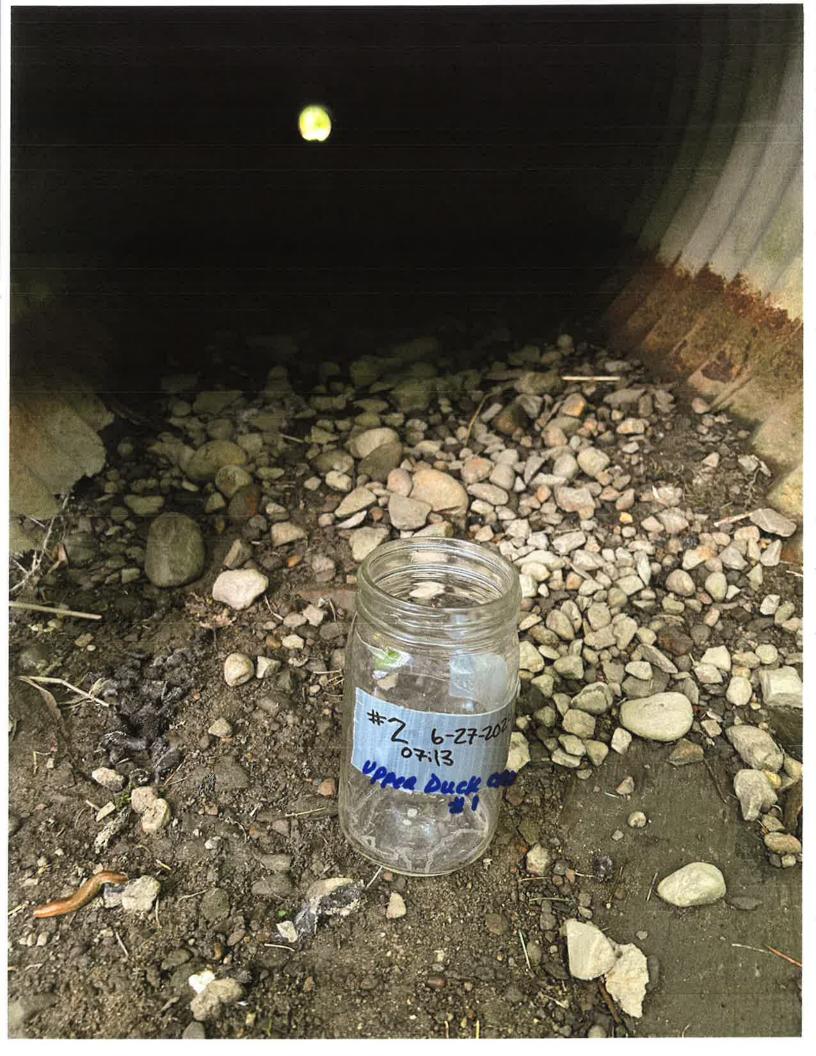
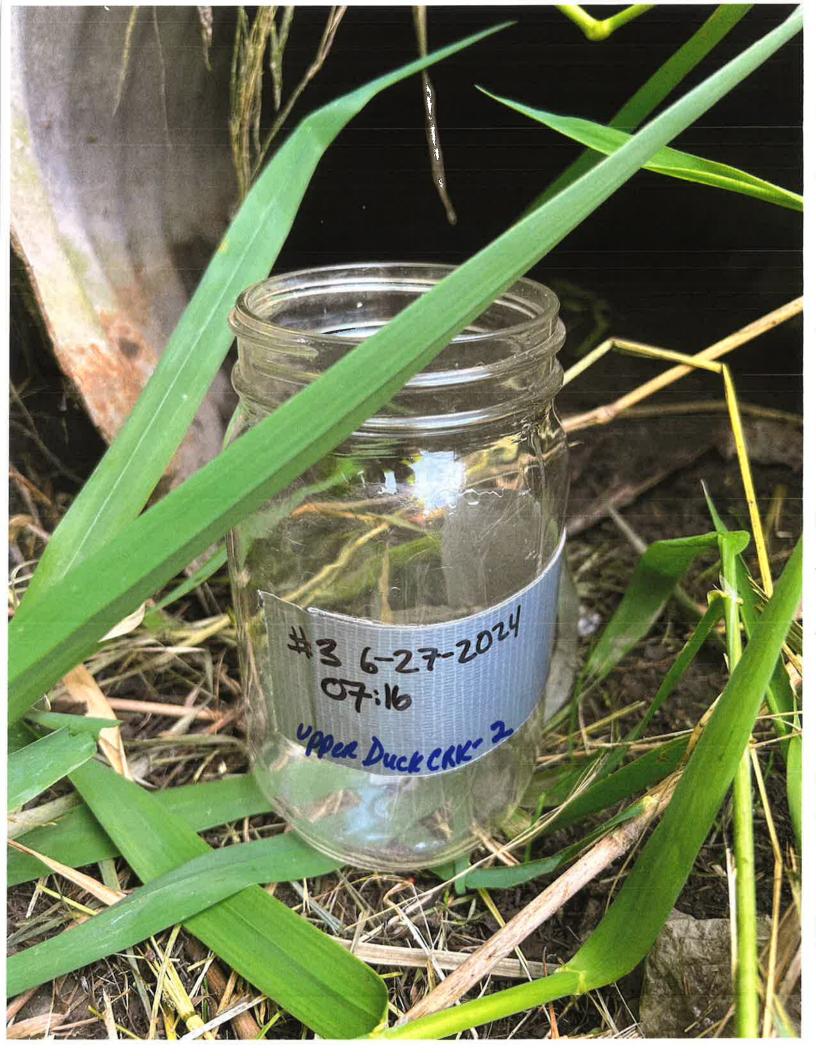
	Quarter		P Quarterly Vi				
hogodynyk renega			plete a separate				
Name of Facility:		Juneau Internation		NPDES Tra		AKRO6-AD4 2	
Name of Outfall/I		Lower Duck Cree		Outfall/Infl		1	
Person(s) Collecti		Nathan Barzee		Title:	011 2101	Sr. Equipment Operator	
				Title:		Sr. Equipment Operator	
Person(s) Examin		Nathan Barzee	£		le Examined:	6-27-21	
Date Sample Col		07:06 AM			le Examined:	1000 AM	
Time Sample Col Substitute Sample		If yes please specify quarter/year when sample was originally scheduled to be taken:					
☐ Yes ☒ No							
□ 162 ⊠ 140							
Type of discharge	:	If rainfall please sp	ecify rainfall at	nount (in inch	es):		
☐ Rainfall ☐ S	Snowmelt						
Previous Storm E		If no please explain	**				
	is Storm? Yes	II no piease explan	1				
□ No*	is storin: Tes						
□ No.		1					
CONTRACTOR ATTACKS	/	SIACO CONTRACTOR	Par	meter	NELSO 2 MAZES	S LEAST THE CALCULATION	
Color:	None □ Colored		1 111		ored please descri	be:	
		☐ Sewage ☐ Sulfi	ur 🖂 Sour 🖂		er please describe		
		☐ Solvents ☐ Othe		11 01	er presse deserre		
		☐ Globs ☐ Sheen		Other If oth	er please describe		
Oil:	None Flecks	□ Globs □ Sheen	□ SHCK □		er picase describe.		
		Cloudy Cloudy		TC -4	If other please describe:		
		Cloudy L Cloudy	☐ Opaque □	11 010	er piease describe	•	
Otl			-				
Floating Solids?	None		☐ Yes 🖽		please describe:		
Settled Solids**?	1-011		☐ Yes □		please describe:		
Suspended Solids			☐ Yes ☐		If yes please describe:		
Foam? (gently sl	nake sample) //	ONE	☐ Yes ᠒		If yes please describe:		
Other obvious inc	licators of water po	ollution? None	☐ Yes 🛭	No If yes	If yes please describe:		
* The 72-hour int	erval can be waive	d when the previous	storm did not vi	eld a measura	ble discharge or if	you are able to document (attach	
applicable docum	entation) that less t	than a 72-hour interva	al is representat	ive of local st	orm events during	the sampling period.	
		lowing the sample to	sit for approxir	nately one-hal	f hour.		
	take samples with		No If i	no please expl	ain:	EDING OF DRY MX	
a measurable stor	f an actual discharg	ge from		EXTE	FULL A	ERROR OF DRY MX	
a measurable stor	in water event:						
Detail any concer	ne additional com	ments descriptions o	f pictures taken	and any corr	ective actions take	en below (attach additional sheets as	
necessary).	ns, additional com	ments, descriptions o	i provaros varios.	, and any vors	••••	(
,,,							
Certification by Fa	cility Responsible	Official (Refer to MSG	P Appendix A, S	ubsection 1.12	No Indicate	经	
Legrify under pena	Ity of law that this do	cument and all attachm	ents were prepar	ed under my di	rection or supervisio	n in accordance with a system designed to	
assure that qualifie	d personnel properly	gathered and evaluated	the information	submitted. Bas	ed on my inquiry of t	the person or persons who manage the system,	
or those persons di	rectly responsible for	gathering the informati	on, the information	on submitted is,	to the best of my kn	nowledge and belief, true, accurate, and	
complete. I am awa	are that there are sign	niticant penalties for sub	omiπing raise info	rmation, includi	ing the possibility of t	fine and imprisonment for knowing violations.	
	· · · · · · · · · · · · · · · · · · ·			I m:u			
Name:	Patty K. Wah	ito)		Title:	Airport Mana	iger	
C:tax	- 1 4			Date:			
Signature;	1000	LWali	0-	Date.	6-28	.2024	
	1 Ches	LUCIO	(()				



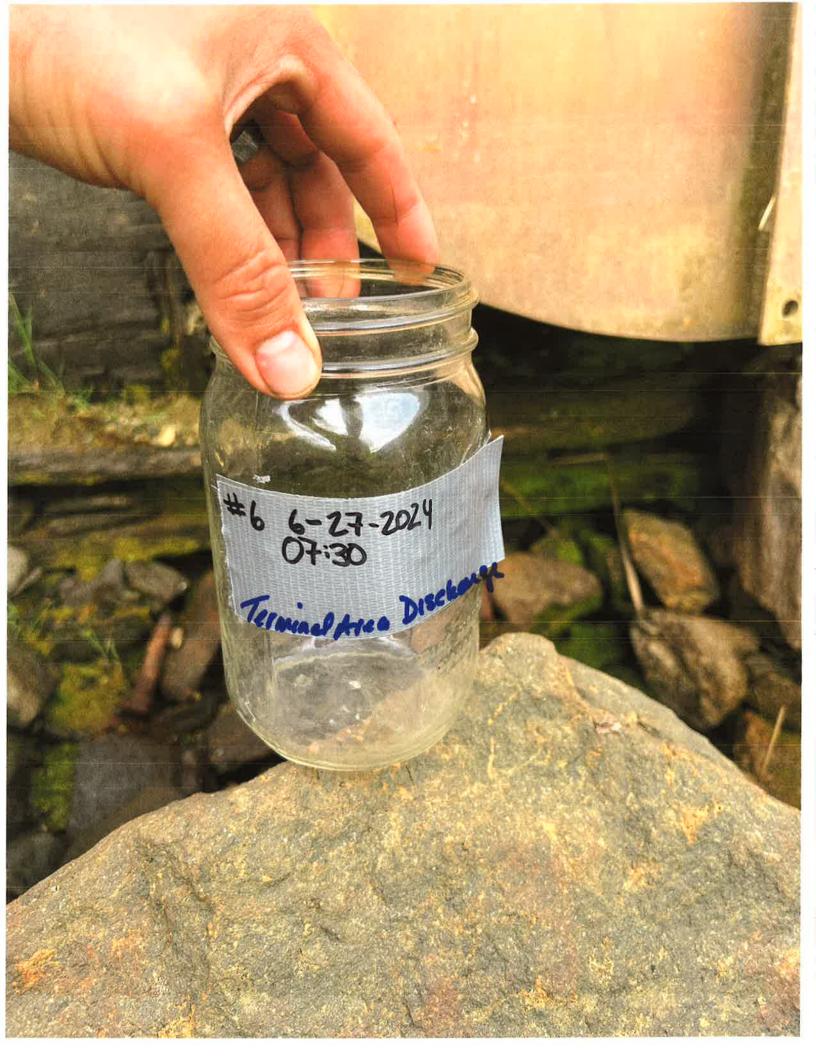
San San	Quarter	MSGP	Quarterly Vi			DOMEST TO THE PROPERTY OF THE PARTY OF THE P	
	PRINCIPAL AND AND ADDRESS OF A STREET		lete a separate				
Name of Fac	cility:	Juneau Internation		NPDES Tra	cking No.	AKRO6-AD4 2	
Name of Ou		Upper Duck Creek		Outfall/Infl	ow No.	2	
	ollecting Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Person(s) Ex	camining Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Date Sample		6-27-24		Date Sampl	e Examined:	6-27-74	
Time Sampl		0716		Time Samp	le Examined:	1937 A DR	
Substitute S	ample?	If yes please specify			eduled to be taken:		
Type of disc ☐ Rainfall	harge: Snowmelt	If rainfall please specify rainfall amount (in inches):					
	orm Ended > 72 hours of This Storm? ☑ Yes	If no please explain*:					
Lujare Au	0.00 Market 100 Market		Para	meter	THE WILLIAM		
Color:	None Colored				ored please descri	be:	
Odor:		☐ Sewage ☐ Sulfur ☐ Solvents ☐ Other	· 🗆 Sour 🗆	If oth	er please describe		
Oil;	None □ Flecks	☐ Globs ☐ Sheen	Other If oth	ther please describe:			
Clarity;	Clarity:] If oth	er please describe	:	
Floating Sol			☐ Yes □	No If yes	please describe:		
Settled Solie			☐ Yes ☑		please describe:		
Suspended S			☐ Yes ☑		please describe:		
-	ntly shake sample)		☐ Yes ☑		lo If yes please describe:		
	us indicators of water po	allution?	☐ Yes 🕏				
* The 72-ho applicable d	our interval can be waive locumentation) that less	d when the previous st than a 72-hour interval	is representat	ive of local st	orm events during	f you are able to document (attach the sampling period.	
** Observe	for settled solids after al	lowing the sample to s	it for approxin	nately one-hal	f hour.		
first 30 min	ible to take samples with utes of an actual discharge e storm water event?	in the ge from	/No If i	no please expl	ain:		
Detail any onecessary).		ments, descriptions of				en below (attach additional sheets as	
Cortification	by Facility Responsible	Official (Refer to MSGP	Appendix A. S	ubsection 1.12		AND THE PARTY OF T	
I certify unde assure that q	r penalty of law that this do qualified personnel properly	cument and all attachme gathered and evaluated cathering the information	nts were prepar the information n, the information	ed under my di submitted. Bas on submitted is.	ection or supervisions of on my inquiry of to the best of my kr	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patty K. Wah	nto 🕺		Title:	Airport Mana	ager	
Signature:	Frede	KWali	lo	Date:	6-	28-2024	



		rterly Visual A		- 2020 WISG1		
	MSGP Qua	a separate form	or each outfall	N ,1180 NO 5110 HOUR LIVE AND LO		
No. of the second section	Juneau International		DES Tracking No.	AKRO6-AD4 2		
Name of Facility:	Upper Duck Creek - 2		all/Inflow No.	3		
Name of Outfall/Inflow: Person(s) Collecting Sample:	Nathan Barzee	Title		Sr. Equipment Operator		
	Nathan Barzee	Title		Sr. Equipment Operator		
Person(s) Examining Sample:		Date Sample Examined:		6-27-24		
Date Sample Collected: Time Sample Collected:	07:16		e Sample Examined:	DRN		
Substitute Sample?	If yes please specify qua-			neduled to be taken		
☐ Yes ☒ No	·					
Type of discharge: ☐ Rainfall ☐ Snowmelt	If rainfall please specify rainfall amount (in inches):					
Previous Storm Ended > 72 hours before Start of This Storm? Yes	If no please explain*:					
4		Parameter.		25 THE R. O. LEWIS CO., LANSING MICH.		
		Parameter	If colored please descr	rihe:		
Color: None Colored	☐ Sewage ☐ Sulfur ☐	9 a.u.				
Petroleum/Gasoline	☐ Solvents ☐ Other		If other please describe:			
Oil: ✓ None ☐ Flecks	☐ Globs ☐ Sheen ☐ S	Slick Other	If other please describe:			
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐			If other please describ	e:		
Other		Yes No	If yes please describe:			
Floating Solids?		Yes No	If yes please describe:			
Settled Solids**?						
Suspended Solids?		Yes No	If yes please describe: If yes please describe:			
Foam? (gently shake sample)		Yes No				
Other obvious indicators of water po		Yes No	If yes please describe:			
* The 72-hour interval can be waive applicable documentation) that less	d when the previous storm than a 72-hour interval is re	epresentative of	ocal storm events during	g the sampling period.		
** Observe for settled solids after a	llowing the sample to sit fo	r approximately	one-half hour.			
Was it possible to take samples with first 30 minutes of an actual dischar a measurable storm water event?	nin the Yes V No	If no plea	se explain:	or of only wx		
	ments, descriptions of pictor TIME			cen below (attach additional sheets as		
Certification by Facility Responsible	Official (Refer to MSGP App	endix A, Subsect	ion 1.12)	ny Principal dia mandri		
I certify under penalty of law that this do assure that qualified personnel properly	cument and all attachments we gathered and evaluated the in	vere prepared unden nformation submitted information subm	er my direction or supervised. Based on my inquiry of hitted is to the best of my b	ion in accordance with a system designed to f the person or persons who manage the system, knowledge and belief, true, accurate, and if fine and imprisonment for knowing violations.		
Name: Patty K. Wal	nto x	Titl	e: Airport Man	nager		
Signature:	it Wall	Dat	e: 6 - 3	28-2024		



	Quarter	y visual rassess					
THE REAL PROPERTY.		MSGP	Quarterly	Visual A	ssessmer	nt rottu	
			plete a sepa		or each	king No.	AKRO6-AD4 2
Name of Facility		Juneau Internatio					6
Name of Outfall		Terminal Area Dis	scharge		all/Inflo	W NO.	
Person(s) Collec	eting Sample:	Nathan Barzee		Title			Sr. Equipment Operator
Person(s) Exami	ining Sample:	Nathan Barzee		Title			Sr. Equipment Operator
Date Sample Co	ollected:	6-27-24				Examine	
Time Sample Co	ollected:	7:30		Time Sample Exam			
Substitute Samp	le?	If yes please specify	quarter/yea	ar when sa	mple wa	as originall	y scheduled to be taken:
☐ Yes 🏿 No							
Type of discharg		If rainfall please spe		ll amount ((in inche	s):	
	Ended > 72 hours This Storm? Yes	If no please explain*:					
					-		CONTRACTOR OF THE PARTY OF THE WAY OF THE WA
	president de	THE PERSON NAMED IN	P	arameter		red please	describe:
	None Colored			_			
		☐ Sewage ☐ Sulfu		П	II otne	r please de	scribe:
		☐ Solvents ☐ Other			10.1		7
Oil:	None □ Flecks	☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:		
	Clear Slightly	Cloudy Cloudy	☐ Opaque	: 🗆	If othe	r please de	scribe:
				West.	If was a	please desc	rihe.
Floating Solids?			☐ Yes I			please desc	
Settled Solids**			☐ Yes [
Suspended Solid			☐ Yes [If yes please describe: If yes please describe:		
Foam? (gently			☐ Yes [
Other obvious in	ndicators of water po	llution?	☐ Yes I	₩ No	If yes please describe:		
applicable docu	mentation) that less t	han a 72-hour interva	l is represer	ntative of l	ocal sto	rm events o	c or if you are able to document (attach uring the sampling period.
** Observe for	settled solids after al	lowing the sample to	sit for appro	oximately	one-half	hour.	
first 30 minutes	to take samples with of an actual discharg orm water event?		/	If no plea	-	in:	JERIOD OF DRY WX
							- 19 X - 080 1111 1 1
· · ·	erns, additional com	ments, descriptions of	pictures tal	ken, and a	ny corre	ctive action	s taken below (attach additional sheets as
		Official (Dafas to 1100)	Annondia	A Cubecat	ion 1 12		
Certification by	racility Responsible	Official (Refer to MSGF	Appendix /	n, Jubsect	ar my dire	ection or eur	ervision in accordance with a system designed to
assure that qualif	fied personnel properly	gathered and evaluated	the informat	tion submitt nation subm	ed. Base nitted is. 1	d on my inquothe the best o	iny of the person or persons who manage the system, my knowledge and belief, true, accurate, and lilty of fine and imprisonment for knowing violations.
Name:	Patty K. Wah	to		Titl	e:	Airport	Manager
Signature:	Hali	- LWale	slo	Dat	e:	6	-28-2024
							,



	Quarter	MSGP Ou	arterly Visu	al Assessme	nt Form			
	to the salate of the	Complete	a separate f	orm for each	outfall			
Name of Fa	cility:	Juneau International		NPDES Tra	cking No.	AKRO6-AD4 2		
	utfall/Inflow:	TWY E - F Infield We	st	Outfall/Inflo	w No.	7		
	ollecting Sample:			Title:				
	xamining Sample:			Title:				
	e Collected:				Sample Examined:			
	le Collected:			Time Sampl	e Examined:			
Substitute Sample? If yes please specify quarter/year when					as originally sch	eduled to be taken;		
☐ Yes ⊠			•					
			1 2 11					
Type of disc		If mania mease recify	intall amo	ount (in inche	es):			
□ Rainfall □ Snowmelt								
Previous Storm Ended > 72 hours					EXI			
	of This Storm? Yes	Passes 1		- 4				
□ No*								
		A SUMMER AND W	Paran					
Color:	☐ None ☐ Colored			U. 24 EUROPE 1941	ored please descr			
Odor:	☐ None ☐ Musty	☐ Sewage ☐ Sulfur ☐	Sour 🗆	If other	er please describe	e:		
	Petroleum/Gasoline [☐ Solvents ☐ Other						
Oil:	□ None □ Flecks	☐ Globs ☐ Sheen ☐ :	Slick 🗆 Ot	her If other	er please describe	e:		
Oil.								
Clarity:	☐ Clear ☐ Slightly	Cloudy Cloudy Cloudy	Opaque 🗆	If other	er please describe	e:		
Clarity.	Other	Cious, II Cious, II .	- F					
Floating So		To the second	Yes □ N	o If yes	please describe:			
Settled Soli			Yes D N		please describe:			
			Yes D N		please describe:			
Suspended			Yes D N		If yes please describe:			
	ntly shake sample)		Yes D N		If yes please describe:			
Other obvio	ous indicators of water po	offution?	Yes LI N	0 II yes	measurable discharge or if you are able to document (attach			
* The 72-ho	our interval can be waive	d when the previous storm than a 72-hour interval is r	enrecentativ	e of local sto	em events during	the sampling period.		
applicable of	documentation) that less	inan a 72-nour interval is i	сргсастану	c or room si	ym crems dam.	5 me swint 6 k		
** Observe	for notifed police after al	lowing the sample to sit for	or approxima	tely one-hal	f hour.			
Was it nose	sible to take samples with	in the	lf no	please expla	in:			
first 30 min	utes of an actual dischar	as from	30 2	/				
	le storm water event?	ge nom,	. /					
Detail any	concerns, additional com	ments, descriptions of pict	ufes taken, a	and any corre	ective actions tak	en below (attach additional sheets as		
necessary).		/						
			and A Bu	bandlan 4 42	A control of	LEADING THE STATE OF THE STATE		
Certification	n by Facility Responsible	Official (Refer to MSGP App	penaix A, Su	DSection 1.12	ation or augonici	on in accordance with a system designed to		
I certify unde	er penalty of law that this do	current and all attachments v	were prepared	under my air	ection of supervisi	on in accordance with a system designed to f the person or persons who manage the system,		
	anno directly reconcible for	r anthoring the information th	e information	submitted is:	to the best of my k	(nowledge and belief, true, accurate, and		
complete La	am aware that there are sign	nificant penalties for submittir	ng false inform	nation, includir	ng the possibility of	f fine and imprisonment for knowing violations.		
Oombiere I	an andro trial triolo dio big	more than become a second second	2 (grants)					
Name:				Title:	Alma and Maria			
I valific.	Patty K. Wah	nto			Airport Man	lager		
Signature:	/			Date:				

	Quarter				we Forms	PARTIES THAT I THE PARTIES OF THE PA	
	Direct Halley		Quarterly Vis				
410 111		Comp	olete a separate	Torm for each	outfall	AKRO6-AD4 2	
Name of Facility		Juneau Internatio		NPDES Tra		8	
Name of Outfall		TWY E - F Infield	East	Title:	JW NO.	•	
Person(s) Collec							
Person(s) Exami			Title:	r			
Date Sample Co					e Examined: le Examined:		
Time Sample Co		If yes please specify			luled to be taken		
Substitute Samp	le?	If yes please specify	quarter/year v	vnen sample w	as originarry series	lined to be taken.	
☐ Yes ☒ No							
Type of discharg	ze:	TAM J SEP	aify rainfall ar	nount (in inch	cs):		
Previous Storm Ended > 72 hours before Start of This Storm? Yes No*							
				08			
	Ended > 72 hours	If no please explain					
	his Storm? Yes				CXI	0-	
□ No*					-4	57	
			Dave	meter	X-DX VIOLET		
C-1	None Colored		rara		ored please describ		
		☐ Sewage ☐ Sulfu	- D Sour D		er please describe:		
		☐ Sewage ☐ Sund		11 011	or produce measurement.		
				Out If oth	or alongo dogoriba:		
Oil:	J None □ Flecks	☐ Globs ☐ Sheen	□ Slick □ (Jiner 11 out	If other please describe:		
				10.0	and and described	/	
		Cloudy Cloudy	☐ Opaque ☐	li oth	er please describe:		
1 1	ther					/	
Floating Solids?			☐ Yes ☐	No If yes	please describe:	<u> </u>	
Settled Solids**	?		☐ Yes ☐		please describe:		
Suspended Solid	ds?		☐ Yes ☐		If yes please describe:		
Foam? (gently s	shake sample)		☐ Yes ☐		If yes please describe:		
Other obvious in	ndicators of water po	ollution?	☐ Yes ☐	No If yes	If yes please describe:		
* The 72-hour in	nterval can be waive	d when the previous s	torm did not yi	eld a measura	a measurable discharge or if you are able to document (attach		
applicable docu	mentation) that less	than a 72-hour interva	l is representat	ive of local sto	orn events during	the sampling period.	
					/		
		lowing the sample to	sit for approxin	nately one-bal	f hour.		
	to take samples with		No If 1	no please expla	ain:		
	of an actual dischar	ge from		/			
a measurable sto	orm water event?						
				/			
D . 3	1.04		nictures taken	and any corre	ective actions take	n below (attach additional sheets as	
necessary).	ems, additional com	ments, descriptions of	pictures takon	and any come	core actions takes	. 001011 (41114011 4141 41411 4	
necessary).			/				
			/				
			/				
Certification by I	Facility Responsible	Official (Refer to MSGF	Appendix A. S	ubsection 1.12	LE CONSTITUTO DE	THE PARTY OF THE P	
Loadificunder per	polly of law that this do	sument and all attachme	hts were prepar	ed under my dir	ection or supervision	in accordance with a system designed to	
secure that qualif	and norconnal proparly	nathered and evaluated	the information	submitted Base	ed on my inquiry of th	he person or persons who manage the system,	
or these nemons	directly recognished for	r natharing the informatic	in the information	on submitted is	to the best of my kno	owledge and deliet, true, accurate, and	
complete. I am av	ware that there are sign	nificant penalties for sub-	mitting false info	rmation, includir	ng the possibility of fi	ne and imprisonment for knowing violations.	
O M							
Name:	Dotte V Mat	uto /		Title:	Airport Mana	ger	
	Patty K. Wah	10			·port mana		
Signature:		/		Date:			
		/					

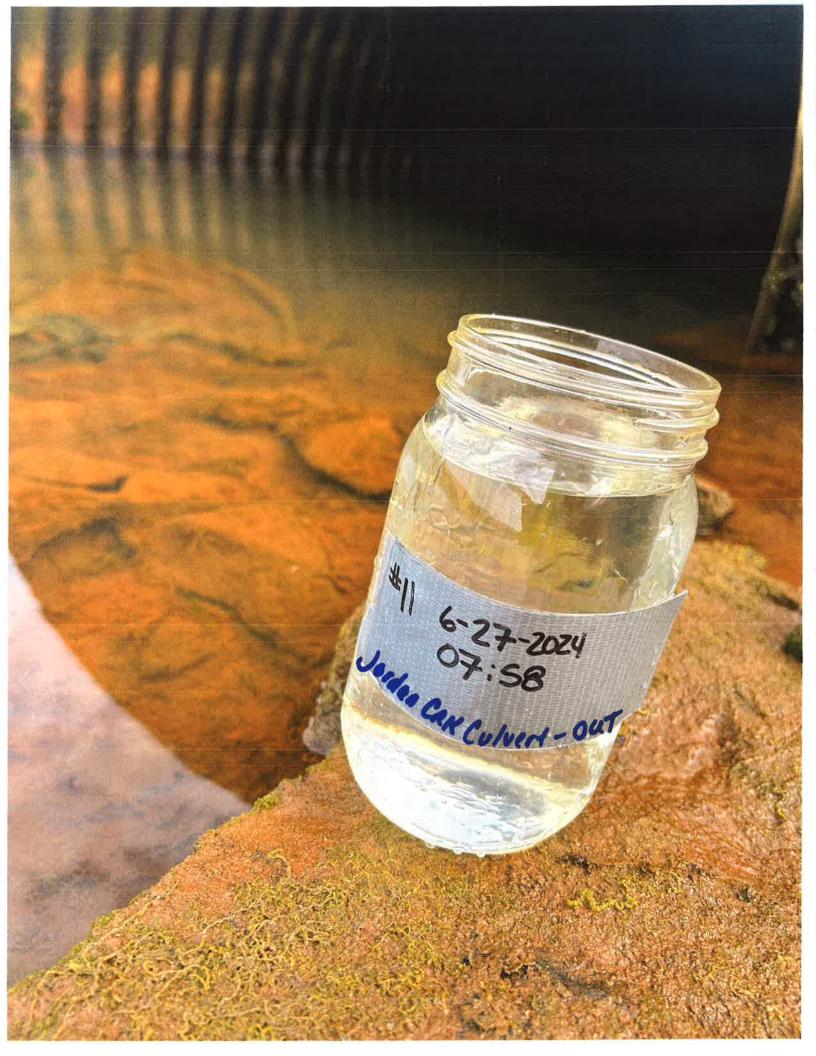
	Troops of		Water Discharge				
	MSGP Quarterly Complete a sepa						
T CONTROL SOLD TO THE STATE OF	Juneau International Airpor		ÈS Tracking No.	AKRO6-AD4 2			
Name of Facility:	NE Development Area Out		all/Inflow No.	9			
Name of Outfall/Inflow: Person(s) Collecting Sample:	Nathan Barzee	Title		Sr. Equipment Operator			
		Title		Sr. Equipment Operator			
Person(s) Examining Sample:	Nathan Barzee		Sample Examined:	6-27-24			
Date Sample Collected:			Sample Examined:	0400 M			
Time Sample Collected:	If yes please specify quarter/ye			17100 1			
Substitute Sample? ☐ Yes ☒ No	in yes preuse apeerry quarter year when sample were regiment,						
Type of discharge: ☐ Rainfall ☐ Snowmelt	If rainfall please specify rainfall amount (in inches):						
Previous Storm Ended > 72 hours before Start of This Storm? W Yes	If no please explain*:						
		Parameter	A THE RESIDENCE OF THE PARTY OF	resemble and the second second			
Color: None □ Colored		at affecter	If colored please descr	ribe;			
	☐ Sewage ☐ Sulfur ☐ Sour		If other please describ				
Petroleum/Gasoline	Solvents Other	_					
	☐ Globs ☐ Sheen ☐ Slick	☐ Other	If other please describ	e:			
			If other please describe:				
Clarity: ☐√Clear ☐ Slightly Other				e;			
Floating Solids?	Yes	No No	If yes please describe:	Organics			
Settled Solids**?	☐ Yes		If yes please describe:	- Julie -			
Suspended Solids?	☐ Yes		If yes please describe:				
Foam? (gently shake sample)	□ Yes		If yes please describe:				
Other obvious indicators of water po			If yes please describe:				
* The 72-hour interval can be waive							
applicable documentation) that less	than a 72-hour interval is represe	entative of l	ocal storm events durin	g the sampling period.			
** Observe for settled solids after al	lowing the sample to sit for appr	oximately o	one-half hour.				
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?	in the Yes No		se explain:	nos of Day ux			
Detail any concerns, additional com- necessary).	ments, descriptions of pictures ta	iken, and ar	ny corrective actions tal	cen below (attach additional sheets as			
Certification by Facility Responsible	Official (Refer to MSGP Appendix	A. Subsect	on 1.12)				
I certify under penalty of law that this do assure that qualified personnel properly	cument and all attachments were pr gathered and evaluated the information, the information, the information.	epared unde tion submitte mation subm	r my direction or supervis ed. Based on my inquiry o itted is. to the best of my l	ion in accordance with a system designed to f the person or persons who manage the system, knowledge and belief, true, accurate, and if fine and imprisonment for knowing violations.			
Name: Patty K. Wah	nto	Title	e: Airport Man	nager			
	intwalls	Date	6-3	28-2024			



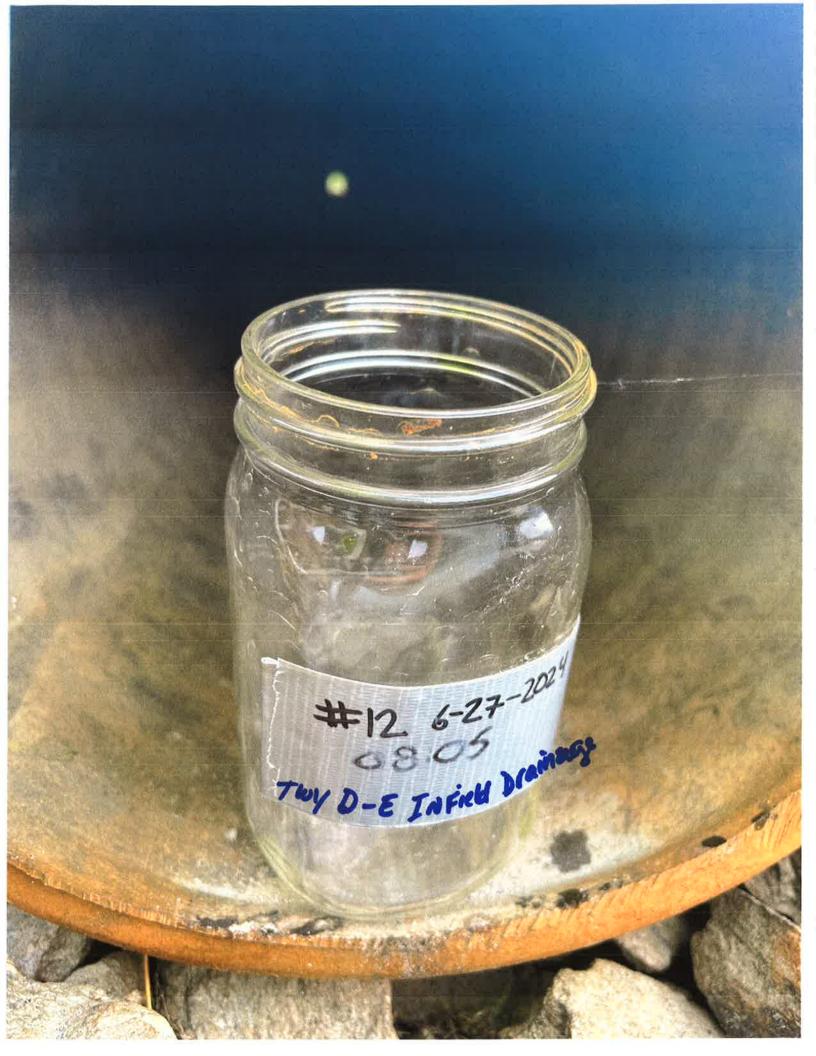
	MSGP Ou	arterly Visu	al Assessme	ent Form		
		a separate f				
Name of Facility:	Juneau International		NPDES Tra	cking No.	AKRO6-AD4 2	
Name of Outfall/Inflow:	TWY G Culvert		Outfall/Infle		10	
Person(s) Collecting Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Person(s) Examining Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Date Sample Collected:	6-27-24			e Examined:	6-27-24	
Time Sample Collected:	07.16			le Examined:	DRV	
Substitute Sample? Yes X No	If yes please specify qua			duled to be taken:		
Type of discharge: ☐ Rainfall ☐ Snowmelt	If rainfall please specify	/ rainfall amo	ount (in inch	cs):		
Previous Storm Ended > 72 hours before Start of This Storm? Yes No*	If no please explain*:					
		- 100 April 100	VW42577	A STATE OF THE STA		
Color: None □ Colored		Paran	If oct	ored please describ	e,	
Color: None Colored	□ Sewage □ Sulfur □	10. 🗆		er please describe:	С.	
Petrolcum/Gasoline [☐ Solvents ☐ Other			or picase deserroe.		
Oil: ☑ None ☐ Flecks	☐ Globs ☐ Sheen ☐	Slick Ot	her If oth	If other please describe:		
Clarity:	Cloudy 🗆 Cloudy 🗀 (,		If other please describe:		
Floating Solids?		Yes N	o If yes	please describe:		
Settled Solids**?		Yes D No	o If yes	please describe:		
Suspended Solids?		Yes N	o If yes	If yes please describe:		
Foam? (gently shake sample)		Yes N	o If yes	If yes please describe:		
Other obvious indicators of water po	ollution?	Yes N	o If yes	If yes please describe:		
* The 72-hour interval can be waive applicable documentation) that less	d when the previous storm	did not viel	d a measural	ole discharge or if	you are able to document (attach he sampling period.	
** Observe for settled solids after al	lowing the sample to sit fo	or approxima	tely one-hal	f hour.		
Was it possible to take samples with first 30 minutes of an actual discharg a measurable storm water event?	in the Yes No	4.00	Jan Bridge 1		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 App	pendix A, Sut	bsection 1.12	DU Several Direct		
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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the sor 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 felse information, including the possibility of fine and imprisonment for knowing violating					e person or persons who manage the system, wledge and belief, true, accurate, and	
Name: Patty K. Wah	ito		Title:	Airport Manag	ger	
Signature:	KWald	20	Date:	6-2	8-2024	



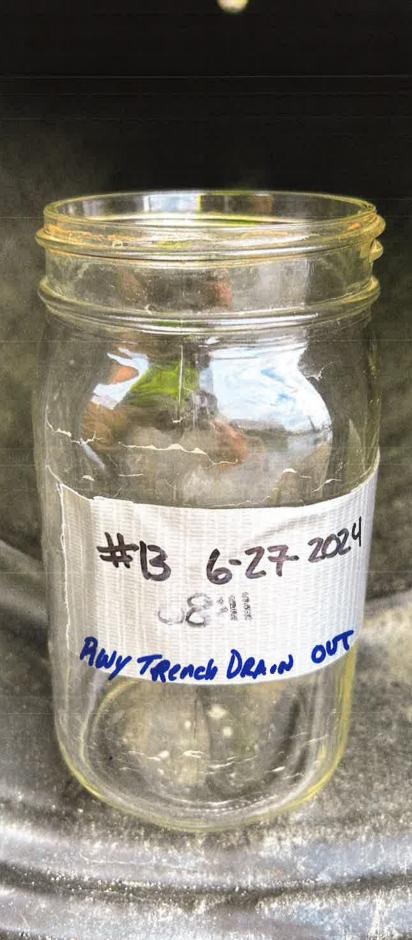
MSGP Quarterly Visual Assessment Form							
TOWNSTITE OF THE SEC	OH REPAILED TO		plete a separate				
N CP		Juneau Internatio		NPDES Tra		AKRO6-AD4 2	
Name of Facility: Name of Outfall/I		Jordan Creek Cul	vert Outlet	Outfall/Infl	G .	11	
Person(s) Collecti		Nathan Barzee	vert odilet	Title:		Sr. Equipment Operator	
				Title:		Sr. Equipment Operator	
Person(s) Examin		Nathan Barzee	1		e Examined:	6-27-24	
Date Sample Col		6-77-20	7		le Examined:	0907 AM	
Time Sample Coll		07.58	. avartar/vone v	han sample v	as originally schedul		
Substitute Sample	9.	if yes please specify	quarter/year w	nen sample v	rus originarry seriodar	od to to taken	
L 162 M INO							
Type of discharge	:	If rainfall please spo	ccify rainfall an	nount (in inch	es):		
☐ Rainfall ☐ S	Snowmelt						
Previous Storm E	nded > 72 house	If no please explain	*.				
before Start of Th	is Storm? Yes	If no prease explain	•				
No*	is Storm: Es Tes						
79-110							
			Para	meter	CONDUMENTS.		
Color:	None □ Colored				ored please describe:		
		☐ Sewage ☐ Sulfu	r 🗆 Sour 🗀		er please describe:		
Pet	roleum/Gasoline	☐ Solvents ☐ Other					
		☐ Globs ☐ Sheen		other If oth	er please describe:		
011.	None - Fices	C Globs E Glicen	Direct - C	7,1110.			
Claritus	Floor Climbely	Cloudy Cloudy		If oth	er please describe:		
Clarity:		Cloudy - Cloudy	□ Opaque □	1	or product describer		
	ici		☐ Yes ☐ 1	If yes	please describe:		
Floating Solids?			☐ Yes ☐ 1		please describe:		
Settled Solids**?				4			
Suspended Solids			☐ Yes ☐		If yes please describe:		
Foam? (gently sh			☐ Yes ☐		If yes please describe:		
Other obvious inc	licators of water po	ollution?	☐ Yes ☐		If yes please describe: measurable discharge or if you are able to document (attach		
* The 72-hour int	erval can be waive	d when the previous s	torm did not yie	eld a measura	ble discharge or if yo	u are able to document (attach	
applicable docum	entation) that less t	than a 72-hour interva	l is representan	ve of local sig	orm events during the	sampling period.	
44 O1 O 000		frontiered a monathere	de Con unuscovino	ataly one hal	Chour		
** Observe for se	taled sonds after at	in the	Sit for approxim	o please eval	ain'	WEATHER.	
first 30 minutes o	f an actual dischar	re from	INO IN IN	o pietase expi	-K ORY	WEATHER	
a measurable stor	m water event?		(6)	KTEP 19			
Detail any concer	ns, additional com	ments, descriptions of	pictures taken,	and any corre	ective actions taken b	elow (attach additional sheets as	
necessary).	11001.	S TIDAL	M/01	- ST	onan wATE	RI	
<u>ا</u>	USIEN	_	, ,00	3 -			
					v		
Certification by Fa	cility Responsible	Official (Refer to MSGP	Appendix A, Si	ubsection 1.12)	annular as with a system decigned to	
I certify under pena	ilty of law that this do	cument and all attachme	ents were prepare	ed under my di	ection or supervision in	accordance with a system designed to person or persons who manage the system,	
assure that qualifie	d personnel property	gathered and evaluated	ne information s	n submitted is	to the best of my know	ledge and belief, true, accurate, and	
complete Lam aus	rectly responsible for	ificant nenalties for sub-	mitting false infor	mation, includir	ng the possibility of fine	and imprisonment for knowing violations.	
complete. I am awa	are more more one orga			177-54155411777-0-5411			
Name:				Title:			
Ivallie:	Patty K. Wah	ito 🥄		1	Airport Manage	r	
Signature:	17)1	-1/	1 0	Date:	1 10	0 2 5 1 /	
1 2.5	- mode	- Kwal	do		6-28	1 2024	



	Contraction of Name	MSGP	Quarterly Vi	sual Assessm	ent Form		
	and the same of the same	Com	plete a separate	form for eac	h outfall		
Name of Fac	ility:	Juneau Internatio		NPDES To		AKRO6-AD4 2	
Name of Out		TWY D - E Infield	Drainage	Outfall/Infl	ow No.	12	
	llecting Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Person(s) Ev	amining Sample:	Nathan Barzee		Title:		Sr. Equipment Operator	
Date Sample		6-24-24		Date Samp	le Examined:	6-27-24	
Time Sample		18:05				DRY	
Substitute Sa	mple?	If yes please specify	quarter/year v	vhen sample v	was originally sch	eduled to be taken:	
Type of disch	narge: □ Snowmelt	If rainfall please specify rainfall amount (in inches):					
Previous Stor	m Ended > 72 hours of This Storm? Yes	If no please explain*:					
	1	Contract of the second	Para	meter	Distribution		
Color:	☑ None ☐ Colored				ored please descri		
Odor:	☑ None ☐ Musty Petroleum/Gasoline □			If oth	er please describe	2	
Oil:				Other If oth	If other please describe:		
Clarity:	Clarity:] If oth	er please describe	×	
Floating Soli			☐ Yes ☐	No. If yes	please describe:		
Settled Solid			☐ Yes D		s please describe:		
Dotter Done	-		☐ Yes ☐		s please describe:		
Suspended S			☐ Yes ☐		If yes please describe:		
	ly shake sample)	** 1 0					
	s indicators of water po		☐ Yes ☐		If yes please describe: a measurable discharge or if you are able to document (attach		
applicable do	or interval can be waived	han a 72-hour interva	l is representat	ive of local st	orm events during	the sampling period.	
** Observe f	or settled solids after al	lowing the sample to	sir for approxim	nately one-ha	If hour.		
Was it possib	ole to take samples with tes of an actual discharg storm water event?	in the 🔲 Yes 🗷	No If i	no please expl		ZY WEATHER	
Detail any conecessary).		nents, descriptions of				en below (attach additional sheets as	
				- 15 - 15 W			
Certification I	by Facility Responsible (Official (Refer to MSGP	Appendix A, S	ubsection 1.1	2)	HELP IN SAU HAND WITH THE PRINTING AND	
assure that qu	alified personnel properly	gathered and evaluated nathering the information	the information	submitted. Bas on submitted is.	ed on my inquiry of to the best of my kr	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patty K. Wah	to	15	Title:	Airport Mana	ager	
Signature:	Hal.	Kilalo	6,	Date:	6.2	8-2024	



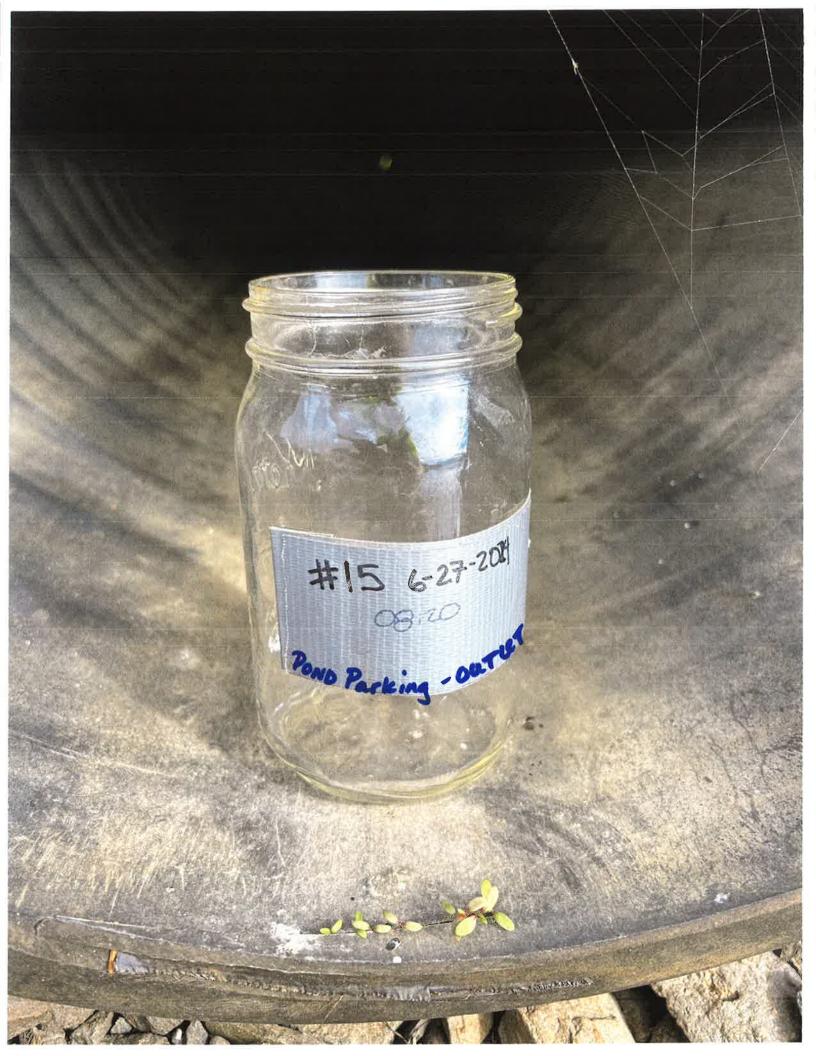
Quinter	MSGP Out		ual Assessm	ent Form		
			form for each			
Name of Facility:	Juneau International		NPDES Tr	acking No.	AKRO6-AD4 2	
Name of Outfall/Inflow:	Runway Trench Drain	Outlets	Outfall/Infl		13	
Person(s) Collecting Sample:	Nathan Barzee	· Outrate	Title:	511 2101	Sr. Equipment Operator	
	Nathan Barzee		Title:		Sr. Equipment Operator	
Person(s) Examining Sample:				le Examined:	6-27-29	
Date Sample Collected:	6-27-24			ole Examined:	73011	
Time Sample Collected:	If yes please specify qua	utauli saar 11			duled to be taken:	
Substitute Sample? ☐ Yes ☒ No	if yes please specify qual	irter/year w	men sample v	vas driginariy series	difficultion of taken.	
Type of discharge: ☐ Rainfall ☐ Snowmelt	If rainfall please specify					
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes No*	If no please explain*:					
manufactory of the second	Carlotte Tollier	Para	meter			
Color: None Colored				ored please describ		
	☐ Sewage ☐ Sulfur ☐ ☐ Solvents ☐ Other	Sour 🗆	If oth	er please describe:		
Oil: ☑ None ☐ Flecks	☐ Globs ☐ Sheen ☐ S	Slick 🗆 C	Other If oth	er please describe:		
Clarity: Clear C Slightly Other	Cloudy 🗆 Cloudy 🗀 🤇			If other please describe:		
Floating Solids?		Yes 🗆 1	No If yes	please describe:		
Settled Solids**?		Yes W		please describe:		
Suspended Solids?		Yes D		please describe:		
Foam? (gently shake sample)		Yes DY		If yes please describe:		
Other obvious indicators of water po		Yes Z N		If yes please describe:		
* The 72-hour interval can be waive	d when the previous storm	did not yic representati	eld a measura	measurable discharge or if you are able to document (attach local storm events during the sampling period.		
** Observe for settled solids after a	llowing the sample to sivio	or approxim	ately one-ha	lf hour.		
Was it possible to take samples with first 30 minutes of an actual dischar a measurable storm water event?	nin the 🔲 Yes 🎵 No) If n	o please expl	ain:	ory WEATHER.	
Detail any concerns, additional comnecessary).	ments, descriptions of pict					
Certification by Facility Responsible	Official (Refer to MSGP App	pendix A, Sı	ubsection 1.1	2)	The state of the s	
assure that qualified personnel properly	gathered and evaluated the i	information s	submitted. Bas n submitted is	ed on my inquiry of the	n in accordance with a system designed to the person or persons who manage the system owledge and belief, true, accurate, and tine and imprisonment for knowing violations.	
Name: Patty K. Wah	nto	×	Title:	Airport Mana	ger	
Signature:	- Kall	elo	Date:	6-0	28-2024	



	Quarter	MSGP Quarte					
		Complete a s	enarate form	for each	outfall		
Name of Fac	silitue	Juneau International Air		DES Trac	cking No.	AKRO6-AD4 2	
Name of Ou		NW Development Area (fall/Inflo		14	
	ollecting Sample:	Nathan Barzee	Tit			Sr. Equipment Operator	
	camining Sample:	Nathan Barzee	Tit	le:		Sr. Equipment Operator	
Date Sample		6-27-20	Da	te Sample	Examined:	6-27-24	
Time Sample	Access to the second se	10 lin			e Examined:	0905 AM	
Substitute Sa	yes No If ye please specify quarter/year w			sample w	as originally schee	hiled to be taken:	
Type of disc ☐ Rainfall	harge: Snowmelt				es):		
Previous Sto before Start	revious Storm Ended > 72 hours refore Start of This Storm? Ves If no please explain*:						
	ere V, rall-10 LVL	IN SMILE SHOW THE	Paramete	r	New York Street		
Color:	None Colored				red please describ	e:	
Odor:		🗆 Sewage 🗆 Sulfur 🗆 So	our 🗆	If other	er please describe:		
Oil:		☐ Globs ☐ Sheen ☐ Slic	k 🗆 Other	If other	If other please describe:		
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐			ique 🗆	If other	er please describe:		
Other Floating Solids?		cs DI No	If ves	please describe:			
Settled Soli			es D No		please describe:		
Suspended S			es No		please describe:		
	ntly shake sample)		es No				
	us indicators of water po		es No	If yes please describe:			
* The 72-he applicable d	our interval can be waive locumentation) that less	d when the previous storm die than a 72-hour interval is repr	d not yield a esentative o	measurat	ole discharge or if	you are able to document (attach the sampling period.	
** Observe	for settled solids after al	lowing the sample to sit for a	pproximately	one-hali	f hour.		
first 30 min	ible to take samples with utes of an actual dischar- le storm water event?	in the ge from		ease expla	ED DRY	VEATHER-	
Detail any onecessary).	concerns, additional com	ments, descriptions of picture	s taken, and	any corre	ective actions taken	n below (attach additional sheets as	
Certification	by Facility Responsible	Official (Refer to MSGP Appen	dix A, Subse	ction 1.12	i de la	SANTAN OF BUILDING	
I certify under assure that of	er penalty of law that this do qualified personnel properly	cument and all attachments were gathered and evaluated the info	e prepared un rmation subm oformation sub	der my dir itted, Base mitted is	ection or supervision ed on my inquiry of the to the best of my kno	n in accordance with a system designed to the person or persons who manage the system owledge and belief, true, accurate, and tine and imprisonment for knowing violations.	
Name:	Patty K. Wah	nto	T	tle:	Airport Mana	ger	
Signature:	Dol:	KWalik	D	ate:	6-2	8-2024	



Qualitary visual Assessment to Been the Company of										
MSGP Quarterly Visual Assessment Form Complete a separate form for each outfall										
CHARGE STREET				DES Tracking No. AKRO6-AD4 2						
		Juneau Internation	nai Airport	Outfall/Inf		15				
Name of Outfall/In		Pond Parking Area Outlet		Title:	iow ivo.	Sr. Equipment Operator				
Person(s) Collecting Sample:		Nathan Barzee								
Person(s) Examining Sample:		Tractian Dailes		Title:		Sr. Equipment Operator				
Date Sample Collected:		6-17-14			le Examined:	6-17-10				
Time Sample Collected:		08:10 AVM	OS:10 AVY Tin		Sample Examined:					
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 If no please explain*:										
Daymotay										
Color: D	Color:									
	to grote in Colorea					If other please describe:				
Petri	Petyoleum/Gasoline □ Solvents □ Other					To distribute describes				
Oil: 12/1	None Flecks Globs Sheen Slick Other If other please describe:									
Clarity:	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐					If other please describe:				
Othe	er									
Floating Solids?					If yes please describe:					
Settled Solids**? □ Ye			☐ Yes 🕡		If yes please describe:					
			☐ Yes 🕡							
Foam? (gently shake sample)			☐ Yes 【】	Mo If yes please describe:						
			☐ Yes 🗹	No If yo	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 set	tled solids after al	lowing the sample to s	sit for approxi	mately one-ha	lf hour.					
Was it possible to first 30 minutes of a measurable storm	take samples with an actual discharg	in the 🔲 Yes 风	No If	THE NOTE S DRY WEATHER						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). DRU 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				Airport Manager					
Signature:	Signature: Hadrink Walde			Date:	6-	28-2024				



Quarter		arterly Visu			Vertical and the second second		
	Complete	e a separate f	orm for each	outfall			
Name of Pauling	Juneau International		NPDES Tra		AKRO6-AD4 2		
Name of Facility: Name of Outfall/Inflow:	Pond Discharge to R		Outfall/Infle		16		
Person(s) Collecting Sample:	Nathan Barzee		Title:		Sr. Equipment Operator		
			Title:		Sr. Equipment Operator		
Person(s) Examining Sample:	Nathan Barzee		Date Sample Examined		6-27-24		
Date Sample Collected:	0:23		Time Sample Examined:		0906 AM		
Time Sample Collected:	If was plants enough ou						
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*:						
				THE STATE AND DESCRIPTION			
- In/: 5 5:		Paran	If ook	ored please descri	he:		
					If other please describe:		
Odor:	」Sour □	if other please describe.					
il:			her If other	If other please describe:			
Clarity: Clear Slightly Cloudy Cloudy Opaque Other			If oth	If other please describe:			
Floating Solids?	T	Yes IN	No If yes please describe:				
Settled Solids**?		Yes V N					
Suspended Solids?		Yes Z,N					
Foam? (gently shake sample)		Yes No If yes please describe:					
Other obvious indicators of water p		Yes No If yes please describe					
* The 72-hour interval can be waiv applicable documentation) that less	ed when the previous storn	n did not viel	d a measura	ble discharge or if	you are able to document (attach the sampling period.		
** Observe for settled solids after a	allowing the sample to sif f	or approxima	itely one-hal	f hour.			
Was it possible to take samples wit first 30 minutes of an actual discha a measurable storm water event?	hin the 🔲 Yes 🖼 N	lo If no	Please explain:				
Detail any concerns, additional connecessary).	nments, descriptions of pic	ctures taken, a	and any corre	ective actions take	en below (attach additional sheets as		
Certification by Facility Responsible	Official (Refer to MSGP Ap	pendix A, Su	bsection 1.12				
I certify under penalty of law that this d assure that qualified personnel proper	locument and all attachments y gathered and evaluated the or gathering the information.	were prepared information su	d under my dir ubmitted. Base submitted is	ection or supervision ed on my inquiry of to the best of my kr	in in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name: Patty K. Wa	Name: Patty K. Wahto			Airport Manager			
Signature: Hoch)	Date;	6-28	8-2024			
1070	KWalek			-			

