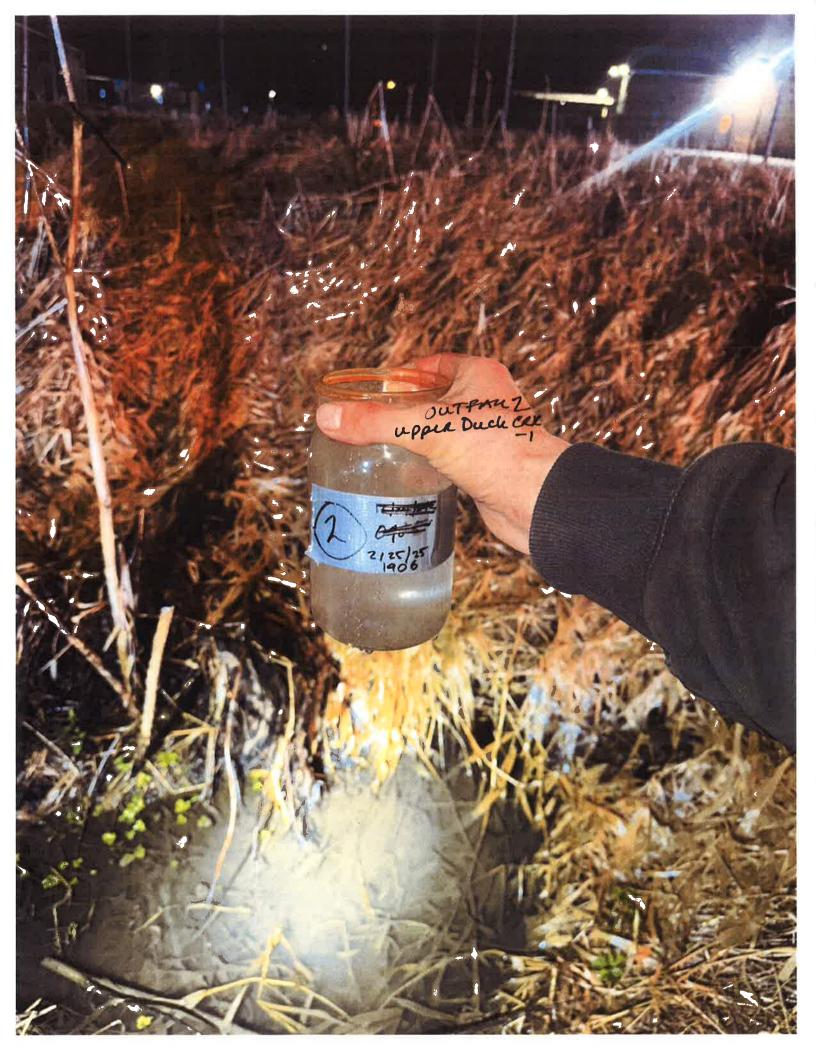
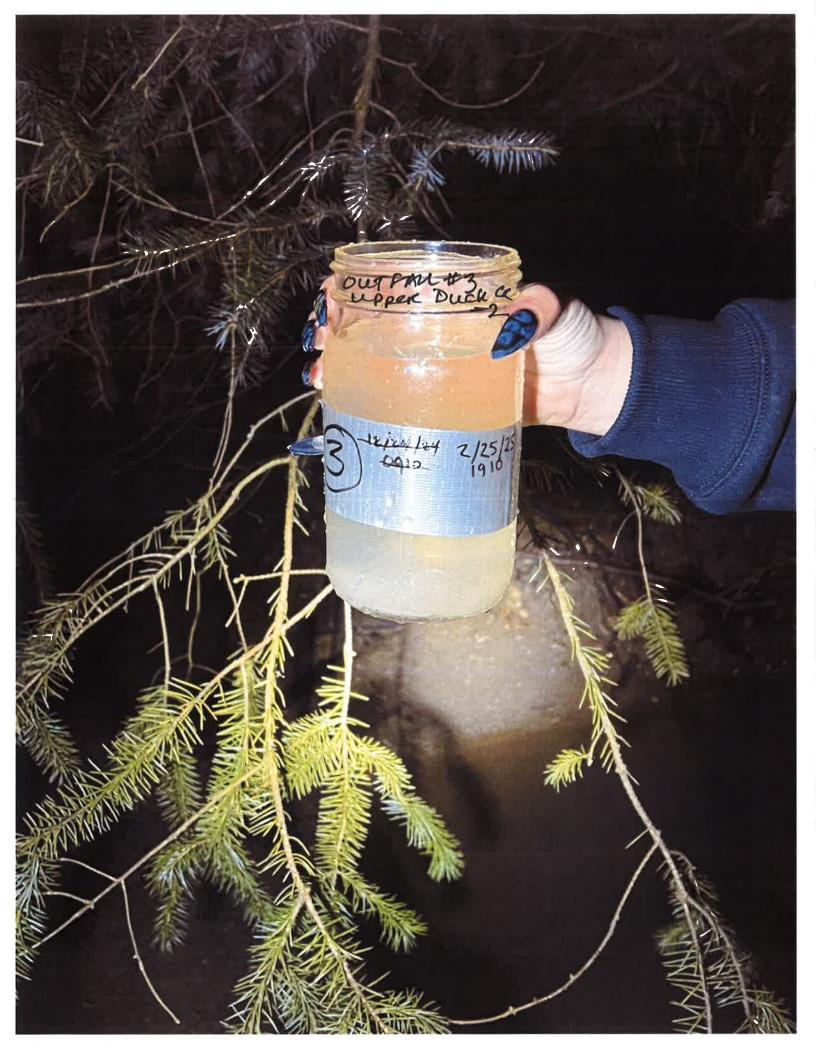
re arima		MSGP	Quarterly V	isual Assessn	ent Form		
		Comp	olete a separat	e form for eac	h outfall		
Name of Facili	ity:	Juneau Internatio		NPDES To		AKRO6-AD4 2	
Name of Outfa		Lower Duck Cree		Outfall/Inf	low No.	1	
Person(s) Coll	ecting Sample:	Cathryn Carroll		Title:		Equipment Operator	
Person(s) Exar	mining Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample		2/25/2	5	Date Samp	le Examined:	2/25/25	
Time Sample (1850			ole Examined:	1905	
Substitute Sam ☐ Yes ☒ N	nple?	If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of discha		If rainfall please specify rainfall amount (in inches): 0,7					
	m Ended > 72 hours This Storm? A Yes	If no please explain*:					
			Day	ama atam	CONTRACTOR OF THE		
Color:	None □ Colored	The state of the s	rar	ameter If co	lored please descril	ne:	
			r \Box Cour \Box		ner please describe:		
	None □ Musty □ Sewage □ Sulfur □ Sour □ Petroleum/Gasoline □ Solvents □ Other				•		
Oil:	None Flecks	ks Globs Sheen Slick Other			If other please describe:		
Clarity: ☐ Clear ☒ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other] If ot	ner please describe:		
Floating Solids?					s please describe:	ORGANICS	
Settled Solids*	**?		X Yes 🗆		s please describe:	ORGANICS ORGANICS	
Suspended So	lids?		☐ Yes 🜠	No If ye	If yes please describe:		
Foam? (gently	y shake sample)		☐ Yes 🗙		If yes please describe:		
Other obvious	indicators of water po	llution?	☐ Yes 🏞	No If ye	If yes please describe:		
* The 72-hour applicable doc	interval can be waived cumentation) that less t	l when the previous s han a 72-hour interva	torm did not y l is representa	ield a measura tive of local st	able discharge or if orm events during	you are able to document (attach the sampling period.	
** Observe for	r settled solids after all	owing the sample to s	it for approxi	mately one-ha	lf hour.		
Was it possible first 30 minute	e to take samples with es of an actual discharg storm water event?	n the 🔲 Yes 🕊				+ DAYS.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
			Burney March		0)	THE ASSESSMENT OF THE PARTY OF	
Certification by	y Facility Responsible (Official (Refer to MSGP	Appendix A,	subsection 1.1	Z)	n in accordance with a custom designed to	
assure that qual	lified personnel properly a	gathered and evaluated gathering the informatio	the information n. the informati	submitted. Bas on submitted is	ed on my inquiry of t to the best of mv kn	n in accordance with a system designed to he person or persons who manage the system, owledge and belief, true, accurate, and ine and imprisonment for knowing violations.	
Name:	Patrice 1	+ Klans (u	Jahto)	Title:	Airport Mana	ger	
Signature:	Park	+ Klans (u		Date:	2-27	-2025	



100	Quarter		Quarterly Vi	sual Assessme	ent Form	THE RESERVE APPLICATION OF BRIDE		
		Com	lete a senarate	form for each	outfall			
Name of Faci	lity	Juneau Internation		NPDES Tra		AKRO6-AD4 2		
Name of Out		Upper Duck Cree	k -1	Outfall/Infle		2		
	llecting Sample:	Cathryn Carroll		Title:		Equipment Operator		
	amining Sample:	Cathryn Carroll		Title:		Equipment Operator		
Date Sample		2/25/25			e Sample Examined: 225/25			
Time Sample		19:06			le Examined:	19 20		
Substitute Sa		If yes please specify quarter/year when sample was originally scheduled to be taken:						
☐ Yes 🖾 1		Li yes promot against	1	*				
Type of disch		If rainfall please specify rainfall amount (in inches): 2.7"						
	rm Ended > 72 hours of This Storm? X Yes	If no please explain*:						
						A STATE OF THE PARTY OF THE PAR		
0.1			Par	ameter If col	ored please descr	ibe:		
Color:	None Colored		- D Com D		er please describe			
Odor:	➤ None ☐ Musty Petroleum/Gasoline			1 11 0 111	er prease deserroe			
				Ott If oth	or places describe	a;		
Oil:	il: None 🗆 Flecks 🗆 Globs 🗆 Sheen 🗆 Slick 🗆 Other			Otner II oth	If other please describe:			
Clarity:	Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				er please describe			
Floating Soli	ds?		X Yes 🗆	No If yes	please describe:	Organics		
Settled Solid			☐ Yes 🚰	No If yes	please describe:			
Suspended S	olida?		Yes □	No If yes	please describe:	Organics		
Foam? (gen	tly shake sample)		☐ Yes 🗷	No If yes	If yes please describe:			
Other obviou	s indicators of water po	ollution?	☐ Yes 💢		If yes please describe:			
* The 72 hou	or interval can be waive ocumentation) that less	d when the previous s	torm did not yi l is representat	ield a measura tive of local sto	ble discharge or i orm events during	f you are able to document (attach g the sampling period.		
** Observe	for settled solids after al	lowing the sample to s	sit for approxi	mately one-hal	f hour.			
Was it possil first 30 minu	ole to take samples with tes of an actual discharge storm water event?	in the 🔲 Yes 🔀	No If	no please expl	ain: - 2 † D	ay'S		
Detail any conecessary).	oncerns, additional com	ments, descriptions of	pictures taken	a, and any corr	ective actions tak	en below (attach additional sheets as		
Cortification	by Facility Responsible	Official (Refer to MSGP	Appendix A S	Subsection 1.13	2)			
I certify under assure that qu	penalty of law that this do ualified personnel properly	cument and all attachme gathered and evaluated	ents were prepar the information on the information	red under my di submitted. Bas on submitted is.	rection or supervision of ed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Patrice	in A. Klas	nn (wah	Title:	Airport Man	ager		
Signature:	Pad	Allan		Date:	2- 5	27-2025		



MSGP Quarterly Visual Assessment Form							
			olete a separate				
Name of Facility:		Juneau Internatio		NPDES Tra	icking No.	AKRO6-AD4 2	
Name of Outfall/In	flow:	Upper Duck Cree		Outfall/Infl	ow No.	3	
Person(s) Collectin		Cathryn Carroll		Title:		Equipment Operator	
Person(s) Examinit	ng Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample Colle		2/25/25		Date Sampl	le Examined:	2/25/25	
Time Sample Colle		1910			le Examined:	1920	
Substitute Sample? ☐ Yes ☒ No		If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of discharge: ☐ Rainfall ☐ Sr		If rainfall please specify rainfall amount (in inches): 2.7"					
Previous Storm En before Start of This		If no please explain*:					
Per Continue Transfer	HEALER PERMAN		Para	meter	Jackson 1		
	None Colored				ored please descri		
		☐ Sewage ☐ Sulfur ☐ Solvents ☐ Other		li oth	er please describe	: 	
Oil:	None 🔲 Flecks 🛭	☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:		
	Clarity: ☐ Clear ☐ Slightly Cloudy ☑ Cloudy ☐ Opaque ☐ Other				er please describe		
Floating Solids?			¥ Yes □ 1	100000000000000000000000000000000000000	please describe:	ORGANICS	
Settled Solids**?			☐ Yes 🔀 1	No If yes	please describe:		
Suspended Solids?			Yes 🗆 1	No If yes	If yes please describe: ORGANICS		
Foam? (gently sha	ke sample)		☐ Yes 🗷]	No If yes	If yes please describe:		
Other obvious indi	cators of water pol	lution?	☐ Yes 🖼 1		please describe:		
* The 72-hour inte applicable docume	rval can be waived entation) that less th	when the previous stan a 72-hour interva	torm did not yi l is representati	eld a measura	ble discharge or i orm events during	f you are able to document (attach the sampling period.	
** Observe for set	tled solids after allo	owing the sample to s	sit for approxin	nately one-hal	f hour.		
Was it possible to first 30 minutes of a measurable storn	take samples within an actual discharge	n the 🔲 Yes 🖼	⊢ No If r		aim.	L Z+ DAYS	
Detail any concern necessary).	ns, additional comm	nents, descriptions of	pictures taken,	, and any corre	ective actions take	en below (attach additional sheets as	
Cartification by Fac	ility Responsible O	fficial (Refer to MSGP	Appendix A. S.	ubsection 1.12	2)	740-1774 S.V.S.V.S.V.S. 1217 (9-4) 84-761	
I certify under penalt assure that qualified	y of law that this door personnel properly g	ument and all attachme pathered and evaluated pathering the information	ents were prepare the information on the information	ed under my dir submitted. Base on submitted is.	rection or supervision and on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patrica	. A. Klan	n (Wale	Titlet	Airport Mana	ager	
Signature:	Patri	A Klen	_	Date:	2-27	7-2024	



Text or applicable table stills	MSGP Quarterly	Visual Asse	essment Form				
	Complete a sepa						
Name of Facility:	Juneau International Airpor		S Tracking No.	AKRO6-AD4 2			
Name of Outfall/Inflow:	Terminal Area Discharge		l/Inflow No.	6			
Person(s) Collecting Sample:	Cathryn Carroll	Title:		Equipment Operator			
Person(s) Examining Sample:	Cathryn Carroll	Title:		Equipment Operator			
Date Sample Collected:	2/25/25	Date S	ample Examined:	2/25/25			
Time Sample Collected:	1933		Sample Examined:	1942			
Substitute Sample?	If yes please specify quarter/year when sample was originally scheduled to be taken:						
☐ Yes ☒ No	-	- 24		5			
Type of discharge:	If rainfall please specify rainfall amount (in inches): Q.7						
Previous Storm Ended > 72 hours before Start of This Storm? Yes ☐ No*	If no please explain*:						
		Parameter	f colored please desc	ribar			
Color: None Colored			f other please describ				
Odor: None Musty Petroleum/Gasoline	☐ Sewage ☐ Sulfur ☐ Sour	П,	if other please describ	ic.			
		C) Other I	f other please describ	ne'			
Oil: ■ None □ Flecks	Mone □ Flecks □ Globs □ Sheen □ Slick □ Other			n one prese decenter			
Clarity:	Cloudy 🗆 Cloudy 🗆 Opaqu	e 🗆 🔝 I	If other please describ	ee:			
Floating Solids?	☐ Yes	No I	If yes please describe				
Settled Solids**?	☐ Yes	№ No I	If yes please describe				
Suspended Solids?	∐ Yes	No 1	If yes please describe				
Foam? (gently shake sample)	☐ Yes	79 No 1	If yes please describe	•			
Other obvious indicators of water po	ollution?		If yes please describe				
* The 72-hour interval can be waive applicable documentation) that less t	d when the previous storm did no	ot yield a mea intative of loc	asurable discharge or al storm events durin	if you are able to document (attach g the sampling period.			
** Observe for settled solids after al	lowing the sample to sit for appr	oximately on	e-half hour.				
Was it possible to take samples with	in the	If no please	explain:				
first 30 minutes of an actual discharge	ge from						
a measurable storm water event?		Rain f	For 2 + Day	y'S			
Detail any concerns, additional com- necessary).	ments, descriptions of pictures ta	iken, and any	corrective actions tai	ken below (attach additional sheets as			
Raub Ton	FT with						
1 Sept 101	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Certification by Facility Responsible	Official (Refer to MSGP Appendix	A. Subsection	n 1.12)				
Loadify under penalty of law that this de-	cument and all attachments were or	epared under r	my direction or supervis	sion in accordance with a system designed to			
assure that qualified personnel properly	gathered and evaluated the information, the information, the information, the information, the information, the information is a second control of the information and the information is a second control of the information and the information is a second control of the information in the information is a second control of the information in the information is a second control of the information in the information is a second control of the information in the information is a second control of the information in the information in the information is a second control of the information in the information is a second control of the information in the information is a second control of the information in the inf	ition submitted.	. Based on my inquiry o ed is, to the best of my	of the person or persons who manage the system, knowledge and belief, true, accurate, and of fine and imprisonment for knowing violations.			
Name: Patricia	A. Klann (Was	Title:	Airport Mar	nager			
Signature: Patri	A.Klang (was	Date:	2-2	7-2025			

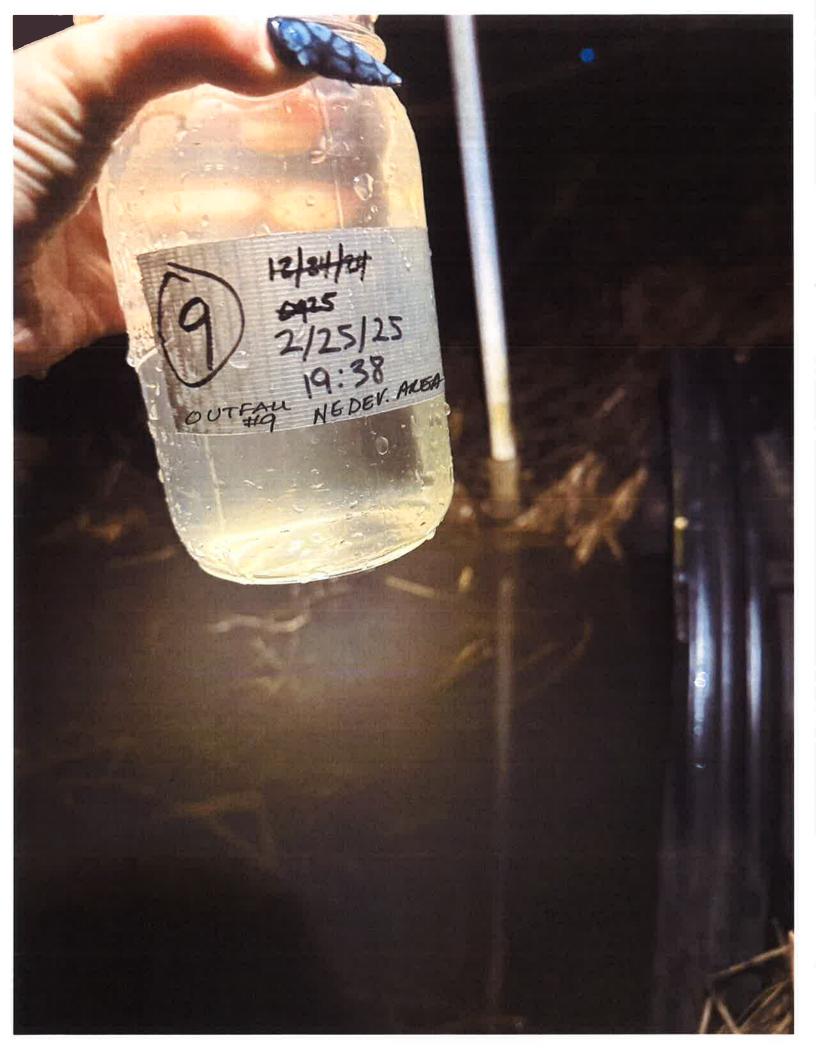
CUTFALL # 6
Terminal AREA
DISCharge

(6) 1933 1933

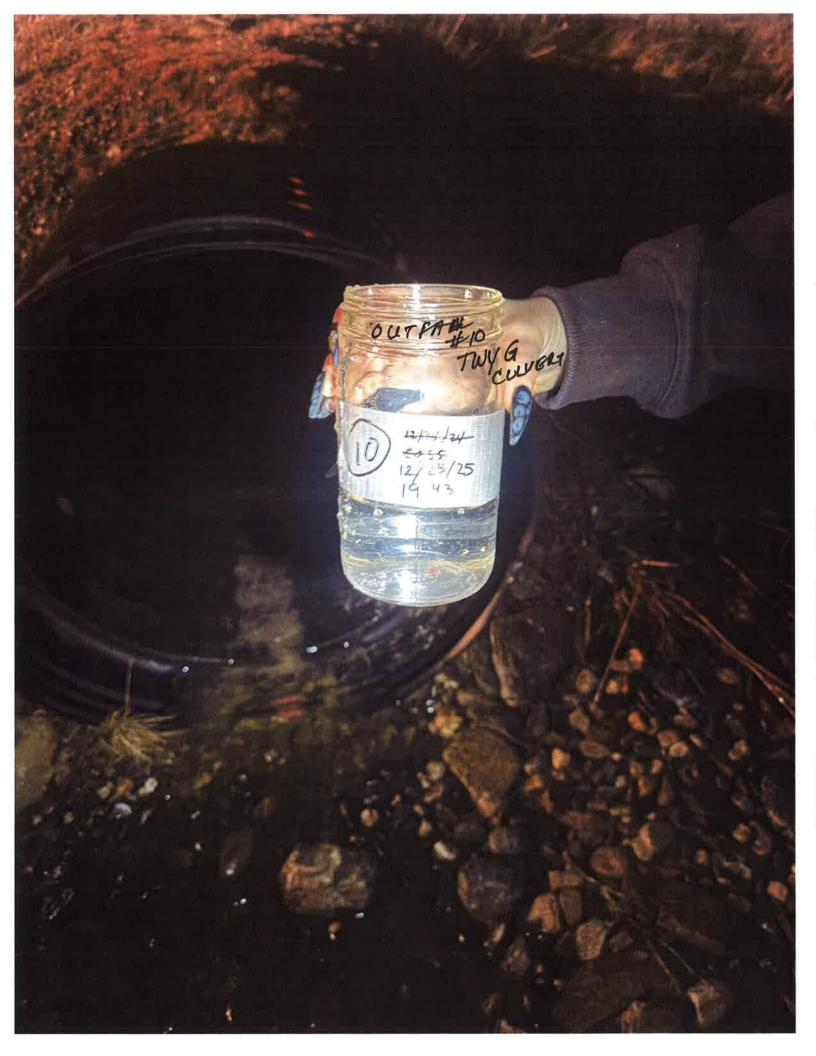
N. Esti				sual Assessm				
					for each outfall			
Name of Fa		Juneau Internation		NPDES Tra		AKRO6-AD4 2		
	utfall/Inflow:	TWY E - F Infield V	Nest	Outfall/Infl	ow No.	7		
Person(s) C	collecting Sample:			Title:				
Person(s) E	xamining Sample:			Title:				
	e Collected:				le Examined:			
	le Collected:				le Examined:			
Substitute S ☐ Yes 🏻		If yes please specify						
Type of discharge: If mana please, secify infall amount (in inches):								
Rainfall Snowmelt								
21011000	Type of discharge: □ Rainfall □ Snowmelt Previous Storm Ended > 72 hours before Start of This Storm? □ Yes □ No* If no please explain*:							
	Karahani mengani	IN SECTION OF	Para	meter				
Color:	□ None □ Colored		1 416		ored please des	cribe:		
Odor:		☐ Sewage ☐ Sulfur	□ Sour □	If oth	er please descri	be:		
	Petroleum/Gasoline			l l	•			
Oil;		☐ Globs ☐ Sheen ☐	□ Slick □ (Other If oth	er please descri	be:		
0	1 110110 11 1101111							
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other			If oth	er please descri	be:			
Floating So	lids?		☐ Yes ☐ 1	No If yes	please describe	e:		
Settled Soli			□ Yes □	No If yes	please describe	e;		
Suspended	Solids?		☐ Yes ☐	No If yes	please describe	e;		
Foam? (ger	ntly shake sample)		☐ Yes ☐ 1	No If yes	If yes please describe:			
Other obvio	ous indicators of water po	llution?	☐ Yes ☐ 1	No If yes	If yes please describe:			
* The 72-ho applicable of	our interval can be waived documentation) that less t	d when the previous sto han a 72-hour interval	orm did not yi is representati	eld a measura ve of local sto	ble discharge or orm events duri	r if you are able to document (attach ng the sampling period.		
** Observe	for settled solids after all	lowing the sample to si	t for approxin	nately one-hal	f hour.			
first 30 min	ible to take samples with utes of an actual discharg le storm water event?		No If r	no please expl	ain:			
Detail any onecessary).	concerns, additional com	ments, descriptions of p	oictures taken,	and any corre	ective actions ta	ıken below (attach additional sheets as		
0.40	L. F104 P 11.1	Minini /Date-to HOOD	Annondly A C	uhanatian 4.4				
Certification	by Facility Responsible	oumont and all attachmen	to were proper	ad under my die	ection or supervi	sion in accordance with a system designed to		
assure that q	qualified personnel properly	gathered and evaluated the	he information : . the informatio	submitted. Base n submitted is.	ed on my inquiry to the best of my	of the person or persons who manage the system, knowledge and belief, true, accurate, and of fine and imprisonment for knowing violations.		
Name:	Patricia	A Klann 1	Walsh	Title:	Airport Ma	nager		
Signature:	Papi	A Klann (Date:	2-	27-2025		

MSGP Quarterly Visual Assessment Form								
			for each outfall	r				
Name of Facility:	Juneau International Air		DES Tracking No.	AKRO6-AD4 2				
Name of Outfall/Inflow:	TWY E - F Infield East		fall/Inflow No.	8				
Person(s) Collecting Sample:		Title						
Person(s) Examining Sample:		Title	tle:					
Date Sample Collected:			e Sample Examined:					
Time Sample Collected:			e Sample Examined:					
Substitute Sample? If yes please specify quarter/year when sample was originally scheduled to be taken: Yes X No								
Type of discharge: ☐ Rainfall ☐ Snowmelt								
Type of discharge: Rainfall Snowmelt Previous Storm Ended > 72 hours before Start of This Storm? Yes No* Parameter								
	A STATE OF THE STA	Danamatar						
Color:	d	rarameter	If colored please des	cribe:				
	☐ Sewage ☐ Sulfur ☐ So	our 🗆	If other please descri					
	□ Solvents □ Other	out 🗆	If other prease desert					
	☐ Globs ☐ Sheen ☐ Slice	ok □ Other	If other please descri	he:				
			If other prease describe.					
Clarity: ☐ Clear ☐ Slightly Other	y Cloudy 🗆 Cloudy 🗅 Opa	aque 🗆	If other please descri	be:				
Floating Solids?	□ Y	es 🗆 No	If yes please describe	e:				
Settled Solids**?	□ Y	es 🗆 No	If yes please describe	0:				
Suspended Solids?	□ У	es 🗆 No	If yes please describe	2:				
Foam? (gently shake sample)	D Y	es 🗌 No	If yes please describe:					
Other obvious indicators of water p	ollution?	es 🗆 No	If yes please describe:					
* The 72-hour interval can be waive applicable documentation) that less	ed when the previous storm die	d not yield a n esentative of l	neasurable discharge or ocal storm events duri	r if you are able to document (attaching the sampling period.				
** Observe for settled solids after a	llowing the sample to sit for a	pproximately	one-half hour.					
Was it possible to take samples with first 30 minutes of an actual dischar a measurable storm water event?	hin the		se explain:					
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Certification by Facility Responsible	Official (Refer to MSGP Appen	dix A. Subsect	ion 1.12)					
I certify under penalty of law that this do assure that qualified personnel properly or those persons directly responsible for	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: Patreia	A Klann (W	akk)Titl	e: Airport Ma	nager				
Signature: Partie	AKlann (W. Allan	Dat	e: 2	- 27-2025				

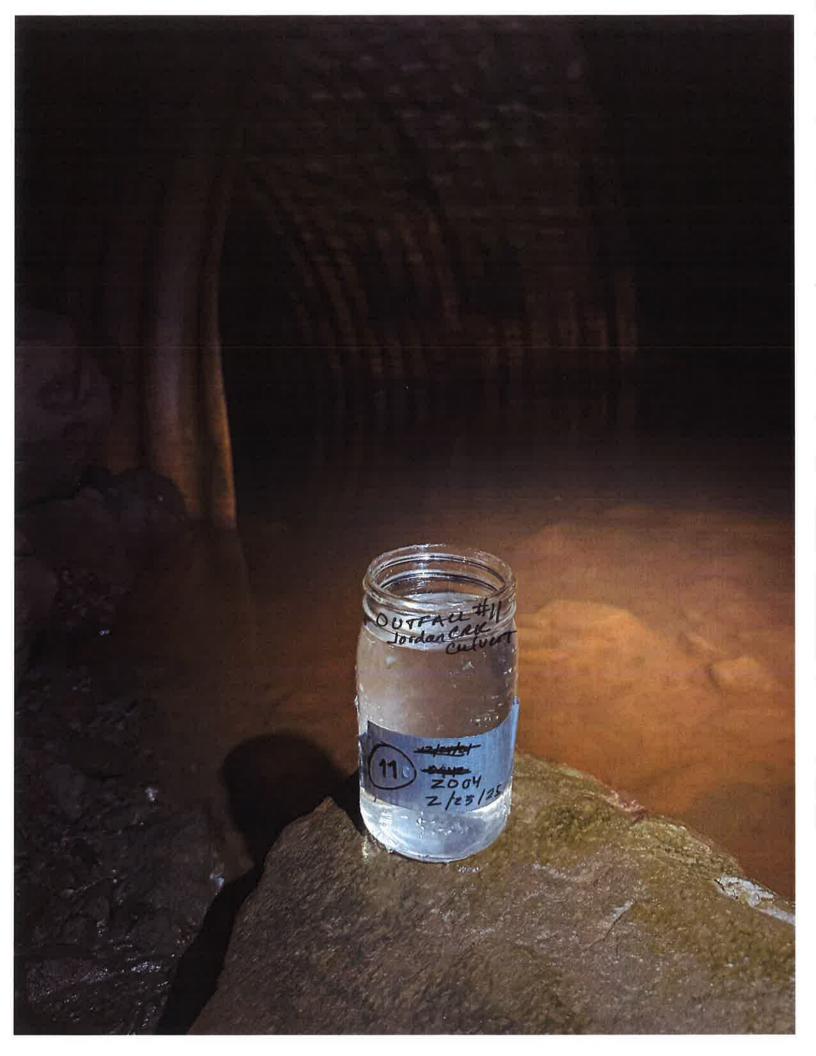
100000	DOLLAR STREET	MSGP	Quarterly Vis	ual Assessm	ent Form		
			olete a separate				
Name of Fac	ility:	Juneau Internation		NPDES Tr	acking No.	AKRO6-AD4 2	
Name of Ou		NE Development	Area Outlet	Outfall/Inf	ow No.	9	
Person(s) Co	ollecting Sample:	Cathryn Carroll		Title:		Equipment Operator	
Person(s) Ex	amining Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample		2/25/25		Date Samp	le Examined:	2/25/25	
Time Sample		1938			ole Examined:	1946	
Substitute Sa	•	If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of disc Rainfall	harge: Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"					
	orm Ended > 72 hours of This Storm? X Yes	If no please explain*:					
					artie de continu	ALL STORY OF BUILDING TO A LICENSE OF STORY	
0.1	I classical in	I AND HER THE CO	Para	meter	ored please descri	he'	
Color:	None Colored				er please describe		
Odor:	Petroleum/Gasoline [☐ Sewage ☐ Sulfur☐ Solvents ☐ Other	r 🗆 Sour 🗀	11 011	er prease describe	··	
Oil:	None Flecks	☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:		
Clarity:	Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				er please describe		
Floating Sol	ids?		Yes 🗆 1	No If yes	please describe:	Organ ic 5	
Settled Solid			☐ Yes 🔼 1	No If yes	s please describe:	-	
Suspended S	Solids?		Yes 🗆 1	No If ye	s please describe:	Organies	
Foam? (gen	tly shake sample)		☐ Yes [A.]		If yes please describe:		
Other obvio	us indicators of water po	ollution?	☐ Yes 🔼		s please describe:		
* The 72-ho	ur interval can be waive ocumentation) that less t	d when the previous st	orm did not yid is representati	eld a measura ve of local st	ble discharge or it 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-ha	f hour.		
	ble to take samples with		No If n	o please expl	ain:		
	ites of an actual discharg	ge from					
a measurable	e storm water event?		R	ain for	- 2 + Day	125	
						S.	
	oncerns, additional com	ments, descriptions of	pictures taken,	and any corr	ective actions take	en below (attach additional sheets as	
necessary).	111					:(*)	
	NA						
	10//						
Cartification	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.							
complete. I ai	n aware that there are sign	inicant penalties for SUDF	mung raise intor		III THE POSSIDING OF	and improviment of thorning fieldsond.	
Name:	Patrice	A. Klan	, (was	Title:	Airport Mana	ager	
Signature:	Padi	Allen		Date:	2-2	7-2025	



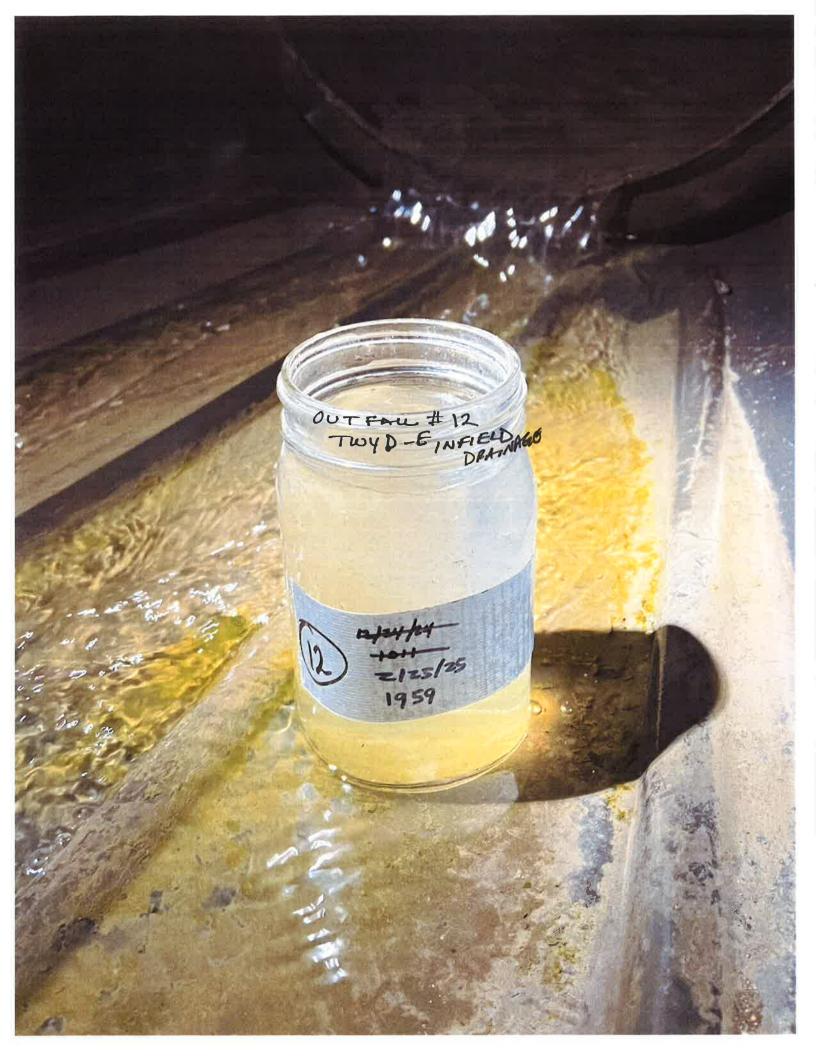
Hat Reserved	Della Control	MSGP Qua	rterly Visi	ual Assessme	ent Form			
The second				form for each				
Name of Fa	acility:	Juneau International A		NPDES Tra	cking No.	AKRO6-AD4 2		
	utfall/Inflow:	TWY G Culvert		Outfall/Infl		10		
	Collecting Sample:	Cathryn Carroll		Title:		Equipment Operator		
	Examining Sample:	Cathryn Carroll		Title:		Equipment Operator		
	le Collected:	2/25/25			e Examined:	2/25/25		
	ole Collected:	19:43			le Examined:	19:56		
Substitute S		If yes please specify quar	If yes please specify quarter/year when sample was originally scheduled to be taken:					
☐ Yes 🏻								
Type of dis	scharge; 1 🗆 Snowmelt	If rainfall please specify rainfall amount (in inches): 7.						
•								
	torm Ended > 72 hours	If no please explain*:						
	t of This Storm? Yes							
□ No*								
			December	in of any	and the same of th			
0.1	IN Gai		Parar		ored please descr	ihe:		
Color:	₩ None □ Colored		0 0		er please describe			
Odor:	Petroleum/Gasoline [☐ Sewage ☐ Sulfur ☐ ☐ Solvents ☐ Other	Sour 🗆	II om	er piease describe	5.		
Oil:	➤ None ☐ Flecks	None □ Flecks □ Globs □ Sheen □ Slick □ Other			If other please describe:			
(7)	St Cl. D Gli Idle	Classic D Classic D O		If oth	er please describe	a.		
Clarity:	Other Slightly	Cloudy Cloudy O	paque 🗀	II our	or prease desertor			
Floating Solids?								
Settled Sol			Yes 🔊 N		please describe:			
Suspended			Yes N		please describe:			
	ently shake sample)		Yes N	[ADA/08200H	please describe:			
	ous indicators of water po		Yes N		please describe:			
W.T.L. 72 L	ous indicators of water po	d when the provious sterm				f you are able to document (attach		
applicable	documentation) that less	than a 72-hour interval is re	presentativ	e of local sto	orm events during	g the sampling period.		
** 01	Constitution and the Const	lowing the sample to sit for	annraviny	ately one hal	fhour			
Wasitasa	sible to take samples with	in the Yes No	If no	please expla	in.			
	nutes of an actual dischar		11 110	picase expir	*111.			
	le storm water event?	, , , , , , , , , , , , , , , , , , , ,						
			Ka	in for	2+ Day			
		· ·						
Detail any	concerns, additional com-	ments, descriptions of pictu	res taken, a	and any corre	ective actions take	en below (attach additional sheets as		
necessary).		1 1						
• /	1/1							
	NIH							
Certification	n by Facility Responsible	Official (Refer to MSGP App	endix A, Su	bsection 1.12	A STATE OF THE STA			
assure that	qualified personnel properly	gathered and evaluated the in	formation su information	ubmitted. Base submitted is.	ed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Datrice	. A Klannly	laktu)	Title:	Airport Mana	ager		
Signature:	Paritte	A. Klann(u A. Klann	ienso	Date:	7.75	7-2025		



MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Facility:		Juneau Internatio		NPDES 7	racking No.	AKRO6-AD4 2			
Name of Outfall/Ir	nflow:	Jordan Creek Cul		Outfall/Ir	flow No.	11			
Person(s) Collectin	ng Sample:	Cathryn Carroll		Title:		Equipment Operator			
Person(s) Examini	ng Sample:	Cathryn Carroll		Title:		Equipment Operator			
Date Sample Colle		2/25/23		Date San	ple Examined:	2/25/25			
Time Sample Colle		2004			nple Examined:	20:15			
Substitute Sample's ☐ Yes ☒ No		If yes please specify quarter/year when sample was originally scheduled to be taken:							
Type of discharge:		If rainfall please spo	ecify rainfall a	mount (in in	ches): 6.7				
Previous Storm En		If no please explain*:							
	THE PART OF	SAME TO SHARE	Par	ameter					
	None 🛘 Colored				olored please describ				
		☐ Sewage ☐ Sulfu ☐ Solvents ☐ Other		If o	ther please describe:	+			
Oil:	None Flecks	☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other			If other please describe:				
Clarity: ☐ Clear Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					ther please describe:				
Floating Solids? Yes \(\sum \) No				No If y	es please describe:	Organics			
Settled Solids**?					es please describe:				
Suspended Solids's	!	M	Yes 🔽	No lf y	es please describe:	organics			
Foam? (gently sha	ake sample)		Yes D	No If y	If yes please describe:				
Other obvious indi	icators of water po	ollution?	☐ Yes 🏖		If yes please describe:				
* The 72-hour inte applicable docume	erval can be waive entation) that less	d when the previous s than a 72-hour interva	torm did not y	ield a measu ive of local	rable discharge or if storm events during	you are able to document (attach the sampling period.			
** Observe for set	tled solids after al	lowing the sample to:	sit for approxi	nately one-l	alf hour.				
Was it possible to	take samples with	in the Yes	No If	no please ex	plain:				
first 30 minutes of	an actual discharg		000						
a measurable storr	n water event?		6	Pain fo	+ 2 + Pa	y'5			
						7			
Detail any concern necessary).	ns, additional com	ments, descriptions of	pictures taken	, and any co	rrective actions takes	n below (attach additional sheets as			
	114								
/\//9									
	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)								
Certification by Fa	cility Responsible	Official (Refer to MSGF	Appendix A, S	ubsection 1	12)	in accordance with a custom designed to			
assure that qualified	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Name:	Patricia	A. Klann 1	Wanto	Title;	Airport Mana	ger			
Signature:	Partie	A. Klann (2001	Date:	2. 7	27-2025			



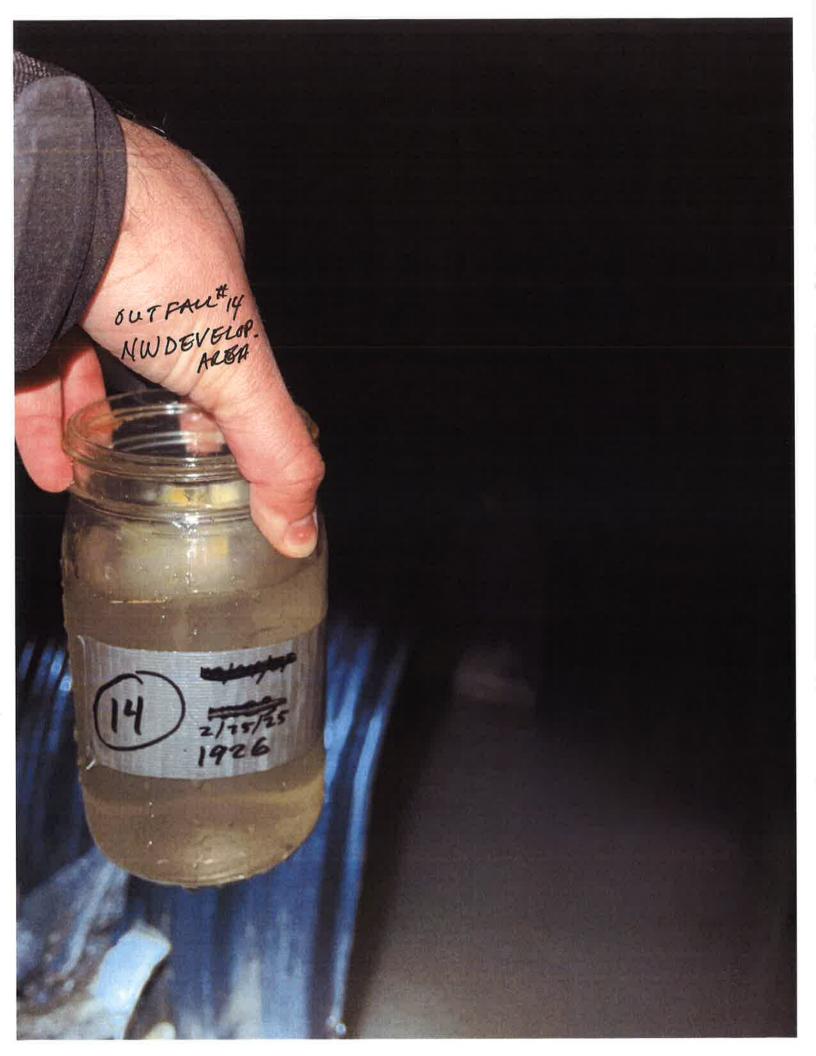
A STATE OF THE PARTY OF	C - C - C - C - C - C - C - C - C - C -	MSG	P Quarterly V	isual Assessm	ent Form		
		Cor	nplete a separat	e form for each	outfall		
Name of Facility:		Juneau Internat	ional Airport	NPDES Tra	acking No.	AKRO6-AD4 2	
Name of Outfall/I	nflow:	TWY D - E Infie	ld Drainage	Outfall/Infl	ow No.	12	
Person(s) Collecti	ing Sample:	Cathryn Carroll		Title:		Equipment Operator	
Person(s) Examin	ing Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample Col		2/25/25	7	Date Samp	le Examined:	2/25/25	
Time Sample Col		1009		Time Samp	le Examined:	2015	
Substitute Sample ☐ Yes ☒ No		If yes please specify quarter/year when sample was originally scheduled to be taken:					
Type of discharge ✓ Rainfall □ S		If rainfall please specify rainfall amount (in inches) 2.7					
Previous Storm E before Start of Th ☐ No*	inded > 72 hours his Storm? ✓ Yes	If no please explain*:					
			0.00			of a single design of a second factoring in	
Calam	Name C Calact	NO WANTED A	Par	ameter If col	ored please descri	be:	
Color:	None Colored	☐ Sewage ☐ Sul	fur Cour		er please describe		
Pet	roleum/Gasoline [☐ Solvents ☐ Oth	er		1		
Oil:	▶ None □ Flecks □ Globs □ Sheen □ Slick □ Other				If other please describe:		
Clarity: ☐ Clear ☐ Slightly Cloudy ▼ Cloudy ☐ Opaque ☐ Other					er please describe	×	
Floating Solids?							
Settled Solids**? □ Yes ☑ No If yes please describe:							
Suspended Solids?							
Foam? (gently sh			☐ Yes 🖪		please describe:		
	dicators of water po	llution?	☐ Yes 🔯		please describe:		
* The 72-hour int applicable docum	erval can be waive entation) that less t	d when the previous than a 72-hour interv	storm did not y val is representa	ield a measura tive of local st	ble discharge or it orm events during	f you are able to document (attach the sampling period.	
** Observe for se	ettled solids after al	lowing the sample to	sit for approxi	mately one-hal	f hour.		
Was it possible to first 30 minutes o a measurable stor	o take samples with of an actual discharg m water event?	in the Yes	No If	no please expl	ain: IN FOR	Z+ DAYS	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification by Fa	acility Responsible	Official (Refer to MSC	GP Appendix A,	Subsection 1.1	2)		
I certify under pena assure that qualifie	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:	Patrice	a A Klann	(wahte	Title:	Airport Mana	ager	
Signature:	Pader"	- Allen	4	Date:	2-7	17-2025	



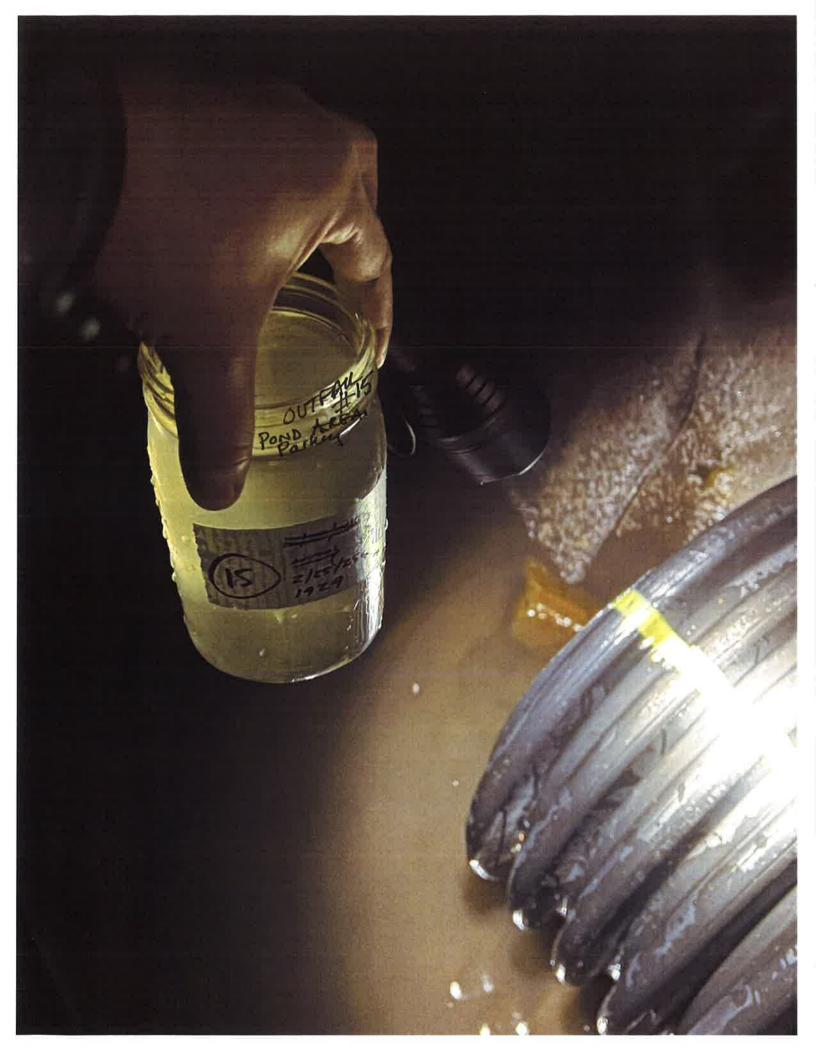
3.0		MSGP	Quarterly Vis	ual Assessm	ent Form		
	HIN OWN THE SELECT	Com	plete a separate	form for each	outfall		
Name of Facil	lity:	Juneau Internatio	nal Airport	NPDES Tra	icking No.	AKRO6-AD4 2	
Name of Outf		Runway Trench D	rain Outlets	Outfall/Infl	ow No.	13	
2 (11)	lecting Sample:	Cathryn Carroll		Title:		Equipment Operator	
Person(s) Exa	mining Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample		2/25/25		Date Samp	le Examined:	2/25/25	
Time Sample		19:54		Time Samp	le Examined:	19:59	
Substitute Sar		If yes please specify	quarter/year w	hen sample v	vas originally sche	duled to be taken:	
☐ Yes 🏿 N	☐ Yes ☒ No						
True of diagh	Type of discharge: If rainfall please specify rainfall amount (in inches): 0.7						
Rainfall [arge. ☐ Snowmelt	If faithail please spe	, ciry ramman (a.	104111 (111 111011	(CD).		
	m Ended > 72 hours	If no please explain	*				
	f This Storm? Yes						
□ No*		ļ					
	A STATE OF THE STA		Davis	meter		and the state of the state of the state of	
Color:	№ None □ Colored	A STATE OF THE STATE OF	Para		ored please describ	he:	
	None Colored	□ C □ C-16-	- Cour C		er please describe:		
Odor:	Petroleum/Gasoline	☐ Sewage ☐ Sullu	r 🗆 Sour 🗀	11 011	er preuse deserree.		
011				When If oth	er please describe		
Oil;	▶ None ☐ Flecks	☐ Globs ☐ Sileen	• silek 🗆 (Mile I II ou	If other please describe:		
Claritan	M Class D Climbels	Claudy Claudy		If oth	er please describe:		
Clarity: ✓ Clear ✓ Slightly Cloudy ✓ Cloudy ✓ Opaque ✓ Other					er picase deserroe.		
8					please describe:		
Suspended So			☐ Yes 🗗		please describe:		
	ly shake sample)		☐ Yes 🔼		please describe:		
	s indicators of water po	Illution?	☐ Yes 🗗		please describe:		
* The 72 have	s indicators of water pe	d when the previous s	torm did not vi			you are able to document (attach	
applicable do	cumentation) that less t	than a 72-hour interva	l is representati	ve of local st	orm events during	the sampling period.	
applicative do	comonitation) that room						
** Observe fo	or settled solids after al	lowing the sample to	sit for approxin	nately one-hal	f hour.		
Was it possib	le to take samples with	in the	No If r	o please expl	ain:		
	es of an actual discharg	ge from					
a measurable	storm water event?	1	1	2ain 6	or 2+1	n(
				Court 10	1 - 1	Jays	
70 . 17	1.1721		-istuman taleon	and any gorr	active actions take	n below (attach additional sheets as	
necessary).	ncerns, additional com	ments, descriptions of	pictures taken,	and any con	cettve actions take	ii oolon (attaon aaatta	
necessary).	111						
	N/H						
Certification b	y Facility Responsible	Official (Refer to MSGF	Appendix A, S	ubsection 1.12	2)	Control of the second of the s	
Loodify under	populty of law that this do	cument and all attachme	ents were prepare	ed under my di	rection or supervisio	n in accordance with a system designed to	
assure that qua	alified personnel properly	gathered and evaluated	the information	submitted. Bas	ed on my inquiry of t	he person or persons who manage the system,	
or those perso	ns directly responsible for	gathering the information	on, the informatio	n submitted is,	to the best of my kn	owledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
complete. I am	aware that there are sign	nncant penalties for sub	mitting raise into	mauon, moludi	ng the possibility of i	and improvement of morning records	
N			1	Title:			
Name:	Potnice	Allen	in (Wall	&) "	Airport Mana	ger	
Signature;	rapico	11 121 -		Date:			
] 515,111110,	taker	Allen			2-2	7-2025	



	of the following the		Quarterly Vis			the street plane was the wine	
			plete a separate			LAKROS ADA S	
Name of Faci		Juneau Internatio			racking No.	AKRO6-AD4 2	
Name of Out		NW Development	Area Outlet	Outfall/Inf	low No.	14	
Person(s) Co.	llecting Sample:	Cathryn Carroll		Title:		Equipment Operator	
Person(s) Exa	amining Sample:	Cathryn Carroll		Title:		Equipment Operator	
Date Sample		2/25/25			ole Examined:	2/25/25	
Time Sample		1976		Time Sam	ple Examined:	1946	
Substitute Sa	•	If yes please specify				eduled to be taken:	
Type of disch	harge: □ Snowmelt	If rainfall please specify rainfall amount (in inches): 2.7"					
	rm Ended > 72 hours of This Storm?	If no please explain*:					
CONTRACTOR IN		ellerseller mårken	Para	meter		当みずに発見する。 第一日 1911年 - 1911年	
Color:	■ None □ Colored		2 1111		lored please descri	ibe:	
Odor:	None Musty Petroleum/Gasoline	☐ Sewage ☐ Sulfu:		If oth	her please describe	×	
Oil:	None ☐ Flecks	cks Globs Sheen Slick Other			If other please describe:		
Clarity;	Clarity: ☐ Clear ■ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other			If oth	her please describe); ;	
Floating Solids? Yes \(\sigma\) No			No If ye	s please describe:	DR.GANIC S		
Settled Solid			☐ Yes 🕩 ì		s please describe:	DREANICS	
Suspended Se			Yes 🗆 N		s please describe:		
	tly shake sample)		☐ Yes Zh ì		If yes please describe:		
	is indicators of water po	Ilution?	☐ Yes 🔼 ì		If yes please describe:		
* The 72-hou		when the previous st	torm did not yie	eld a measura	able discharge or i	f you are able to document (attach the sampling period.	
** Observe fe	or settled solids after all	lowing the sample to s	it for approxim	ately one-ha	lf hour.		
first 30 minu	ole to take samples with tes of an actual discharge storm water event?		No If n	o please exp	lain: For Z+	DAYS	
Detail any conecessary).	oncerns, additional com	ments, descriptions of	pictures taken,	and any corr	rective actions take	en below (attach additional sheets as	
				V -4		The state of the s	
Certification t	by Facility Responsible C	Official (Refer to MSGP	Appendix A, St	ibsection 1.1	2)		
assure that qu	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:	Patrice	a. A. Klani	2 (Walls	Title:	Airport Mana	ager	
Signature:	Palui	A. Klan		Date:	2-	27-2025	



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:		Cathryn Carroll		Title:		Equipment Operator					
Person(s) Examining Sample:		Cathryn Carroll		Title:		Equipment Operator					
Date Sample Collected:		7/25/25		Date Sample Examined:		2/25/25					
Time Sample Collected:		1924			le Examined:	1948					
Substitute San		If yes please specify quarter/year when sa			vas originally sched	duled to be taken:					
☐ Yes 🛛 N		· MAX									
		Is a fall of the second of the									
Type of discharge: ■ Rainfall □ Snowmelt		If rainfall please specify rainfall amount (in inches): 0.7"									
Rainfall L	1 Snowmelt										
Previous Stor	m Ended > 72 hours	If no please explain*:									
before Start of	f This Storm? 🖊 Yes										
□ No*	•										
Parameter											
Color:	None Colored				If colored please describe:						
Odor:	None Musty	□ Sewage □ Sulfu	r 🗆 Sour 🗀	If oth	If other please describe:						
	Petroleum/Gasoline	☐ Solvents ☐ Other	r								
Oil:	None D Flecks	☐ Globs ☐ Sheen	☐ Slick ☐ (Other If oth	If other please describe:						
Clarity:	☐ Clear Slightly	Cloudy Cloudy	☐ Opaque ☐] If oth	If other please describe:						
	Other		, , , , , , , , , , , , , , , , , , , ,								
Floating Solid	ls?		Yes 🗆	No If yes	please describe:	ORGANICS					
Settled Solids**?			☐ Yes 🛣		please describe:						
Suspended Solids'?			X Yes □		If yes please describe: ORGANIC 5						
Foam? (gently shake sample)			☐ Yes 🗷	No If yes	If yes please describe:						
			☐ Yes 🕰		If yes please describe:						
					measurable discharge or if you are able to document (attach						
applicable do	cumentation) that less t	han a 72-hour interva	l is representat	ive of local st	orm events during	the sampling period.					
applicable doc	cumentation) that less t	man a 72 nour interva	it is representation								
** Observe fo	or settled solids after al	lowing the sample to	sit for approxir	nately one-hal	f hour.						
	le to take samples with			no please expl	ain:						
					FOR Z	4 Ondride					
a measurable	storm water event?	1		ICANO 1		· says ·					
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)											
Loodify under n	senalty of law that this do	cument and all attachme	ents were prepar	ed under my di	rection or supervision	in accordance with a system designed to					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system,											
Les 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.											
TAS											
Name:	Di.	1 1/1-	(wanted	Title:	Airport Mana	ger					
	Patrice	e H. Klann	Cwanto	1							
Signature:		A. Klann (wanto)		Date:	2-27-2025						
	Mere	M wan		1		. 0000					



	Quarter					2020 1/15/31		
			Quarterly Vi					
			plete a separate			LAKEDOS ADAS		
Name of Facility:		Juneau International Airport		NPDES Tracking No.		AKRO6-AD4 2		
Name of Outfall/Inflow:		Pond Discharge to River		Outfall/Inflow No.		16		
Person(s) Collecting Sample:		Cathryn Carroll		Title:		Equipment Operator		
Person(s) Examining Sample:		Cathryn Carroll		Title:		Equipment Operator		
Date Sample Co	llected:	A 1/A			le Examined:	AVA		
Time Sample Collected:					le 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): 6.7						
Previous Storm Ended > 72 hours before Start of This Storm? ★ Yes ☐ No*		If no please explain*:						
			Pare	meter	THE PROPERTY.			
Color:	None □ Colored		Parameter If colored please describe:					
Odor:	None Musty	□ Sewage □ Sulfur □ Sour □ □ Solvents □ Other			If other please describe:			
		Globs Sheen Slick Other			If other please describe:			
	y: Clear Slightly Cloudy Cloudy Opaque Other				If other please describe:			
Floating Solids?			□ Yes □	No If yes please describe:				
Settled Solids**	?		Yes 🗆	No If yes please describe: .				
Suspended Solids?			☐ Yes ☐	es 🗆 No 🔝 If yes please describe:				
Foam? (gently s	hake sample)		☐ Yes ☐ No		If yes please describe:			
Other obvious in	ollution?	☐ Yes ☐	s No If yes please describe:					
* The 72-hour in applicable docum	terval can be waived nentation) that less t	d when the previous st than a 72-hour interval	torm did not yi l is representat	eld a measura	able discharge or i orm events during	f you are able to document (attach the sampling period.		
** Observe for se	ettled solids after al	lowing the sample to s	it for approxin	nately one-ha	lf hour.			
Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event?			No If no please explain: RAIN FOR Z+ DAYS.			+ DAYS .		
necessary).		ments, descriptions of				en below (attach additional sheets as		
	We D	Maial (Datas L. MOOD	Annondly A C	uhosatlas 4 4	2)			
I certify under pena assure that qualifie	alty of law that this do d personnel properly firectly responsible for	gathered and evaluated gathering the information	nts were prepart the information n, the information	ed under my di submitted. Bas on submitted is.	rection or supervision ed on my inquiry of to the best of my ki	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: Patrice A. Klann (wellt) Signature: Falm A Klann				Title:	Airport Manager			
Signature:	Falin	A Kleur		Date:	2-7	17-2025		