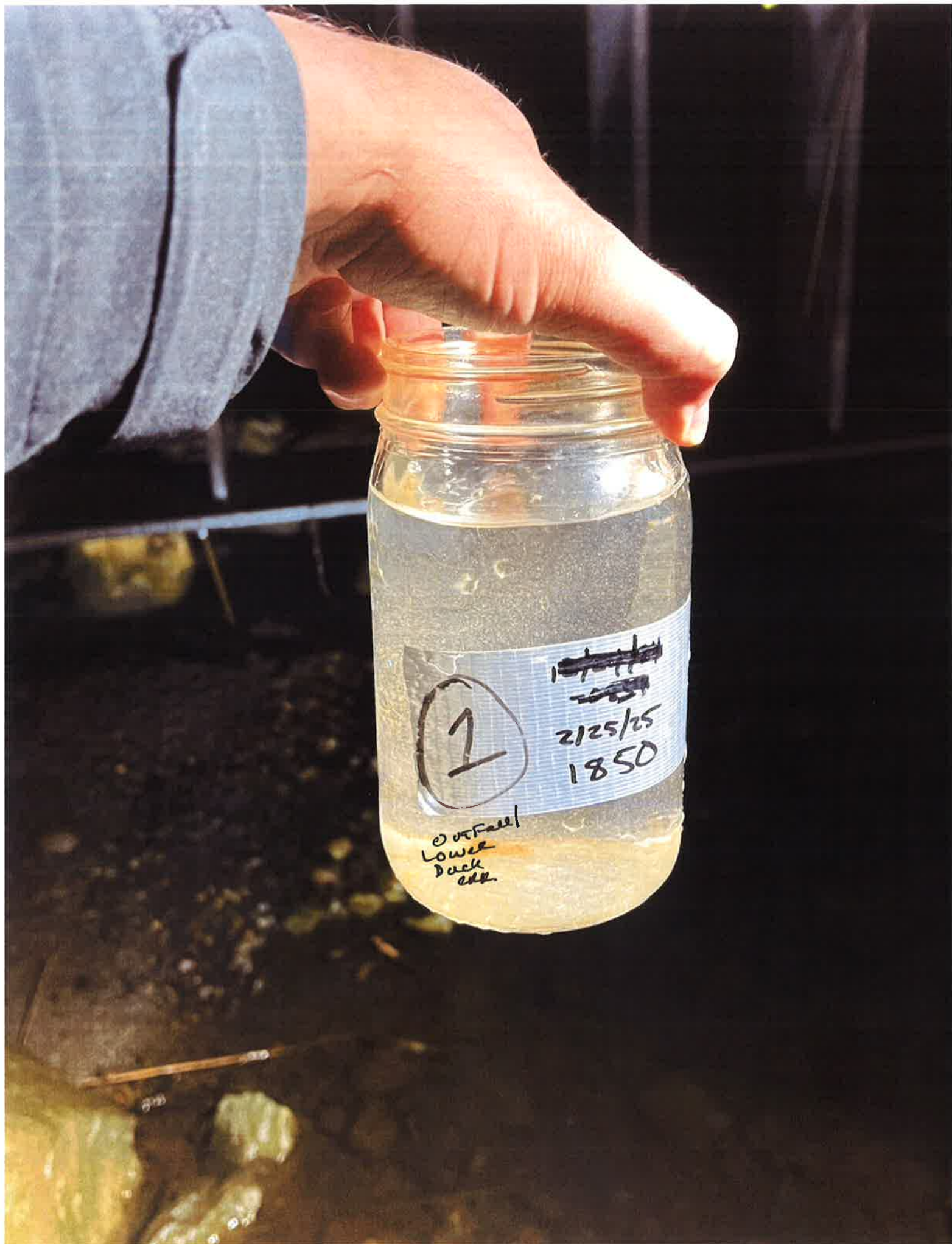


Juneau International Airport
Quarterly Visual Assessment of Storm Water Discharge – 2020 MSGP

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	1850	Time Sample Examined:	1905
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: ORGANICS	
Settled Solids**?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: ORGANICS	
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: RAIN FOR 2+ DAYS.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia Aklann (Wahto)	Title:	Airport Manager
Signature:	Patricia Aklann	Date:	2-27-2025



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 -1	Outfall/Inflow No.	2
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 Sample Examined:	2/25/25
Time Sample Collected:	19:06	Time Sample Examined:	19:20
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Organics	
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: Rain for 2 + Days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahk)	Title:	Airport Manager
Signature:	Patricia Klann	Date:	2-27-2025

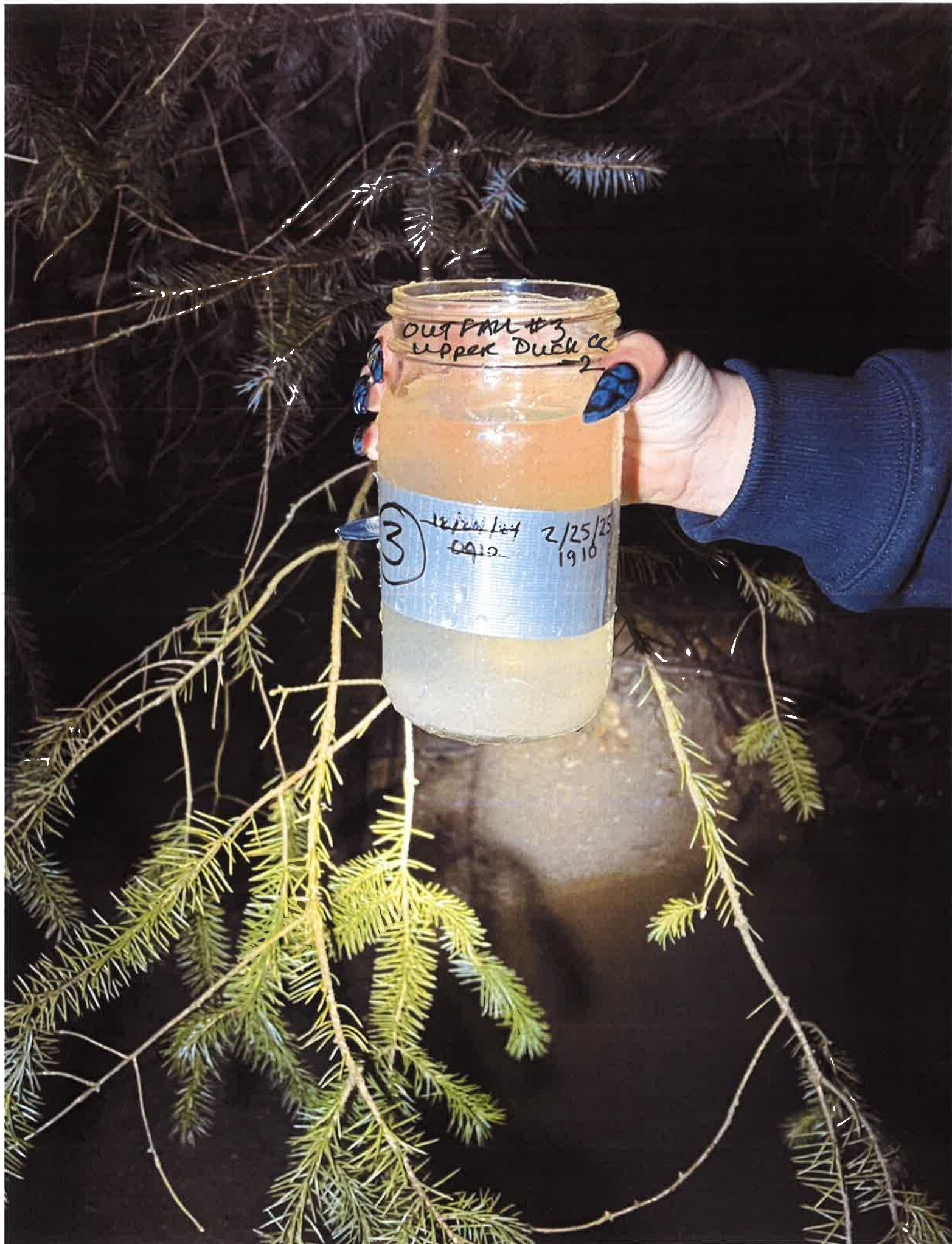


OUTFALL 2
UPPER DUCK CREEK
-1

2
2125/25
1906

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:	Upper Duck Creek - 2	Outfall/Inflow No.	3
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 Sample Examined:	2/25/25
Time Sample Collected:	1910	Time Sample Examined:	1920
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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 type="checkbox"/> Slightly Cloudy <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other	If other please describe:	
Floating Solids?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: ORGANICS	
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: RAIN FOR 2+ DAYS	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Walsh)	Title:	Airport Manager
Signature:	Patricia A. Klann	Date:	2-27-2025



OUT FAN #3
UPPER DUCK CC → 2

③ 12/10/14 2/25/25
1910

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	1933	Time Sample Examined:	1942
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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: Rain for 2 + Days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). <div style="text-align: center; font-size: 1.5em;">Rain for 2 + Days N/A</div>			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahk)	Title:	Airport Manager
Signature:	Patricia A. Klann	Date:	2-27-2025



OUTFALL # 6
Terminal AREA
DISCHARGE

(6)

10/25/24
09:00
2/25/25
19:33

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

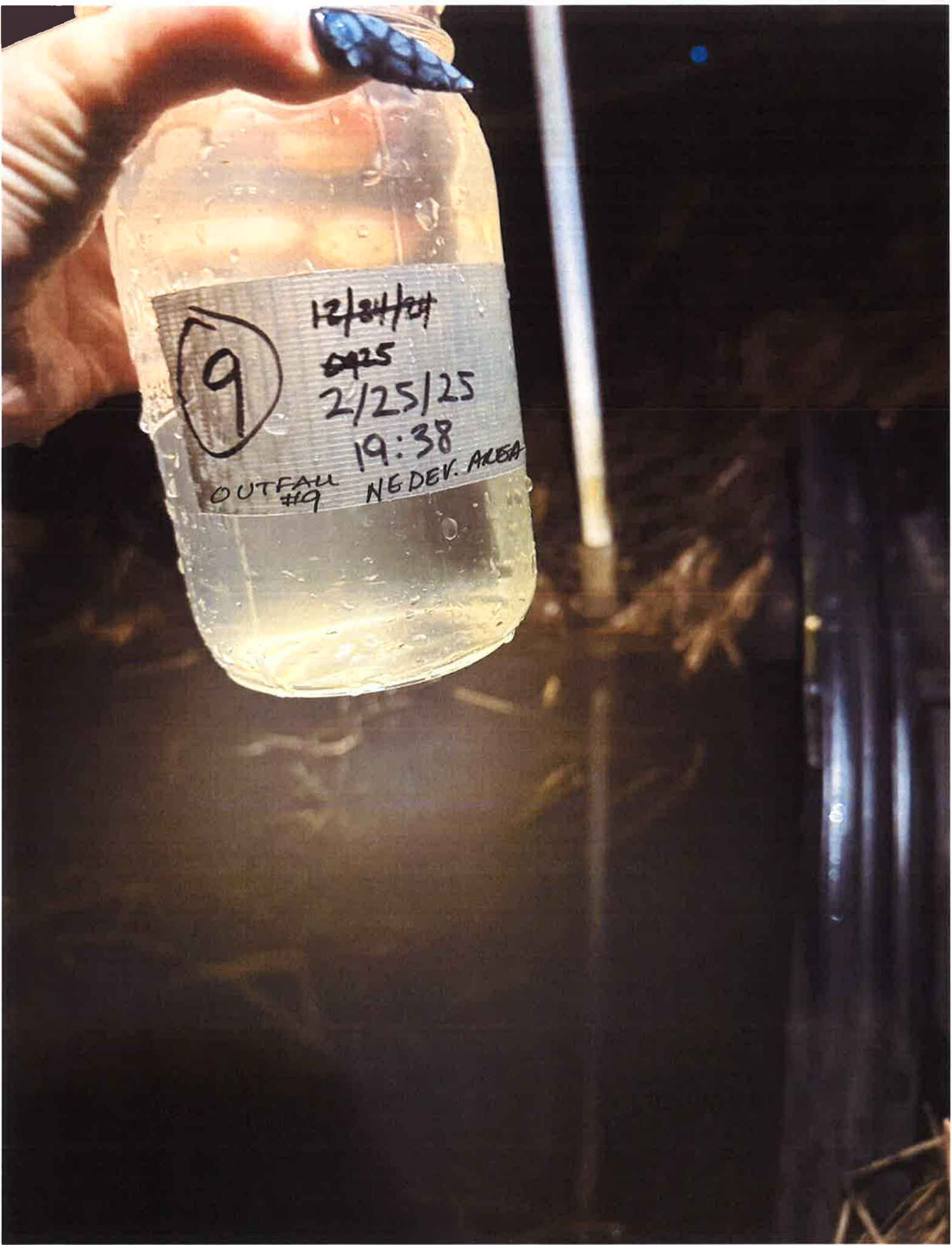
MSGP Quarterly Visual Assessment Form			
Complete a separate form for each outfall			
Name of Facility:	Juneau International Airport	NPDES Tracking No.	AKRO6-AD4 2
Name of Outfall/Inflow:	TWY E - F Infield West	Outfall/Inflow No.	7
Person(s) Collecting Sample:		Title:	
Person(s) Examining Sample:		Title:	
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*:		
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:	Patricia A Klann (Wahki)	Title:	Airport Manager
Signature:	Patricia A Klann	Date:	2-27-2025

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)			
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 (Wahki)		Title: Airport Manager
Signature:	Patricia Allan		Date: 2-27-2025

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	1936	Time Sample Examined:	1946
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Organics	
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: Rain for 2 + days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahk)	Title:	Airport Manager
Signature:	Patricia Klann	Date:	2-27-2025



9

12/24/24

0925

2/25/25

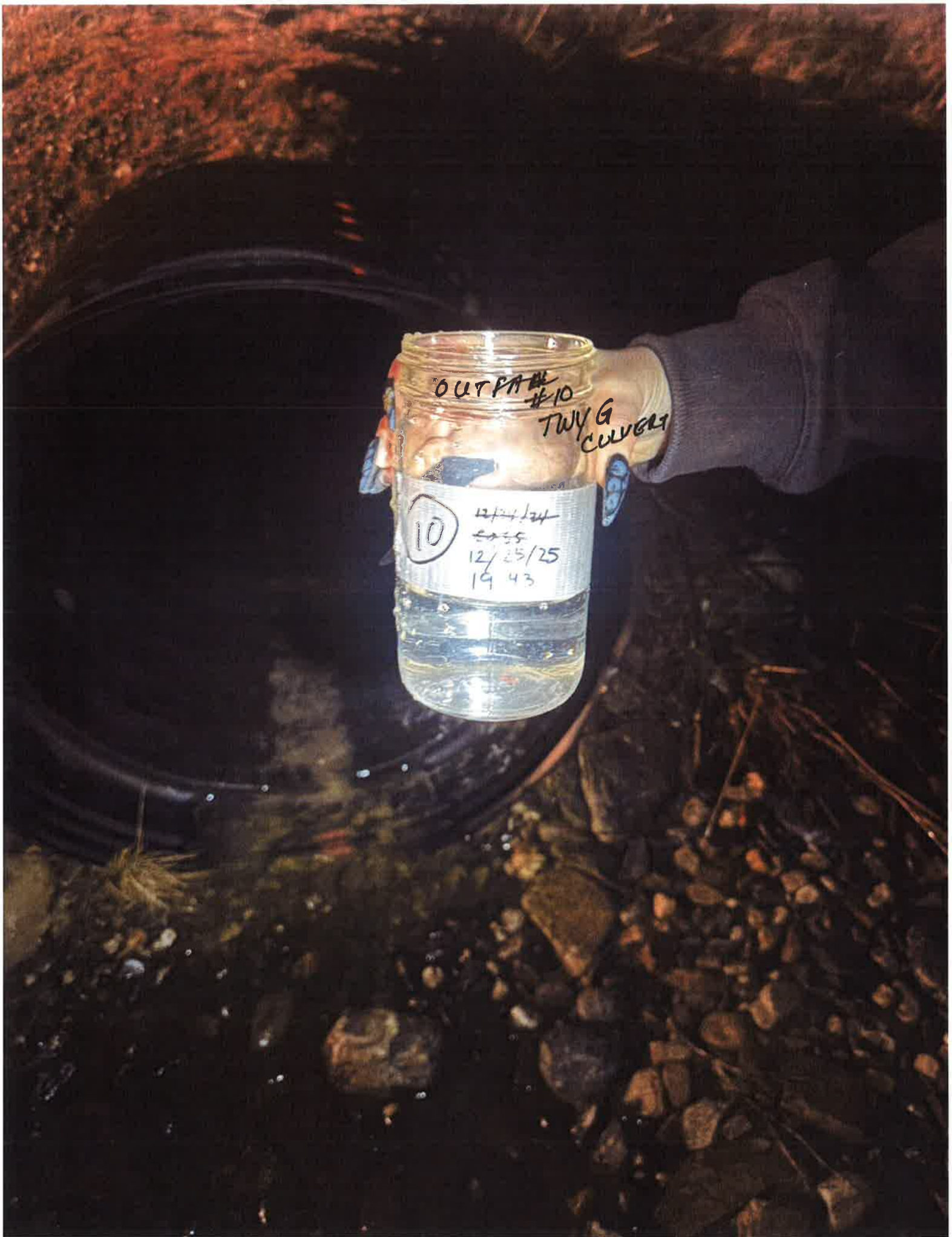
19:38

OUTFALL
#9

NE DEV. AREA

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	19:43	Time Sample Examined:	19:56
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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: Rain for 2 + Days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahtu)	Title:	Airport Manager
Signature:	Patricia A. Klann	Date:	2-27-2025



OUTPA #10

TWY G
CULVERT

10

12/24/24

E-35

12/25/25

19 43

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/23	Date Sample Examined:	2/25/23
Time Sample Collected:	2004	Time Sample Examined:	20:15
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: Organics	
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: Rain for 2 + days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahto)	Title:	Airport Manager
Signature:	Patricia Klann	Date:	2-27-2025



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 D - E Infield Drainage	Outfall/Inflow No.	12
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 Sample Examined:	2/25/25
Time Sample Collected:	1959	Time Sample Examined:	2015
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches) <u>0.7"</u>		
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 type="checkbox"/> Slightly Cloudy <input checked="" 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: <div style="text-align: center; font-size: 1.2em;">RAIN FOR 2+ DAYS</div>	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). <div style="text-align: center; font-size: 1.5em;">N/A</div>			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia Aklam (Wahle)	Title:	Airport Manager
Signature:	Patricia Aklam	Date:	2-27-2025

OUTFALL #12
TWD-E INFIELD
DRAINAGE

12

~~12/24/24~~
~~1011~~
2/25/25
1959

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:	Cathryn Carroll	Title:	Equipment Operator
Person(s) Examining Sample:	Cathryn Carroll	Title:	Equipment Operator
Date Sample Collected:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	19:34	Time Sample Examined:	19:39
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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"/> Globbs <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: Rain for 2 + Days	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A Klann (Walt)	Title:	Airport Manager
Signature:	Patricia Klann	Date:	2-27-2025



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:	NW Development Area Outlet	Outfall/Inflow No.	14
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 Sample Examined:	2/25/25
Time Sample Collected:	1926	Time Sample Examined:	1946
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: ORGANICS	
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: RAIN FOR 2+ DAYS	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wakel)	Title:	Airport Manager
Signature:	Patricia Klann	Date:	2-27-2025

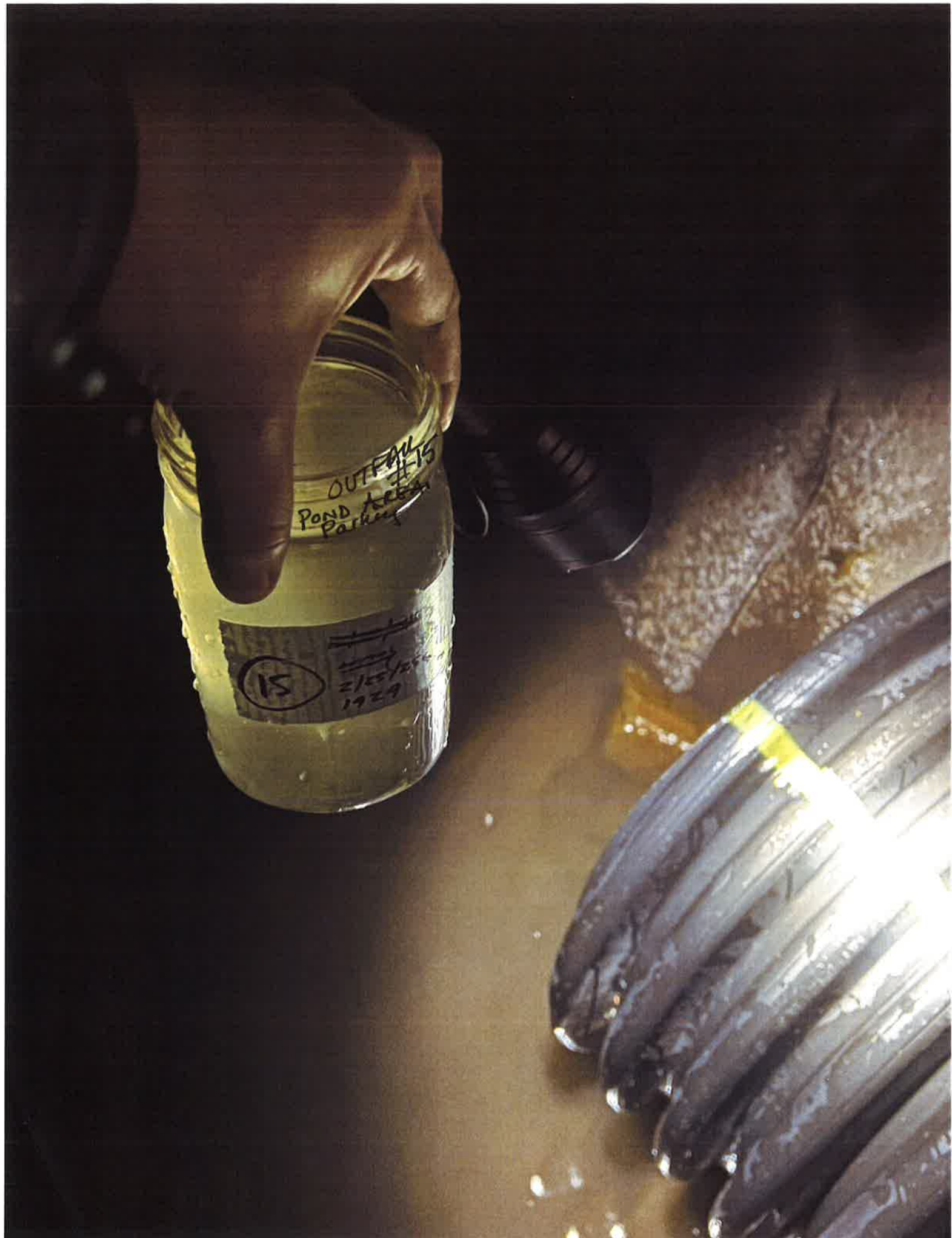
OUTFALL #14
NW DEVELOP.
AREA

14

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
2/15/25
1926

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 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:	2/25/25	Date Sample Examined:	2/25/25
Time Sample Collected:	1924	Time Sample Examined:	1948
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	If rainfall please specify rainfall amount (in inches): 0.7"		
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?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe: ORGANICS	
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: RAIN FOR 2+ DAYS.	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). N/A			
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:	Patricia A. Klann (Wahto)	Title:	Airport Manager
Signature:	Patricia A. Klann	Date:	2-27-2025



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 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 Collected:	N/A	Date Sample Examined:	N/A
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 checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt		If rainfall please specify rainfall amount (in inches): <u>0.7"</u>	
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 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 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: <u>RAIN FOR 2+ DAYS</u>	
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). <u>SOLID ICE, NO RECOVERABLE SAMPLE</u>			
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:	<u>Patricia A. Klann (walet)</u>	Title:	Airport Manager
Signature:	<u>Patricia A. Klann</u>	Date:	<u>2-27-2025</u>