



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES  
**MSGP Quarterly Visual Assessment**  
**MSGP 6.2**

A separate form is required for each outfall. Annual sampling requirements at each outfall: One sample from snowmelt discharge and three from rainfall storm events; one inspection per quarter (three-month period). Collect sample using a clean, clear container within 30 minutes of the beginning of a discharge (if not possible, describe why on an Exception Form and conduct a makeup inspection during the same quarter). Examine the outfall sample in a well-lit area and record the results for each site below. If there is no discharge at a particular outfall, then record "no discharge" on the form.

Name of Facility	Fairbanks International Airport	Outfall Site I.D.	1b
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1404
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	3a
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1442
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton

Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	4b
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1404
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input checked="" type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	8/23/21 1404			

Printed Name: Jeremy Langton

Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	5a
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1320
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input checked="" type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	8/23/21 1320			

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 





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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	5b
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1408
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input checked="" type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Sample inspected in a well-lit area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Assessment Date and Time	8/23/21 1408			

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	6a
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	7d
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1422
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	9a
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1415
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton

Title: Engineering Assistant

Signature: 





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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	10
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1420
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 



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Name of Facility	Fairbanks International Airport	Outfall Site I.D.	11
APDES Tracking No.	AKR <u>06R0AB76</u>	Sample Collection Date & Time	8/23/2021 1430
Inspector Name(s)	Jeremy Langton		
Weather Conditions/Notes	54°F, Raining		
Discharge at Site? (Circle)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type of Discharge (Check box)	<input type="checkbox"/> Snowmelt Runoff	<input type="checkbox"/> Rainfall Runoff	
For Rainfall Discharge, Record Storm Event Data	<u>Rainfall Duration (Days)</u> 5	<u>Rainfall (Inches)</u> 0.81	<u>Time Since Prior Rainfall Event (Days)</u> 6
Reason if Sample Not Collected Within First 30 Min.	Not practicable.		
Additional Comments	None.		

Observation	Description			Comments and/or Probable Source of Observed Contamination
Color	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Eggs	
Clarity	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark	
Floating Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Settled Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Suspended Solids	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Foam	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
Oil Sheen	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Smell	



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Stains at Outfall	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Other	
Sample taken in clean, clear container?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample inspected in a well-lit area?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Assessment Date and Time				

Printed Name: Jeremy Langton Title: Engineering Assistant

Signature: 