(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
1A	Substantially I	dentical Outfall? $oxtimes$ Yes, $oxtimes$ No		1B	
Outfall Name			(If yes, lis	t other outfalls)	
- ()(
Person(s)/Title(s)				Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Snowmelt
	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	1055
	Name	Title			
				Forter Tour	
•	Yes, No. If Yes, identify qua		y scheduled to be collected):	Enter Text	
Nature of Discharge	$: \square$ Rainfall, \square Snowmelt,	If rainfall: Rainfall Amount	none inch	es	
Previous Storm End	ed > 72 hours before Start o	of This Storm? \square Yes, \square No	O ¹ , if No explain: Enter Tex	t	
☐ Solvents Clarity: ☐ Clear, ☐ Floating Solids: ☐ Settled Solids ² : ☐ Suspended Solids: ☐ Foam (gently shake Oil Sheen: ☐ None Other Obvious Indic	Musty, ☐ Sewage, ☐ Sulfing Musty, ☐ Sewage, ☐ Sulfing Cloudy, ☐ Cloudy, ☐ Cloudy, ☐ No, ☐ Yes, (describe): Enter ☐ No, ☐ Yes, (describe): Enter ☐ No, ☐ Yes, (describe): Enter ☐ Sample): ☐ No, ☐ Yes, (describe): ☐ Sample): ☐ Sample Sample): ☐ Sample Sample): ☐ Sample Sampl	ext Opaque, Other Text Text Text Cribe): Enter Text een, Slick, Other (descont) No, Yes, (describe)	ribe): Enter Text): Enter Text		below
(attach additional sheets as		,	,,		
Description: Click or +	ap here to enter text.	Description Clin	ck or tap here to enter	tovt	

Q1 2024 outfall 1A Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

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.

Jake Matter		Environmental Manager	
Name		Title	
Jacob Matter Signature	5/1/24	Enter Date	
Signature		Date Signed	

 Q1 2024 outfall 1A
 Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			A	K06AB76	
Name of Facility				ES Tracking No.	
3 a	Substantially I	Identical Outfall? 🗌 Yes, 🗌 No		ter Text	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Callastina assumba	Jake Matter	Env. Manager	Discharge Began	Enter Date	snowmelt
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Evamining cample	Enter Text	Enter Text	Sample Examined	5/1/2024	Enter Text
Examining sample:	Name	Title			
Substitute Sample?	Yes, 🗵 No. If Yes, identify qu	arter/year when sample was originally	scheduled to be collected):	Enter Text	
Nature of Discharge	e: \square Rainfall, \square Snowmelt,	If rainfall: Rainfall Amount	Enter Text inche		
_	ded > 72 hours before Start o			+	
T TCVIOUS SCOTTIL LITE	ica > 72 flours before start (71 11113 3to1111: 🗀 1°C3, 🗀 N°C	, ii No explaili. Litter Tex	C	
D					
Parameters:] O. J				
	Other, (describe): Enter Te				
	\square Musty, \square Sewage, \square Sulf		as (describe): Enter Text		
☐ Solvents	s, \square Other, (describe): Enter Te	ext			
Clarity: \square Clear, \square	☐ Slightly Cloudy, ☐ Cloudy,	\square Opaque, \square Other			
Floating Solids:	☐ No, ☐ Yes, (describe): Ente	r Text			
Settled Solids ² :	☐ No, ☐ Yes, (describe): Ente	r Text			
	□ No, □ Yes, (describe): Ente				
•	sample): \square No, \square Yes, (des				
	• •		Entar Tayt		
	e, □ Flecks, □ Globs, □ Sh				
Other Obvious India	cators of Stormwater Polluti	on: L No, L Yes, (describe):	: Enter Text		
Detail any concerns	s, additional comments, des	scriptions of pictures taken	, and any corrective a	ctions taken	below
(attach additional sheets a		•	•		
NO DISCHARGE AT	THIS OUTFALL				
Description: Click or t	ap here to enter text.	Description: Clic	ck or tap here to enter	text	
Sescription, Circle Of C	ap riore to critici tonti	Description. Circ	or cap here to chitch	/:	

 Q1 2024 outfall 3a
 Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager	
Name		Title	
Jacob Matter Signature	5/1/24	Enter Date	
Signature		Date Signed	

 Q1 2024 outfall 3a
 Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport				AK06AB76	
Name of Facility	•			DES Tracking No.	
4b	Substantially Identical Outfall? \square Yes, \square No $_$		-	ter Text	
Outfall Name			(IT yes, IIS	st other outfalls)	
Person(s)/Title(s)				Date	Time
0 11 11	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample: -	Name	Title	Sample Collected	5/1/2024	10:45
Examining sample: _	Enter Text	Enter Text	Sample Examined	5/1/2024	11:15
Examining sample.	Name	Title			
Culpatituta Camania 3	□ Vaa ⊠ Na styr op st			Enter Text	
•	\square Yes, \boxtimes No. If Yes, identify quar			-	
_	: ☐ Rainfall, ☒ Snowmelt, If	-	Enter Text inch		
Previous Storm Ende	ed > 72 hours before Start of	This Storm? \square Yes, \square No	O¹, if No explain: Enter Te>	ct	
Parameters:					
	Other, (describe): Enter Tex				
Odor: \boxtimes None, \square	Musty, \square Sewage, \square Sulfu	r, 🗌 Sour, 🗌 Petroleum/(Gas (describe): Enter Text	-	
\square Solvents,	☐ Other, (describe): Enter Tex	ct			
Clarity: \boxtimes Clear, \square	Slightly Cloudy, \square Cloudy, \square	\square Opaque, \square Other			
Floating Solids:	🛮 No, 🗆 Yes, (describe): Enter	Text			
Settled Solids ² :	No, 🗆 Yes, (describe): Enter	Text			
Suspended Solids: 🗵	No, 🗆 Yes, (describe): Enter	Text			
Foam (gently shake s	sample): 🗵 No, 🗌 Yes, (descr	ibe): Enter Text			
Oil Sheen: ⊠ None	, \square Flecks, \square Globs, \square She	en, 🗆 Slick, 🗆 Other (desc	ribe): Enter Text		
	ators of Stormwater Pollutio				
					1 1 .
(attach additional sheets as	, additional comments, desc	riptions of pictures taken	i, and any corrective a	ctions taken	below
Enter Text	necessary).				
	W AND STREET				
3.5	E 97 (FE)				
1/1					
		,			

Description: Click or tap here to enter text.

 Q1 2024 outfall 4b
 Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager	
Name		Title	
Jacob Matter	5/1/24	Enter Date	
& gnature	_	Date Signed	•

 Q1 2024 outfall 4b
 Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks International Airport			A	AK06AB76		
Name of Facility				APDES Tracking No.		
5A	Substantially Identical Outfall? Yes, No			ter Text		
Outfall Name			(If yes, IIs	t other outfalls)		
Person(s)/Title(s)				Date	Time	
Callastina samula	Jake Matter	Env. Manager	Discharge Began	Enter Date	snowmelt	
Collecting sample:	Name	Title	Sample Collected	5/1/2024	1000 am	
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	10:30 am	
Examining sample.	Name	Title				
Substitute Sample 7	Voc No If Voc identifican	arter/year when sample was originally	reshadulad ta ba sallastad\	Enter Text		
•	\square Rainfall, $oxtimes$ Snowmelt,		inter Text inch	-		
Previous Storm Ended	> 72 nours before start (of This Storm? \square Yes, \square No	r, if No explain. Efficer Tex	(L		
Parameters:						
	ther, (describe): Enter Te	nvt				
			oc / Enter Toyt			
	•	ur, \square Sour, \square Petroleum/G	idS (describe). Efficer Text			
	Other, (describe): Enter Te					
•	ightly Cloudy, ☐ Cloudy,	• • •				
•	No, 🗆 Yes, (describe): Enter					
	No, 🗆 Yes, (describe): Enter					
•		v barely visible white dots				
	mple): $oxtimes$ No, $oxtimes$ Yes, (des					
Oil Sheen: ⊠ None, [\square Flecks, \square Globs, \square Sh	leen, \square Slick, \square Other (descri	ibe): Enter Text			
Other Obvious Indicate	ors of Stormwater Polluti	on: \boxtimes No, \square Yes, (describe):	Enter Text			
Detail any concerns. a	dditional comments. des	scriptions of pictures taken,	and any corrective a	ctions taken	below	
(attach additional sheets as neo		,	, ,			
Enter Text						
	9					
	Ca Call					
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63	MASON					
	A DESCRIPTION OF THE PERSON OF					
(1993)						
		-				

Description: Click or tap here to enter text.

\(\overline{Q1\, 2024\, outfall\, 5A}\)
Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager		
Name		Title		
Jacob Matter	5/1/24	Enter Date		
Signature	_	Date Signed		

<u>Q1 2024 outfall 5A</u> Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
5B	Substantially Id	dentical Outfall? 🗌 Yes, 🗌 No		ter Text	
Outfall Name		(If yes, list other outfalls)			
Person(s)/Title(s)				Date	Time
Callantina annuala	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text
Evamining cample.	Enter Text	Enter Text	Sample Examined	5/1/2024	Enter Text
Examining sample:	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify qua	rter/year when sample was originally	scheduled to be collected):	Enter Text	
	e: 🗌 Rainfall, 🗀 Snowmelt, I			es	
_	ed > 72 hours before Start o		_	+	
Trevious Storin Linu	ca > 72 hours before start o	1 11113 3to1111: 🗀 163, 🗀 140	, ii No explaili. Litter Tex		
Davamatava					
Parameters:	1011 /1 11 \ 5 \ 7				
	Other, (describe): Enter Tex				
•] Musty, □ Sewage, □ Sulfu		as (describe): Enter Text		
☐ Solvents	, \square Other, (describe): Enter Te	xt			
Clarity: \square Clear, \square	Slightly Cloudy, \square Cloudy,	\square Opaque, \square Other			
Floating Solids:	🗌 No, 🗌 Yes, (describe): Enter	Text			
Settled Solids ² :	□ No, □ Yes, (describe): Enter	Text			
	□ No, □ Yes, (describe): Enter				
•	sample): \square No, \square Yes, (desc				
,	• •		Entar Tayt		
	e, \square Flecks, \square Globs, \square She				
Other Obvious India	cators of Stormwater Pollution)n: \square NO, \square YeS, (describe):	: Enter Text		
Detail any concerns	s, additional comments, des	criptions of pictures taken,	, and any corrective a	ctions taken	below
(attach additional sheets as		•	•		
NO DISCHARGE OCC	CURING AT THIS OUTFALL				
Description: Click or t	ap here to enter text.	Description: Clic	k or tap here to enter	text.	
Description, Crick Of t	ap here to criter text.	Description. City	in or tup here to criter	CC/C	

Q1 2024 outfall 5B Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager	
Name		Title	
Jacob Watter	5/1/24	Enter Date	
∕ Signature	_	Date Signed	

Q1 2024 outfall 5B Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	tional Airport		A	K06AB76	
Name of Facility				ES Tracking No.	
6A	Substantially Identical Outfall? 🛛 Ye			5B,6C	
Outfall Name			(If yes, lis	t other outfalls)	
Person(s)/Title(s)				Date	Time
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text
concetting sample.	Name	Title	Sample Collected	Enter Date	Enter Text
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	Enter Text
zxarriing sampre.	Name	Title			
Substitute Sample?	\square Yes, \boxtimes No. If Yes, identify qua	rter/year when sample was originally	scheduled to be collected):	Enter Text	
Nature of Discharge	e: 🗌 Rainfall, 🗀 Snowmelt, I	f rainfall: Rainfall Amount $_{\sf E}$	Enter Text inche	es	
Previous Storm End	led > 72 hours before Start o	f This Storm? \square Yes, \square No	D ¹ , if No explain: Enter Tex	:t	
Parameters:					
	Other, (describe): Enter Tex	vt			
			Cockle ii N. Entor Toyt		
	Musty, ☐ Sewage, ☐ Sulfu		das (describe). Elller Text		
	, Other, (describe): Enter Te				
•	Slightly Cloudy, ☐ Cloudy, ☐ Cloudy, ☐	• •			
Floating Solids:	□ No, □ Yes, (describe): Enter	Text			
Settled Solids ² :	🗌 No, 🗆 Yes, (describe): Enter	Text			
Suspended Solids:	☐ No, ☐ Yes, (describe): Enter	Text			
Foam (gently shake	sample): ☐ No, ☐ Yes, (desc	ribe): Enter Text			
	e, 🗆 Flecks, 🗆 Globs, 🗀 She		ihe): Enter Text		
	cators of Stormwater Pollution				
-	s, additional comments, des	criptions of pictures taken,	, and any corrective a	ctions taken	below
(attach additional sheets as	• • • • • • • • • • • • • • • • • • • •				
NO DISCHARGES OC	CCURING AT THIS OUTFALL				
Description: Click or t	ap here to enter text.	Description: Clic	k or tap here to enter	text.	

<u>Q1 2024 outfall 6A</u> Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager		
Name		Title		
<u>Jacob Matter</u> Signature	5/1/24	Enter Date		
S ignature		Date Signed		

<u>Q1 2024 outfall 6A</u> Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Internat	ional Airport			AK06AB76		
Name of Facility				APDES Tracking No.		
7A	Substantially lo	dentical Outfall? $oxtimes$ Yes, $oxtimes$ N		7C,7D,7E		
Outfall Name		(If yes, iis	st other outfalls)			
Person(s)/Title(s)				Date	Time	
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text	
Collecting sample.	Name	Title	Sample Collected	5/1/2024	2:00	
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	2:30	
. 0 1	Name	Title				
Substitute Sample?	☐ Yes, ☒ No. If Yes, identify qua	arter/year when sample was original	ly scheduled to be collected):	Enter Text		
	e: \square Rainfall, \boxtimes Snowmelt, I			es		
	ed > 72 hours before Start o	-				
			· /			
Parameters:						
	Other, (describe): Enter Tex	v+				
•	• •		Cos (december) Entor Toy			
	Musty, ☐ Sewage, ☐ Sulfu		Gas (describe). Efficer Text	,		
	, ☐ Other, (describe): Enter Te					
· · · · · · · · · · · · · · · · · · ·	Slightly Cloudy, ☐ Cloudy,					
_	$oxtimes$ No, \Box Yes, (describe): Enter					
Settled Solids ² :	$oxtimes$ No, \Box Yes, (describe): Enter	Text				
Suspended Solids: [$oxtimes$ No, \Box Yes, (describe): Enter	Text				
Foam (gently shake	sample): ⊠ No, □ Yes, (desc	cribe): Enter Text				
	e, \square Flecks, \square Globs, \square She		cribe): Enter Text			
	ators of Stormwater Pollution					
	s, additional comments, des			ctions taken	halow	
(attach additional sheets as		criptions or pictures taken	i, alia aliy corrective a	Clions taken	DEIOW	
Enter Text	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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3						

Description: Click or tap here to enter text.

 Q1 2024 outfall 7A
 Page 1 of 2

¹ 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.

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Jake Matter		Environmental Manager
Name	_	Title
<u>Jacob Matter</u> Signature	5/1/24	Enter Date
Signature		Date Signed

Q1 2024 outfall 7A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Interna	A	AK06AB76				
Name of Facility				APDES Tracking No.		
9A	Substantially Identical Outfall? $oximes$ Yes, $oximes$ No			9B,9C		
Outfall Name			(If yes, lis	t other outfalls)		
- ()(-1.1)						
Person(s)/Title(s)				Date	Time	
Collecting sample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text	
o i	Name	Title	Sample Collected	Enter Date	Enter Text	
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	Enter Text	
	Name	Title				
Substitute Sample	2 □ Vos. ⊠ No. itv., the iff			Enter Text		
•	?? 🗆 Yes, 🗵 No. If Yes, identify qua			•		
	ge: Rainfall, Snowmelt,	-				
Previous Storm En	nded > 72 hours before Start o	of This Storm? \square Yes, \square No	O ¹ , if No explain: Enter Tex	ct		
Parameters:						
Color: None,	☐ Other, (describe): Enter Te	xt				
Odor: \square None,	☐ Musty, ☐ Sewage, ☐ Sulfu	ur, 🗆 Sour, 🗆 Petroleum/0	Gas (describe): Enter Text			
	ts, 🗆 Other, (describe): Enter Te					
	\square Slightly Cloudy, \square Cloudy,					
Floating Solids:	☐ No, ☐ Yes, (describe): Enter					
-						
Settled Solids ² :	□ No, □ Yes, (describe): Enter					
•	□ No, □ Yes, (describe): Enter					
Foam (gently shak	ie sample): \square No, \square Yes, (desc	cribe): Enter Text				
Oil Sheen: ☐ No	ne, \square Flecks, \square Globs, \square Sh	een, \square Slick, \square Other (desc	cribe): Enter Text			
Other Obvious Ind	licators of Stormwater Polluti	on: \square No, \square Yes, (describe)): Enter Text			
Detail any concer	ns, additional comments, des	crintions of nictures taken	and any corrective a	ctions taken	halow	
(attach additional sheets		criptions of pictures taken	i, and any corrective a	ctions taken	Delow	
•	CCURING AT THIS OUTFALL					
	too been to set and a district		ali autau la colo colo	Anna		
Description: Click or	tap here to enter text.	Description: Cli	ck or tap here to enter	text.		

Q1 2024 outfall 9A Page 1 of 2

¹ 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.

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(Complete a separate form for each outfall you assess)

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Jake Matter		Environmental Manager	
Name		Title	
<u>Jacob Matter</u> Signature	5/1/24	Enter Date	
Signature		Date Signed	

Q1 2024 outfall 9A Page 2 of 2

(Complete a separate form for each outfall you assess)

Fairbanks Interna	A	AK06AB76				
Name of Facility				APDES Tracking No.		
10	Substantially Identical Outfall? \square Yes, \square N			ter Text		
Outfall Name	(If yes, list other outfalls)					
Person(s)/Title(s)				Date	Time	
Collecting cample:	Jake Matter	Env. Manager	Discharge Began	Enter Date	Enter Text	
Collecting sample:	Name	Title	Sample Collected	Enter Date	Enter Text	
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	Enter Text	
Examining sample.	Name	Title				
Substitute Sample	$? \ \square \ Yes$, $oxtimes \ No$. If Yes, identify qua	arter/year when sample was originally	y scheduled to be collected):	Enter Text		
Nature of Discharg	ge: 🗌 Rainfall, 🗀 Snowmelt, 🛭	If rainfall: Rainfall Amount	Enter Text inch	es		
Previous Storm En	ded > 72 hours before Start o	of This Storm? \square Yes, \square No	O ¹ , if No explain: Enter Tex	rt		
		ŕ				
Parameters:						
	7 Other (describe), Enter To	vet.				
	Other, (describe): Enter Te					
	☐ Musty, ☐ Sewage, ☐ Sulfu		as (describe): Enter Text			
	s, 🗆 Other, (describe): Enter Te					
Clarity: \square Clear, \square	\square Slightly Cloudy, \square Cloudy,	\square Opaque, \square Other				
Floating Solids:	□ No, □ Yes, (describe): Enter	Text				
Settled Solids ² :	☐ No, ☐ Yes, (describe): Enter	Text				
Suspended Solids:	☐ No, ☐ Yes, (describe): Enter	Text				
	e sample): \square No, \square Yes, (desc					
	ne, 🗆 Flecks, 🗆 Globs, 🗀 Sh		rihe): Enter Text			
	cators of Stormwater Pollution					
-	is, additional comments, des	scriptions of pictures taken	, and any corrective a	ctions taken	below	
(attach additional sheets	**					
NO DISCHARGE OC	CCURING AT THIS OUTFALL					
Description: Click or	tap here to enter text.	Description: Clic	Description: Click or tap here to enter text.			

Q1 2024 outfall 10 Page 1 of 2

¹ 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.

² Observe for settled solids after allowing the sample to sit for approximately one-half hour.

(Complete a separate form for each outfall you assess)

Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A for Signatory Requirements)

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.

Jake Matter		Environmental Manager	
Name		Title	
<u>Jacob Watter</u> Signature	5/1/24	Enter Date	
∕\$ignature		Date Signed	

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(Complete a separate form for each outfall you assess)

Fairbanks International Airport			AK06AB76				
Name of Facility				APDES Tracking No.			
Outfall Name	Substantially Identical Outfall? \square Yes, \boxtimes No $_$			ter Text			
Outfall Name			(If yes, IIS	t other outfalls)			
Person(s)/Title(s)				Date	Time		
0 11 11	Jake Matter	Env. Manager	Discharge Began	Enter Date	snowmelt		
Collecting sample: —	Name	Title	Sample Collected	5/1/2024	11:00 am		
Examining sample:	Enter Text	Enter Text	Sample Examined	5/1/2024	11:30 am		
Examining sample:	Name	Title					
C b . + ! t t C - 2 . F	TV Market in			Entor Toyt			
•		arter/year when sample was originally	_	Enter Text			
_	☐ Rainfall, ☐ Snowmelt,		nter Text inch				
Previous Storm Ende	d > 72 hours before Start o	of This Storm? \square Yes, \square No	¹ , if No explain: Enter Tex	άt			
Danis							
	Other (december) FalseTe						
· ·							
	•		as (describe): Enter Text				
•		• •					
-							
•			er				
	• •						
Other Obvious Indica	tors of Stormwater Pollution	on: \boxtimes No, \square Yes, (describe):	Enter Text				
Detail any concerns,	additional comments, des	scriptions of pictures taken,	and any corrective a	ctions taken	below		
- ·			,				
Enter Text							
	A STATE OF THE STA						
30							
50							
	章 國軍						
	题 经财政股份						
Parameters: Color:							

Description: Click or tap here to enter text.

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Jake Matter	Environmental Manager	
Name	Title	
	Enter Date	
	Litter Date	
Signature	Date Signed	

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