

### System Plan Inventory Questionnaire

1. **Airport Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

2. **Please provide the number of based aircraft at your airport for the following years:**

	2008	2009	2010	2011	2012	2013	2014	2015	2016
BASED AIRCRAFT									

3. **Please provide the number of operations, in each year, for each of the following:**

OPERATIONS	2008	2009	2010	2011	2012	2013	2014	2015	*2016
COMMERCIAL AIRLINE/AIR CARRIER									
AIR TAXI/OTHER COMMERCIAL									
MILITARY									
GA ITINERANT OPERATIONS									
GA LOCAL OPERATIONS									
TOTAL OPERATIONS									

\* Estimated 2016 year end operations.

4. **If your airport has jet operations, approximately how many annual jet operations occur at your airport?**

- ☐ Fewer than 500 landings and takeoffs by jet aircraft annually
- ☐ More than 500 landings and takeoffs by jet aircraft annually
- ☐ Jet aircraft do not use our airport

**5. Please complete the following table regarding fuel available at your airport:**

	JET A		100 LL		OTHER	
AVAILABLE DURING BUSINESS HOURS	Yes	No	Yes	No	Yes	No
AVAILABLE 24/7	Yes	No	Yes	No	Yes	No

**6. What types of ground access capabilities does your airport have?**

- ☐ Courtesy Car
- ☐ Taxi or Shuttle Service
- ☐ Rental Car Availability

**7. Does your airport have on-site rental cars?** Yes No

**8. Please provide the following information for all runways:**

	PRIMARY RUNWAY	SECONDARY RUNWAY
RUNWAY ORIENTATION	_____	_____
RUNWAY LENGTH (FEET)	_____	_____
RUNWAY WIDTH (FEET)	_____	_____
WEIGHT CAPACITY DUAL WHEEL	_____	_____

**9. For each runway end, please provide the current runway and approach lighting type:**

	RUNWAY END _____		RUNWAY END _____		RUNWAY END _____		RUNWAY END _____	
REILS	Yes	No	Yes	No	Yes	No	Yes	No
PAPI/VGSI	Yes	No	Yes	No	Yes	No	Yes	No
ALS/ODALS	Yes	No	Yes	No	Yes	No	Yes	No

### 10. For each runway end, please provide current approach type:

	RUNWAY END		RUNWAY END		RUNWAY END		RUNWAY END	
	<hr/>		<hr/>		<hr/>		<hr/>	
ILS	Yes	No	Yes	No	Yes	No	Yes	No
RNAV (GPS)	Yes	No	Yes	No	Yes	No	Yes	No
LPV	Yes	No	Yes	No	Yes	No	Yes	No
VISUAL	Yes	No	Yes	No	Yes	No	Yes	No
OTHER	Yes	No	Yes	No	Yes	No	Yes	No
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### 11. For each runway end, please list runway obstructions:

☐ No Runway Obstructions

	RUNWAY END		RUNWAY END		RUNWAY END		RUNWAY END	
	<hr/>		<hr/>		<hr/>		<hr/>	
DISPLACED THRESHOLD	<hr/>		<hr/>		<hr/>		<hr/>	
CENTERLINE OBSTRUCTION	<hr/>		<hr/>		<hr/>		<hr/>	
OBSTRUCTION MARKED/LIGHTED	<hr/>		<hr/>		<hr/>		<hr/>	
HEIGHT ABOVE RUNWAY END	<hr/>		<hr/>		<hr/>		<hr/>	
DISTANCE FROM RUNWAY END	<hr/>		<hr/>		<hr/>		<hr/>	
CENTERLINE OFFSET	<hr/>		<hr/>		<hr/>		<hr/>	
OBSTRUCTION CLEARANCE SLOPE	<hr/>		<hr/>		<hr/>		<hr/>	
CLOSE-IN OBSTRUCTION	<hr/>		<hr/>		<hr/>		<hr/>	

### 12. What type of taxiway system does your primary runway have? (please select one)

- ☐ Full Parallel
- ☐ Partial Parallel
- ☐ Turnaround on Both Runway Ends
- ☐ Turnaround on One Runway End
- ☐ No Supporting Taxiway

13. What type of lighting does the taxiway have that supports your primary runway? \_\_\_\_\_

14. What is the pavement condition index (PCI) of your primary runway? \_\_\_\_\_

15. Please select all the visual aids that your airport has:

- ☐ Rotating Beacon
- ☐ Lighted Windcone/Windsock
- ☐ Segmented Circle
- ☐ Other \_\_\_\_\_

16. Does your airport have any of the following on-site weather reporting equipment?

- ☐ AWOS
- ☐ ASOS
- ☐ Super Unicom
- ☐ Weather Observer
- ☐ Other \_\_\_\_\_

17. Please select all as applicable/available at your airport?

- ☐ Public Restroom - Available 24/7
- ☐ Fixed Based Operator (FBO)
- ☐ On-Site Aircraft Maintenance Services
- ☐ Restaurant/Food Services
- ☐ Enclosed Passenger Waiting Area - Available 24/7
- ☐ FAA Part 139 Certification
- ☐ Hangar Space for Overnight Transient Aircraft

18. Please complete the following table for your based aircraft hangars:

	NUMBER OF AIRCRAFT PARKING SPACES	TOTAL SQUARE FOOTAGE	MONTHLY RENTAL RATE
T-HANGARS	_____	_____	_____
CORPORATE HANGARS	_____	_____	_____
BOX HANGARS	_____	_____	_____
HANGAR PORTS	_____	_____	_____
OTHER HANGAR TYPES _____	_____	_____	_____
TIE-DOWNS	_____	_____	_____

**19. Does your airport have a current Airport Master Plan/Airport Layout Plan (ALP) approved by SCAC?**

Yes                      No

If yes, what year was the plan completed? \_\_\_\_\_

**20. Have all, some, or none of the jurisdictions surrounding your airport adopted height zoning ordinances that follow Part 77 guidelines?**

- ☐ All
- ☐ Some
- ☐ None

**21. Does your airport have published minimum standards?** Yes                      No

**22. Does your airport have an approved/adopted Airport Security Plan?** Yes                      No

**23. Related to current conditions at your airport, how would you describe your airport?**

- ☐ Well maintained
- ☐ Maintained, but could benefit from improvement
- ☐ Airport not currently well maintained

*Thank you for your participation!*

**Please contact with questions:**

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