



APPENDIX A

Sample of Questionnaire/Survey for Data Collection Effort



SYSTEM PLAN INVENTORY QUESTIONNAIRE

This inventory form has been prepopulated with data from a variety of sources. Text in **red** indicates that the data was collected from information recorded for your Airport in the 2001 Georgia Statewide Aviation System Plan. Text in **green** represents data that was obtained from other sources including FAA *Form 5010*, Georgia Department of Transportation (Department) Aviation Programs Office State Inspections, the *2016-2017 Georgia Airport Directory*, and the Airport's ALP on file with the Department. Please confirm that the prepopulated information below is correct, and update or complete fields as necessary. A GSASP consultant team member will be visiting your Airport to review your completed inventory form with you, and will also be available to answer any questions you may have prior to your scheduled Airport visit.

1. **Airport Name:** _____
- Airport Identifier:** _____
- Contact Name:** _____
- Title:** _____
- Phone:** _____
- E-mail:** _____

RUNWAYS AND AIRFIELD

2. **The Airport Reference Code (ARC) identified on the ALP is** _____

3. **Please review the Airport's main and secondary runway information below to ensure its accuracy:**

	PRIMARY RUNWAY	SECONDARY RUNWAY
	_____	_____
RUNWAY LENGTH (IN FEET)		
RUNWAY WIDTH (IN FEET)		
GROSS WEIGHT DUAL WHEEL (1,000s OF POUNDS)		
PRIMARY RUNWAY SURFACE TYPE		
RUNWAY LIGHTING TYPE		



4. The dimensions (in feet) of the Runway Safety Area (RSA) for the primary runway are below. If you know the dimensions are different than below, please provide corrections:

Runway End: _____ RSA: _____

Runway End: _____ RSA: _____

5. For each runway end, please review the current instrument approaches and approach lighting and make corrections as necessary:

	RUNWAY END _____		RUNWAY END _____		RUNWAY END _____		RUNWAY END _____	
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
Circling Approach	Yes	No	Yes	No	Yes	No	Yes	No
Other Approach (specify)	_____		_____		_____		_____	
Runway End Identifier Lights (REILs)	Yes	No	Yes	No	Yes	No	Yes	No
Visual Approach Slope Indicator (VASI)	Yes	No	Yes	No	Yes	No	Yes	No
Precision Approach Path Indicator (PAPI)	Yes	No	Yes	No	Yes	No	Yes	No
Approach Lighting System (ALS) Type (specify)	_____		_____		_____		_____	

6. Please confirm all navigational aids that are currently operational at your Airport:

Rotating Beacon DME Localizer
 Wind Indicator VOR Other _____
 Segmented Circle NBD

7. Please confirm the Airport's weather reporting systems and make corrections as necessary:

AWOS AWSS
 ASOS NONE



8. Please confirm the taxiway system type for your primary runway (only one should be selected):

- | | |
|--------------------------------|------------------------------|
| Full Parallel | Turnaround on one Runway End |
| Partial Parallel | Stub(s) |
| Turnaround on both Runway Ends | No Supporting Taxiway |

9. The separation (in feet) between the centerlines of your primary runway and associated parallel taxiway is _____ . (This question only applies if you have a partial or full parallel taxiway).

10. For the primary taxiway, please review and confirm the following:

TAXIWAY PROPERTIES	TAXIWAY ID	
ASSOCIATED RUNWAY	_____	
WIDTH (IN FEET)	_____	
TAXIWAY LIGHTING		
MITL	Yes	No
HITL	Yes	No
LITL	Yes	No
NON-STANDARD LIGHTING	Yes	No
REFLECTORS ONLY	Yes	No
NONE	Yes	No
TAXIWAY SIGNAGE		
Hold sign(s)	Yes	No
Locational sign(s)	Yes	No
Directional sign(s)	Yes	No

11. Please review the attached exhibit, which reflects the currently known Airport property ownership/control within each of the Runway Protection Zones (RPZs), as represented in the Airport’s ALP/ Exhibit-A on file with the Department. On the attached exhibit, please indicate any known information that is different than that represented on the exhibit by marking approximate property lines and ownership. Also, please note or verify any aviation or other easements that the Airport owns. As part of your Airport visit, the GSASP consultant team member will review these exhibits with you, and the percent of each RPZ controlled by the Airport.

ADDITIONAL NOTES/CLARIFICATION (i.e., types of land use associated with the RPZ ownership other than the airport):



12. Does the Airport have full perimeter fencing? YES NO

If you answered **Yes**, please provide the following information about the Airport perimeter fence:

Height (in feet) _____ Type (security or wildlife) _____

If you answered **No**, please provide the approximate number of additional linear feet needed to provide a full perimeter fence: _____

OPERATIONS AND ACTIVITY

13. Are Part 135 operators present at the airport? YES NO

14. Are there “Through the Fence” (TTF) Operators (tenants who own their property, but are given access to the Airport) present at the Airport? YES NO

If Yes, please help us inventory the number of TTFs in the State by completing the table below. We would appreciate copies of any/all TTF operating agreements, if available, when the consultant visits the Airport.

OPERATOR NAME	TYPE OF BUSINESS	SERVICES PROVIDED	RENTAL/LEASE RATES

15. If the Airport has commercial airline service, how many enplanements were there in calendar year 2016? _____

16. How many commercial airline operations did the Airport have in calendar year 2016 (indicate estimate or actual count from ATCT)? _____ Estimate Actual count from ATCT

17. How many general aviation operations did the Airport have in calendar year 2016 (indicate estimate or actual count from ATCT)? _____ Estimate Actual count from ATCT



18. In the table below, please provide the estimated percentages of annual operations attributed to aircraft based at the Airport, and operations attributed to transient (visiting) aircraft (note: sum of based operations and transient operations should equal 100%):

ANNUAL OPERATIONS	PERCENT
Based Aircraft	_____ %
Transient Aircraft	_____ %
Total Annual Operations	100%

19. Per the FAA 5010 Form, there are _____ based general aviation aircraft at the Airport. Please provide the number of based general aviation aircraft, which you recorded on www.basedaircraft.com: _____

AIRCRAFT PARKING AND AIRSIDE FACILITIES

20. Please update/confirm the square yards of paved apron at the Airport: _____

21. Please update/confirm the number of paved tie-down spaces the Airport has for based aircraft: _____

22. Please update/confirm the number of parking spaces available for overnight transient aircraft parking on the apron: _____

23. Please update/confirm the number of unpaved tie-down spaces available at the Airport: _____

24. Aircraft parking spaces recorded for the Airport in the 2001 Study are provided below. Please update the total number of 2017 aircraft parking spaces available at the Airport for each hangar category, differentiating between those owned by the Airport and those owned by others:

HANGAR CATEGORY	2001 (TOTAL REGARDLESS OF OWNERSHIP)	2017	
		AIRPORT OWNED	OWNED BY OTHER
T-hangar spaces			
Conventional hangar spaces			
Portable hangar parking spaces			
TOTAL			

25. Does the Airport have a dedicated air cargo building? Yes No

If Yes, please provide its size (square feet) _____



26. Is there a dedicated air cargo ramp at the Airport? Yes No

If **Yes**, please provide its estimated size (square yards) _____

27. Is fuel available at the Airport? Yes No

If **Yes**, please review the type(s) of fuel available at the Airport, how each type is stored, the total storage capacity by type (combined if multiple tanks), and how each type is distributed (update all that apply):

FUEL TYPE	AVAILABLE AT AIRPORT?	24/7 CREDIT CARD FUELING?	# OF TANKS	STORAGE TYPE	STORAGE CAPACITY (TOTAL GALLONS)	DISTRIBUTION SYSTEM (CHECK ALL THAT APPLY)
Avgas	Yes	Yes		Above Ground		Truck
	No	No		Below Ground		Self-serve Other _____
Jet A	Yes	Yes		Above Ground		Truck
	No	No		Below Ground		Self-serve Other _____
Mogas	Yes	Yes		Above Ground		Truck
	No	No		Below Ground		Self-serve Other _____

ADDITIONAL NOTES/CLARIFICATION:

28. Is there an FBO facility at the Airport? Yes No

If **Yes**, please indicate the hours of operation, as well as the types of services currently being offered by the FBO(s):

NAME OF FBO	HOURS OF OPERATION	SERVICES OFFERED
	_____ TO _____	Aircraft Maintenance (full service)* Aircraft Maintenance (limited service)** Courtesy Car Pilot's Lounge Conference Room None Other (please specify) _____
	_____ TO _____	Aircraft Maintenance (full service)* Aircraft Maintenance (limited service)** Courtesy Car Pilot's Lounge Conference Room None Other (please specify) _____

* "FULL SERVICE" MAINTENANCE DEFINED AS AIRFRAME & POWERPLANT (A&P).

** "LIMITED SERVICE" MAINTENANCE DEFINED AS ANY OTHER SERVICES.



29. Please confirm the Airport facilities information in the table below:

BUILDING TYPE	PRESENT AT AIRPORT?		SIZE
Commercial Airline Terminal	Yes	No	_____ Square Feet
General Aviation Terminal or Administration	Yes	No	_____ Square Feet

30. If the Airport has a designated General Aviation Terminal Building (other than an FBO), please indicate whether it has any of the following amenities:

Pilot's Lounge Yes No
 Conference Room Yes No

31. Does the Airport have a public restroom? Yes No

32. Please confirm the number of paved auto parking spaces that are designated for general aviation at the Airport? (This should include general aviation parking spaces for staff, visitors, and customers):

33. Does the Airport offer free public Wi-Fi? Yes No

34. What activity types occur at the Airport? Please check all that apply, as well as the estimated frequency of each activity (daily, weekly, monthly):

ACTIVITY TYPE	OCCURS AT AIRPORT?		OCCURRENCE FREQUENCY		
Recreational flying	Yes	No	Daily	Weekly	Monthly
Agricultural spraying (assume seasonal peak)	Yes	No	Daily	Weekly	Monthly
Transient jet operations	Yes	No	Daily	Weekly	Monthly
Aerial surveying	Yes	No	Daily	Weekly	Monthly
Just in time shipping	Yes	No	Daily	Weekly	Monthly
Experimental aircraft operations	Yes	No	Daily	Weekly	Monthly
Police/law enforcement	Yes	No	Daily	Weekly	Monthly
Prisoner transport	Yes	No	Daily	Weekly	Monthly
Forest fire fighting (assume seasonal peak)	Yes	No	Daily	Weekly	Monthly
Ultra-light activity	Yes	No	Daily	Weekly	Monthly
Airline service	Yes	No	Daily	Weekly	Monthly
Air cargo	Yes	No	Daily	Weekly	Monthly
Medical transport	Yes	No	Daily	Weekly	Monthly
Other (please specify) _____	Yes	No	Daily	Weekly	Monthly

35. Have there been sightings or reports of UAS/UAV operations at or near the Airport? Yes No



36. Has the Airport been contacted by UAS/UAV operators to request/announce operation within five miles of the Airport? Yes No

If **Yes**, please provide an estimate of how many times the Airport has been contacted for this reason in the calendar year 2016: _____

37. Please complete the table below and indicate the UAS/UAV activity types, occurrence and frequency at the Airport (if applicable):

UAS/UAV ACTIVITY TYPE OR PURPOSE	OCCURS AT AIRPORT?		OCCURRENCE FREQUENCY		
	Yes	No	Daily	Weekly	Monthly
Public (i.e., Law Enforcement, first responders, etc.)	Yes	No	Daily	Weekly	Monthly
Model Aircraft/Hobbyist (i.e., hobby, recreation, etc.)	Yes	No	Daily	Weekly	Monthly
Civil (i.e., surveying, commercial, etc.)	Yes	No	Daily	Weekly	Monthly
Other (please specify) _____	Yes	No	Daily	Weekly	Monthly

38. If UAS/UAV operations occur at the Airport, have they interfered with fixed wing, helicopter, glider or other manned aircraft activities at your Airport? Yes No N/A

ADDITIONAL NOTES/CLARIFICATION

39. What kinds of facilities and services are available at the Airport? (check all that apply):

- | | | |
|------------------------------|-------------------------------|---------------------------------|
| Scheduled airline service | Part 135 operator | Maintenance |
| Flight training | Hangar rental | US Customs |
| Aircraft sales | Overnight tie-down rental | Restaurant |
| Transient hangar rental | Industrial park (off-airport) | Other (please specify)
_____ |
| Industrial park (on-airport) | Aircraft rental | |
| Deicing | Air taxi service | |
| Charter service | Avionics repair | |

40. What types of constraints does the Airport experience? (check all that apply):

- | | |
|---------------------------|---------------------------------|
| Land use constraints | Approach/departure obstructions |
| Environmental constraints | Height constraints |
| UAS/UAV operations | Financial constraints |
| Ground access constraints | Wildlife incursions |
| Community constraints | |

ADDITIONAL NOTES/CLARIFICATION



41. To meet the Airport’s future needs, it may be necessary to complete certain airport improvement projects. In the table below, please indicate if the Airport would experience physical constraints to development – based on the current land envelope. If the current Airport land envelope is physically constrained, please specify the anticipated level of difficulty the Airport would encounter if these development projects needed to occur:

AIRPORT DEVELOPMENT PROJECT	PHYSICAL DEVELOPMENT CONSTRAINT?		ANTICIPATED LEVEL OF DIFFICULTY TO COMPLETE THE DEVELOPMENT PROJECT
	Yes	No	
Extend runway	Yes	No	Very difficult Moderately difficult Not difficult
Construct a full parallel taxiway (please leave blank if you have a full parallel taxiway)	Yes	No	Very difficult Moderately difficult Not difficult
Construct additional hangars in your Airport’s existing land envelope	Yes	No	Very difficult Moderately difficult Not difficult
Other (please specify) _____	Yes	No	Very difficult Moderately difficult Not difficult

42. Does the Airport have on-site rental cars? Yes No

43. Does the Airport offer access to off-site or pre-arranged rental cars? Yes No

AIRPORT PLANS AND SURROUNDING ZONING INFORMATION

44. Please indicate whether the Airport currently has any of the following planning documents, as well as the dates of Agency approval (check all that apply):

PLANNING DOCUMENT	ADOPTED AT AIRPORT?		AGENCY APPROVAL (YEAR)
	Yes	No	
Airport Layout Plan (ALP)	Yes	No	
Wildlife Hazard Management Plan (WHMP)	Yes	No	



45. Please complete the following land use information for the Airport:

DIRECTION FROM AIRPORT PROPERTY BOUNDARY	MUNICIPALITY OR COUNTY RESPONSIBLE FOR LAND USE PLANNING	DOES THE MUNICIPALITY OR COUNTY HAVE AIRPORT COMPATIBLE LAND USE ZONING FOR ALL AREAS ADJACENT TO THE AIRPORT?		DOES THE ZONING CODE HAVE FAR PART 77 HEIGHT RESTRICTIONS?	
South		Yes	No	Yes	No
East		Yes	No	Yes	No
North		Yes	No	Yes	No
West		Yes	No	Yes	No

The Department wishes to collect copies of all applicable zoning ordinances for the municipalities and/or County/COUNTIES that surround the Airport. Please have copies of these ordinances available to provide to the consultant who visits your Airport. Thank you for your assistance!

