Dear Airport User:

The \_\_\_\_\_\_\_\_\_\_\_ (Airport) is preparing an airport master plan/airport layout plan. We need assistance from operators of large aircraft at (Airport) to identify the appropriate runway length to meet your operational requirements in all weather conditions. *The survey does not constitute an operational commitment on your part*; however, the more detailed data you can provide the stronger the justification the airport will have to pursue a runway extension to better serve its users. Upon completion of the survey, please return the form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your assistance and time are greatly appreciated!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What aircraft make/models do you currently operate to/from (Airport) and on average how many annual operations (total takeoffs and landings) do you conduct at (Airport)? Is the aircraft based at (Airport)

|  |  |  |
| --- | --- | --- |
| Aircraft Type | Annual Operation | Based at IH2? |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |

1. Please provide the performance requirements/distances for the aircraft listed in question 1 at (Airport (provide airport elevation ) on an (provide mean maximum daily temperature)°F day at maximum takeoff and landing weight in dry and wet conditions.

|  |  |  |
| --- | --- | --- |
| Aircraft Type | Accelerate/Stop Distance | Landing Distance |
| Dry Conditions (airport elevation, mean. max. temp °F, calm winds) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Wet Conditions (airport elevation, mean max temp., calm winds) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Are there other conditions at (Airport) that require a longer takeoff or landing length than listed above? If yes, please list below.

|  |  |  |
| --- | --- | --- |
| Aircraft Type | Accelerate/Stop Distance | Landing Distance |
| Condition: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Condition: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

If a turbine powered aircraft, does a 15% margin of safety need to be added to the landing distance above in wet conditions for your operations? [ ]  Yes [ ]  No [ ]  Already Included above

Are there any other safety factors that need to be added for your operations? If yes, please indicate type of operation (Part 135, Part 91k, etc.) and factor.

Click here to enter text.

1. How many of your annual operations at (Airport) are weight restricted (cannot operate at maximum weights)? Click here to enter text. operations at (Airport)

 OR Click here to enter text.% of operations at (Airport)

1. Please indicate the conditions when weight restricted operations at (Airport) most commonly occur

 Click here to enter text.

1. Do you conduct operations from (Airport) that require a fuel stop to complete the mission? If so, what is the general stage length or distance of such flight?

Click here to enter text.

If yes, how many of your operations per year from (Airport) require at fuel stop? Click here to enter text.

1. Do you have any planned changes to the type of aircraft you operate at (Airport) in the next two years?

 Click here to enter text.

1. Do you have any planned changes to increase or decrease operations at (Airport) in the next two years?

Click here to enter text.

1. Would a longer runway length at (Airport) increase your operations at (Airport)? If yes, what runway length is needed and how many additional operations?

Click here to enter text.

1. What other improvements that would benefit your operations at (Airport)?

Click here to enter text.

1. Please provide your contact information for any follow up questions.

Name: Click here to enter text.

Company: Click here to enter text.

Email: Click here to enter text.

Phone Number: Click here to enter text.

**Thank you for assisting the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Airport!**