

B. Airport Management Survey



IOWA AIRPORT INVENTORY SURVEY

The Iowa Department of Transportation - Aviation Bureau is undertaking a Statewide Aviation System Plan for all public-use airports in Iowa. This study seeks input on current facilities and services offered at your airport. Your timely participation in this survey is critical to the accurate assessment of your airport and the success of the study.



THANK YOU FOR ASSISTING US WITH THIS IMPORTANT EFFORT! This survey can also be completed online at: <https://javiation.wufoo.com/forms/iowa-airport-inventory-survey/>
Please complete and return this survey **within 10 days**.

SECTION 1: GENERAL INFORMATION

1. Contact Information:

AirportName/ID: _____

Contact Name/Title: _____

Phone: _____

Email: _____

SECTION 2: SYSTEM PLAN INVENTORY

2. Is your airport an (select one):

- Airport Authority City/County Agency
 Airport Commission Other _____
 Airport Advisory Board

3. Airport Reference Code (ARC) identified on your current Airport Layout Plan (ALP) is (e.g., A-II Small, C-III, etc)

4. The Design or Critical Aircraft identified on your current ALP is (include aircraft name): _____

5. Please describe the principal taxiway type supporting your primary runway (please check only one):

- Full Parallel No Supporting Taxiway
 Partial Parallel
 Stub(s)



6. If your primary runway doesn't have a full parallel taxiway, does your primary runway have turnarounds located on (please select one)?

- No Runway End
 One Runway End
 Both Runway Ends

A. Please indicate which runway end has a turnaround: _____

7. For the primary taxiway, please provide the following:

A. Width (in feet) _____

B. Taxiway Lighting

- High Intensity Taxiway Lights (HITL)
 Non-Standard Lighting
 Medium Intensity Taxiway Lights (MITL)
 Reflectors
 Low Intensity Taxiway Lights (LITL)
 None

8. Does your airport have any of the following airfield security measures (please select all that apply)?

- Full 8 ft Perimeter Fencing
 Area Lighting
 Partial 8 ft Perimeter Fencing
 Security Camera
 Visual Barrier
 Other (describe) _____
 Posted Signs
 None
 Card Access Gate

A. If you have partial perimeter fencing, please describe the following:

- i. What is the lowest height of any non-8ft perimeter fencing? _____ ft
 ii. What is the majority of the fence type around your airport? _____

9. Please provide the total number of aircraft parking spaces available at the airport for each category.

Aircraft Parking Space Category	Total Number of Aircraft Parking Spaces	Number of Parking Spaces Occupied by Based Aircraft
T-Hangar (Airport Owned)		
T-Hangar (privately owned)		
Private Conventional Hangar		
Public-Lease Conventional Hangar*		
Tie-Downs (Paved)		
Tie-Downs (Unpaved)		
Other _____		
Total		

*Note: for the purposes of estimating excess conventional hangar storage capacity, use typical single-engine aircraft footprint/size (e.g. C172)

10. Is overnight storage available to transient aircraft? If Yes, please describe.

- Yes _____
 i. If Yes, can larger business aircraft (Citation/King Air) be accommodated? Yes No
 No

11. Does your airport have a hangar waiting list? If Yes, how many aircraft are on it?

- Yes _____
 No

12. Is your airport's aircraft storage adequate (describe need and type of hangars)?



13. Do you have hangars that are unusable due to condition? Yes No

A. If Yes, please provide type and size and/or number of units: _____

14. How much auto parking does the airport have?

A. Number of spaces or square feet: _____

B. Does the airport have sufficient automobile parking in all operational areas? If No, please explain:

Yes

No _____

15. Do you have a Fixed Base Operator (FBO) at your airport? Yes No

A. If Yes, does the airport sponsor function as an FBO? Yes No

B. Is the Airport Manager also the FBO Operator? Yes No

C. Please list FBO hours of operation _____

16. Do you have a General Aviation Terminal Building at your airport? Yes No

A. If Yes, please provide the following:

Year built _____

Year renovated and describe renovations (if applicable) _____

Describe any future terminal renovation/construction plans in the next 5-years (if applicable):

B. If Yes, is the terminal building (select one):

A standalone structure

Attached to hangar/other structure

C. If Yes, please indicate whether it has any of the following amenities:

Pilot's Lounge

Computer Weather Terminal

Restrooms (24/7 access or key code access)

Public Phone

Conference Room/Business Center

None

WiFi

D. Please indicate how many square feet are within the General Aviation terminal building: _____

E. How would you describe the condition of your terminal building (select one):

Excellent

Needs Improvement (please describe)

Adequate

F. How would you describe the terminal entrance and parking (select one):

Excellent

Needs Improvement (please describe)

Adequate

G. Is your terminal entrance road paved? Yes No

H. Does your airport have a public aircraft viewing area? Yes No

17. COMMERCIAL SERVICE AIRPORTS ONLY. Please provide information on your airport's vertical infrastructure needs beyond general aviation terminal (i.e. passenger terminal, cargo facilities, etc.)

18. Does your airport have a rotating beacon? Yes No

A. If Yes, is it on a tip down pole? Yes No



19. Is your airport's lighting adequate in the following areas:

- Apron Yes No
 Terminal Area Yes No
- Hangar Area(s) Yes No
 Other _____ Yes No

20. What kinds of services are available at your airport?

A. Fuel Service (Check all that apply)

- AvGas Fuel (100 LL) Self-Fueling 100 LL Capabilities (Credit Card)
 Jet Fuel (Jet A) Self-Fueling Jet A Capabilities (Credit Card)
 Full-Service Jet A and 100 LL (24/7 Pumping Service) None

i. Describe the airport's aviation fuel tank storage capacity:

	AvGAS		Jet Fuel	
	Above Ground	Underground	Above Ground	Underground
Total Number of Gallons				
Total Number of Airport-Owned Fuel Tanks				
Total Number of Privately-Owned Fuel Tanks				

ii. Please describe the adequacy and condition of your airport's fueling facilities/services.

iii. Please mark your estimated number of gallons sold annually for AvGas and Jet Fuel (select one range for AvGas and one range for Jet A):

Range (gallons)	AvGAS	Jet Fuel
<10,000	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10,000-50,000	<input type="radio"/>	<input type="radio"/>
50,000-100,000	<input type="radio"/>	<input type="radio"/>
>100,000	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>

B. Do you have Aircraft Maintenance at your airport? Yes No ; If Yes, check all that apply below.

Maintenance Type	Aircraft Type			
	Piston	Piston Part 145/ Airworthiness Inspector	Turbine	Turbine Part 145/ Airworthiness Inspector
Airframe				
Powerplant				

C. Ground Access Services (check all that apply)

- On-site Rental Car On-Demand (e.g. Taxicab, Uber, Lyft, etc.)
 Off-Site or Pre-Arranged Rental Cars Transit Service (e.g. bus, shuttle, etc.)
 Courtesy Car/Crew Car None

D. Other Services

- Vending Aircraft Sales
 Full-Time Flight Instruction Avionics Sales/Service
 Part-Time Flight Instruction Aircraft liquid de-icing
 Charter Service/Part 135 Operator Heated hangar de-icing
 Aircraft Rental Other _____
 Air Taxi None



21. Please indicate how the airport handles snow removal.

A. Select all that apply:

- Dedicated/on-site equipment
- Shared city/county equipment
- Contracted/3rd party service
- None

B. Is your snow removal practice adequate and timely? Yes No ; If No, please explain:

C. If applicable, is your snow removal equipment storage adequate? Yes No ; If No, please explain:

22. 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):

- Airport Master Plan (Year Approved) _____
- Airport Layout Plan (Year Approved) _____
- Strategic/Business Plan
- Wildlife Management Plan
- Coordinated Community Master Plan/Economic Development Plan
- Rules and Regulations
- Airport Minimum Standards

23. Do the surrounding municipalities have any dedicated airport controls to make land use in the airport environs compatible with airport operations and development? Yes No

A. If Yes, select/circle which controls and provide year implemented:

	City	County
Land Use Zoning	<input checked="" type="radio"/> No <input type="radio"/> Yes, year implemented _____	<input type="radio"/> No <input type="radio"/> Yes, year implemented _____
Height Zoning	<input type="radio"/> No <input type="radio"/> Yes, year implemented _____	<input type="radio"/> No <input type="radio"/> Yes, year implemented _____

B. If No, please briefly describe your situation (Are there issues and/or is there a plan to enhance compatibility?)

C. Does your airport have Noise Abatement Procedures? Yes No

24. Is a process in place to routinely inspect the paved airport surfaces? Yes No

A. If Yes, how often? _____

B. How much was spent locally on routine pavement maintenance over the past 5-years? \$ _____

C. Do you have a local budget for pavement maintenance? Yes No

i. If Yes, please estimate annual budget \$ _____

D. Do you utilize the Pavement Management Report/Pavement Condition Website provided by the Aviation Bureau? Yes No

25. Do aerial applicators use your airport? Yes No If Yes, select all that apply:

- Based On-Airport
- Transient
- Rotor Wing
- Fixed Wing
- Do you have adequate apron area to accommodate aerial applicator activity in a typical year? Yes No
- Is there adequate aerial applicator equipment staging area(s)? Yes No



26. Do you have any infrastructure needs to support aerial application activities? Yes No

A. If Yes, please describe:

27. Do air ambulance operators use your airport? Yes No

A. If Yes, are they (check all that apply)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Based on-airport | <input type="checkbox"/> Fixed wing |
| <input type="checkbox"/> Transient | <input type="checkbox"/> Rotor wing |

28. Does your airport have any sustainability practices in place (i.e. solar, recycling, energy efficiency, waste reduction, sustainable farming, etc.)? Yes No

A. If Yes, please explain:

29. Please discuss general trends at your airport (i.e. increasing or decreasing aircraft operations or based aircraft) and the biggest issues facing the airport:

30. Please describe your airport's education, outreach, and special events (i.e. air shows, school tours, fly-ins, etc):

31. Other comments regarding your airport or the system plan:

Thank you for your participation!

A member of our consulting team may be contacting you to review your survey results. When you have completed your survey, please save and email as an attachment back to your Jviation/McClure contact.

Please maintain a copy of this survey for your records.

For more information on this study, please visit the project website: 2020-iowa-aviation-system-plan.com



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