



INVENTORY & DATA FORM

This Inventory Form request is being made by the Illinois Department of Transportation (IDOT) in support of the development of the Illinois Aviation System Plan (IASP) and Economic Impact Analysis (EIA). This Form will be used to guide and inform the decision-making process at public-use, public-owned airports throughout Illinois.

The consulting team has partially completed the Form utilizing information available from the Federal Aviation Administration (FAA) and state sources. Please verify this information and complete as much of the Form as possible. This survey will be the focus of the site visit, including visits to businesses on your airport for the EIA. **Please have as much of this survey form completed as possible prior to this visit.**

Note that we are requesting information for 2019. For data such as operations and other activity, please use a full year of data from Calendar Year (CY) 2019.

If you have questions regarding this Form, please contact Tom Gibson at 623-552-3182 or Thomas.Gibson@kimley-horn.com. If you have any questions regarding the IASP, please call Zach DeVeau of Kimley-Horn at 850-553-3530 or Zach.DeVeau@kimley-horn.com or Clayton Stambaugh at 217-782-4981 or Clayton.Stambaugh@illinois.gov. Your time and attention are greatly appreciated. *Thank you.*

Airport Name: _____ **3-letter ID:** _____ **Date:** _____

Does your airport have a dedicated on-site Airport Manager? YES ☐ NO ☐ ; If yes, please provide their contact information?

Name: _____ Title: _____

Phone: _____ Cell/Alternate phone: _____ Email: _____

Survey Respondent: This data request was completed by:

Name: _____ Title: _____

Phone: _____ Cell/Alternate phone: _____ Email: _____

Other Airport Contacts:

Please provide contact information for any other airport representative that may be of assistance in collecting data for your airport (such as elected officials or airport board members):

Name: _____ Title: _____

Phone: _____ Cell/Alternate phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Cell/Alternate phone: _____ Email: _____

Airside Facilities:

Runway/Taxiway	Primary Rwy	Secondary Rwy	Tertiary Rwy	Other Rwy	
Orientation (Runway #s) [e.g. 17/35]					
Length and Width [e.g. 5,000 x 100]					
Surface Type – Condition [e.g. Asphalt – Good]					
Approach Type (by rwy end) [e.g. V/NP/P]					
Runway Pavement Condition Index					
Runway Pavement Condition Number					
Runway Strength					
<i>Single wheel (SW)</i>					
<i>Dual wheel (DW)</i>					
<i>Double tandem (DT)</i>					
<i>Dual double tandem (DDT)</i>					
Runway Grooved or Porous Friction Course (PFC)? [e.g. Yes/No]					
Runway Lighting Type [HIRL, MIRL, LIRL, nonstandard, or reflectors]					
Runway Markings Type [Precision, Non-Precision, basic, or nonstandard]					
Displaced Thresholds [distance & runway end]					
Taxiway Type [Full parallel, partial parallel, turnaround, or connectors]					
Taxiway Width					
Taxiway Pavement Condition Index					
Taxiway Lighting Type [HITL, MITL, LITL, nonstandard or reflectors]					
Existing Runway Design Code (RDC)? [e.g. B-II, D-III]					
What is your airport's ultimate Airport Reference Code (ARC)?	A <input type="checkbox"/> I <input type="checkbox"/>	B <input type="checkbox"/> II <input type="checkbox"/>	C <input type="checkbox"/> III <input type="checkbox"/>	D <input type="checkbox"/> IV <input type="checkbox"/>	E <input type="checkbox"/> V <input type="checkbox"/>

Visual/Electronic Navigational Aids	Please use a "Y" if applicable on the corresponding runway end. If not applicable, write "N/A."			
VGSI [which end(s)] e.g. P4L, P2L, V2L, V4L, NTSD				
REIL [which end(s)] e.g. Y/N				
Approach Lights [which end(s)] [e.g. ALSF-1/2, MALSR, MALSF, ODALS,				
Air Traffic Control Tower	YES <input type="checkbox"/> If Yes, is it 24/7? YES <input type="checkbox"/> NO <input type="checkbox"/>		NO <input type="checkbox"/>	

On-Site WX Reporting (ASOS/AWOS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Phone #: _____	Frequency: _____	Type: _____
Rotating Beacon	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wind Cone	YES <input type="checkbox"/> If Yes, is it lighted? YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>
Segmented Circle Marker	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport have a non-standard traffic pattern?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Landside Facilities:

Facilities Provided at Your Airport			
Do you have a general aviation terminal building?	YES <input type="checkbox"/> If yes, please explain any operational constraints, concerns about condition or age, or other issues:		NO <input type="checkbox"/>
Does your airport terminal meet basic Americans with Disabilities (ADA) compliance standards? E.g. Elevators, curb ramps, etc.	YES <input type="checkbox"/>		NO <input type="checkbox"/> If no, please explain.
Percent of Infrastructure within Useful Life	Not Applicable	Percent of all Facilities	Please describe or explain further
Percent of all airside pavement (new or fully reconstructed) less than 20 years old.	<input type="checkbox"/>		
Percent of all airside pavement (rehabilitated) less than 10 years old.	<input type="checkbox"/>		
Percent of hangars less than 20 years old	<input type="checkbox"/>		
On-Airport Buildings less than 40 years old.	<input type="checkbox"/>		
Percent of all NAVAIDS and weather reporting equipment less than 15 years old.	<input type="checkbox"/>		
Percent of all loading bridges less than 20 years old.	<input type="checkbox"/>		

Facilities Provided at Your Airport				
Public Restroom (Sanitary)		YES <input type="checkbox"/> If yes, available 24/7? YES <input type="checkbox"/> NO <input type="checkbox"/> Is it ADA-Accessible? YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>	
Food and Beverage (Vending)		YES <input type="checkbox"/> If yes, available 24/7? YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>	
Pilot Lounge or Flight Planning Area		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Potable Water		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Auto Parking		YES <input type="checkbox"/> # of spaces _____	NO <input type="checkbox"/>	
Hangars		Number	Average Rent	Square Footage
T-hangar Spaces			/unit	N/A
Corp./Box Hangar Spaces for Based Aircraft			/sq.ft. (per month)	
Corp./Box Hangar Spaces for Transient Aircraft			/sq.ft. (nightly)	
Total Hangar Spaces			N/A	N/A
Does your airport have a hangar shortage? T-Hangar YES <input type="checkbox"/> NO <input type="checkbox"/> Corp./Box YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please explain why:		
Does your airport currently have a hangar waitlist?		YES <input type="checkbox"/> If yes, please provide the waiting list. *Please provide a hangar waiting list with names and types/number of aircraft when you return this survey*	NO <input type="checkbox"/>	
Tie Downs (includes shaded hangars)		Number	% Occupied	
Paved for Based Aircraft			%	
Paved for Transient Aircraft			%	
Grass for Based Aircraft			%	
Grass for Transient Aircraft			%	
Total Tie Down Spaces			%	

Aviation Services:

Services Provided at Your Airport						
FBO or Specialized Aviation Service Operations (SASO)	FBO Name(s)	Hours of Operation	Operated By			
FBO #1			<input type="checkbox"/> Airport	<input type="checkbox"/> Private		
FBO #2			<input type="checkbox"/> Airport	<input type="checkbox"/> Private		
FBO #3			<input type="checkbox"/> Airport	<input type="checkbox"/> Private		
FBO #4			<input type="checkbox"/> Airport	<input type="checkbox"/> Private		
*Note: if you have more than four FBOs, please provide a list to the project team during the site visit						
Fuel	Available?	Available 24/7?	How is this Fuel Provided (credit card reader, FBO, call-out service)?			
Jet A	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
Grade 100 Low-Lead Gasoline	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other fuel type	YES <input type="checkbox"/> NO <input type="checkbox"/> Type of fuel:	YES <input type="checkbox"/> NO <input type="checkbox"/>				
Does your airport provide a 10,000 gallon or greater fuel storage?	YES		NO			
Does your airport have steel underground storage tanks?	YES <input type="checkbox"/> <i>If yes, is there a plan to remove the steel underground storage tanks?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		NO			
What are the historical fuel sales at your airport, in gallons?		2015	2016	2017	2018	2019
	Jet A					
	AvGas					
Snow Removal Equipment						
Does your airport have adequate dedicated Snow Removal Equipment (SRE)?	YES <input type="checkbox"/>			NO <input type="checkbox"/>		
	Type:	Blowers <input type="checkbox"/>	Tractor <input type="checkbox"/>	Plows <input type="checkbox"/>	Brooms <input type="checkbox"/>	
Snow Removal Service Provider	Airport Staff <input type="checkbox"/>			City/County <input type="checkbox"/>		Other <input type="checkbox"/>
If you do not have dedicated SRE, do you have a mutual aid agreement (including in-kind sponsor) to handle snow removal?	YES <input type="checkbox"/> Please explain:				NO <input type="checkbox"/>	
Does your airport have an adequate, dedicated snow removal equipment storage building/facility?	YES <input type="checkbox"/>		NO <input type="checkbox"/> If no, where do you store your SRE equipment?			

Services Provided at Your Airport		
Other Services		
Public Phone	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fire Protection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Access Control	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Internet Access	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Aircraft Deicing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Flight Instruction/Training	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Aircraft Maintenance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (specify) _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Note: please only note if the above services are provided at your airport		
Does your airport support an aviation Educational Program in association with elementary/secondary schools, community colleges, or technical/vocational programs?	YES <input type="checkbox"/> If yes, please explain the programs provided:	NO <input type="checkbox"/>
	Does your airport host events to raise awareness and support for aviation? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Airport Activity:

Activity at Your Airport		
Operations	# Operations in 2019 (estimated through the end of the calendar year)	% Total Operations in 2019 (estimated through the end of the calendar year)
Commercial Airlines	# of Ops: _____	%
Air Taxi	# of Ops: _____	%
Military	# of Ops: _____	%
	How do military operations impact your airport's overall capacity?	
General Aviation – Local	# of Ops: _____	

Activity at Your Airport					
General Aviation – Itinerant	# of Ops: _____				
Total Operations in 2019				100%	
Air Cargo/Freight (incl. small operators)	# of Ops: _____			%	
Annual Enplanements	2015	2016	2017	2018	2019
Scheduled Commercial Airline					
Part 135 Air Taxi/Charter					
Total Enplanements (per year)					
Airport-Reported Based Aircraft	# Based Aircraft in 2019				
Single-engine					
Multi-engine					
Jet/turboprop					
Helicopters					
Others					
Military					
Total Number of Based Aircraft (Note, we will be providing basedaircraft.com data and asking for airport validation, as applicable.)					
What is the most demanding aircraft or group of aircraft (critical aircraft) that operates at your airport on a regular basis (at least 500 takeoffs and landings per year)?	Make: _____ Model: _____ # Annual operations at your airport _____				
Types of Activities	Never	Monthly	Weekly	Daily	
Recreational flying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hunting/fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sight-seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boating, kayaking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate/business activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aerial inspections (pipeline, electric, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gateway for recreational visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Police/law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prisoner transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Activity at Your Airport	Never	Monthly	Weekly	Daily	
Aerial/Wildland Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Military exercises/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aircraft flight testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aerospace manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aerospace technology research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Search & rescue/Civil Air Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental patrol (i.e. wildlife)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aerial photography/surveying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Real estate tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aerial advertising/banner towing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic/news reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of community facilities (parks, fire station, meeting rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skydiving/Parachute jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gliders/soaring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air cargo (boxes, parts, equipment, live animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Types of Activities	Frequency of Operations				
Aerial Agricultural Application	<input type="checkbox"/>	<input type="checkbox"/> % of Ops: _____	<input type="checkbox"/> % of Ops: _____	<input type="checkbox"/> % of Ops: _____	
	If your airport accommodates aerial agricultural application, do you have an operational/conduct agreement in place with the operators?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Air Ambulance	Frequency and Aircraft Types				
Activity Frequency	Never	Monthly	Weekly	Daily	
Patient Transfer/Emergency medical evacuation	<input type="checkbox"/>	<input type="checkbox"/> % of Ops: _____	<input type="checkbox"/> % of Ops: _____	<input type="checkbox"/> % of Ops: _____	
Aircraft Utilized	King Air	Jet	Pilatus PC-12	Helicopter	_____ (Other?)
Patient Transfer/Emergency medical evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator Information	Operator Name	Based at Airport?	Contact Information		
Air Ambulance Operator #1		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Air Ambulance Operator #2		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Air Ambulance Operator #3		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Air Ambulance Operator #4		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Activity at Your Airport

Air Ambulance Operator #5		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Air Ambulance Operator #6		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Mobility and Access:**Mobility and Access**

Please indicate all forms of mobility and access that are available to and from your airport.

Courtesy Car	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bus	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heavy Rail/Train	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Light/Commuter Rail	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Shuttle	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ride Share (Uber/Lyft)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Taxi	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rental Car (On-Site)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rental Car (Off-Site)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Paved Entry Road	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other Transportation Mode	Explain:	

Airport Safety:**Safety at Your Airport**

Does your airport have a formal program receiving, managing, and responding to on/near airport UAS use requests (i.e. AirMap, LAANC)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain this program:
Has your airport adopted land use and zoning controls for and surrounding the airport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport accommodate/support law enforcement or government operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport have a certified tornado shelter(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport provide a First-Aid Kit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Safety at Your Airport		
Does your airport provide an AED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport provide a spill kit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport provide generators/back up power?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, to what facilities does the generator provide power? (select all that apply) Runway <input type="checkbox"/> Other Airfield <input type="checkbox"/> Terminal <input type="checkbox"/> Fuel <input type="checkbox"/> Nav aids <input type="checkbox"/>	
Does your airport have on-site Aircraft Rescue and Firefighting (ARFF) trained staff?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, does your airport's local emergency responders have basic training in Aircraft Rescue and Fire Fighting (ARFF)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes to the question immediately above, do your local emergency responders have a program in place to receive periodic training in ARFF? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes to the question immediately above, please explain the training program in place:	
Does your airport have an adopted emergency response plan that it maintains?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your airport provide emergency response equipment/services, either through airport ownership or mutual aid agreement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Airport Planning

Planning at Your Airport			
Airport Master Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Airport Layout Plan w/Narrative	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Strategic or Business Plans	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Wildlife Hazard Assessment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Wildlife Management Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Storm Water Pollution Prevention Plan (SWPPP)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Up-to-date Drainage Analysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Spill Prevention, Control, & Countermeasure (SPCC) Plan/Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
FAA Part 150 Noise Study	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Local Obstruction Study	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Airport Diagram Charting for GA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Yr. Completed _____
Has your airport established a set of rules, regulations, or minimum standards?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	<i>If so, please include a copy of those when you return this survey</i>		
Does your airport currently show a runway extension on its ALP?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	If yes, do you own the land for the extension? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is your airport currently complying with FAA grant assurances?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain what assurances your airport is not compliant with.		Explain:
Do you have knowledge of non-FAA sources of funding for airport development and MPA engagement to include airport-related projects in planning?	YES <input type="checkbox"/>		NO <input type="checkbox"/>

Airport Planning

Planning at Your Airport				
What is your perception of IDOT's review/approval of deliverables?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Explain: _____			
What is your perception of IDOT's grant management/project execution?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Explain: _____			
What is your perception of IDOT-sponsored projects?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Explain: _____			
What is your perception of IDOT's coordination/information sharing?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Explain: _____			
What is your perception of IDOT's real time access to data/information?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Explain: _____			

Environment/Land Use Compatibility:

Environment at Your Airport			
How much does each of the following environmental factors impact your airport?	None	Moderate	Significant
Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endangered species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floodplains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incompatible land use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Land Use at Your Airport	
Do you know if your airport has been considered by the governing land use authority (county or city) in their comprehensive land use or transportation plans?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please explain the plans in which the airport has been considered:</p>
Does your airport have an active development partnership with the chamber of commerce, tourism bureaus, air service development groups, service organizations, industries, local or regional governments, recreation districts, etc.?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please explain:</p>
Does your airport have land that has been identified for development and is shown on an approved Airport Layout Plan (ALP) Set?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please explain:</p> <p>If yes, are utility connections available? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Water <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Sewer <input type="checkbox"/></p>
Does your airport have airside farm plats?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please explain:</p>
Does your airport have any plans to develop solar on airport property?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, is the airport complying with IDOT standards for development?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Approach Surface Obstructions

Are either of the approaches of your primary runway negatively impacted by obstructions?

YES ☐ NO ☐

*If yes, please explain.
(e.g. 34:1 violation at end of rwy 18)*

Please indicate if your airport controls the runway protection zones (RPZ) for its runways:

Percent Controlled:
Fee Simple

Percent Controlled:
Easement

Percent Uncontrolled

Runway End (Numeral) _____

%

%

%

Runway End (Numeral) _____

%

%

%

Runway End (Numeral) _____

%

%

%

Runway End (Numeral) _____

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%

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Runway End (Numeral) _____

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Runway End (Numeral) _____

%

%

%

Runway End (Numeral) _____

%

%

%

Runway End (Numeral) _____

%

%

%

Economic Impact:

Economic Factors at Your Airport		
Employment – by the Airport Sponsor		
<p>How many full- and part-time employees will have been employed by your airport in 2019?</p> <p><i>Please include estimates only for those directly employed by the airport. You should NOT include those employed by a separate private company (e.g., an airline or concessionaire) or government (e.g., FAA or TSA).</i></p>	Full-Time _____	<p>Part-Time: _____</p> <p>Avg. number of hours worked per week by part-time employees _____ hours/week</p>
Does the airport manage or staff the FBO?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Please estimate the number of employees <u>employed by the airport</u> that are in the following occupation categories. The figures entered below should sum to the same total as full-time and part-time employment listed at the top of this table.</p>		
	Occupation	Number of Employees
General	Managerial/Supervisory	
	Clerical	
	Craft Trades (e.g., electrician)	
	Security (not TSA, CBP)	
Retail Trades	Food service	
	Retail (e.g., newsstand)	
Other (please specify)		
Employment – Outsourcing and Contracting Out		
Individuals on Contract	<p>If you pay some individuals through a contract, as opposed to through payroll, please indicate the number of such employees, how many hours per week worked in 2019, as well as how many weeks worked in 2019, on average. (estimate through the end of the calendar year)</p> <p>_____ Number of contract employees</p> <p>_____ Number of weeks/years</p> <p>_____ Number of weekly hours</p>	
Firms on Contract	<p>If you outsource or contract out any work to other companies (e.g., cleaning services, IT, ground handling, etc.), please complete the following table, indicating the functions you outsource to third party companies, and provide an estimate of the annual contracted hours of work completed in 2019 (as estimated through the end of the calendar year). Also, please specify the company's name(s) and indicate whether they are located at the airport. This will allow us to avoid any double counting of work performed by other companies which may also be surveyed as a part of this study</p>	

Economic Factors at Your Airport

Function of Contractor	Contractor Firm Name	Located On-Site?	Number of Hours Performed by the Contractor in 2019 (as estimated through the end of the calendar year)
<i>Example: Cleaning services</i>	<i>Spic and Span Cleaners</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>100 hours per year (2 hours per week)</i>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please estimate the <u>total</u> number of people working on airport property. (Includes airport sponsor and tenants)	Full-Time _____	Part-Time: _____

Expenditures						
Total CY 2019 annual wages and benefits paid to all employees employed by your airport?	<p>\$ _____</p> <p><i>Note: Total payroll includes gross (pre-tax) wages or salaries, including overtime pay, commissions, allowances and bonuses.</i></p>					
	<p>Alternative response option:</p> <p>If you are unable to answer this question, please provide an estimate of the average annual wage/salary per employee (including overtime pay, commissions, allowances and bonuses):</p> <p>Average Annual Salary/Wage per Employee: \$ _____</p> <p>OR</p> <p>Average salary range/employee:</p> <table border="0"> <tr> <td>___ less than \$20,000</td> <td>___ \$60,000 -- \$79,999</td> </tr> <tr> <td>___ \$20,000 -- \$39,999</td> <td>___ \$80,000 -- \$99,999</td> </tr> <tr> <td>___ \$40,000 -- \$59,999</td> <td>___ \$100,000 or more</td> </tr> </table>	___ less than \$20,000	___ \$60,000 -- \$79,999	___ \$20,000 -- \$39,999	___ \$80,000 -- \$99,999	___ \$40,000 -- \$59,999
___ less than \$20,000	___ \$60,000 -- \$79,999					
___ \$20,000 -- \$39,999	___ \$80,000 -- \$99,999					
___ \$40,000 -- \$59,999	___ \$100,000 or more					

How much did your airport spend on capital improvements over the last four years (federal, state, and local)?	2016 \$ _____	2017 \$ _____	2018 \$ _____	2019 \$ _____
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Economic Factors at Your Airport

Omitting the expenditure categories above (i.e., payroll and capital improvements), please report how much your airport spent on all other operating expenses in CY 2019? (as estimated through the end of the calendar year)

\$ _____

Airport Activity

The following questions relate only to visitors who arrive by GA:

Estimate the percentage of 2019 out-of-state, GA traffic at your airport (as estimated through the end of the calendar year) (Should be a fraction of itinerant traffic)

_____ %

Estimate the average number of passengers (including pilots) for **each** of the transient GA operations (above) at your airport.

_____ passengers

Average length of stay

- ☐ < 1 day (e.g., visitors do not spend the night)
☐ 1 night
☐ 2 nights
☐ 3 nights or more

What is the purpose of travel for visitors who arrive via GA?

_____ % are business use/travel
 _____ % leisure/personal use/travel
 _____ % combine business and leisure/personal travel

(NOTE: % should add to 100%)

Use the space below to discuss any special attributes of your airport or ways in which it is unique or important to the community it serves. Please note if your airport sponsors any community events and identify other ways your airport benefits the local community or area businesses. Discuss how the community has supported your airport, as applicable. Please also provide any available anecdotes, testimonial, or quotes that highlight the value of your airport to the community or local businesses.

The Illinois Aviation System Plan provides a blueprint to direct the growth of airports in Illinois over the next 20 years. Please use the space below to note the **top three issues** concerning your airport, unique needs of your airport, development within your community that will lead to increased demand at your airport, or other issues that the system plan should consider.

1.

2.

3.

Airport Tenants and Based Aircraft

Please complete the information requested below in the following tables (T.1 – T.2), as available. IF YOU HAVE THIS INFORMATION IN ANOTHER FORMAT, YOU MAY PROVIDE THAT INFORMATION IN PLACE OF COMPLETING THE REMAINING TABLES. To assist in the data collection effort associated with on-airport tenants, we have provided a separate Excel file that contains data that was used for the 2012 Economic Impact Study that was completed for your facility. We ask that you please review the attached Excel file in detail and provide any updates that have occurred.

T.1 List all FBOs, tenant businesses/organizations, government agencies, and other businesses with employees LOCATED AT YOUR AIRPORT. This may include freight forwarders, warehouses, aircraft repair, ground handlers, fueling companies, FBOs, aircraft parts suppliers, aircraft manufacturers, FAA, TSA, CBP, flight training, skydiving, aerial agricultural applicators, car rentals, hotels, airlines and others.

1	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____
2	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____
3	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____

T.1 List all FBOs, tenant businesses/organizations, government agencies, and other businesses with employees LOCATED AT YOUR AIRPORT. This may include freight forwarders, warehouses, aircraft repair, ground handlers, fueling companies, FBOs, aircraft parts suppliers, aircraft manufacturers, FAA, TSA, CBP, flight training, skydiving, aerial agricultural applicators, car rentals, hotels, airlines and others.

4	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____
5	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____
6	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____

T.1 List all FBOs, tenant businesses/organizations, government agencies, and other businesses with employees LOCATED AT YOUR AIRPORT. This may include freight forwarders, warehouses, aircraft repair, ground handlers, fueling companies, FBOs, aircraft parts suppliers, aircraft manufacturers, FAA, TSA, CBP, flight training, skydiving, aerial agricultural applicators, car rentals, hotels, airlines and others.

7	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____
8	Company/organization name: _____ Main product/service: _____ Contact name: _____ E-mail Address: _____ Mailing address: _____ _____ City: _____ State: _____ Zip: _____	Phone: _____ Estimated number of full-time employees: ____ Estimated number of part-time employees: ____

T.2 List all businesses that BASE AIRCRAFT at YOUR AIRPORT other than those listed in the previous table (incl. ag sprayers).

1	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>
2	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>
3	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>

T.2 List all businesses that BASE AIRCRAFT at YOUR AIRPORT other than those listed in the previous table (incl. ag sprayers).

4	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>
5	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>
6	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: ____</p> <p>Estimated number of part-time employees: ____</p>

T.2 List all businesses that BASE AIRCRAFT at YOUR AIRPORT other than those listed in the previous table (incl. ag sprayers).

7	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: _____</p> <p>Estimated number of part-time employees: _____</p>
8	<p>Company name: _____</p> <p>Main product/service: _____</p> <p>Contact name: _____</p> <p>E-mail Address: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Phone: _____</p> <p>Estimated number of full-time employees: _____</p> <p>Estimated number of part-time employees: _____</p>

THANK YOU FOR YOUR ASSISTANCE!