Facility Information Worksheet

Airport: Presque Isle County / Rogers City Airport

FAA ID: **PZQ**

The Facility Information Worksheet is a data collection tool for the 2017 Michigan Aviation System Plan (MASP) update. Information on this worksheet will be used to verify the existing facilities and services at system airports in order to analyze current system performance, and to guide future development. We need your help! Please take a moment to verify the pre-populated information contained in this worksheet is correct and fill in any missing information. If information is incorrect, please cross it out and make the appropriate changes. After completing the entire worksheet, sign the statement at the end and return the worksheet before the deadline. To return the worksheet, please use one of the following methods:

Scan and email all four pages to Marshall Pomeroy at:

By US mail:

Mead & Hunt, Inc.
Attn: 2017 MASP Facilities Worksheet
2605 Port Lansing Road
Lansing, MI 48906

marshall.pomeroy@meadhunt.com

Please return the worksheet no later than September 9, 2016.

Please feel free to contact our consultant, Mead & Hunt, with any questions at (614) 607-5217. Ask for Marshall Pomeroy, our data collection specialist. If you would like us to send you a self-addressed stamped envelope, please contact Marshall by phone or email and request one. Thank you for taking the time to help plan for the future of the Michigan aviation system.

Airport Information

Associated City	County	Airport Reference Code (ARC)
Rogers City	Presque Isle	B-II
Airport Tier	MDOT Region	Michigan Prosperity Region
Tier 1	North	Northeast

Primary Runway System

Primary Runway	Length (feet)	Width (feet)
9/27	4,106	75

Surface Type (see key)

ASPH-Asphalt/Bituminous Concrete

KEY: Runway Surface Types

ASPH CONC-Asphalt/Concrete ASPH GRVL-Asphalt/Gravel

ASPH-Asphalt/Bituminous Concrete

CONC-Portland Cement Concrete

TURF-Grass; Sod

Runway Edge Lights Intensity (see key)	Taxiway System (see key)
MIRL	Partial Parallel

KEY: Runway Lighting Intensity

HIRL High-Intensity Runway Lighting
MIRL Medium-Intensity Runway Lighting
LIRL Low-Intensity Runway Lighting

Non-Standard Lighting does not meet FAA standards and has improper spacing, color or placement.

KEY: Taxiway System

Full Parallel A taxiway or series of taxiways generally parallel to the runway, allowing taxiing between

each end of the runway without crossing the runway to which they are parallel.

Partial Parallel A taxiway or series of taxiways parallel to only a portion of the entire length of the runway. Direct Connector A taxiway that connects directly from a parking/apron areas directly to an airport's runway.

Primary Runway PCI (index value)	Date of Last Runway PCI Inspection
75	10/15/2013
Primary Taxiway PCI (index value)	Date of Last Taxiway PCI Inspection
94	10/15/2013
\ \frac{1}{2}	10/13/2013

Note: The Pavement Condition Index (PCI) is based on the largest section of pavement of each primary runway and taxiway that is associated with the primary runway. If there are lateral differences in PCI, the center PCI is used as the runway PCI value.

Runwa	Runway Ends		WY 9	RWY 27
Visual	Glide Slope Indicator (see key)		P4L	P4L
Runwa	y End Identifier Lights (REIL)		Yes	Yes
Approa	ch Lights (see key)		No	No
KEY: Vi	sual Glide Slope Indicators (VGSI)			
VASI	Visual Approach Slope Indicator	PAPI	Precision Approa	ch Path Indicator
V2L	2-box VASI on the Left side of the runway	P2L	2-box PAPI on the	e Left side of the runway
V2R	2-box VASI on the Right side of the runway	P2R 2-box PAPI on the Right side of the runw		e Right side of the runway
V4L 4-box VASI on the Left Side of the runway		P4L	4-box PAPI on the Left Side of the runway	
V4R	4-box VASI on the Right side of the runway	P4R	4-box PAPI on the	e Right side of the runway
KEY: Approach Lights				
ALSF2	SF2 High Intensity Approach Lighting System With Sequenced Flashers			
MALS	Medium Intensity Approach Lighting System			
MALSI	MALSF Medium Intensity Approach Lighting System with Sequenced Flashers			
MALSF	MALSR Medium Approach Light System with Runway Alignment Indicator Lights			
ODALS	DALS Omnidirectional Approach Lighting System			

Airport Lighting and Visual Aids

Rotating Beacon (Y/N)	Lighted Wind Indicator (Y/N)	Segmented Circle (Y/N)
Yes	Yes	Yes

Basic Pilot and Aircraft Services

24-hour Pilot/Passenger Termin	al (Y/N) 24-hour Telephone (Y/N		24-hour Restrooms (Y/N		
Yes	Yes			Yes	
Airport Attendance (during normal business hours)					
No					
Fuel Available (100LL, JET A, MOGAS, Other)			Aircraft Maintenance (Major/Minor A&P)		
None	None				
Additional Aircraft Maintenance Information (additional services, availability)					
Tie-down Storage (Based/Transient/Both/None)	Hangar Storage (Based/Transient/Both/None)		-	on Parking Area sed/Transient/Both/None)	
Both	Both				
Note: Please indicate if hangars, tie-downs, and apron parking are available to based or transient aircraft, or both.					

Approach Protection

Type of Plan or Ordinance	Date Adopted or Filed	
Approach Protection Plan	07/17/02 & 9/27/02	
Applicable Municipalities (townships, counties, cities, etc.)		

Airport Access

Primary Approach Type (precision, non-precision, visual)		Procedure (ILS, GPS, VOR, etc.)		
Non-Precision		RNAV (GPS)		
Weather Reporting (see key) Snow Rei		moval (Y/N)		
AWOS 3P	AWOS 3P Yes			
KEY: Weather Reporting				
ASOS Automated Surface Observing System AWOS 3 AWOS 3 AWOS - 3P AWOS - 3P/T AW				

Weather Briefing Access (weather briefing system, computer and/or internet access)				
Weather briefing system				
Cellular Phone Coverage (adequate for weather briefings – Y/N)				
Landside Access – Private/Public Transportat	ion Available (check all the apply):			
· ——	axi: X			
	imo:			
	licycles:			
Rental car: *	Other:			
*If other, please specify:				
Note: Transportation may be by arrangement or nearb	y (i.e. in town) as long as contract information is available.			
Additional Information				
Comments – Please include any additional comm	nents or information			
Worksheet Verification				
Please complete the verification below:				
I, (please print)	verify that the information provided in			
this worksheet is accurate to the best of my know	ledge.			
Signature	Title			
Data				
Date				
Phone	Email			

Thank you for completing the Facility Information Worksheet!