

JIM HAMILTON - LB OWENS AIRPORT (CUB)
Columbia, SC

In order to provide documented justification for the runway extension development at the Jim Hamilton – LB Owens Airport, please complete this Aircraft Operation Survey Form in its entirety.

Your Name: _____ Title: _____

Company: _____ Telephone Number: _____

Address: _____

City, State, Zip Code: _____

Aircraft Tail Number(s): (1) _____ (2) _____ (3) _____

Aircraft Type(s): (1) _____ (2) _____ (3) _____

Primary Purpose of Flights: _____

Home Airport (Based): _____

Average Length of Trip (miles) (Stage Length): _____

Runway Length Required (@90°F & MTOW): (1) _____ (2) _____ (3) _____

Number of Landings per Month at CUB: (1) _____ (2) _____ (3) _____



Signature: _____

Date: _____

JIM HAMILTON - LB OWENS AIRPORT (CUB)
Columbia, SC

In order to provide documented justification for the runway extension development at the Jim Hamilton – LB Owens Airport, please complete this Aircraft Operation Survey Form in its entirety.

Your Name: _____ Title: _____

Company: _____ Telephone Number: _____

Address: _____

City, State, Zip Code: _____

Aircraft Tail Number(s): (1) _____ (2) _____ (3) _____

Aircraft Type(s): (1) _____ (2) _____ (3) _____

Primary Purpose of Flights: _____

Home Airport (Based): _____

Average Length of Trip (miles) (Stage Length): _____

Runway Length Required (@90°F & MTOW): (1) _____ (2) _____ (3) _____

Number of Landings per Month at CUB: (1) _____ (2) _____ (3) _____



Signature: _____

Date: _____