

Flight Procedure Tracking Form		Action: CANCELLATION	Task Type: IAP	Date Open: 06/25/2008	Task #: 2008062313928738003	Request #: 20080623139287
Procedure: GPS RWY 29 AMDT 1			Airport ID: KWS51	Airport: LEEWARD FARM		Reimbursable #:
City: SOLDIERS GROVE		ST: WI	GPS #:	Estimated Chart Date: 03/07/2013 5/2/13		FICO #:
Fac ID:	Fac. Type:		Specialist: ERIC N SUSKI			

Procedure Review

	Rec'd	Rel'd	Full Name	Comments
Lead:				
QA:	9/21/12 SS			QUALITY 11/17/12 CTAR 4123 11/21/12 CTAB 4123
Liaison:				

Procedure Comments:

Remark Type: INFORMATION

SOLDIERS GROVE, WI LEEWARD FARM (KWS51) GPS RWY 29 AMDT 1

ATTACHED FORMS: 8260-7, 8260-9

CONTACT: JILL OLSON/STEVE BARNETT AJV-353 LEADS, 405.954.4014 / 405.954.9307

**U.S. DEPARTMENT OF TRANSPORTATION --
FEDERAL AVIATION ADMINISTRATION -- FLIGHT STANDARDS SERVICE
GPS SPECIAL INSTRUMENT APPROACH PROCEDURE -- FLIGHT STANDARDS SERVICE**

Bearings, headings, courses, and radials are magnetic. Elevations and altitudes are in feet, MSL, except HAT, HAA, TCH, and RA. Altitudes are minimum altitudes unless otherwise indicated. Ceilings are in feet above airport elevation. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles or in feet RVR.

If an instrument approach procedure of the above type is conducted at the below named airport, it shall be conducted in accordance with a charted instrument approach procedure predicted on the specifications contained herein, unless an approach is conducted in accordance with a different procedure for such airport authorized by the Administrator. Minimum altitudes shall correspond with those established for en route operation in the particular area or as set forth below.

SPECIFICATION - NOT FOR COCKPIT USE

TERMINAL ROUTES				MISSED APPROACH
FROM	TO	COURSE AND DISTANCE	ALTITUDE	MAP:

1. PT <u> </u> SIDE OF COURSE <u> </u> OUTBOUND <u> </u> FT WITHIN <u> </u> MILES OF <u> </u> (IAF)	ADDITIONAL FLIGHT DATA:
2. <u> </u>	
3. FAC: <u> </u> FAF: <u> </u> DIST FAF TO MAP: <u> </u> THLD: <u> </u>	
4. MIN. ALT: <u> </u>	
5. DIST TO THLD FROM OM: <u> </u> MM: <u> </u> IM: <u> </u> 150 HAT: <u> </u> 100 HAT: <u> </u> GS ANT: <u> </u>	
6. MIN GS INCPT: <u> </u> GS ALT AT: <u> </u> OM: <u> </u> MM: <u> </u> IM: <u> </u>	
7. GS ANGLE: <u> </u> TCH: <u> </u>	
8. MSA FROM: <u> </u>	
MAG VAR: <u> </u> EPOCH YEAR: <u> </u>	

TAKEOFF: <u> </u> SEE FORM 8260-15A FOR THIS AIRPORT	ALTERNATE: N A														
CATEGORY =====>	A	B	C	D	E										
	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA

NOTES:

PROCEDURE CANCELED EFFECTIVE _____

GPS RWY 29 REPLACED BY RNAV (GPS) RWY 29



CITY AND STATE SOLDIERS GROVE, WI	ELEVATION: 1068 TDZE: 1065 AIRPORT NAME: LEEWARD FARM	FACILITY IDENTIFIER: GPS	PROCEDURE NO./AMDT NO./EFFECTIVE DATE: GPS RWY 29, AMDT 1, 08/19/1999	SUP: AMDT: ORIG DATED: 10/10/1996
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NOTES CONTINUED:

04/08/13: THIS IS AN UPDATED COPY OF THE FORM DEVELOPED ON 09/20/12.
 1. ADDED GPS RWY 29 REPLACED BY RNAV (GPS) RWY 29 TO "PROCEDURE CANCELLED EFFECTIVE".

AIR CARRIER NOTES:

The procedure on the other side and the foregoing data are hereby:

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:
DEVELOPED BY		
NAME: ERIC N SUSKI	FIFO AJV-353	DATE: 09/20/2012
RECOMMENDED BY		
NAME: LARRY H STROUT	FIFO AJV-353	DATE:
APPROVED BY		
NAME	REGION, FLT STANDARDS	DATE:

OPERATIONS SPECIFICATIONS -- AIRPORT

_____ holding Air Carrier Operating Certificate No. _____ hereby acknowledges receipt of Operations Specifications to operate into and out of the airport named on the other side as a Regular, Refueling, Alternate, Provisional for _____ airport with the following type aircraft:

Unless otherwise authorized in the Operations Specifications - Airport, an instrument approach of this type shall be conducted in accordance with the procedure specified on the other side and the air carrier minimums specified above with the following exceptions:



DATE: _____ RECEIVED FOR THE AIR CARRIER BY: _____ TITLE: _____
 AMENDMENT NO. _____ SIGNATURE

BY DIRECTION OF THE ADMINISTRATOR _____ SIGNATURE _____ TITLE _____

EFFECTIVE DATE: _____