US DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

RNAV - STANDARD INSTRUMENT APPROACH PROCEDURE TITLE 14 CFR PART 97.33

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.

TERMINAL ROUTES

FROM	TO	COURSE AND DISTANCE	ALTITUDE

MISSED APPROACH

ADDITIONAL FLIGHT DATA:

1. PT____ SIDE OF COURSE____ OUTBOUND____ FT WITHIN____ MILES OF _____ (IAF)
2. _____
3. FAC: _____ FAF: _____ DIST FAF TO MAP: _____ THLD: _____
4. MIN. ALT: _____
5. DIST TO THLD FROM OM: _____ MM: _____ IM: _____ 150 HAT: _____ 100 HAT: _____ GS ANT: _____
6. MIN GS INCPT: _____ GS ALT AT: _____ OM: _____ MM: _____ IM: _____
7. GS ANGLE: _____ TCH: _____
8. MSA FROM:

MAG VAR: EPOCH YEAR:

TAKEOFF: SEE FAA 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 _____

QUALITY CHECKED 2

CITY AND STATE	ELEVATION: 20 TDZE: AIRPORT NAME:	FACILITY IDENTIFIER:	PROCEDURE NO./AMDT NO./EFFECTIVE DATE:	SUP:
APALACHICOLA, FL	**APALACHICOLA RGNL**	**RNAV**	**RNAV (GPS)-B, ORIG-A, 04/07/2011**	AMDT: **ORIG**
				DATED **05/07/2009**

ALL AFFECTED PROCEDURES REVIEWED?	COORDINATES OF FACILITIES	REQUIRED EFFECTIVE DATE
[X] YES [ ] NO		*C

COORDINATED WITH:

ATA	AAT	ALPA	APA	AOPA	NBAA	OTHER (specify)
[ ]	[ ]	[X]	[ ]	[X]	[X]	[X] ZJX, TYNDALL APP CON, ARPT MGR

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:
DEVELOPED BY		
NAME: **RONALD SALPINO**	FIFO **AJV-352**	DATE: **10/03/2011**
APPROVED BY		
NAME: **DARRYEL ADAMS**	FIFO **AJV-352**	DATE:

CHANGES:

***CONCURRENT WITH PUBLICATION OF THE RNAV (GPS) RWY 18**

REASONS:

NFPO PROCEDURE REDUCTION ACT.

QUALITY 2 CHECKED

RADIO FIX AND HOLDING DATA RECORD

CANCELLED

NAME: MULUE **STATE:** FL **COUNTRY:** US

LATITUDE/LONGITUDE: 295509.04N/0851249.32W **TYPE:** WP

AIRSPACE DOCKET: **FIX TYPE OF ACTION:** CANCEL

FIX MAKE-UP FACILITIES:

FAC	NAME	IDENT	TYPE	CLASS	MAG BRG	TRUE BRG	DME	DIST FROM FAC NM	DIST FROM FAC FEET	MRA	MAA
1	YOCUN					270.32	10.00				17500

HOLDING: **HOLDING TYPE OF ACTION:** CANCEL

PATTERNS:

PAT	DIR	IDENT	TYPE	RAD/CRS/BRG	CRS INBOUND	TURN (L OR R)	LEG LENGTH TIME	LEG LENGTH DME	HOLDING ALTITUDES MIN	HOLDING ALTITUDES MAX	TEMPLATES MIN	TEMPLATES MAX
1	W		WP	272.22	092.22	R		4	2100	6000	5	6

CONTROLLING OBSTRUCTIONS:

PAT	AIRSPEED	OBSTRUCTION	COORDINATES	ELEVATION	ACCURACY CODE
1	200	TOWER (12-002231)	294909.10N/0851533.90W	1045	5D

REMARKS:
HOLDING LIMITED TO ESTABLISHED PATTERN.
PAT 1 CONTROLLING OBSTACLE IS IN SECONDARY AREA.

FIX USE:

USE TYPE	USE TITLE	FAC	PAT	AIRPORT IDENT	CITY	STATE
IAP	APALACHICOLA RGNL (KAAF) - RNAV (GPS) RWY 18 (PAT 1), RNAV (GPS) RWY 36 (PAT 1)			KAAF	APALACHICOLA	FL (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG **DATE OF REVISION:** 05/07/2009

DEVELOPED BY: **DATE:** 11/06/2008 **OFFICE:** AVN-110 **NAME:** KELLY DEAN

APPROVED BY: **DATE:** **OFFICE:** AVN-110 **NAME:** PETER GETZ

SIGNATURE:

DISTRIBUTION:
NFDC
FPO: EST
ARTCC: ZJX
ATC FACILITY: PAM APP CON
OTHER:

QUALITY 2 CHECKED

RADIO FIX AND HOLDING DATA RECORD

CANCELLED

NAME: VAGUC **STATE:** FL **COUNTRY:** US

LATITUDE/LONGITUDE: 293231.95N/0850711.50W **TYPE:** WP

AIRSPACE DOCKET: **FIX TYPE OF ACTION:** CANCEL

FIX MAKE-UP FACILITIES:

FAC	NAME	IDENT	TYPE	CLASS	MAG BRG	TRUE BRG	DME	DIST FROM FAC NM	DIST FROM FAC FEET	MRA	MAA
1	PUYOG					270.32	5.00				17500

FIX USE:

USE TYPE	USE TITLE	FAC	PAT	AIRPORT IDENT	CITY	STATE
IAP	APALACHICOLA RGNL (KAAF) - RNAV (GPS) RWY 36			KAAF	APALACHICOLA	FL (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG **DATE OF REVISION:** 05/07/2009

DEVELOPED BY: **DATE:** 11/06/2008 **OFFICE:** AVN-110 **NAME:** KELLY DEAN

APPROVED BY: **DATE:** **OFFICE:** AVN-110 **NAME:** PETER GETZ

SIGNATURE:

DISTRIBUTION:
NFDC
FPO: EST
ARTCC: ZJX
ATC FACILITY: PAM APP CON
OTHER:

QUALITY 2 CHECK