



# REQUEST FOR WAIVER

## APPLICANT INFORMATION

AIRPORT/HELIPORT NAME Nolnacs			DATE 11/11/2019		
NAME OF LICENSEE Sam Scanlon			POINT OF CONTACT (if different than Licensee)		
DAYTIME PHONE NUMBER (817) 307-1137	EMAIL sam@jsfirm.com		DAYTIME PHONE NUMBER	EMAIL	
STREET ADDRESS/P.O. BOX 3855 Route 981			STREET ADDRESS/P.O. BOX		
CITY Mount Pleasant	STATE pa	ZIP CODE 15666	CITY	STATE	ZIP CODE

## WAIVER REQUEST

State request and describe condition to be waived (attach documents, maps and photos as necessary):  Attachments

Request a Bureau waiver for One Way In and One Way Out operation. Land Runway 28. Take off Runway 10.

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Explain why criterion cannot be met:  
As recognized by PA DOT letter dated May 20th, 2019;  
Approach to runway 10 is obstructed by an extensive area of trees and rising terrain.

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List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):  
Rising terrain prohibits approach to runway 10 and is within the 1500 foot approach surface.

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List Type Approach (each rwy): 28 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR 10 (take off only) <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: <u>Donegal</u> Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## CERTIFICATION

I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.

Sam Scanlon Name (Print)	 Signature
Owner / Licensee Title	11/11/2019 Date

Complete and mail to: **PennDOT Bureau of Aviation**  
**Attn: Aviation Specialist Supervisor**  
**P.O. Box 3151**  
**Harrisburg, PA 17105-3151**

**FOR BUREAU OF AVIATION USE ONLY**  
 Received \_\_\_\_\_  
 Region \_\_\_\_\_