

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                               |                                     |                                                   |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------------------|------------------------------------------------------|
| Flight Procedures Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Task Action:<br>FLIGHT CHECK | Task Type:<br>SID                             | Estimated Chart Date:<br>08/07/2025 | APWS Task ID:<br>0DB7BC9BDFA242D7BE44B593160DCCBD | APWS Project ID:<br>B6A4A6C72B634360972F8A10FF56FE28 |
| Procedure:<br>SLENA TWO DEPARTURE (RNAV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | Enroute:<br>YES                               | Specialist:<br>Campbell, Richard    |                                                   | Agreement Number:                                    |
| Airport ID:<br>KSSF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                               | Airport City:<br>SAN ANTONIO        |                                                   | State:<br>TX                                         |
| Facility ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Facility Type:               | Flight Inspection Remark Type:<br>New FC Slot |                                     |                                                   |                                                      |
| <p>Procedure Comments:</p> <p>REASON FOR PROJECT: MV DATA FOR KSSF - MAG VAR CHANGED FROM 8E/1980 TO 3E/2025. EFFECTIVE CONCURRENT WITH ECD.</p> <p>KSSF RUNWAY NUMBERING CHANGED FROM 9/27 TO 10/28.</p> <p>KSSF RUNWAY HEADINGS CHANGED - RWY 10: FROM 094.53 TO 099.53, RWY 14 : FROM 137.36 TO 142.36, RWY 28: FROM 274.53 TO 279.53, RWY 32: FROM 317.3 TO 322.3.</p> <p>PENDING DATA USED FOR KSSF.</p> <p>IFP FIXES LILJO AND SLENA MOVED DUE TO SLIGHT ADJUSTMENTS TO THE TF FROM YENNS.</p> <p>CONTACT ALLAN WILL 4059546103.</p><br><p>03/19/25 THIS IS AN UPDATED COPY OF THE FORM DEVELOPED ON 02/12/25.</p> <p>8260-2:</p> <p>1. MOVED 8260-2 LILJO TO NON-NFDC FILE- CHANGES COORDINATED WITH ANOTHER PROJECT SAME ECD.</p> <p>2. REMOVED THE 8260-2 FILE -.FIX LILJO ONLY FORM IN FILE.</p> |                              |                                               |                                     |                                                   |                                                      |

QUALITY  
45  
CHECKED

| <b>FIPC DME/DME FORM</b>                                                                                                                                                                                                                                           |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>PROCEDURE:</b><br>SLENA TWO DEPARTURE (RNAV)                                                                                                                                                                                                                    |                                                     |                                                                       | <b>AIRPORT NAME:</b><br>STINSON MUNI          |                                                                                                                                                      | <b>AIRPORT ID:</b><br>KSSF                                                                        | <b>SPECIAL CONTROL NO:</b><br>OG-02-203-25                                                                                       |                                                                                                |
| <b>FAC ID:</b> SLENA2                                                                                                                                                                                                                                              |                                                     | <b>CITY:</b> SAN ANTONIO                                              |                                               |                                                                                                                                                      | <b>ST:</b> TX                                                                                     | <b>ORIG CHART DATE:</b> 06/12/2025                                                                                               |                                                                                                |
| <b>DFL TYPE:</b><br>PROC/D                                                                                                                                                                                                                                         | <b>THIRD PARTY:</b><br><input type="checkbox"/> YES | <b>EST. TIME ON SITE:</b><br>1.0                                      | <b>REIMB. NUMBER:</b>                         |                                                                                                                                                      | <b>PTS TASK ID:</b><br>0DB7BC9BDFA242D7BE44B593160DCCBD                                           |                                                                                                                                  |                                                                                                |
| <b>PREFLIGHT NOTES</b>                                                                                                                                                                                                                                             |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>REVIEWER:</b>                                                                                                                                                                                                                                                   |                                                     |                                                                       |                                               |                                                                                                                                                      | <b>DATE:</b>                                                                                      |                                                                                                                                  |                                                                                                |
| <b>COMMENTS:</b>                                                                                                                                                                                                                                                   |                                                     |                                                                       |                                               |                                                                                                                                                      | <b>CHECK ONE:</b>                                                                                 |                                                                                                                                  |                                                                                                |
|                                                                                                                                                                                                                                                                    |                                                     |                                                                       |                                               |                                                                                                                                                      | <input type="checkbox"/> FLT CK REQ <input type="checkbox"/> NFCR <input type="checkbox"/> REJECT |                                                                                                                                  |                                                                                                |
|                                                                                                                                                                                                                                                                    |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  | <b>YES</b>                                                                                     |
|                                                                                                                                                                                                                                                                    |                                                     |                                                                       |                                               |                                                                                                                                                      | <b>CPV COMPLETE?</b>                                                                              |                                                                                                                                  | <b>X</b>                                                                                       |
| <b>PROCEDURE RESULTS</b>                                                                                                                                                                                                                                           |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>INSPECTION DATE:</b><br>03/13/2025                                                                                                                                                                                                                              |                                                     | <b>CREW #:</b><br>VN258                                               | <b>N #:</b><br>N90                            | <b>INSTRUMENT PROCEDURE STATUS:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> SAT W/CHANGES <input type="checkbox"/> UNSAT |                                                                                                   | <b>ARINC CODING:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> SAT/GOLD <input type="checkbox"/> UNSAT |                                                                                                |
| <b>FLIGHT INSPECTOR SIGNATURE:</b><br>james hawley @ 03/17/2025 11:51                                                                                                                                                                                              |                                                     |                                                                       | <b>PRINTED NAME:</b><br>HAWLEY, JAMES MICHAEL |                                                                                                                                                      |                                                                                                   |                                                                                                                                  | <b>NOTAM INITIATED?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>FLIGHT INSPECTOR REMARKS:</b>                                                                                                                                                                                                                                   |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>DME/DME STATUS:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT                                                                                                                                                                   |                                                     | <b>SPECIALIST SIGNATURE:</b><br>lisa a-ctr thrysoe @ 03/18/2025 13:06 |                                               |                                                                                                                                                      | <b>PRINTED NAME:</b><br>Lisa Thrysoe                                                              |                                                                                                                                  |                                                                                                |
| <b>SPECIALIST REMARKS:</b><br>Post Flight DME/DME Analysis has been performed on the KSAT SLENA TWO SID with satisfactory results. All modeled DME's and ESV's were recorded by Flight Inspection or certified by TARGETS and suitable for DME/DME/IRU operations. |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>IN-FLIGHT OBSTACLE REPORT</b>                                                                                                                                                                                                                                   |                                                     |                                                                       |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>OBSTRUCTION ID #:</b>                                                                                                                                                                                                                                           | <b>COORDINATES OR LOCATION:</b>                     |                                                                       | <b>GNSS ALTITUDE (MSL):</b>                   |                                                                                                                                                      | <b>BAROMETRIC ALTITUDE (MSL):</b>                                                                 |                                                                                                                                  | <b>HEIGHT ABOVE GROUND LEVEL:</b>                                                              |

| <b>FIPC DME/DME FORM</b>                                                              |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
|---------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>PROCEDURE:</b><br>SLENA TWO DEPARTURE (RNAV)                                       |                                                     |                                  | <b>AIRPORT NAME:</b><br>STINSON MUNI          |                                                                                                                                                      | <b>AIRPORT ID:</b><br>KSSF                                                                        | <b>SPECIAL CONTROL NO:</b><br>OG-02-203-25                                                                                       |                                                                                                |
| <b>FAC ID:</b> SLENA2                                                                 |                                                     | <b>CITY:</b> SAN ANTONIO         |                                               |                                                                                                                                                      | <b>ST:</b> TX                                                                                     | <b>ORIG CHART DATE:</b> 06/12/2025                                                                                               |                                                                                                |
| <b>DFL TYPE:</b><br>PROC/D                                                            | <b>THIRD PARTY:</b><br><input type="checkbox"/> YES | <b>EST. TIME ON SITE:</b><br>1.0 | <b>REIMB. NUMBER:</b>                         |                                                                                                                                                      | <b>PTS TASK ID:</b><br>0DB7BC9BDFA242D7BE44B593160DCCBD                                           |                                                                                                                                  |                                                                                                |
| <b>PREFLIGHT NOTES</b>                                                                |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>REVIEWER:</b>                                                                      |                                                     |                                  |                                               |                                                                                                                                                      | <b>DATE:</b>                                                                                      |                                                                                                                                  |                                                                                                |
| <b>COMMENTS:</b>                                                                      |                                                     |                                  |                                               |                                                                                                                                                      | <b>CHECK ONE:</b>                                                                                 |                                                                                                                                  |                                                                                                |
|                                                                                       |                                                     |                                  |                                               |                                                                                                                                                      | <input type="checkbox"/> FLT CK REQ <input type="checkbox"/> NFCR <input type="checkbox"/> REJECT |                                                                                                                                  |                                                                                                |
|                                                                                       |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  | <b>YES</b>                                                                                     |
|                                                                                       |                                                     |                                  |                                               |                                                                                                                                                      | <b>CPV COMPLETE?</b>                                                                              |                                                                                                                                  | <b>X</b>                                                                                       |
| <b>PROCEDURE RESULTS</b>                                                              |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>INSPECTION DATE:</b><br>03/13/2025                                                 |                                                     | <b>CREW #:</b><br>VN258          | <b>N #:</b><br>N90                            | <b>INSTRUMENT PROCEDURE STATUS:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> SAT W/CHANGES <input type="checkbox"/> UNSAT |                                                                                                   | <b>ARINC CODING:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> SAT/GOLD <input type="checkbox"/> UNSAT |                                                                                                |
| <b>FLIGHT INSPECTOR SIGNATURE:</b><br>james hawley @ 03/17/2025 11:51                 |                                                     |                                  | <b>PRINTED NAME:</b><br>HAWLEY, JAMES MICHAEL |                                                                                                                                                      |                                                                                                   |                                                                                                                                  | <b>NOTAM INITIATED?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>FLIGHT INSPECTOR REMARKS:</b>                                                      |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>DME/DME STATUS:</b><br><input type="checkbox"/> SAT <input type="checkbox"/> UNSAT |                                                     | <b>SPECIALIST SIGNATURE:</b>     |                                               |                                                                                                                                                      | <b>PRINTED NAME:</b>                                                                              |                                                                                                                                  |                                                                                                |
| <b>SPECIALIST REMARKS:</b>                                                            |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>IN-FLIGHT OBSTACLE REPORT</b>                                                      |                                                     |                                  |                                               |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>OBSTRUCTION ID #:</b>                                                              | <b>COORDINATES OR LOCATION:</b>                     |                                  | <b>GNSS ALTITUDE (MSL):</b>                   |                                                                                                                                                      | <b>BAROMETRIC ALTITUDE (MSL):</b>                                                                 |                                                                                                                                  | <b>HEIGHT ABOVE GROUND LEVEL:</b>                                                              |



# Federal Aviation Administration

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## Memorandum

Date: January 31, 2023

To: Instrument Flight Procedure Service Providers  
Digitally signed by WADE  
EK TERRELL  
WADE EK TERRELL  
Date: 2023.01.31 09:21:16  
-06'00'

From: Wade E.K. Terrell, Manager, Flight Procedures and Airspace Group

Subject: Waiver to FAA Order 8260.58C paragraph 1-2-5.c.(3), Maximum bank angle

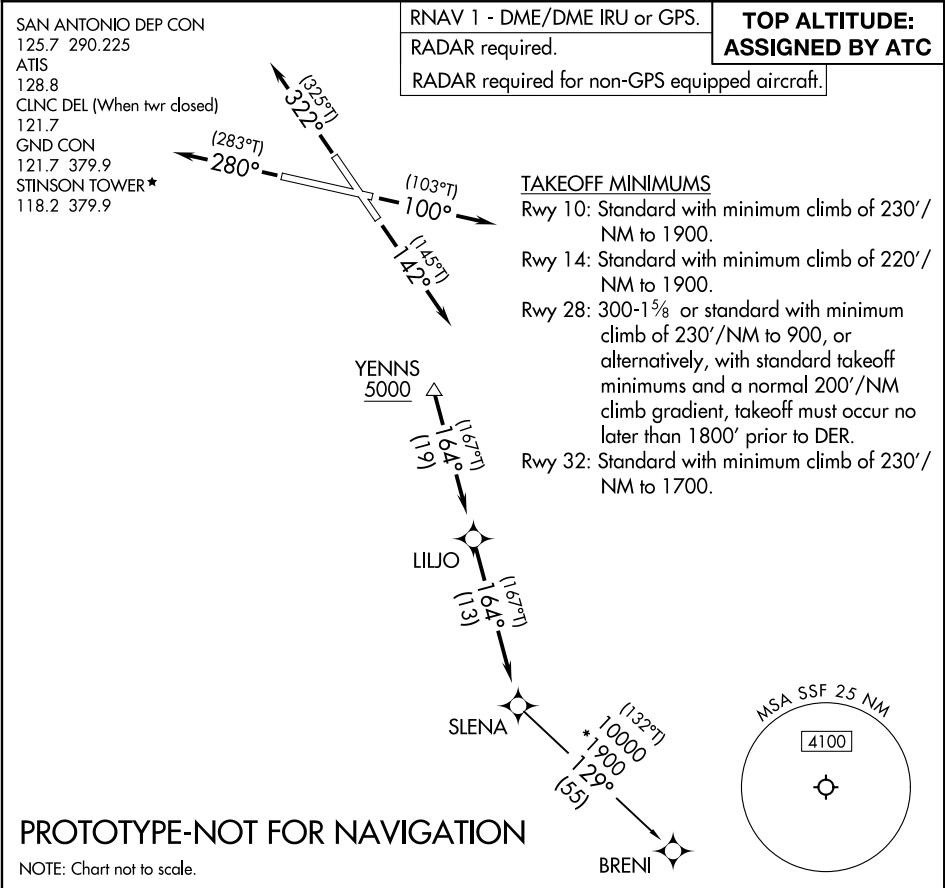
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**Background:** The Performance Based Navigation (PBN) Aviation Rulemaking Committee (PARC) made a recommendation that the FAA adjust the turn parameters used in PBN instrument flight procedure (IFP) design to reflect modern avionics values. The Flight Procedures and Airspace Group analyzed current avionics specifications with the help of several FAA offices and RTCA SC-227 to identify the new bank angles necessary for current IFP design. The Flight Procedures and Airspace Group then conducted an Operational Safety Review (OSR) for this amendment to bank angle criteria. The outcome of the OSR was that no new hazard is introduced into the National Aerospace System (NAS).

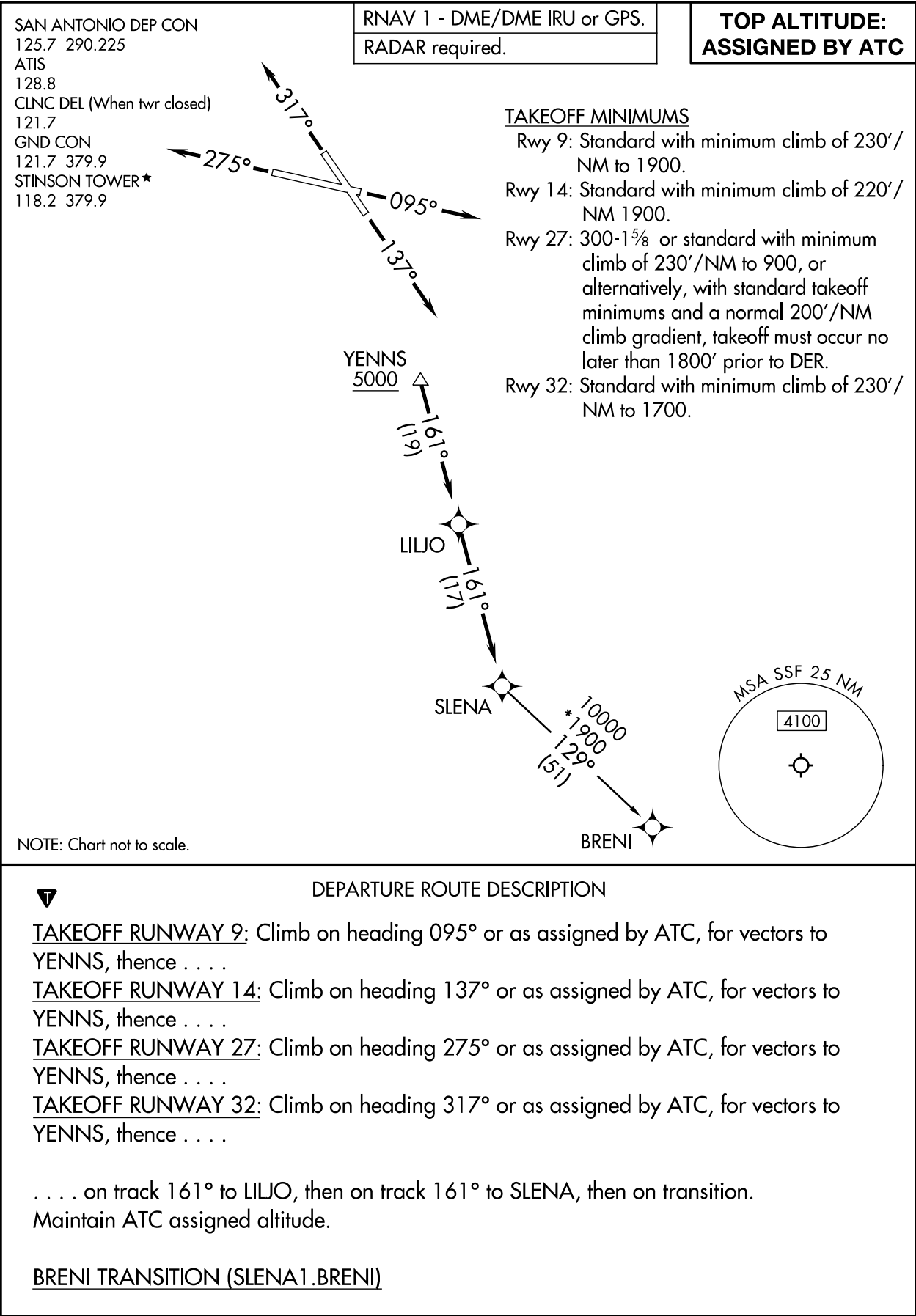
**Purpose:** This memorandum waives FAA Order 8260.58C, United States Standard for Performance Based Navigation (PBN) Instrument Procedure Design, paragraph 1-2-5.c.(3) and authorizes use of a maximum bank angle of 23 degrees above FL195 up to FL245 and a maximum bank angle of 16 degrees above FL245.

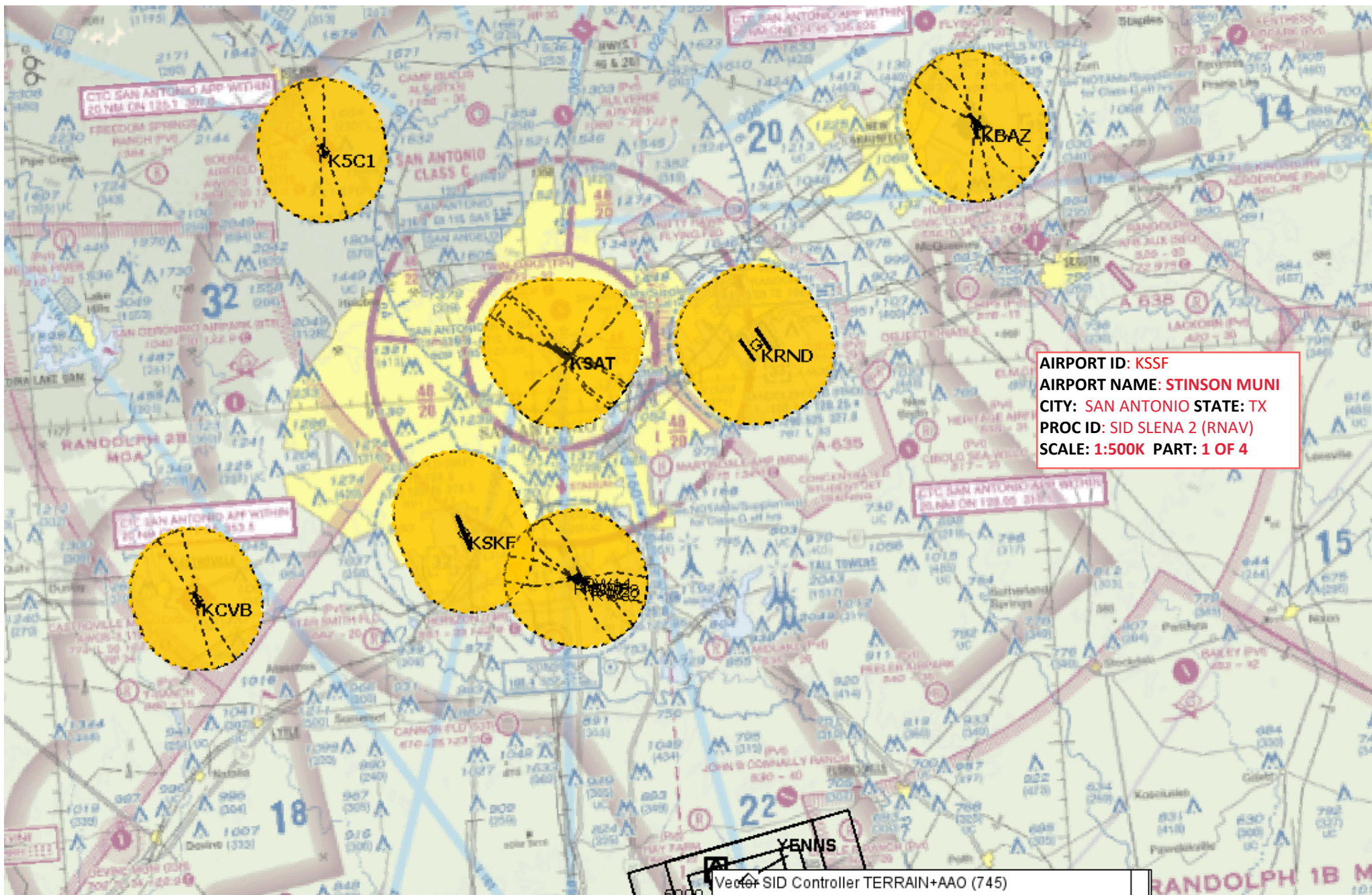
This waiver remains in effect until rescinded. No additional waiver request action is required. Please direct all inquiries to Thomas J. Nichols, Standards Section Manager, Flight Procedures and Airspace Group at 405-954-1171 or [thomas.j.nichols@faa.gov](mailto:thomas.j.nichols@faa.gov)

| DME ESVs |                       |                                                                     |        |       |                |                                                                |                |        |
|----------|-----------------------|---------------------------------------------------------------------|--------|-------|----------------|----------------------------------------------------------------|----------------|--------|
| #        | Name                  | Lat/Lon                                                             | MAGVAR | Range | Elevation [ft] | Frequency                                                      | Replaces       | Status |
| 1        | ESV COT [IFPA]<br>COT | N28° 27' 43.2636",<br>W099° 07' 06.7621"                            | 9.0 E  | 130   | 522.3          | 115.8                                                          | ESV COT [IFPA] |        |
| ESV:     |                       | Bearing [True]: 44.0° to 94.0°<br>Bearing [Mag]: 35.0° to 85.0°     |        |       |                | Arc Distance: Out to 60.0 NM<br>Altitude: 4000.0 to 15500.0 ft |                |        |
| 2        | ESV SAT [IFPA]<br>SAT | N29° 38' 38.5080",<br>W098° 27' 40.7369"                            | 8.0 E  | 130   | 1158.8         | 116.8                                                          | ESV SAT [IFPA] |        |
| ESV:     |                       | Bearing [True]: 153.0° to 187.0°<br>Bearing [Mag]: 145.0° to 179.0° |        |       |                | Arc Distance: Out to 70.0 NM<br>Altitude: 4000.0 to 16500.0 ft |                |        |
| 3        | ESV VCT [IFPA]<br>VCT | N28° 54' 01.1460",<br>W096° 58' 44.1650"                            | 6.0 E  | 40    | 125            | 109.0                                                          | ESV VCT [IFPA] |        |
| ESV:     |                       | Bearing [True]: 267.0° to 286.0°<br>Bearing [Mag]: 261.0° to 280.0° |        |       |                | Arc Distance: Out to 80.0 NM<br>Altitude: 4000.0 to 15500.0 ft |                |        |



SLENA ONE DEPARTURE (RNAV)





SLENA (RNAV)

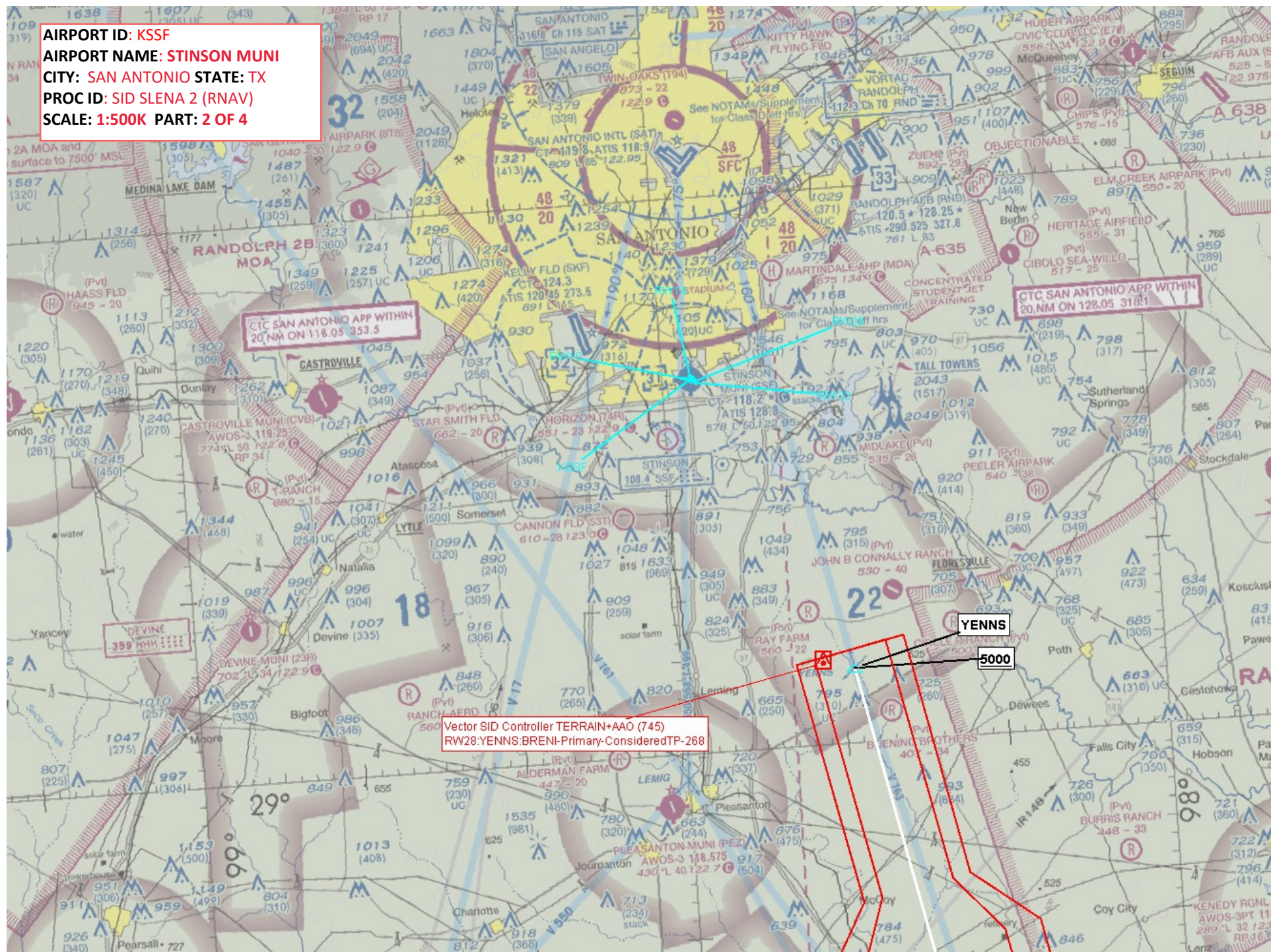
AIRPORT ID: KSSF

AIRPORT NAME: STINSON MUNI

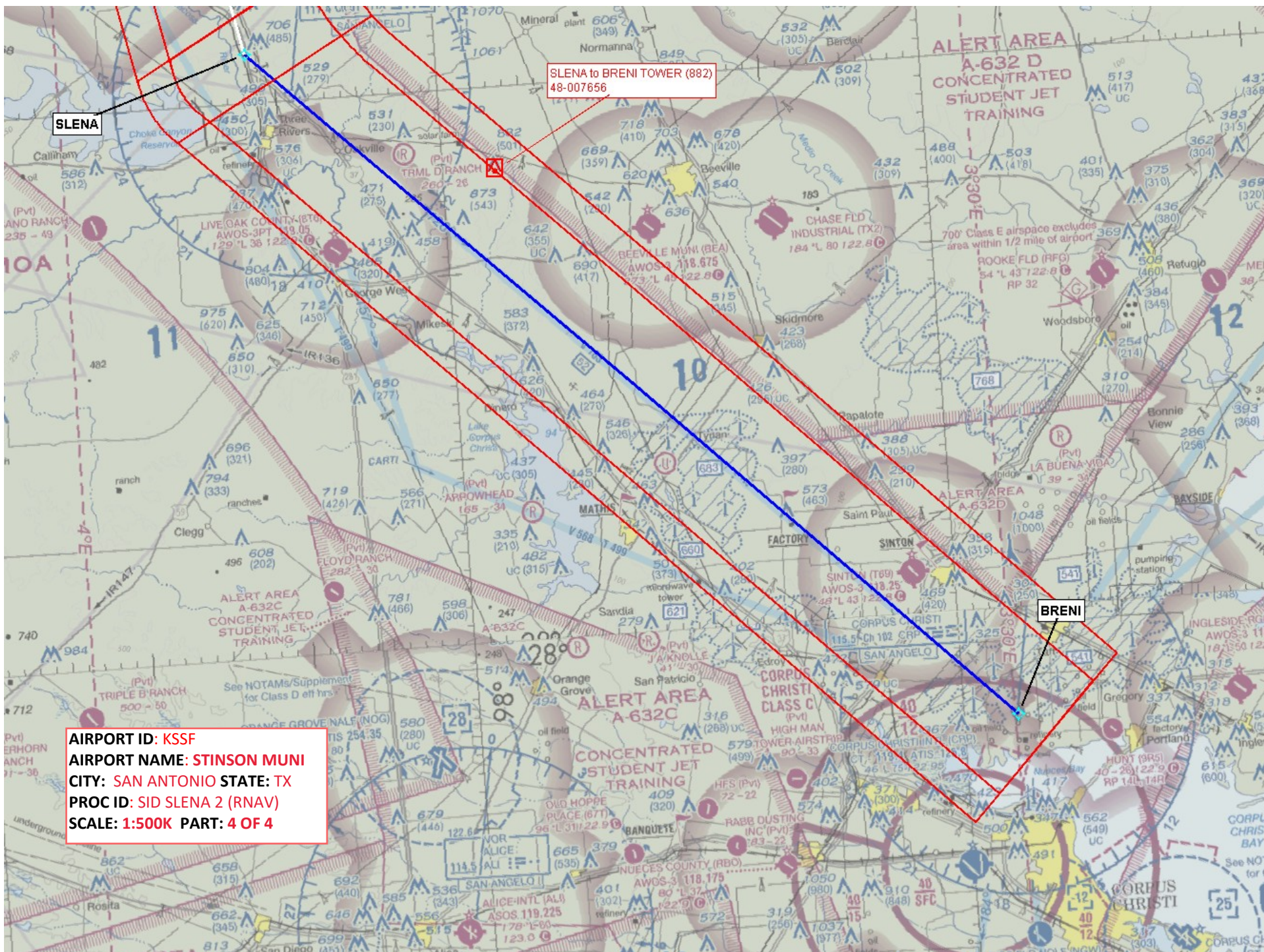
CITY: SAN ANTONIO STATE: TX

PROC ID: SID SLENA 2 (RNAV)

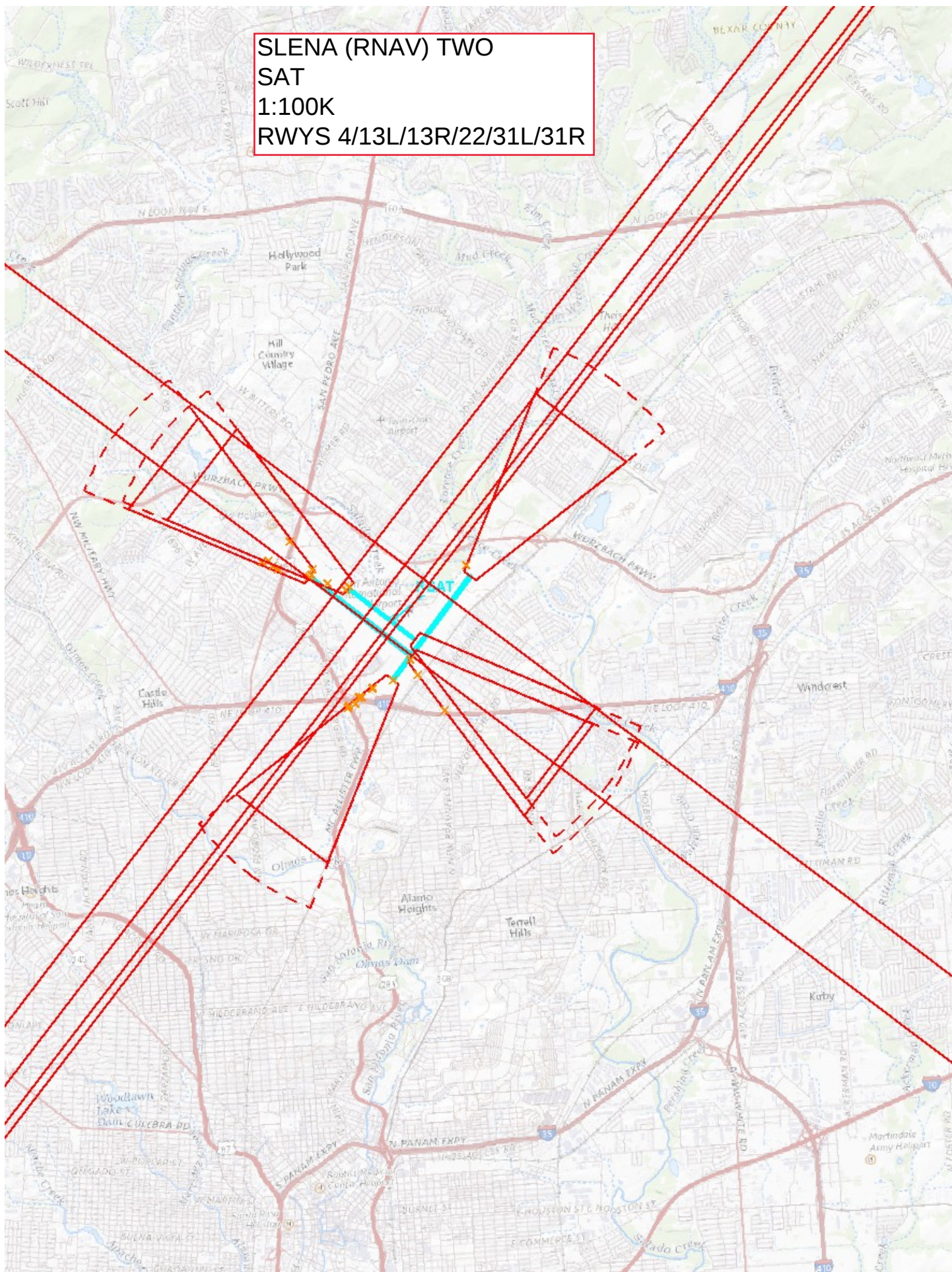
SCALE: 1:500K PART: 2 OF 4







SLENA (RNAV) TWO  
SAT  
1:100K  
RWYS 4/13L/13R/22/31L/31R



SLENA (RNAV) TWO  
SAT  
1:500K  
RWYS 4/13L/13R/22/31L/31R



SLENA (RNAV) TWO  
5C1  
1:500K  
RWYS 17/35

CG/CGTA TOWER (3048)  
48-005697

CG/CGTA AAO (1942)  
5C1 RWY 17 AAO

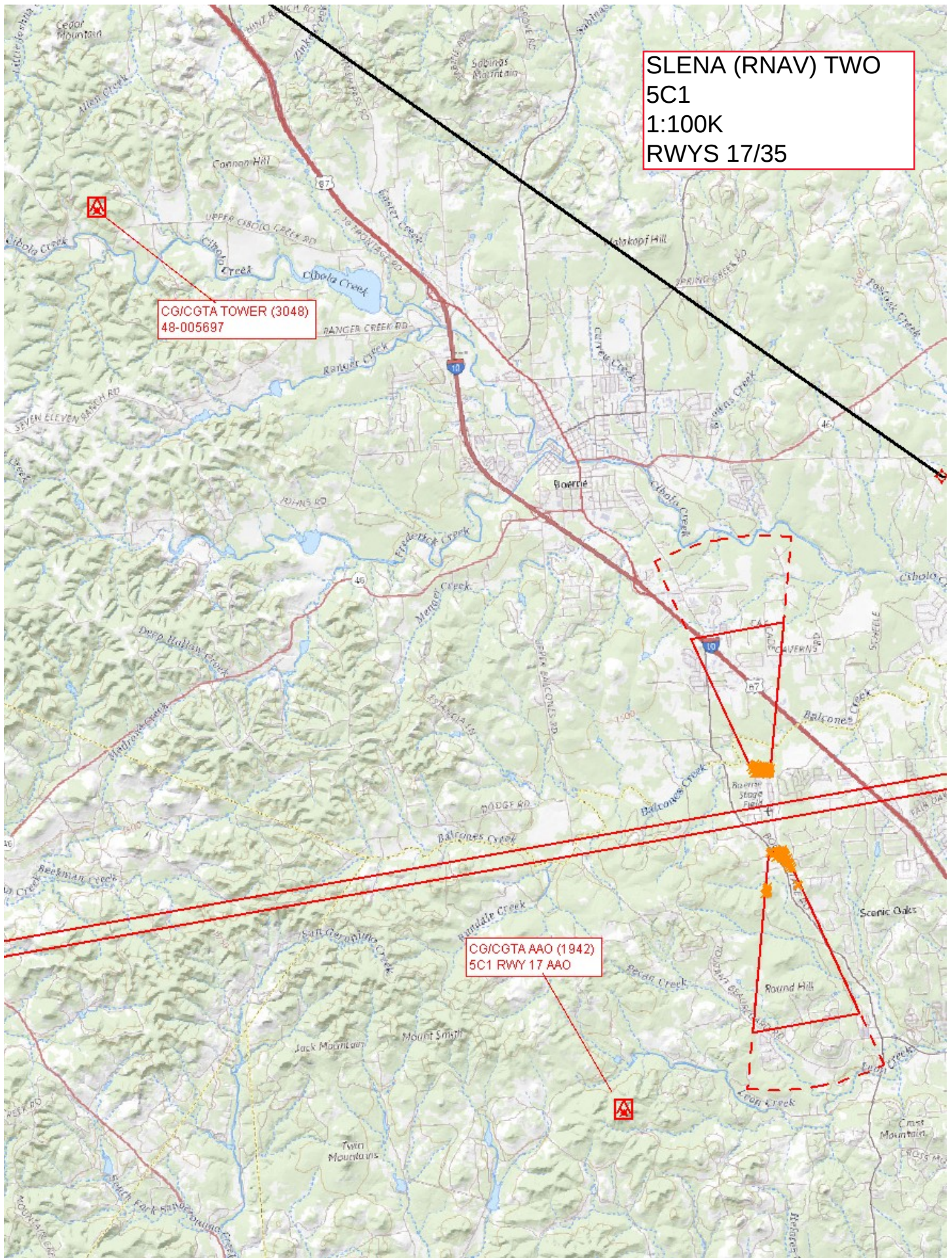
CTC SAN ANTONIO APP WITHIN  
20 NM ON 118.05 353.5

5000

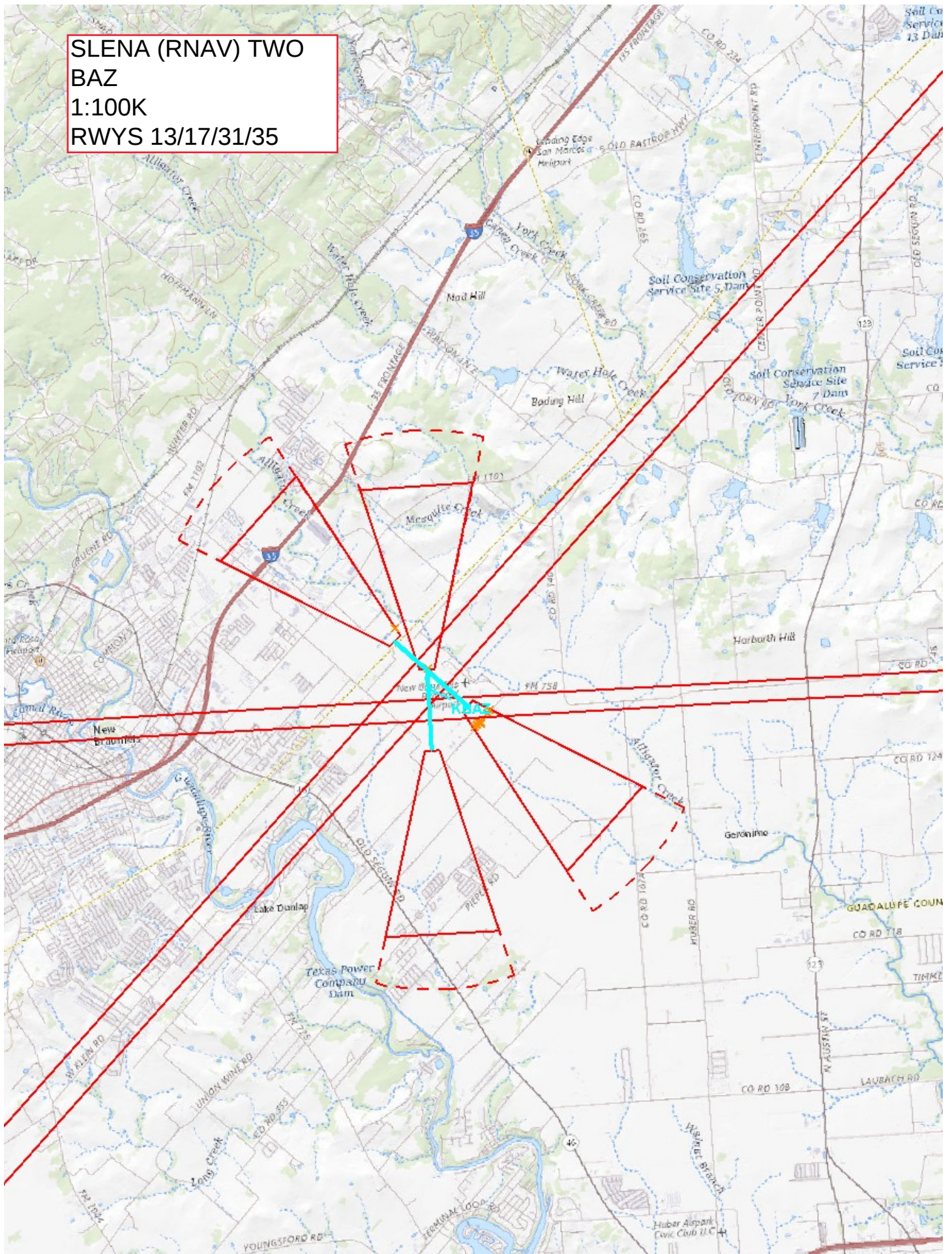
SLENA (RNAV) TWO  
5C1  
1:100K  
RWYS 17/35

CG/CGTA TOWER (3048)  
48-005697

CG/CGTA AAO (1942)  
5C1 RWY 17 AAO

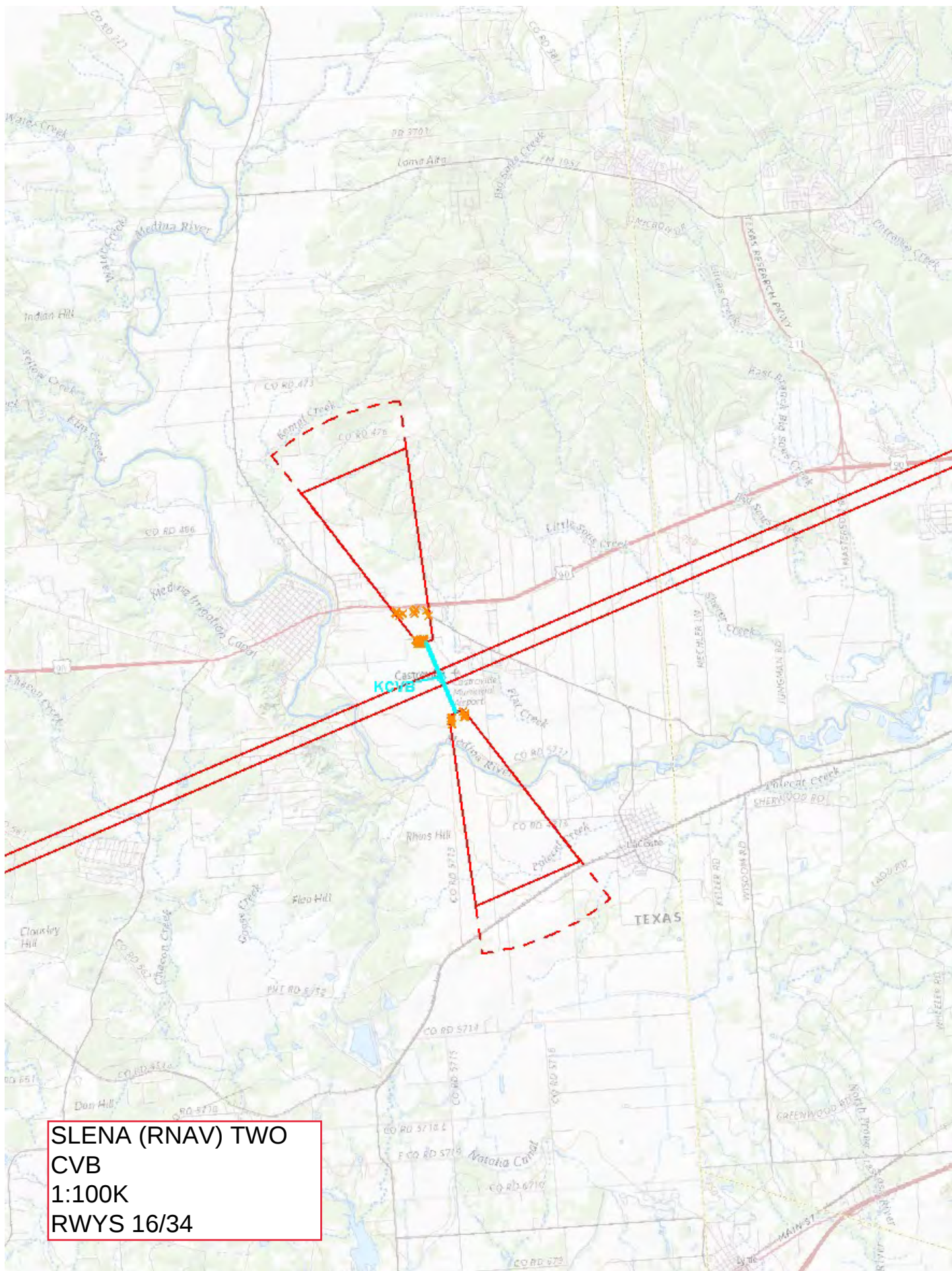


SLENA (RNAV) TWO  
BAZ  
1:100K  
RWYS 13/17/31/35



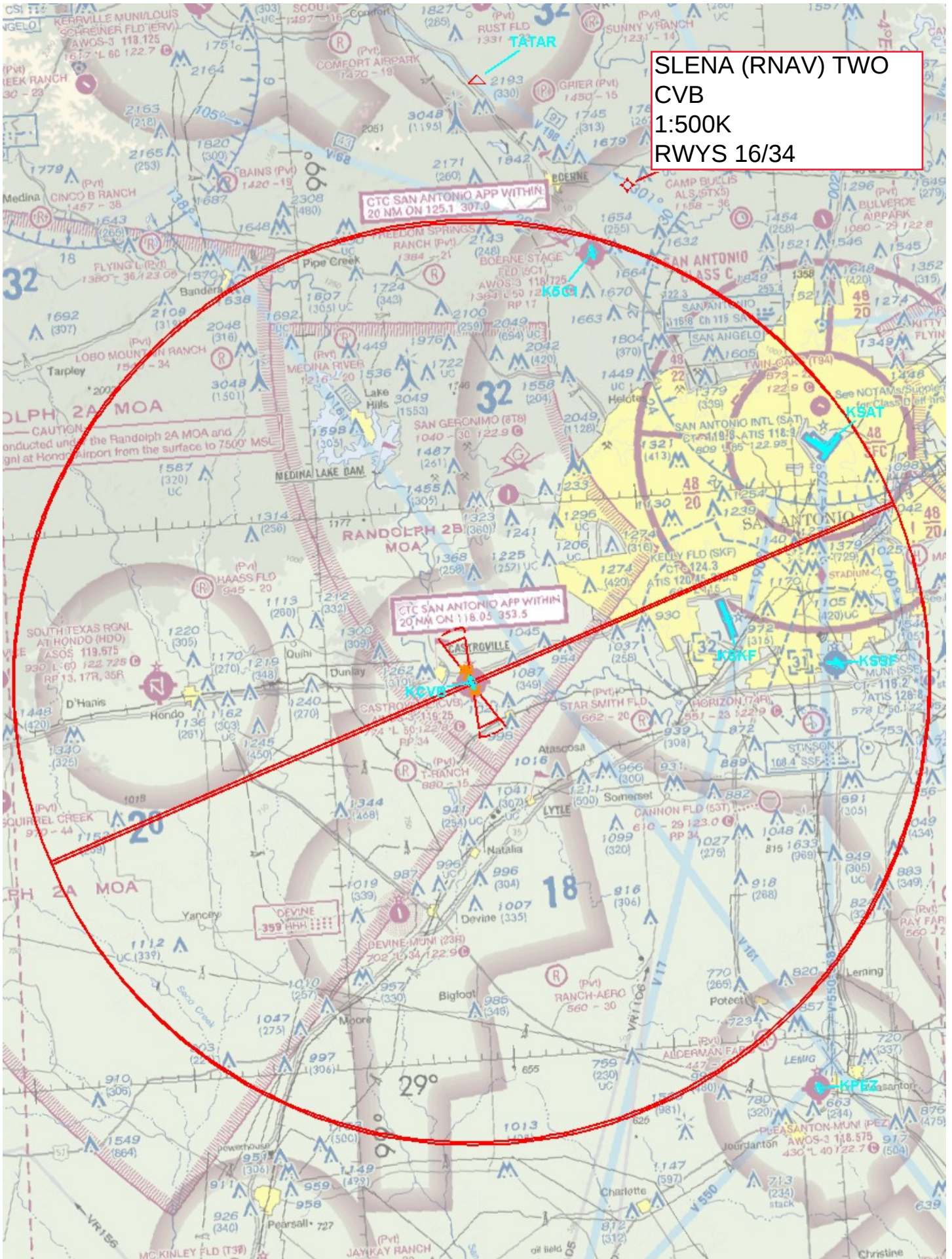


SLENA (RNAV) TWO  
BAZ  
1:500K  
RWYS 13/17/31/35

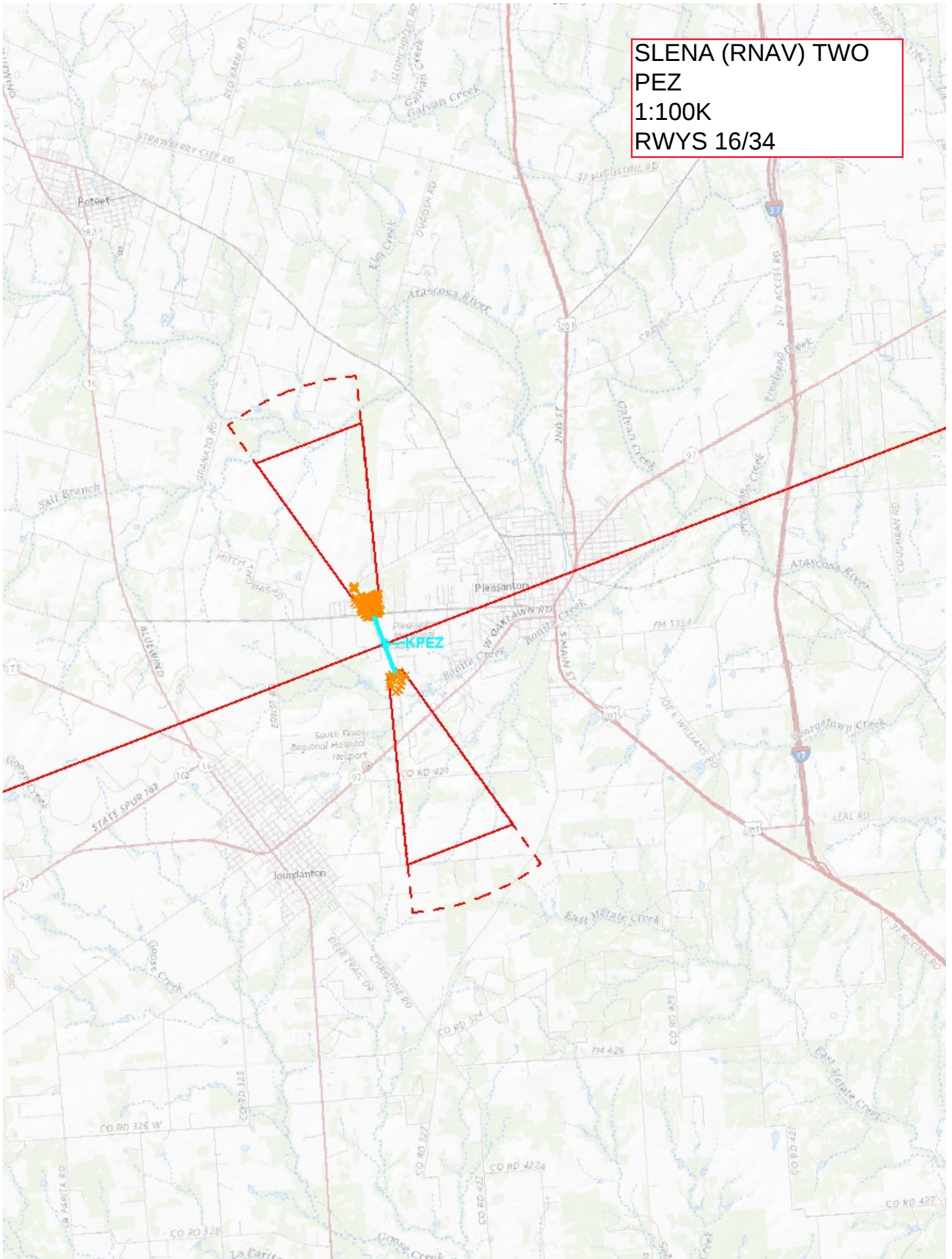


SLENA (RNAV) TWO  
CVB  
1:100K  
RWYS 16/34

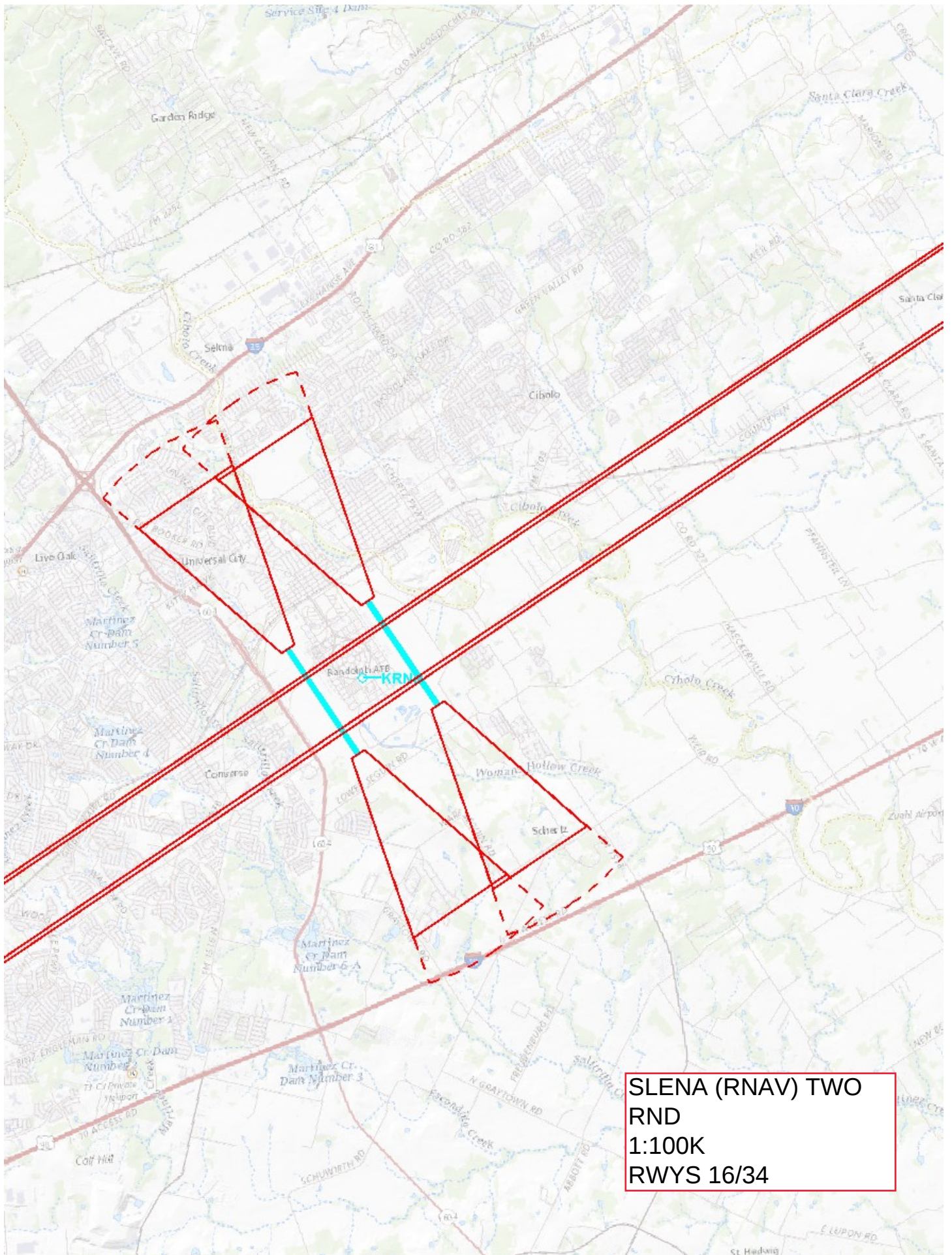
SLENA (RNAV) TWO  
CVB  
1:500K  
RWYS 16/34



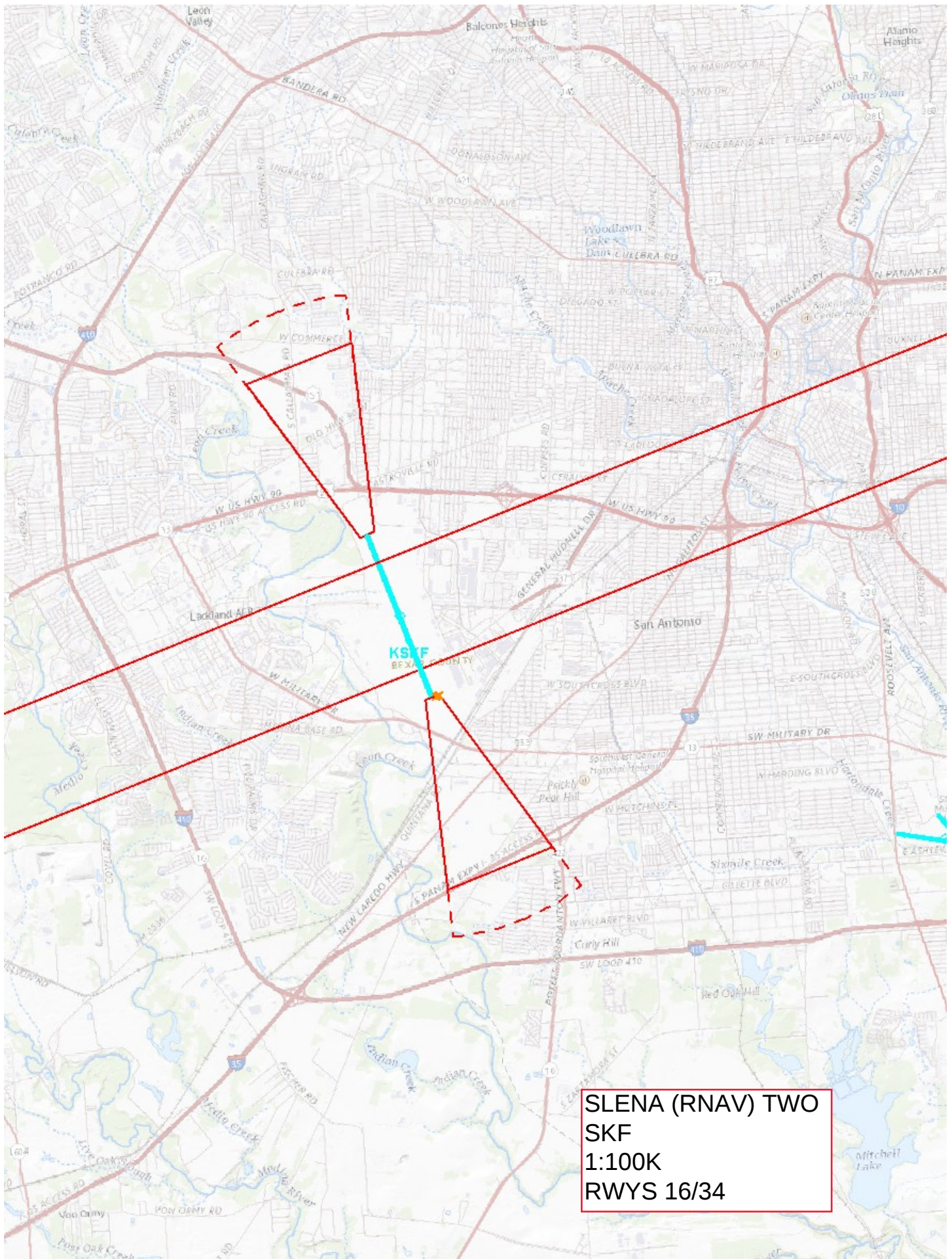
SLENA (RNAV) TWO  
PEZ  
1:100K  
RWYS 16/34



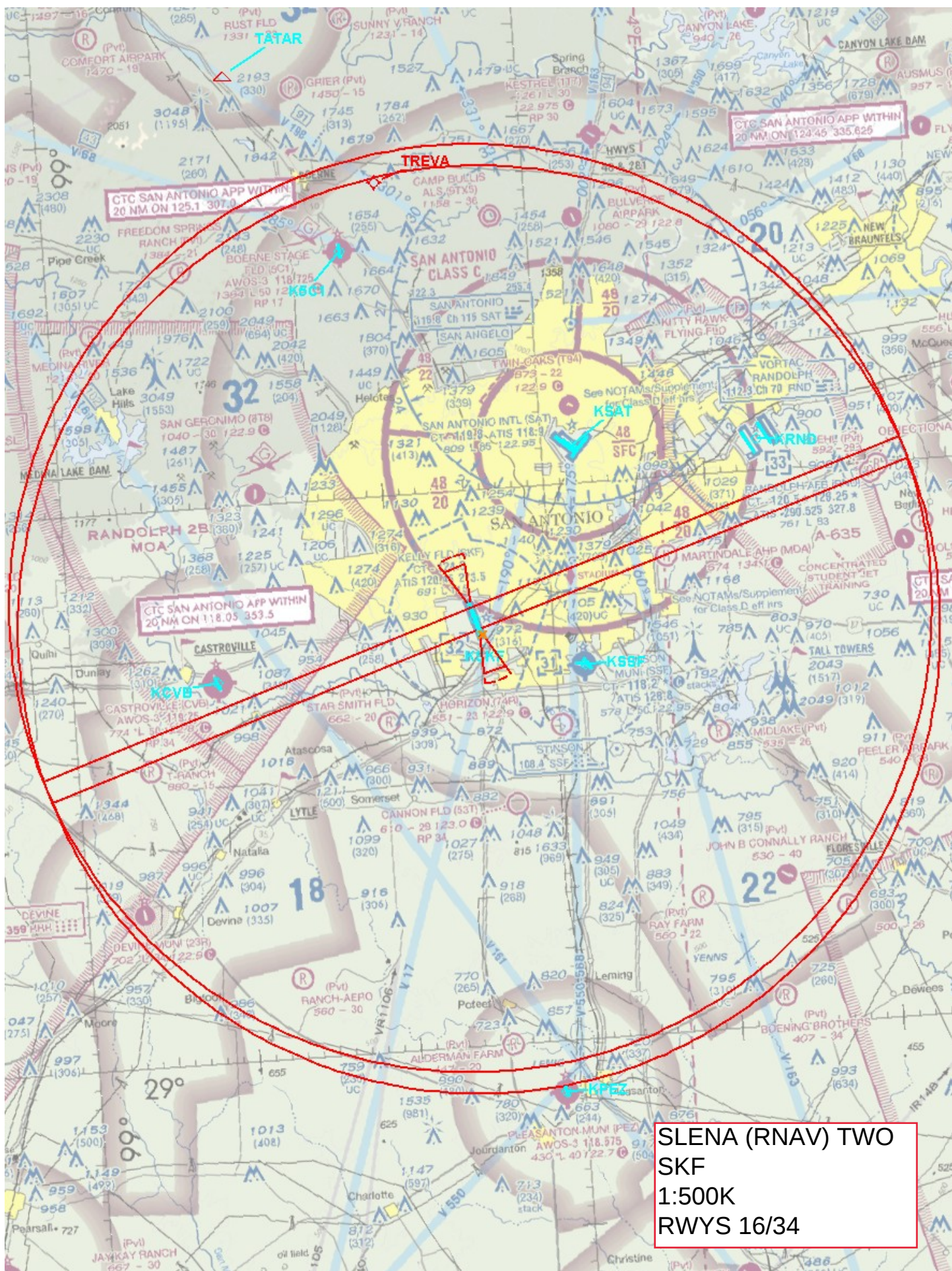


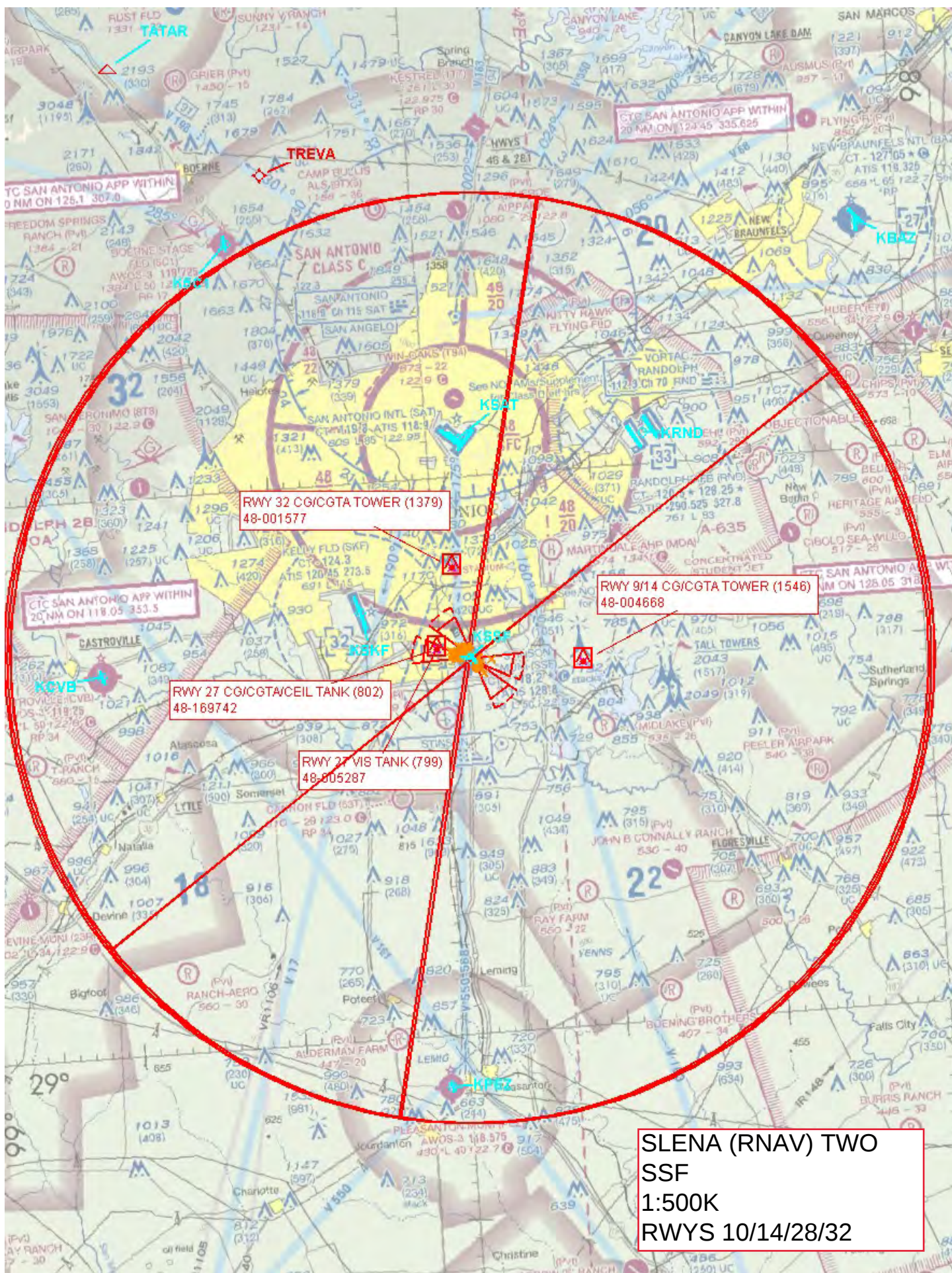






SLENA (RNAV) TWO  
SKF  
1:100K  
RWYS 16/34





SLENA (RNAV) TWO  
SSF  
1:100K  
RWYS 10/14/28/32

