| Flight Procedures Cover Page                    | Task Action:<br>FLIGHT CHECK | Task Type:<br>SID                      | Estimated Chart Date: 02/20/2025  | APWS Task ID:<br>7811BE3F7A7E4FAE9B33F404DF14CDC6 | APWS Project ID:<br>B262D166695C4335B64BC22B4319EBC4 |  |  |
|---|------------------------------|--|-----------------------------------|---|--|--|--|
| Procedure:<br>FAFNR ONE (COPTER) (RNAV) DEPARTU | IRE                          | Enroute:<br>NO                         | Specialist:<br>Mccartney, Michael |   | Agreement Number:                                    |  |  |
| Airport ID:<br>ME42                             |                              |  | Airport City:<br>BRUNSWICK        |   | State:<br>ME   |  |  |
| Facility ID:                                    | Facility Type:               | Flight Inspection Remar<br>New FC Slot | rk Type:                          |   |  |  |  |

**Procedure Comments:** 

SPECIAL PROCEDURE.

ORIGINAL PROCEDURE.

ACTIVE DATA UTILIZED.

BLANKET WAIVER ON FILE (2):

- 1. AFS-400 MEMO DATED 01/26/24, SUBJECT: WAIVER TO INSTRUMENT PROCEDURE DESIGN INITIAL DEPARTURE FIX CRITERIA.
- 2. AFS-400 MEMO DATED 01/12/24, SUBJECT: WAIVER TO SIGNATURES ON SPECIAL INSTRUMENT FLIGHT PROCEDURE FORMS.

CONTACT: ERIC SUSKI, AJV-A431, MANAGER, 405-954-7331.





| FIPC BASIC FORM   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           |                      |        |  |
|---|--|---------|-----------|-------------|------|-------------------------------|-------------|-------|---------------|----------------|-------------------|-----------------|-----------------|---------------------|-----------|----------------------|--------|--|
| PROCEDURE:  |  |         |           |             |      | AIRPORT NAME: AIR             |             |       |               |                | AIRPOI            | AIRPORT ID:     |                 | SPECIAL CONTROL NO: |           |                      |        |  |
| FAFNR ONE (COPTER) (RNAV) DEPARTURE                                 |  |         |           |             |      | MID COAST HOSPITAL KME        |             |       |               |                | KME42             | <b>Л</b> Е42    |                 | YG-10-037-24        |           |                      |        |  |
| FAC ID: FAFNR1 CITY: BRUNSWICK                                      |  |         |           |             |      | ST: 1                         |             |       |               |                | ST: ME            | : ME ORIG CHA   |                 |                     | ART DATE: | ART DATE: 02/20/2025 |        |  |
| DFL TYPE: THIRD PARTY: EST. TIME ON SITE: REIMB. NUMBER: PTS TASK I |  |         |           |             |      |                               |             | ID:   |               |                |                   |                 |                 |                     |           |                      |        |  |
| PROC/I  | I <b>YES</b> 0.5 7811BE3F7A7E4FAI  |         |           |             |      |                               |             |       |               | A7E4FAE        | E9B33F404DF14CDC6 |                 |                 |                     |           |                      |        |  |
| PREFLIGHT NOTES   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           |                      |        |  |
| REVIEWER: DATE:   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           |                      |        |  |
| COMMENTS: CHECK ON  |  |         |           |             |      |                               |             |       |               | ONE:           | ONE:              |                 |                 |                     |           |                      |        |  |
|   |  |         |           |             |      |                               |             |       |               |                |                   |                 | FLT CK REQ NFCR |                     |           | RE.                  | REJECT |  |
|   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           | YES                  | NO     |  |
|   |  |         |           |             |      |                               |             |       |               |                |                   | CPV COMPLETE? X |                 |                     |           |                      |        |  |
| PROCEDURE RESULTS   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           |                      |        |  |
| INSPECTION DA   | DATE: CREW #: N #: INSTRUMENT PROCEDURE STATUS:  |         |           |             |      |                               |             |       | ARINC CODING: |                |                   |                 |                 |                     |           |                      |        |  |
| 10/22/2024  | $0/22/2024$ VN423 HELO $\mathbf{X}$ SAT $\mathbf{SAT}$ SAT W/CHANGES $\mathbf{U}$ UNSAT $\mathbf{SAT}$ SAT |         |           |             |      |                               |             |       | ☐ SA          | SAT/GOLD UNSAT |                   |                 |                 |                     |           |                      |        |  |
| FLIGHT INSPECTOR SIGNATURE:   |  |         |           |             |      | PRINTED NAME: NOTAM INITIATED |             |       |               |                |                   |                 |                 | TED?                |           |                      |        |  |
| terry hester @ 11/2   | 5/2024 1   | 1:01    |           |             | I    | HESTER, TERRY LEE             |             |       |               |                |                   | ☐ YES           |                 |                     |           | <b>X</b> I           | X NO   |  |
| FLIGHT INSPECT Special Number YO                                    |  |         | COAST HOS | SPITAL, BRU | INSW | ЛСК, МЕН                      | FAFNR ONE ( | СОРТЕ | ER) (RNA      | AV) D          | EPARTU            | TRE SAT         |                 |                     |           |                      |        |  |
| IN-FLIGHT OBSTACLE REPORT   |  |         |           |             |      |                               |             |       |               |                |                   |                 |                 |                     |           |                      |        |  |
| OBSTRUCTION I   | (D #: C  | COORDIN | ATES OR I | LOCATION:   | GN   | SS ALTIT                      | TUDE (MSL): | BAR   | OMETR         | RIC A          | LTITUD            | E (MSL):        | HEI             | GHT A               | ABOVE GR  | OUND LI              | EVEL:  |  |

| FIPC BASIC FORM                     |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      |              |       |  |
|-------------------------------------|---|--------|-----------|-------------|------|--------------------------------|-------------|-------|------------------|---------|-------------------|-------------|-----|---------------------|----------------------|--------------|-------|--|
| PROCEDURE:                          |   |        |           |             |      | AIRPORT NAME: AIR              |             |       |                  |         | AIRPOI            | IRPORT ID:  |     | SPECIAL CONTROL NO: |                      |              |       |  |
| FAFNR ONE (COPTER) (RNAV) DEPARTURE |   |        |           |             |      | MID COAST HOSPITAL KME         |             |       |                  |         | KME42             | E42 YG-10-( |     | -10-037-24          |                      |              |       |  |
| FAC ID: FAFNR1 CITY: BRUNSWICK      |   |        |           |             |      | ST:                            |             |       |                  |         | ST: ME            | ME ORIG CHA |     |                     | ART DATE: 02/20/2025 |              |       |  |
| DFL TYPE:                           | DFL TYPE: THIRD PARTY: EST. TIME ON SITE: REIMB. NUMBER: PTS TASK ID: |        |           |             |      |                                |             |       | D:               | ·       |                   |             |     |                     |                      |              |       |  |
| PROC/I                              | OC/I YES 0.5 7811BE3F7A7E4FAI   |        |           |             |      |                                |             |       |                  | 7E4FAE  | E9B33F404DF14CDC6 |             |     |                     |                      |              |       |  |
| PREFLIGHT NOTES                     |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      |              |       |  |
| REVIEWER: DATE:                     |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      |              |       |  |
| COMMENTS: CHECK                     |   |        |           |             |      |                                |             |       |                  | CHECK ( | ONE:              |             |     |                     |                      |              |       |  |
|                                     |   |        |           |             |      |                                |             |       |                  |         |                   |             | RE. | REJECT              |                      |              |       |  |
|                                     |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      | YES          | NO    |  |
|                                     |   |        |           |             |      |                                |             |       | CPV COMPLETE? X  |         |                   |             |     |                     |                      |              |       |  |
| PROCEDURE RESULTS                   |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      |              |       |  |
| INSPECTION DA                       | DATE: CREW #: N #: INSTRUMENT PROCEDURE STATUS:                       |        |           |             |      |                                |             |       | ARINC CODING:    |         |                   |             |     |                     |                      |              |       |  |
| 10/22/2024                          | 10/22/2024 VN423 HELO X SAT SAT W/CHANGES UNSAT SAT                   |        |           |             |      |                                |             |       | T SAT/GOLD UNSAT |         |                   | NSAT        |     |                     |                      |              |       |  |
| FLIGHT INSPECTOR SIGNATURE:         |   |        |           |             |      | PRINTED NAME: NOTAM INITIATED? |             |       |                  |         |                   |             |     |                     | ΓED?                 |              |       |  |
| terry hester @ 10/2                 | 5/2024 07   | 7:01   |           |             | F    | HESTER, TERRY LEE              |             |       |                  |         |                   |             |     |                     | ☐ YES                | $\mathbf{X}$ | NO    |  |
| FLIGHT INSPECT<br>Special Number YO |   |        | COAST HOS | SPITAL, BRU | INSW | TICK, MEI                      | FAFNR ONE ( | СОРТЕ | CR) (RNA         | V) DE   | EPARTU            | RE          |     |                     |                      |              |       |  |
| IN-FLIGHT OBSTACLE REPORT           |   |        |           |             |      |                                |             |       |                  |         |                   |             |     |                     |                      |              |       |  |
| OBSTRUCTION I                       | (D #: C   | OORDIN | ATES OR I | LOCATION:   | GNS  | SS ALTIT                       | TUDE (MSL): | BAR   | OMETR            | IC AI   | LTITUD            | E (MSL):    | HEI | IGHT A              | ABOVE GR             | OUND LI      | EVEL: |  |





## Memorandum

Date: January 26, 2024

To: Instrument Flight Procedures Service Providers

WADE EK
TERRELL
Digitally signed by WADE
EK TERRELL
Date: 2024.01.26 13:28:10

From: Douglas F. Rodzon, Acting Manager, Flight Technologies and Procedures

Division

Subject: Waiver to Instrument Procedure Design Initial Departure Fix Criteria

This memorandum waives FAA Order 8260.58C, United States Standard for Performance Based Navigation (PBN) Instrument Procedure Design, Chapter 5, Section 5-7, Helicopter Departure, (Flat Surface Area and Visual Segment for Proceed Visually Departures) construction.

Paragraph 5-7-3, Flat Surface Area, is waived to allow a 1 x along-track tolerance (ATT) radius around the initial departure fix (IDF) for flat surface area construction. Paragraph 5-7-4, Visual Segment for Proceed Visually Departures, is waived to allow the visual segment to end at the plotted position of the IDF instead of the point of earliest reception.

Implementation of this waiver requires instructions for conducting a visual flight rules (VFR) climb to the IDF for a departure with a VFR segment to specify a direction and an altitude for crossing the IDF. See FAA Order 8260.46J, Departure Procedures (DP) Program, Appendix F, Helicopter Area Navigation (RNAV) Departure Procedures, paragraph 3.b(2).

## Example:

VFR Segment: VFR Climb to (IDF WPT), cross (IDF WPT) at or above (IDF Altitude) on track (outbound track).

This memorandum remains in effect until rescinded. Please direct all inquiries to the Flight Procedures and Airspace Group, Standards Section at 9-AWA-AVS-AFS420@faa.gov.





## Memorandum

Date: January 12, 2024

To: Instrument Flight Procedure Service Providers

WADE EK
TERRELL
Digitally signed by
WADE EK TERRELL
Date: 2024.01.12 09:55:54

From: Douglas F. Rodzon, Acting Manager, Flight Technologies and Procedures

Division

Subject: Waiver to Signatures on Special Instrument Flight Procedure Forms

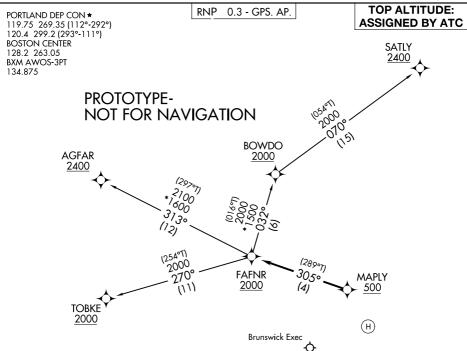
Flight Standards will no longer sign the "Approved By" or "Recommended By" line of FAA Forms for special instrument flight procedures (IFPs).

All service providers are authorized to sign the "Approved By" or "Recommended By" line of FAA Forms 8260-2, 8260-7A, 8260-15A, 8260-15B, 8260-16, and 8260-17.1. By signing, service providers certify that the IFP was developed in accordance with applicable policies, directives, standards, and criteria and is approved for further processing.

The following paragraphs are waived:

- 1. FAA Order 8260.19, Flight Procedures and Airspace, Paragraphs: 4-5-12m, 8-5-2s, 8-5-2t(2), 8-5-2u(3), 8-6-18, 8-6-19b(2).
- 2. FAA Order 8260.46, Departure Procedure (DP) Program, Paragraphs: Appendix D, Section 1, paragraph 2m; Appendix D, Section 2, paragraph 2t; Appendix E, Section 1, paragraph 2t.
- 3. FAA Order 8260.60 paragraph 2-1-3 c(1).

This memorandum remains in effect until rescinded. Please direct all inquiries to the Flight Procedures and Airspace Group, Standards Section at 405-954-1139 or 9-AWA-AVS-AFS420@faa.gov.



Note: Pilot must ensure CDI sensitivity is set to 0.3 NM. CDI may be reset to 1 NM.

after FAFNR/AGFAR/SATLY/TOBKE as applicable.

Note: Use of Mid Coast Hospital requires permission of the owner. Use of this

procedure requires specific authroization by FAA Flight Standards. Note: Use BXM altimeter setting; when not recieved, use IWI altimeter setting

and cross MAPLY at or above 540

NSA MAPLY 25 Ny 3100

NOTE: Chart not to scale.

## DEPARTURE ROUTE DESCRIPTION

VFR SEGMENT: VFR climb to MAPLY, cross MAPLY at or above 500 on track 305°. IFR SEGMENT: From MAPLY, track 305° to cross FAFNR at or above 2000, then on (transition). Maintain ATC assigned altitude.

AGFAR TRANSITION (FAFNR1.AGFAR) SALTY TRANSITION (FAFNR1.SALTY) TOBKE TRANSITION (FAFNR1.TOBKE)

