



U.S. Department
of Transportation
Federal Aviation
Administration

MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved
OMB No. 2120-0020
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U. S. C. §46301(a))

1. Aircraft	Nationality and Registration Mark N8831M	Serial No. TD-574	
	Make BEECHCRAFT	Model D95A	Series
2. Owner	Name (As shown on registration certificate) MCMEEKIN ROBERT R JR		Address (As shown on registration certificate) 7435 ARROWOOD RD BETHESDA, MARYLAND 20817-2822 USA

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address LANCASTER AVIONICS, INC. 500-U AIRPORT ROAD LITITZ, PA 17543	B. Kind of Agency <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> U. S. Certified Mechanic</td> <td style="width: 50%;"><input type="checkbox"/> Manufacturer</td> </tr> <tr> <td><input type="checkbox"/> Foreign Certified Mechanic</td> <td><input type="checkbox"/> C. Certificate No.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Repair Station</td> <td>LN7R261N</td> </tr> <tr> <td><input type="checkbox"/> Certified Maintenance Organization</td> <td></td> </tr> </table>	<input type="checkbox"/> U. S. Certified Mechanic	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Foreign Certified Mechanic	<input type="checkbox"/> C. Certificate No.	<input checked="" type="checkbox"/> Certified Repair Station	LN7R261N	<input type="checkbox"/> Certified Maintenance Organization	
<input type="checkbox"/> U. S. Certified Mechanic	<input type="checkbox"/> Manufacturer								
<input type="checkbox"/> Foreign Certified Mechanic	<input type="checkbox"/> C. Certificate No.								
<input checked="" type="checkbox"/> Certified Repair Station	LN7R261N								
<input type="checkbox"/> Certified Maintenance Organization									

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U. S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 	Mark J. Forth 06-May-2014
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
BY	FAA Designee	<input checked="" type="checkbox"/> Repair Station	Inspection Authorization	Other (Specify)

Certificate or Designation No. LN7R261N	Signature/Date of Authorized Individual 	Todd M. Adams 06-May-2014
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N8831M

May-06-2014

Nationality and Registration Mark

Date

The following equipment was removed:

UNIT	LOCATION
Aspen 910-00004-001 ACU	Behind Instrument Panel STA# 41.00
Comant CI-1125 Quadplexer	Behind instrument Panel STA# 60.00
King KNS-80 RNAV	Radio Stack STA# 62.00
King KY196 Com	Radio Stack STA# 62.00

The following equipment was installed:

UNIT	LOCATION
Garmin GTN650 GPS/Nav/Com	Radio Stack STA# 62.00
Garmin GA-35 GPS Antenna	Top of Aircraft STA# 65.00
Comant CI-505 Splitter	Behind Instrument Panel STA# 65.00
Garmin 013-00112-00 Splitter	Behind Instrument Panel STA# 63.00

Installed Garmin GTN650 System IAW Garmin STC# SA02019SE-D and Garmin GTN7xx/6xx Series Installation Manual p/n 190-01007-A3 Rev 2 per TSO-C146a:

- 1) Installed GTN650 in location determined to be within the prescribed "Acceptable View" therefore remote annunciation not installed.
- 2) Verified all interfaces to be in compliance with the Garmin GTN7xx/6xx Series Installation Manual p/n 190-01007-A3 Rev 2 per TSO-C146a and operating as intended. Completed Interface Checkout Log.
- 3) Inserted Garmin supplied Instructions for Continued Airworthiness p/n190-01007-A3 Rev 1 in the aircraft records.
- 4) Inserted Garmin supplied Flight Manual Supplement p/n 190-01007-A2 Rev 1 in the POH.

Verified compliance with FAR 91.217 data correspondence & FAR 91-413 and FAR 43 Appendix F due to interface of the GTN650. Performed static leak check IAW FAR 91.411.

All work was accomplished IAW AC43.13.1B/-2B Chapters 2 & 3 and GTN650 installation manual utilizing manufacturer's supplied hardware.

All wiring/cabling used for installation purposes meets or exceeds the following specifications: (M17/29, and/or M17/60) - coax; (M22759, M27500, and/or M81044) - wire. All circuit breakers used for installation purposes were of the Klixon, Potter/Brumfield, and/or Mechanical Products variety.

All of the above installed equipment was functionally tested and was found to perform its intended function with no adverse effects on other aircraft systems.

Weight and Balance change recalculated for work performed per FORM #337. Equipment List revised.

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ADDITIONAL SHEETS ARE ATTACHED