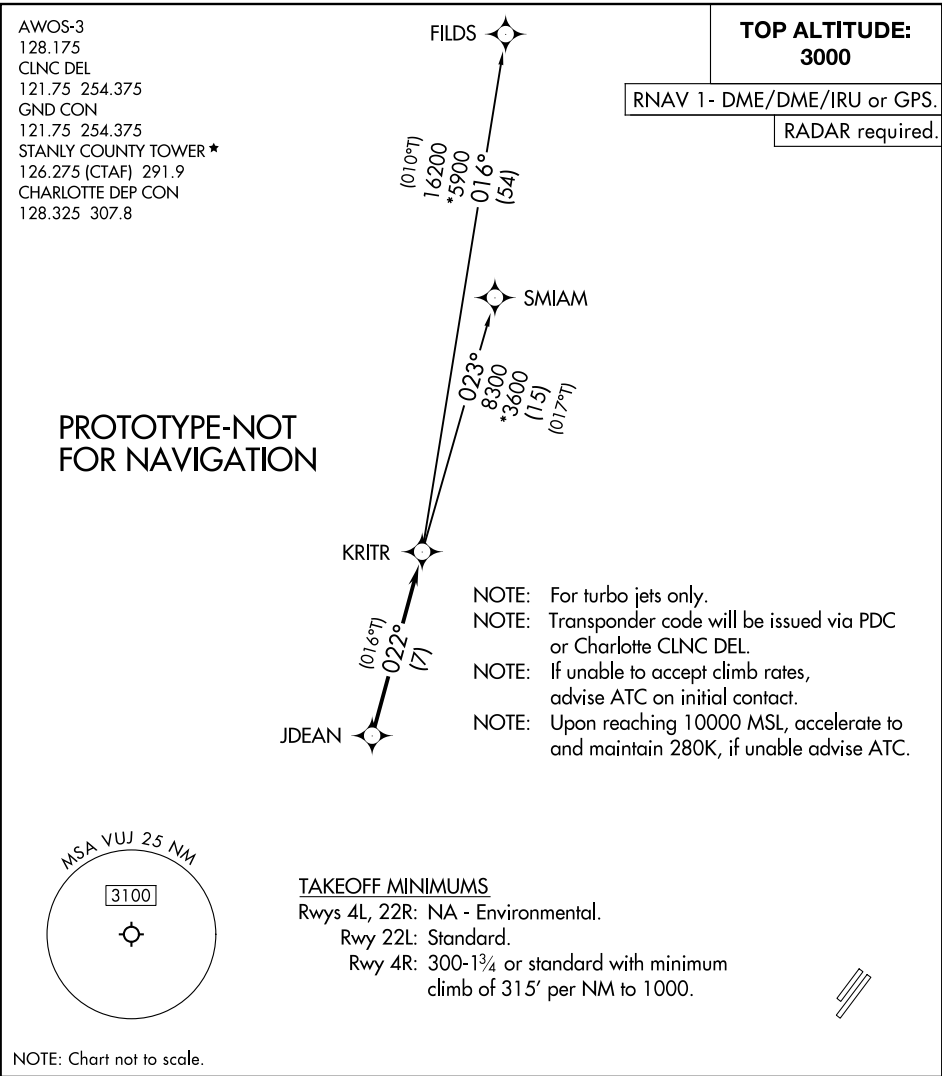


|                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                               |                                     |                                                   |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------------------|------------------------------------------------------|
| Flight Procedures Cover Page                                                                                                                                                                                                                                                                                                                                                                                        | Task Action:<br>FLIGHT CHECK | Task Type:<br>SID                             | Estimated Chart Date:<br>03/21/2024 | APWS Task ID:<br>23393AC61864408A988EA5DEBC24CFA3 | APWS Project ID:<br>1D960267CA254B41BECED55A28FF5655 |
| Procedure:<br>SID KRITR (RNAV) SIX ALBEMARLE NC KUUJ                                                                                                                                                                                                                                                                                                                                                                |                              | Enroute:<br>YES                               | Specialist:<br>Vega, Ana            |                                                   | Agreement Number:                                    |
| Airport ID:<br>KUUJ                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                               | Airport City:<br>ALBEMARLE          |                                                   | State:<br>NC                                         |
| Facility ID:                                                                                                                                                                                                                                                                                                                                                                                                        | Facility Type:               | Flight Inspection Remark Type:<br>New FC Slot |                                     |                                                   |                                                      |
| <div>Procedure Comments:<br/>ACTIVE DATA USED.</div> <div>ABBREVIATED AMENDMENT.</div> <div>CANCEL FDC 3/0577 - KUUJ RWY 04R UPDATED TAKEOFF MINIMUMS.</div> <div>CANCEL CLT 05/427 - KCLT RWY 05/23 PERMANENT CLOSURE.</div> <div>CONTACT: MARK ADAMS TEAM 1 SUBTEAM-B 405-954-9946.</div> <div><div>QUALITY<br/>24<br/>CHECKED</div><div>Digitally signed by<br/><b>MARK D ADAMS</b><br/>May 12, 2023</div></div> |                              |                                               |                                     |                                                   |                                                      |

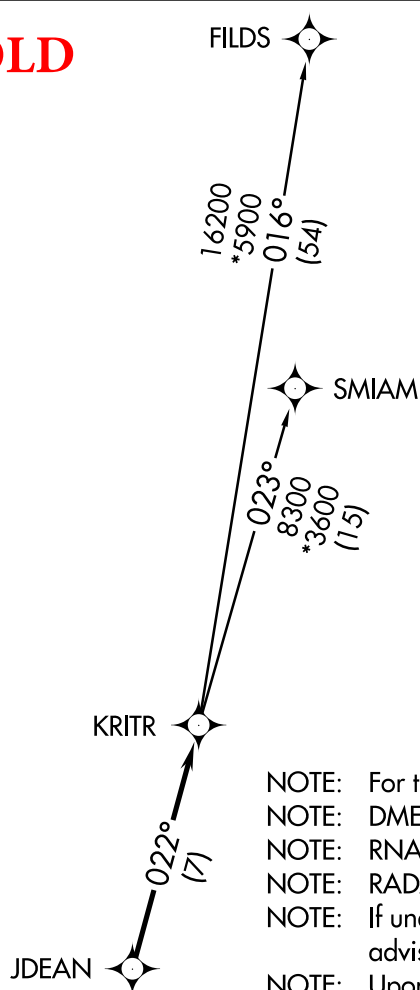
| <b>FIPC DME/DME FORM</b>                                                                         |                                                     |                                                                     |                                              |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>PROCEDURE:</b><br>SID KRITR (RNAV) SIX ALBEMARLE NC KVVJ                                      |                                                     |                                                                     | <b>AIRPORT NAME:</b><br>STANLY COUNTY        |                                                                                                                                                      | <b>AIRPORT ID:</b><br>KVVJ                                                                        | <b>SPECIAL CONTROL NO:</b><br>AG-05-165-23                                                                                       |                                                                                                |
| <b>FAC ID:</b> KRITR6                                                                            |                                                     | <b>CITY:</b> ALBEMARLE                                              |                                              |                                                                                                                                                      | <b>ST:</b> NC                                                                                     | <b>ORIG CHART DATE:</b> 10/05/2023                                                                                               |                                                                                                |
| <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>23393AC61864408A988EA5DEBC24CFA3                                           |                                                                                                                                  |                                                                                                |
| <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>09/15/2023                                                            |                                                     | <b>CREW #:</b><br>VN327                                             | <b>N #:</b><br>N86                           | <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>jeffrey eckman @ 09/16/2023 08:54                          |                                                     |                                                                     | <b>PRINTED NAME:</b><br>ECKMAN, JEFFREY ALAN |                                                                                                                                                      |                                                                                                   |                                                                                                                                  | <b>NOTAM INITIATED?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>FLIGHT INSPECTOR REMARKS:</b><br>Procedure SAT as proposed.                                   |                                                     |                                                                     |                                              |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <b>DME/DME STATUS:</b><br><input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT |                                                     | <b>SPECIALIST SIGNATURE:</b><br>david c-ctr cook @ 12/21/2023 05:25 |                                              |                                                                                                                                                      | <b>PRINTED NAME:</b><br>Dave Cook                                                                 |                                                                                                                                  |                                                                                                |
| <b>SPECIALIST REMARKS:</b><br>"NO DME RNAV PRO REQUIRED"                                         |                                                     |                                                                     |                                              |                                                                                                                                                      |                                                                                                   |                                                                                                                                  |                                                                                                |
| <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>SID KRITR (RNAV) SIX ALBEMARLE NC KVVJ                           |                                                     |                                  | <b>AIRPORT NAME:</b><br>STANLY COUNTY                                                                                                                |                                                         | <b>AIRPORT ID:</b><br>KVVJ                                                                                                       | <b>SPECIAL CONTROL NO:</b><br>AG-05-165-23                                                     |
| <b>FAC ID:</b> KRITR6                                                                 |                                                     | <b>CITY:</b> ALBEMARLE           |                                                                                                                                                      |                                                         | <b>ST:</b> NC                                                                                                                    | <b>ORIG CHART DATE:</b> 10/05/2023                                                             |
| <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>23393AC61864408A988EA5DEBC24CFA3 |                                                                                                                                  |                                                                                                |
| <b>PREFLIGHT NOTES</b>                                                                |                                                     |                                  |                                                                                                                                                      |                                                         |                                                                                                                                  |                                                                                                |
| <b>REVIEWER:</b>                                                                      |                                                     |                                  |                                                                                                                                                      |                                                         | <b>DATE:</b>                                                                                                                     |                                                                                                |
| <b>COMMENTS:</b>                                                                      |                                                     |                                  |                                                                                                                                                      |                                                         | <b>CHECK ONE:</b><br><input type="checkbox"/> FLT CK REQ <input type="checkbox"/> NFCR <input type="checkbox"/> REJECT           |                                                                                                |
|                                                                                       |                                                     |                                  |                                                                                                                                                      |                                                         | <b>YES</b>                                                                                                                       | <b>NO</b>                                                                                      |
|                                                                                       |                                                     |                                  |                                                                                                                                                      |                                                         | <b>CPV COMPLETE?</b> <input checked="" type="checkbox"/> X <input type="checkbox"/>                                              |                                                                                                |
| <b>PROCEDURE RESULTS</b>                                                              |                                                     |                                  |                                                                                                                                                      |                                                         |                                                                                                                                  |                                                                                                |
| <b>INSPECTION DATE:</b><br>09/15/2023                                                 | <b>CREW #:</b><br>VN327                             | <b>N #:</b><br>N86               | <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>jeffrey eckman @ 09/16/2023 08:54               |                                                     |                                  | <b>PRINTED NAME:</b><br>ECKMAN, JEFFREY ALAN                                                                                                         |                                                         |                                                                                                                                  | <b>NOTAM INITIATED?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>FLIGHT INSPECTOR REMARKS:</b><br>Procedure SAT as proposed.                        |                                                     |                                  |                                                                                                                                                      |                                                         |                                                                                                                                  |                                                                                                |
| <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>                       |                                                                                                                                  |                                                                                                |



## KRITR FIVE DEPARTURE (RNAV)

AWOS-3  
128.175  
CLNC DEL  
121.75 254.375  
GND CON  
121.75 254.375  
STANLY COUNTY TOWER ★  
126.275 (CTAF) 291.9  
UNICOM  
123.0  
CHARLOTTE DEP CON  
128.325 307.8

**OLD****TOP ALTITUDE:  
3000**

NOTE: For turbojets only.  
NOTE: DME/DME/IRU or GPS required.  
NOTE: RNAV 1.  
NOTE: RADAR required.  
NOTE: If unable to accept climb rates, advise ATC on initial contact.  
NOTE: Upon reaching 10000 MSL, accelerate to and maintain 280K, if unable advise ATC.

TAKEOFF MINIMUMS

Rwys 4L, 22R: NA.

Rwy 22L: Standard.

Rwy 4R: 300-1½ or standard with minimum climb of 276' per NM to 1000.

NOTE: Chart not to scale.



## DEPARTURE ROUTE DESCRIPTION

Climb on heading assigned by ATC, expect RADAR vectors to JDEAN, then on track 022° to KRITR, then on assigned transition. Maintain 3000, expect filed altitude within 10 minutes after departure.

FILDS TRANSITION (KRITR5.FILDS)SMIAM TRANSITION (KRITR5.SMIAM)

## KRITR FIVE DEPARTURE (RNAV)

(KRITR5.KRITR) 03JAN19

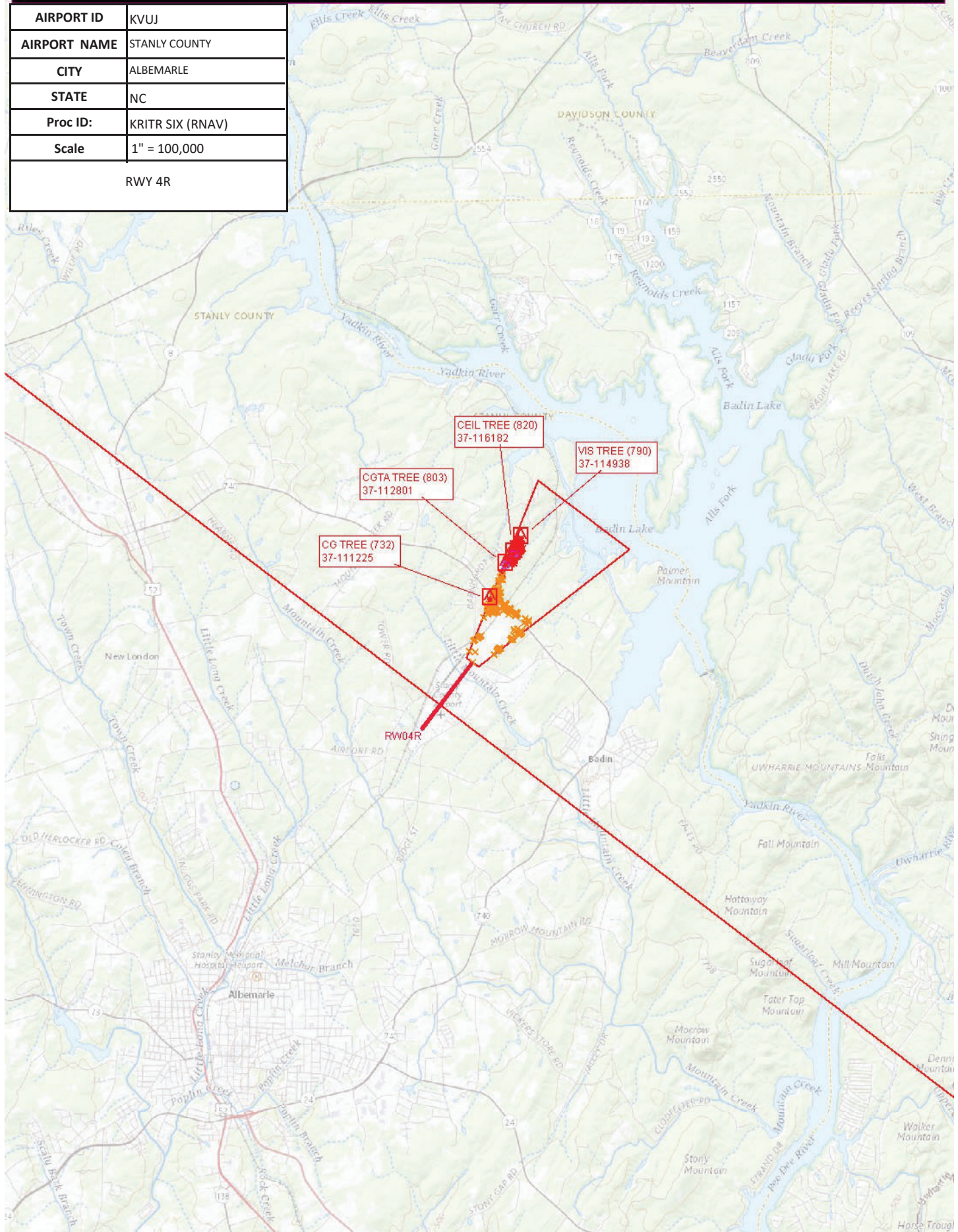
ALBEMARLE, NORTH CAROLINA  
STANLY COUNTY (VUJ)

SE-2, 29 DEC 2022 to 26 JAN 2023

SE-2, 29 DEC 2022 to 26 JAN 2023



|              |                 |
|--------------|-----------------|
| AIRPORT ID   | KVUJ            |
| AIRPORT NAME | STANLY COUNTY   |
| CITY         | ALBEMARLE       |
| STATE        | NC              |
| Proc ID:     | KRTR SIX (RNAV) |
| Scale        | 1" = 100,000    |
| RWY 4R       |                 |





|                     |                  |
|---------------------|------------------|
| <b>AIRPORT ID</b>   | KVUJ             |
| <b>AIRPORT NAME</b> | STANLY COUNTY    |
| <b>CITY</b>         | ALBEMARLE        |
| <b>STATE</b>        | NC               |
| <b>Proc ID:</b>     | KRITR SIX (RNAV) |
| <b>Scale</b>        | 1" = 500,000     |
| RWY 4R              |                  |

