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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------------------|------------------------------------------------------|
| Flight Procedures Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Task Action:<br>FLIGHT CHECK | Task Type:<br>SID                             | Estimated Chart Date:<br>03/21/2024 | APWS Task ID:<br>B011EAB101D34410B0CCDE43DEE6EDE1 | APWS Project ID:<br>1D960267CA254B41BECED55A28FF5655 |
| Procedure:<br>SID JOJJO (RNAV) FIVE ALBEMARLE NC KVVJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | Enroute:<br>YES                               | Specialist:<br>Vega, Ana            |                                                   | Agreement Number:                                    |
| Airport ID:<br>KVVJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                               | 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 - KVVJ 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>9/20/23: THIS IS AN UPDATED COPY OF THE FORM DEVELOPED ON 1/6/23<br/>8260-15B FORM - CHANGED MOCA VALUE ON TRANSITION ROUTE:<br/>CUBIM: BENBY – TIELR FROM “8400” TO “8500”.<br/>NOONN: SLEPP - BFORE “4500” TO “5100” AND BFORE - NOONN FROM “5600” TO “6100”.</div> <div><div>QUALITY<br/>20<br/>CHECKED</div><div>QUALITY<br/>9<br/>CHECKED<br/>BEGUE</div><div>Digitally signed by<br/><b>MARK D ADAMS</b><br/>Nov 07, 2023</div></div> |                              |                                               |                                     |                                                   |                                                      |

| <b>FIPC DME/DME FORM</b>                                                                                                                                                                                                              |                                                     |                                  |                                         |                                                                                                                                                      |                                                                                                                        |                                                                                                                       |                                   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <b>PROCEDURE:</b><br>SID JOJJO (RNAV) FIVE ALBEMARLE NC KVVJ                                                                                                                                                                          |                                                     |                                  | <b>AIRPORT NAME:</b><br>STANLY COUNTY   |                                                                                                                                                      | <b>AIRPORT ID:</b><br>KVVJ                                                                                             | <b>SPECIAL CONTROL NO:</b><br>AG-11-202-23                                                                            |                                   |           |
| <b>FAC ID:</b> JOJJO5                                                                                                                                                                                                                 |                                                     | <b>CITY:</b> ALBEMARLE           |                                         |                                                                                                                                                      | <b>ST:</b> NC                                                                                                          | <b>ORIG CHART DATE:</b> 03/21/2024                                                                                    |                                   |           |
| <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>B011EAB101D34410B0CCDE43DEE6EDE1                                                                |                                                                                                                       |                                   |           |
| <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>                                                                                                   |                                                                                                                       | <b>X</b>                          |           |
| <b>PROCEDURE RESULTS</b>                                                                                                                                                                                                              |                                                     |                                  |                                         |                                                                                                                                                      |                                                                                                                        |                                                                                                                       |                                   |           |
| <b>INSPECTION DATE:</b><br>01/11/2024                                                                                                                                                                                                 |                                                     | <b>CREW #:</b><br>VN526          | <b>N #:</b><br>N80                      | <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 type="checkbox"/> SAT <input type="checkbox"/> SAT/GOLD <input type="checkbox"/> UNSAT |                                   |           |
| <b>FLIGHT INSPECTOR SIGNATURE:</b><br>eric l geyer @ 01/11/2024 16:25                                                                                                                                                                 |                                                     |                                  | <b>PRINTED NAME:</b><br>GEYER, ERIC LEE |                                                                                                                                                      |                                                                                                                        | <b>NOTAM INITIATED?</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                        |                                   |           |
| <b>FLIGHT INSPECTOR REMARKS:</b><br>Stanly County, Abermale, NC, SID JOJJO (RNAV) FIVE, SAT.<br><br>TAKEOFF MINIMUMS: STANLY COUNTY (KVVJ) AMENDED RWY 4R FROM "300 1 1/2 OR STANDARD WITH MINIMUM CLIMB OF 276 FT PER NM TO 1000" TO |                                                     |                                  |                                         |                                                                                                                                                      |                                                                                                                        |                                                                                                                       |                                   |           |
| <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> |           |

**TOP ALTITUDE:  
3000**

RNAV 1 - DME/DME/IRU or GPS.

**RADAR Required.**

AWOS-3

128.175

CLNC DEL

121.75 254.375

GND CON

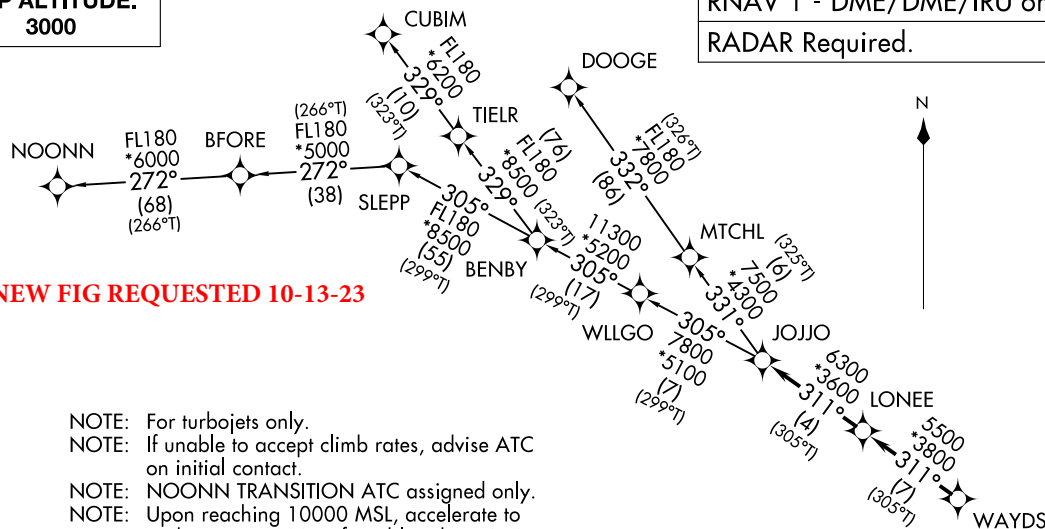
121.75 254.375

STANLY COUNTY TOWER\*

126.275 (CTAF) 291.9

CHARLOTTE DEP CON

128.325 307.8



**NEW FIG REQUESTED 10-13-23**

- NOTE: For turbojets only.  
NOTE: If unable to accept climb rates, advise ATC on initial contact.  
NOTE: NOONN TRANSITION ATC assigned only.  
NOTE: Upon reaching 10000 MSL, accelerate to and maintain 280K, if unable advise ATC.

**PROTOTYPE-NOT FOR NAVIGATION**



### DEPARTURE ROUTE DESCRIPTION

Climb on heading assigned by ATC, on RADAR vectors to WAYDS, then on depicted route to JOJO. Then on assigned transition. Maintain 3000, expect filed altitude within 10 minutes after departure.

CUBIM TRANSITION (JOJO5.CUBIM)

DOOGE TRANSITION (JOJO5.DOOGE)

NOONN TRANSITION (JOJO5.NOONN)

### TAKEOFF MINIMUMS

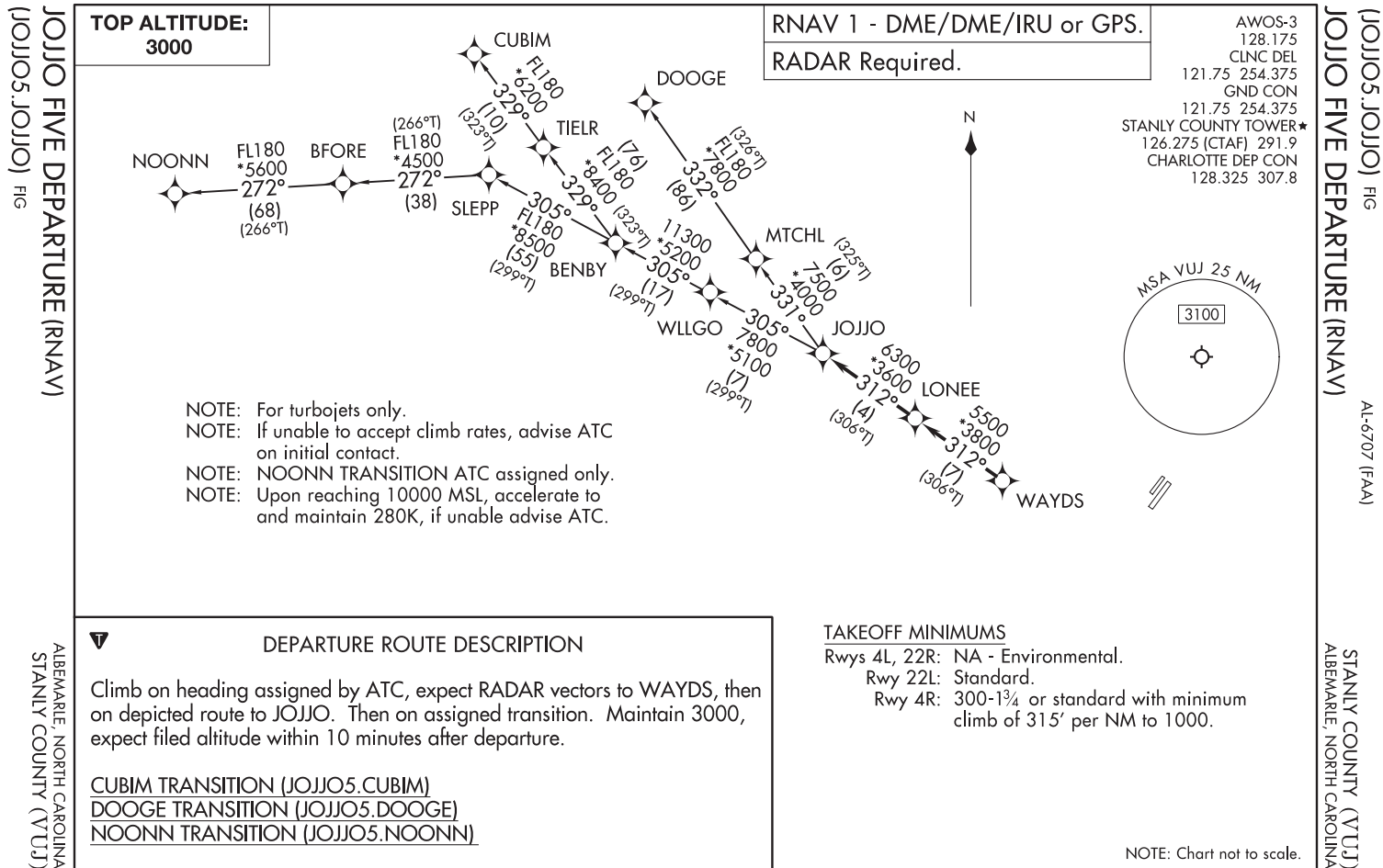
Rwys 4L, 22R: NA - Environmental.

Rwy 22L: Standard.

Rwy 4R: 300-1¾ or standard with minimum climb of 315' per NM to 1000.

NOTE: Chart not to scale.

# OLD UPDATED



(JOJO4.JOJO) 20366

AL-6707 (FAA)

JOJO FOUR DEPARTURE (RNAV)

STANLY COUNTY (VTJ)  
ALBEMARLE, NORTH CAROLINA

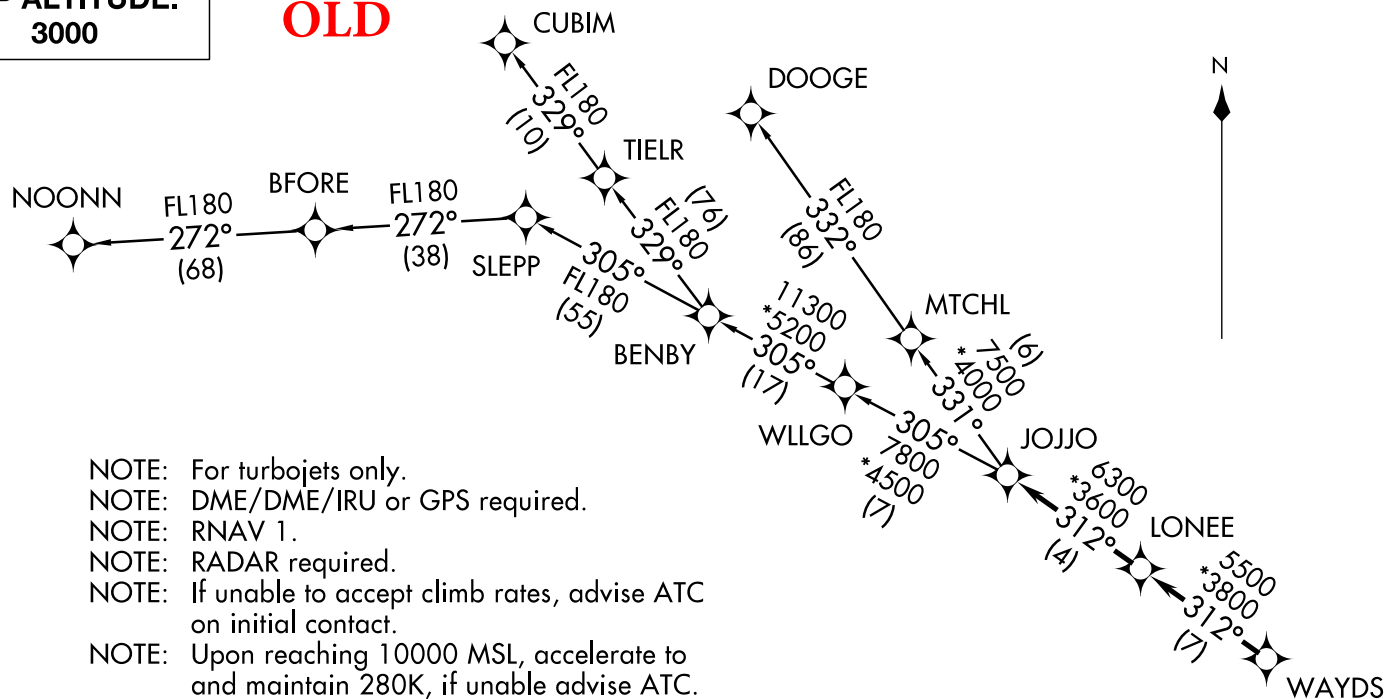
AWOS-3  
128.175  
CLNC DEL  
121.75 254.375  
GND CON  
121.75 254.375  
STANLY COUNTY TOWER ★  
126.275 (CTAF) 291.9  
UNICOM  
123.0  
CHARLOTTE DEP CON  
128.325 307.8

NOTE: Chart not to scale.



**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.  
NOTE: NOONN TRANSITION ATC assigned only.



### DEPARTURE ROUTE DESCRIPTION

Climb on heading assigned by ATC, expect RADAR vectors to WAYDS, then on depicted route to JOJO. Then on assigned transition. Maintain 3000, expect clearance to filed altitude within 10 minutes after departure.

CUBIM TRANSITION (JOJO4.CUBIM)  
DOOGE TRANSITION (JOJO4.DOOGE)  
NOONN TRANSITION (JOJO4.NOONN)

### TAKEOFF MINIMUMS

Rwys 4L, 22R: NA.  
Rwy 22L: Standard.  
Rwy 4R: 300-1½ or standard with minimum climb of 276' per NM to 1000.

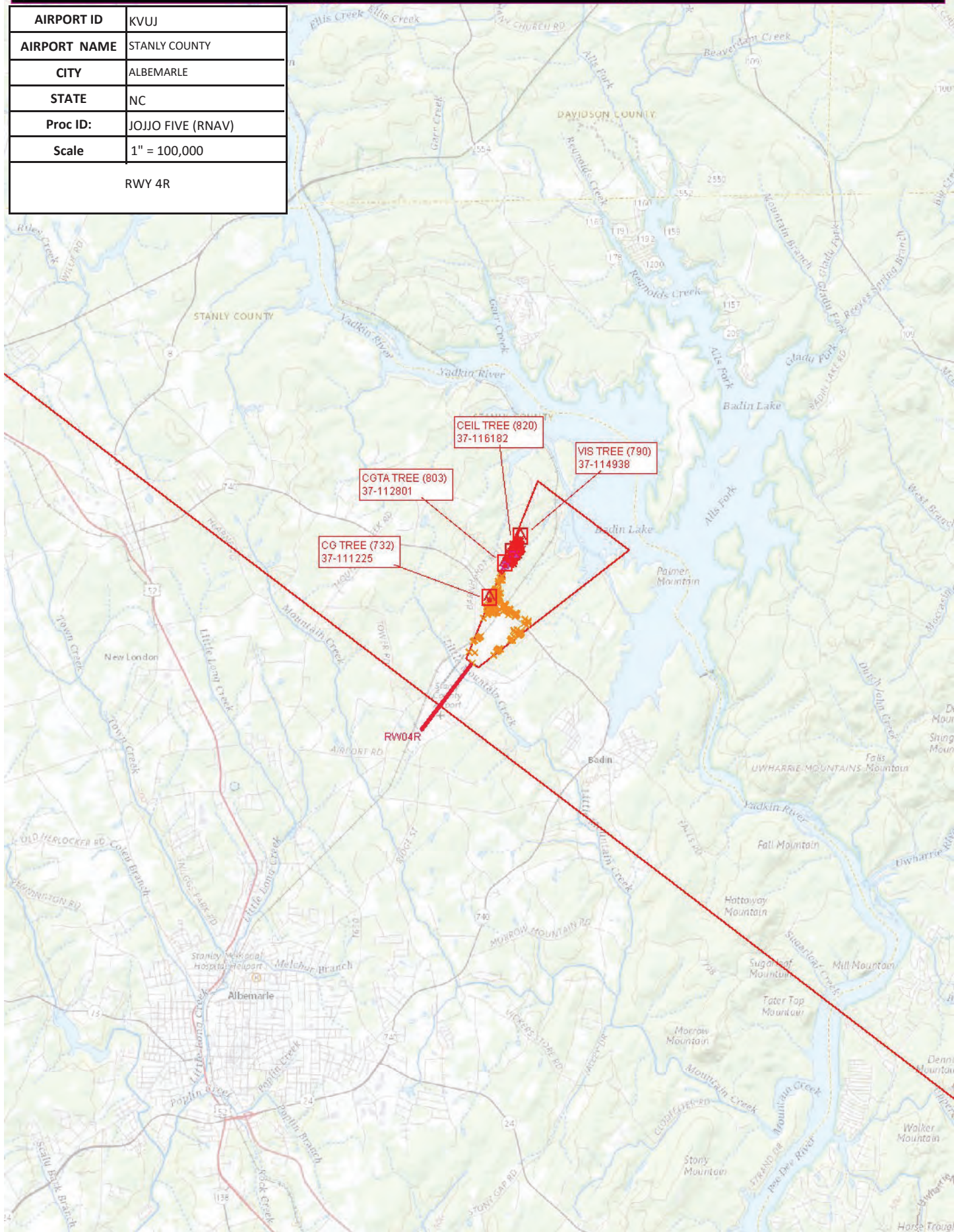
SE-2, 29 DEC 2022 to 26 JAN 2023

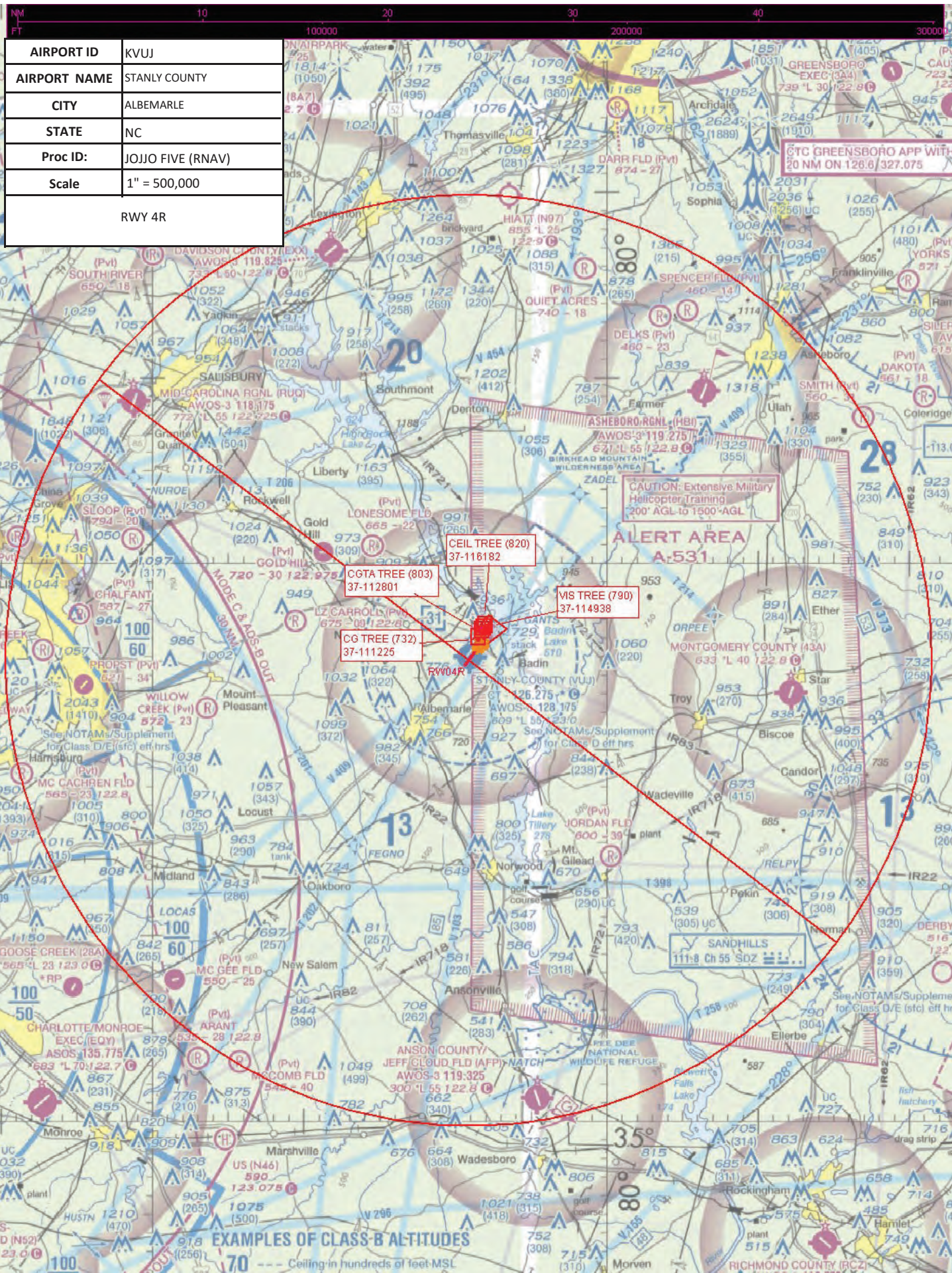
JOJO FOUR DEPARTURE (RNAV)  
(JOJO4.JOJO) 03JAN19

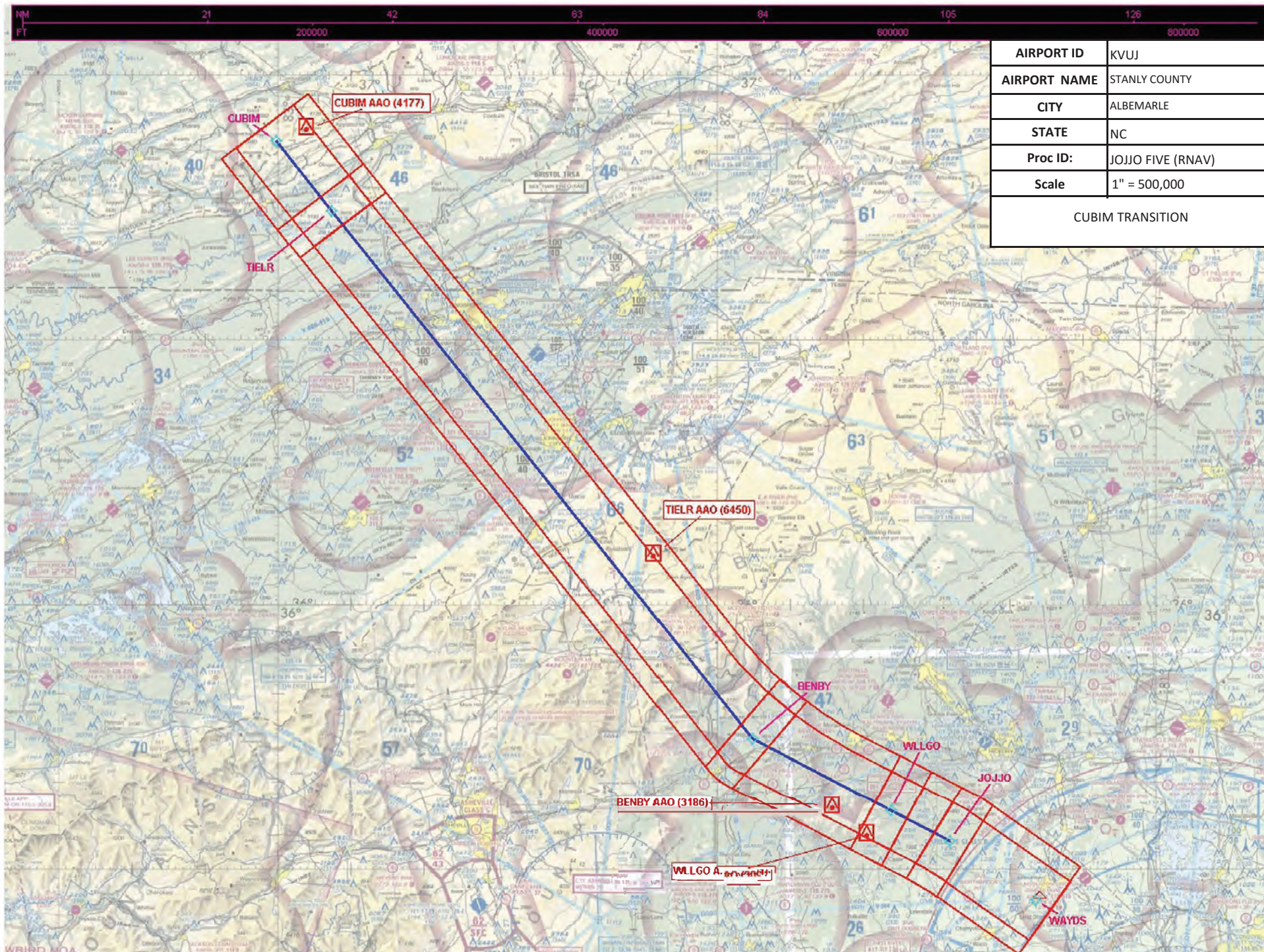
ALBEMARLE, NORTH CAROLINA  
STANLY COUNTY (VTJ)



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







|                  |                   |
|------------------|-------------------|
| AIRPORT ID       | KVUJ              |
| AIRPORT NAME     | STANLY COUNTY     |
| CITY             | ALBEMARLE         |
| STATE            | NC                |
| Proc ID:         | JOJJO FIVE (RNAV) |
| Scale            | 1" = 500,000      |
| CUBIM TRANSITION |                   |

