SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☒ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: __6118B / 15814_____

Assigned Inspector: __April_____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☒ Use Existing Fees $100.00: MON 10/15/25__Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released.

☐ This septic system requires a certified operation contract before final hold is released.

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

0118B/15814

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ◉ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Luke Chapman
ADDRESS: 311 Abbotsford Ct
CITY: Charlotte, NC 28270
STATE: NC ZIP: 28270
PHONE: 704-589-9626
ALTERNATE PHONE: 704-690-0471
E-MAIL: luke@carolinadecks.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Matthew Lynch
ADDRESS: 11930 Jumper Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-301-3947
ALTERNATE PHONE:
E-MAIL: mattlynch630@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19724176
STREET ADDRESS: 11930 Jumper Dr
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Meadows of Mint Hill
LOT #: 23

WATER SUPPLY:
◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ◉ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER _____

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

_____ 10/14/2025
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

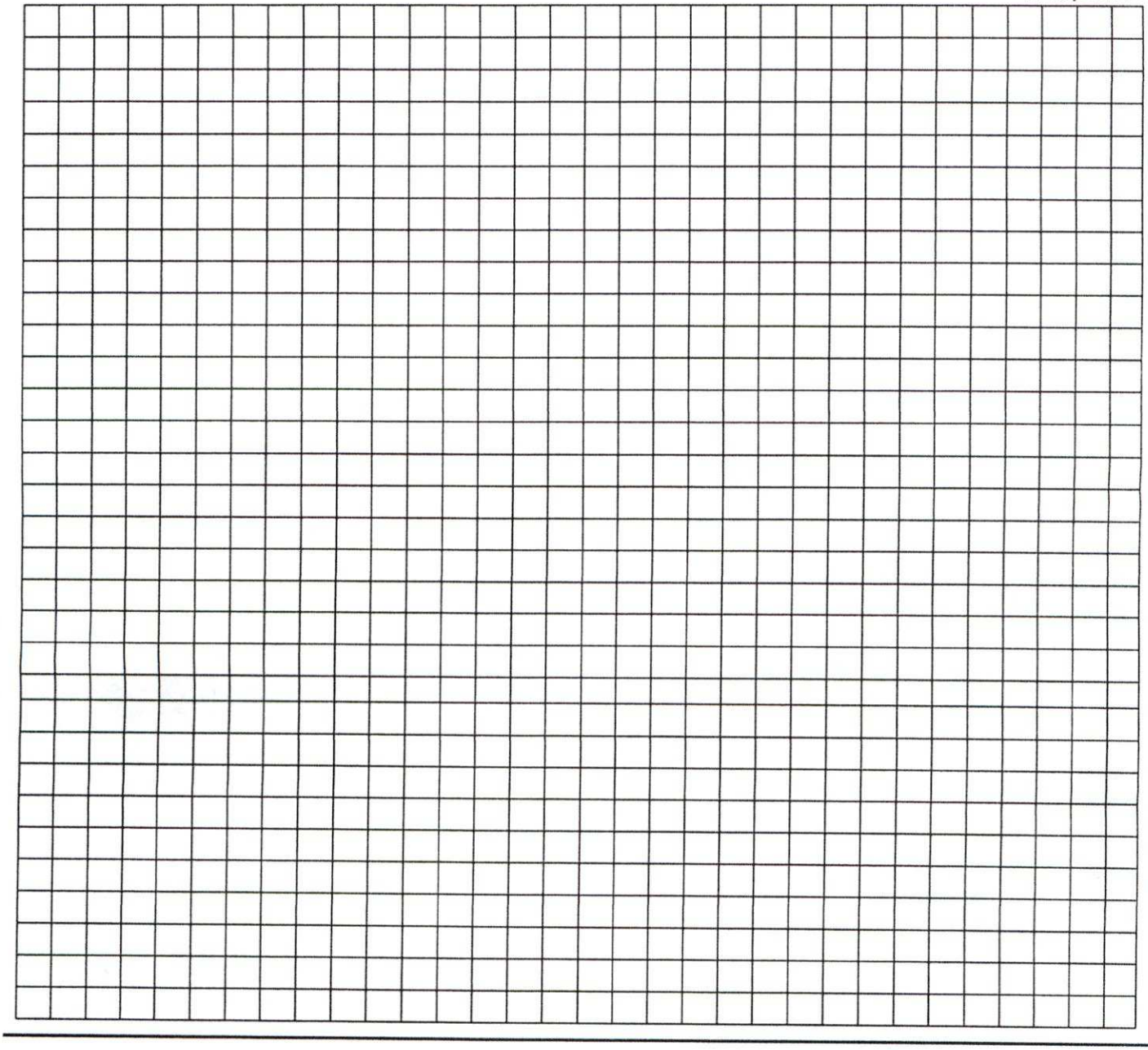
Revised on: 01/03/11

File #: 161BB

PROPOSED PLOT PLAN (See additional document)

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 11930 Jumper Dr Tax Parcel #: 19724176 (Survey included)



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Meets setbacks to septic for new porch only

April Bumgarner 10/22/25

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

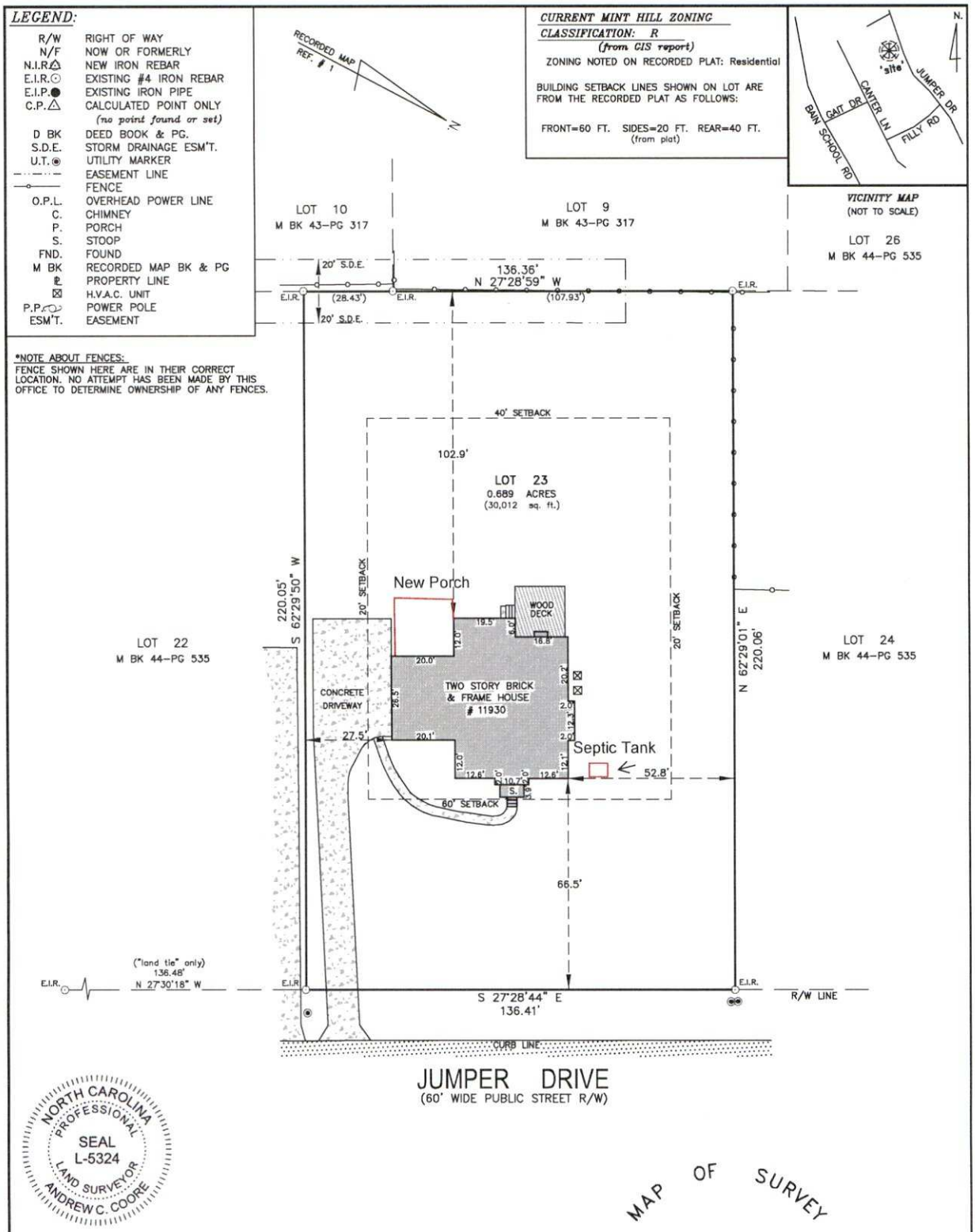
1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Luke Chapman is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

11930 Jumper Dr Mint Hill.
Number Street Town
(Or Parcel Number)

Matthew Lynch
Property Owner (print name)

Property Owner (signature)

10/14/25
Date



LEGAL REFERENCES USED FOR SURVEY:

1.– RECORDED MAP (PLAT) IN MAP BK 44, PG 535, on 10–14–2005.
2.– DEED–RECORDED IN D BK 33323, PG 261. (into THOMPSON).

GENERAL NOTES:

1. F.E.M.A. F.I.R.M. PANEL # 37105 50200 K, DATED: 2–19–14 – ZONE X. PARCEL IS NOT LOCATED IN ANY SPECIAL FLOOD HAZARD AREA
2. DIMENSIONS SHOWN ARE IN FEET (FT.) & DECIMAL PARTS OF A FT. (').
(ex: 0.5' = 6 Inches / 0.75' = 9 Inches / 1.0' = 12 Inches).
3. DEED RESTRICTIVE COVENANTS, NOR A COMPLETE LAND TITLE POLICY, IF ANY, WAS NOT FURNISHED TO THIS SURVEYOR. THEREFORE THERE MAY BE ITEMS OF RECORD NOT COMPLETELY SHOWN HERE.

"I HEREBY CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY, MADE UNDER MY DIRECT SUPERVISION ON THE DATE SHOWN BELOW; AND THAT THIS SURVEY AND MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE 21 NCAC 56.1600."

Andrew C. Coore — 7/20/2021

ANDREW C. COORE NC P.L.S L-5324 (signature) DATE

DATE OF FIELD SURVEY: JULY 19, 2021

BAR SCALE 1"=30' (30 15 0 30 60) SCALE FEET

FOR MATTHEW LYNCH & MADISON LYNCH (Proposed Purchasers)

LEGAL LOCATION

LOT No. 23
"THE MEADOWS OF MINT HILL, Map 3"
TOWN OF MINT HILL MAP BK 44–PG 535
MECKLENBURG Co., No. CAROLINA

STREET ADDRESS: 11930 JUMPER DR., MINT HILL

RECORD OWNER: KIMBERLY THOMPSON & LAWRENCE B. THOMPSON, III

CORE Land Surveying
12323 LOWER ROCKY RIVER RD.
HARRISBURG, NC 28075
Ph. (704) 200–6454
coorelandsurveying@gmail.com N.C FIRM # C–4602

MAP DATE:	JULY 20, 2021
FILE #	2021–0190
TAX I.d.#	197 241 76
DISK #	Flash #1
drawn by	andrew c.
field crew	andrew c.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6118B DATE: 2/3/06

TC: 197-241-16 ☐ L ☐ CRT

SERIAL 19988

Name of Owner NVR, INC. Juris.: _____

Address of Property 11930 JUMPER DR., LOT #23

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 6 @ 50'

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source 7100

Excavation Inspected 2/3/06

Tank(s) Inspected 2/3/06

Wash Line Inspected N/A

High Water Alarm Inspected N/A

INSTALL ACCORDING TO PLANS ON FILE SUBMITTED BY LARRY THOMPSON FOR THE CATENA GROUP, 12/2/05.

PLOT

Design 2006, INJ, PPBPS, 50%RED., 1200SF, 1500ST, T CTR# RLS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 50% REDUCTION SYSTEM, INSTALLED ACCORDING TO PLANS ON FILE SUBMITTED BY LARRY THOMPSON FOR CATENA GROUP, 12/2/05

TYPE IIIe

_____, RS
Environmental Health Specialist

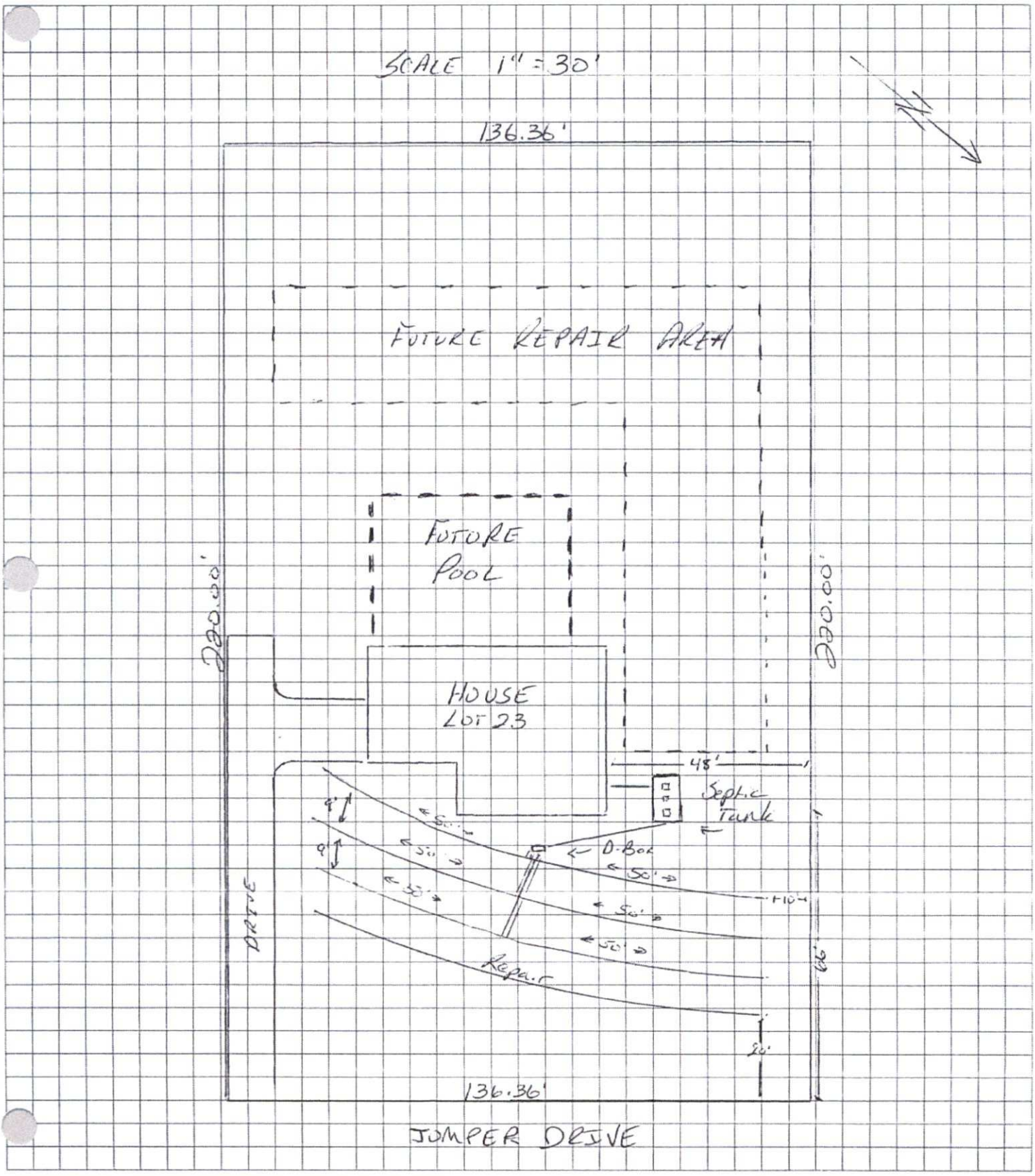
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

The Catena Group
410-B Millstone Drive
Hillsborough, NC 27278

Permit Number: 6118B

Location: Lot 23 – The Meadows

Date: November 22, 2005



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/15/25	**Amount:**	100.00
Receipt #:	157452	**Tendered:**	100.00
Check / Auth #:	VISA 03100G	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: CAROLINA DECKS
Attn: TAMMY HONEYWELL
Address: 311 ABBOTSFORD CT
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 11930 JUMPER DR	1	100.00	100.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance