



# OPERATION PERMIT APPLICATION FOR ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM

Ground Water Discharges Section, Division of Water Resources  
Delaware Department of Natural Resources and Environmental Control  
89 Kings Highway, Dover DE 19901  
302-739-9948

Please complete all items in print or type.

1. Permit Number (For renewals only): C4009-92K

## 2. Facility Owner/Permittee Information:

Name of Facility:  
Nolls Mobile Home park

Name of Facility Owner/Permittee:  
Realty Assets, LLC  
PO Box 417  
Nassau, DE 19969

Telephone Number:  
302-424-2000

Fax Number:  
wewintgether@verizon.net

Facility Owner or designee's Email Address:  
James Olson  
wewintgether@verizon.net

Mailing Address (street, city, state and zip code):  
PO Box 417  
Nassau, DE 19969

Location of Facility (street, city, state and zip code):  
Nolls MHP  
18 Minnie Pratt Ln.  
Clayton, DE 19938

## 3. Facility Operator Information:

Facilities with more than two operators, please attach a separate listing of operator information including a chain of command.

Name of Operator in Direct Responsible Charge:  
M&D Plumbing Inc.

Telephone Number:  
302-492-0000

Fax Number:  
302-492-0703

Mailing Address (street, city, state and zip code):  
1500 Gunter Rd.  
Mandell, DE 19964

manddplumbing1@gmail.com

License Number:

Name of Back Up Operator(s):

Telephone Number:

Fax Number:

Mailing Address (street, city, state and zip code):

License Number:



## RENEWAL APPLICATION ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM

#### 4. Permit Changes (For renewals applicants only) :

Are there any requested changes to the existing permit?

☐ Yes ☒ No If yes, please attach a detailed explanation of requested changes.

#### 5. Activities:

Will the activities at the site vary from those detailed in the approved on-site wastewater treatment disposal ?

☐ Yes ☒ No If yes, please attach a detailed explanation of any changes made.

How many connections does the site consist of? \_\_\_\_\_

#### 6. Certification:

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Applicant or Responsible Official:

*James Olson*

Title of Applicant or Responsible Official:

*Owner - Realty Assets, LLC*

Signature of Applicant or Responsible Official:

Date:

*1/15/25*

Any person who knowingly makes any false statements, representation or certification on this application may be punished by a fine of not more than \$5,000 or by imprisonment for not more than six months, or both. (Delaware Environmental Protection Act, 7 Del. C., Chapter 60, Section 6013, Criminal Penalties.)

A \$750.00 application fee, and a \$210 .00 advertisement fee must be submitted to the Department with this application form. A Public Notice will be advertised by the Department in the News Journal and the Delaware State News. It will remain on Public Notice for 15 calendar days.

RETURN TO: Derrick Caruthers  
Ground Water Discharges Section  
89 Kings Highway  
Dover, DE 19901