



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

Division of Water
Delaware Department of Natural Resources and Environmental
Control 89 Kings Highway, Dover DE 19901
302-739-9946

Please complete all items in print or type.

1. Permit Number (For renewals only): 609607

2. Facility Owner/Permittee Information:

Name of Facility:
Country Life Community OWTTDS Facility

Name of Facility Owner/Permittee:
Country Rest Home, Inc.

Telephone Number:
(302) 349-4114

Fax Number:
N/A

Facility Owner or designee's Email Address :
bekatroyer@aol.com

Mailing Address (street, city, state and zip code):
12046 Sunset Ln, Greenwood, DE 19950

Location of Facility (street, city, state and zip code):
8216 Purtybird Ln, Greenwood, DE 19950

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:
Steve Denny
Email: farmall300ta@gmail.com

Telephone Number:
(302) 270-0191

Fax Number:

Mailing Address (street, city, state and zip code):
8309 Ariel Dr, Greenwood, DE 19950

License Number:
215

Name of Back Up Operator(s):
N/A

Telephone Number:

Fax Number:

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

License Number:



OPERATION PERMIT APPLICATION FOR 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:

Mark B. Yoder, Jr.

Title of Applicant or Responsible Official:

Owner

Signature of Applicant or Responsible Official:

A handwritten signature in black ink that reads "Mark Yoder Jr." with a stylized flourish at the end.

Date:

10/17/25

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
Division of Water
89 Kings Highway
Dover, DE 19901