PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

ADDRESS **P.O. Box 63**

Harbeson, DE 19951

FACILITY **Delaware Route 5**

LOCATION **Harbeson, DE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000299	001

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	01	01	TO	2008	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED FEB 21 2008 SURFACE WATER 2-20-08

Designator A NO DISCHARGE ☐

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW 50050	SAMPLE MEASUREMENT	1.16	1.69	MGD	*	*	*	*	0	99/99	Rec./ Tot.
	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5 00310	SAMPLE MEASUREMENT	<35.9	<42.4	lbs/day	*	<3.0	<3.0	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	114	227		*	16	23		*	01/07	Comp.
TOTAL SUSPENDED SOLIDS 00530	SAMPLE MEASUREMENT	53.6	90.8	lbs/day	*	4.44	7.60	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE 00556	SAMPLE MEASUREMENT	<59.8	<70.6	lbs/day	*	<5.0	<5.0	mg/L	0	01/07	3 Grab
	PERMIT REQUIREMENT	68	99		*	8	14		*	01/07	Comp.
TOTAL PHOSPHORUS (as P) 00665	SAMPLE MEASUREMENT	1.0	1.3	lbs/day	*	.08	.11	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct) 00610	SAMPLE MEASUREMENT	N/A	N/A	lbs/day	*	N/A	N/A	mg/L			
	PERMIT REQUIREMENT	20.5	32.0		*	4.0	4.0		*	01/07	Comp.
AMMONIA (as N) Winter (Nov-Mar) 00610	SAMPLE MEASUREMENT	.9	1.2	lbs/day	*	.08	.10	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	35.0	70.0		*	4.0	8.0		*	01/07	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R. Sause	302	684-1640	2008	02	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

ADDRESS **P.O. Box 63**

Harbeson, DE 19951

FACILITY **Delaware Route 5**

LOCATION **Harbeson, DE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000299	001

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	01	01	TO	2008	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE ☐

RECEIVED FEB 21 2008 SURFACE WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	201.1	231.8	lbs/day	*	17.02	20.20	mg/L	0	01/07	Comp.
00600	PERMIT REQUIREMENT	467.0	574.0		*	46.0	55.3		*	01/07	Comp.
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	2.0	*	Col./ 100mL	0	01/07	Grab
31639	PERMIT REQUIREMENT	*	*		*	33.0	*		*	01/07	Grab
pH	SAMPLE MEASUREMENT	*	*	*	6.2	*	6.8	S.U.	0	01/01	Grab
00400	PERMIT REQUIREMENT	*	*		6.0	*	9.0		*	01/01	Grab
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT	*	*	*	*	*	ND	mg/L	0	01/01	Grab
50060	PERMIT REQUIREMENT	*	*		*	*	ND		*	01/01	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R. Sause	302	684-1640	2008	02	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

ADDRESS **P.O. Box 63**

Harbeson, DE 19951

FACILITY **Delaware Route 5**

LOCATION **Harbeson, DE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000299	002

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	01	01	TO	2008	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

RECEIVED FEB 21 2008 SURFACE WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	NRQ	NRQ	Gal./ Min.	*	*	*	*			
50050	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Est.
BOD_5	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00310	PERMIT REQUIREMENT	*	*		*	16.0	26.0		*	1/30	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00530	PERMIT REQUIREMENT	*	*		*	20	30		*	1/30	Grab
pH	SAMPLE MEASUREMENT	*	*	*	NRQ	*	NRQ	S.U.			
00400	PERMIT REQUIREMENT	*	*		6.0	*	9.0		*	1/30	Grab
OIL & GREASE	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00556	PERMIT REQUIREMENT	*	*		*	8.0	14.0		*	1/30	Grab
TOTAL PHOSPHORUS (as P)	SAMPLE MEASUREMENT	*	*	*	*	*	NRQ	mg/L			
00665	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Grab
AMMONIA (as N)	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00610	PERMIT REQUIREMENT	*	*		*	4.0	8.0		*	1/30	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R. Sause	302	684-1640	2008	02	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

NRQ boxes / parameters were not required for this reporting month.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

ADDRESS **P.O. Box 63**

Harbeson, DE 19951

FACILITY **Delaware Route 5**

LOCATION **Harbeson, DE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000299	002

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	01	01	TO	2008	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00600	PERMIT REQUIREMENT	*	*		*	103.0	147.0		*	01/30	Grab
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	*	NRQ	Col./ 100mL			
31639	PERMIT REQUIREMENT	*	*		*	*	185		*	01/30	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R Sause	302	684-1640	2008	02	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

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Harbeson, DE 19951

FACILITY **Delaware Route 5**

LOCATION **Harbeson, DE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000299	003

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	01	01	TO	2008	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	NRQ	NRQ	Gal./ Min.	*	*	*	*			
50050	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Est.
BOD_5	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00310	PERMIT REQUIREMENT	*	*		*	16.0	26.0		*	1/30	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00530	PERMIT REQUIREMENT	*	*		*	20	30		*	1/30	Grab
pH	SAMPLE MEASUREMENT	*	*	*	NRQ	*	NRQ	S.U.			
00400	PERMIT REQUIREMENT	*	*		6.0	*	9.0		*	1/30	Grab
OIL & GREASE	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00556	PERMIT REQUIREMENT	*	*		*	8.0	14.0		*	1/30	Grab
TOTAL PHOSPHORUS (as P)	SAMPLE MEASUREMENT	*	*	*	*	*	NRQ	mg/L			
00665	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Grab
AMMONIA (as N)	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00610	PERMIT REQUIREMENT	*	*		*	4.0	8.0		*	1/30	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R. Sause	302	684-1640	2008	02	19
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Designator A

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TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
00600	PERMIT REQUIREMENT	*	*		*	103.0	147.0		*	01/30	Grab
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	*	NRQ	Col./ 100mL			
31639	PERMIT REQUIREMENT	*	*		*	*	185		*	01/30	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Michael R. Sause Wastewater Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	Michael R. Sause	302	684-1640	2008	02	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

NRQ boxes / parameters were not required for this reporting month.

DMR REPORT WORKSHEET — MONTH OF: Jan-08

Weekly Samples — # weeks represented = 5

RECEIVED
FEB 21 2008
SURFACE WATER

DATES COLLECTED

DATE STARTED	Jan. 3rd	Jan. 8th	Jan. 15th	Jan. 22nd	Jan. 29th		
DATE ENDED	Jan. 4th	Jan. 9th	Jan. 16th	Jan. 23rd	Jan. 30th		
FLOW =	1.46	1.69	1.24	1.34	1.43		
X 8.34 =	12.20	14.12	10.32	11.19	11.94		
						AVE.	MAX.
BOD-5 =	3.0	3.0	3.0	3.0	3.0	3.00	3.00
lbs/day =	36.6	42.4	31.0	33.6	35.8	35.9	42.4
TSS =	4.4	3.8	2.0	4.4	7.6	4.44	7.60
lbs/day =	53.7	53.7	20.6	49.2	90.8	53.6	90.8
T.PHOS. =	0.11	0.09	0.05	0.07	0.10	0.08	0.11
lbs/day =	1.3	1.3	0.5	0.8	1.2	1.0	1.3
O&G =	5.0	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	61.0	70.6	51.6	55.9	59.7	59.8	70.6
NH3 =	0.08	0.08	0.05	0.08	0.10	0.08	0.10
lbs/day	0.9	1.1	0.6	0.9	1.2	0.9	1.2
Total N =	19.00	12.80	17.60	20.20	15.50	17.02	20.20
lbs/day	231.8	180.8	181.7	226.0	185.1	201.1	231.8
FECAL E.	2.0	2.0	2.0	2.0	2.0	G./MEAN=	2.0

	AVE.	MAX.
FLOW	1.16	1.69
	MIN.	MAX.
pH	6.2	6.8
T. CHL.		ND
F. CHL.		

Meter Reading First
-------- 368707678

Meter Reading Last
-------- 402435878

Days this Month
-------- 29

Total Gallons
33,728,200

COMPLETED BY: Michael Sause

DATE: 19-Feb-08

Allen Family Foods, Inc.

Allen Family Foods, Inc.

Phone:
FAX:
email:

RECEIVED
FEB 21 2008
SURFACE WATER

February 19, 2008

Mr. Allen McCloskey
Department of Natural Resources & Environmental Control
Division of Water Resources
89 Kings Highway
Dover, Delaware 19901

Dear Mr. McCloskey:

Please find enclosed the Discharge Monitoring Report (DMR) for the month of January, 2008 at Allen Family Foods Wastewater Treatment Facility in Harbeson, Delaware.

If you should have any questions, please contact me at (302) 684-1640, ext. 184.

Respectfully submitted,
ALLEN FAMILY FOODS, INC.

Michael R. Sause

Michael R. Sause
Wastewater Manager