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	08	01	TO	2008	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE ☐

RECEIVED SEP 11 2008 SURFACE WATER 9-10-08

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	1.11	1.44	MGD	*	*	*	*	0	99/99	Rec./ Tot.
50050	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5	SAMPLE MEASUREMENT	<30.5	<33.0	lbs/day	*	<3.0	<3.0	mg/L	0	01/07	Comp.
00310	PERMIT REQUIREMENT	114	227		*	16	23		*	01/07	Comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	35.5	44.0	lbs/day	*	3.44	4.0	mg/L	0	01/07	Comp.
00530	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE	SAMPLE MEASUREMENT	<50.9	<55.0	lbs/day	*	<5.0	<5.0	mg/L	0	01/07	3 Grab
00556	PERMIT REQUIREMENT	68	99		*	8	14		*	01/07	Comp.
TOTAL PHOSPHORUS (as P)	SAMPLE MEASUREMENT	<0.5	<0.6	lbs/day	*	<0.05	<0.05	mg/L	0	01/07	Comp.
00665	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct)	SAMPLE MEASUREMENT	<0.5	<0.6	lbs/day	*	<0.05	<0.05	mg/L	0	01/07	Comp.
00610	PERMIT REQUIREMENT	20.5	32.0		*	4.0	4.0		*	01/07	Comp.
AMMONIA (as N) Winter (Nov-Mar)	SAMPLE MEASUREMENT	N/A	N/A	lbs/day	*	N/A	N/A	mg/L			
00610	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 Sause	302	684-1640	2008	09	09
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	08	01	TO	2008	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A NO DISCHARGE ☐

RECEIVED SEP 11 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	239.9	lbs/day	*	19.74	21.80	mg/L	0	01/07	Comp.
00600	PERMIT REQUIREMENT	467.0	574.0		*	46.0	55.3		*	01/07	Comp.
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	<2.3	*	Col./ 100mL	0	01/07	Grab
31639	PERMIT REQUIREMENT	*	*		*	33.0	*		*	01/07	Grab
pH	SAMPLE MEASUREMENT	*	*	*	6.3	*	6.9	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 Sause	302	684-1640	2008	09	09
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	08	01	TO	2008	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

RECEIVED SEP 11 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 Sause	302	684-1640	2008	09	09
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	08	01	TO	2008	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

Michael R. Sause
Wastewater Manager

TYPED OR PRINTED

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 Sause

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
302	684-1640			
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	08	01	TO	2008	08	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED SEP 11 2008 SURFACE WATER

Designator A

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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 Sause	302	684-1640	2008	09	09
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME **Allen Family Foods**

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MONITORING PERIOD						
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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 Sause	302	684-1640	2008	09	09
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: Aug-08
Weekly Samples # weeks represented = 4

RECEIVED
SEP 11 2008
SURFACE WATER

DATES COLLECTED

DATE STARTED	Aug. 5th	Aug. 12th	Aug. 19th	Aug. 26th		
DATE ENDED	Aug. 6th	Aug. 13th	Aug. 20th	Aug. 27th		
FLOW =	1.32	1.14	1.32	1.11		
X 8.34 =	11.00	9.50	10.98	9.24		
					AVE.	MAX.
BOD-5 =	3.0	3.0	3.0	3.0	3.00	3.00
lbs/day =	33.0	28.5	32.9	27.7	30.5	33.0
TSS =	4.0	3.8	4.0	2.0	3.44	4.00
lbs/day =	44.0	35.6	43.9	18.5	35.5	44.0
T.PHOS. =	0.05	0.05	0.05	0.05	0.05	0.05
lbs/day =	0.6	0.5	0.5	0.5	0.5	0.6
O&G =	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	55.0	47.5	54.9	46.2	50.9	55.0
NH3 =	0.05	0.05	0.05	0.05	0.05	0.05
lbs/day	0.6	0.5	0.5	0.5	0.5	0.6
Total N =	21.80	18.64	18.22	20.30	19.74	21.80
lbs/day	239.9	177.0	200.1	187.6	201.1	239.9
FECAL E.	5.1	1.0	5.1	1.0	G./MEAN=	2.3

	AVE.	MAX.
FLOW	1.11	1.44
	MIN.	MAX.
pH	6.3	6.9
T. CHL.		ND
F. CHL.		

Meter Reading First
--------- 600011339
Meter Reading Last
--------- 629991233
Days this Month
-------- 27
Total Gallons
29,979,894

COMPLETED BY: Michael Sause
DATE: 09-Sep-08