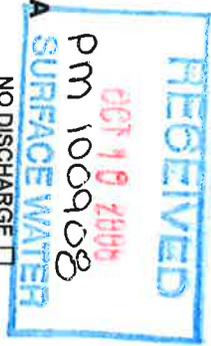


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/location if different)
 NAME **Allen Family Foods**
 ADDRESS **P.O. Box 63**
Hartbeson, DE 19951

DE 0000299		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
2008	09	01	2008 09 30

Designator **A**
 NO DISCHARGE



FACILITY **Delaware Route 5**
 LOCATION **Hartbeson, DE**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)		QUALITY OR CONCENTRATION (46-53)		NO EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	MEASUREMENT	1.13	1.66					Rec./Tot.
	PERMIT REQUIREMENT	1.25	*	*	*		99/99	Rec./Tot.
BOD ₅	MEASUREMENT	<31.9	<33.2					Comp.
	PERMIT REQUIREMENT	114	227	*	16	23		Comp.
TOTAL SUSPENDED SOLIDS	MEASUREMENT	<22.9	46.6					Comp.
	PERMIT REQUIREMENT	152	228	*	20	23		Comp.
OIL & GREASE	MEASUREMENT	<53.2	<55.3					3 Grab
	PERMIT REQUIREMENT	68	99	*	8	14		Comp.
TOTAL PHOSPHORUS (as P)	MEASUREMENT	0.8	1.2					Comp.
	PERMIT REQUIREMENT	15	23	*	0.08	0.11		Comp.
AMMONIA (as N) Summer (Apr-Oct)	MEASUREMENT	<0.6	0.7					Comp.
	PERMIT REQUIREMENT	20.5	32.0	*	4.0	4.0		Comp.
AMMONIA (as N) Winter (Nov-Mar)	MEASUREMENT	N/A	N/A					
	PERMIT REQUIREMENT	35.0	70.0	*	4.0	8.0		Comp.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 under maximum imprisonment of between 6 months and 5 years.)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael R. Sause</i>		AREA CODE	TELEPHONE NUMBER	DATE
TYPED OR PRINTED				302	684-1640	2008 10 08		

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

PERMITTEE NAME/ADDRESS (include Facility Name/location if different)
Allen Family Foods
 P.O. Box 63
 Harbeson, DE 19951

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

DE 0000299		DISCHARGE NUMBER	
PERMIT NUMBER		001	
MONITORING PERIOD			
YEAR	MO	DAY	TO
2008	09	01	2008 09 30

Designator A



FACILITY **Delaware Route 5**
 LOCATION **Harbeson, DE**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)		QUALITY OR CONCENTRATION (46-53)		UNITS	NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	AVERAGE (46-53)	MAXIMUM (54-61)				
TOTAL NITROGEN (as N)	230.2	333.9	lbs/day	21.90	34.40	mg/L	0	01/07	Comp.
ENTEROCOCCUS	467.0	574.0		46.0	55.3	mg/L	0	01/07	Comp.
PH	SAMPLE MEASUREMENT	*	*	<1.7	*	Col./100ml	0	01/07	Grab
	PERMIT REQUIREMENT	*	*	33.0	*		*	01/07	Grab
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT	*	*	6.1	6.7	S.U.	0	01/01	Grab
	PERMIT REQUIREMENT	*	*	6.0	9.0		*	01/01	Grab
50060	SAMPLE MEASUREMENT	*	*	*	*	mg/L	0	01/01	Grab
	PERMIT REQUIREMENT	*	*	*	N/D		*	01/01	Grab
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael R. Sause

TELEPHONE
 302 684-1640

DATE
 2008 10 08

AREA CODE NUMBER YEAR MO DAY

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

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) Page 2 of 6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different):
Allen Family Foods
P.O. Box 63
Harbeson, DE 19951

DE 0000299		002	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
2008	09	01	2008 09 30

Designator A



NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX. ANALYSIS (64-69)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-59)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
FLOW	SAMPLE MEASUREMENT	NRQ	NRQ	Gal./Min.	*	*	*	*	1/30	Est.	
	PERMIT REQUIREMENT	*	*		*	*	*				
	SAMPLE MEASUREMENT	*	*		*	*	*				
BOD ₅	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ	mg/L	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	16.0	26.0				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ	mg/L	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	20	30				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				
PH	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ	S.U.	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	6.0	9.0				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				
OIL & GREASE	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ	mg/L	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	8.0	14.0				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				
TOTAL PHOSPHORUS (as P)	SAMPLE MEASUREMENT	*	*		*	*	*	mg/L	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	*	*				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				
AMMONIA (as N)	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ	mg/L	1/30	Grab	
	PERMIT REQUIREMENT	*	*		*	4.0	8.0				
	SAMPLE MEASUREMENT	*	*		*	NRQ	NRQ				

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael R. Sause

TELEPHONE: 302 684-1640
 DATE: 2008 10 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 NRQ boxes / parameters not required for this reporting month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DE 0000299		002	
PERMIT NUMBER	MONITORING PERIOD	DISCHARGE NUMBER	
YEAR	MO	DAY	YEAR
2008	09	01	2008
			09
			30

Designator A



NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
TOTAL NITROGEN (as N)	00600	*	*	*	*	NRQ	NRQ	*	01/30	Grab
		PERMIT REQUIREMENT				103.0	147.0			
ENTEROCOCCUS	31639	*	*	*	*	NRQ	NRQ	*	01/30	Grab
		PERMIT REQUIREMENT				185				
		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		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 Wastewater Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE				
TYPED OR PRINTED		Michael R. Sause		302 684-1640		2008 10 08				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NRQ boxes / parameters were not required for this reporting month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DE 0000299 (2-16) PERMIT NUMBER
003 (17-19) DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
2008 09 01 2008 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Designator A



NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different.)
Allen Family Foods
P.O. Box 63
Harbeson, DE 19951
Delaware Route 5
Harbeson, DE

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)			NO EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	PERMIT REQUIREMENT	NRQ	NRQ	Gal./Min.	*	*	*	*	1/30	Est.
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	*	*		
BOD ₅	PERMIT REQUIREMENT	*	*	*	*	NRQ	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	16.0	26.0		
TOTAL SUSPENDED SOLIDS	PERMIT REQUIREMENT	*	*	*	*	NRQ	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	20	30		
pH	PERMIT REQUIREMENT	*	*	*	NRQ	*	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	6.0	9.0	S.U.		
OIL & GREASE	PERMIT REQUIREMENT	*	*	*	*	NRQ	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	8.0	14.0		
TOTAL PHOSPHORUS (as P)	PERMIT REQUIREMENT	*	*	*	*	*	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	*	*		
AMMONIA (as N)	PERMIT REQUIREMENT	*	*	*	*	NRQ	NRQ	*	1/30	Grab
		SAMPLE MEASUREMENT PERMIT REQUIREMENT	*	*	*	*	4.0	8.0		

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
Wastewater Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael R. Sause
TELEPHONE
302 684-1640
DATE
2008 10 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)
NRQ boxes / parameters were not required for this reporting month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Name/Location if different: **Allen Family Foods**
 ADDRESS: **P.O. Box 63 Harbeson, DE 19951**
 FACILITY: **Delaware Route 5**
 LOCATION: **Harbeson, DE**

DE 0000299 (2-19) PERMIT NUMBER
 003 (17-19) DISCHARGE NUMBER
 MONITORING PERIOD: YEAR 2008 MO 09 DAY 01 TO YEAR 2008 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)



NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)			NO EX. (82-83)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
TOTAL NITROGEN (as N)	00600	*	*	*	*	NRQ	NRQ	*	01/30	Grab
		PERMIT REQUIREMENT								
ENTEROCOCCUS	31639	*	*	*	*	NRQ	NRQ	*	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**

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Michael R. Sause*

TELEPHONE: 302 684-1640
 AREA CODE: 302 NUMBER: 684-1640
 DATE: 2008 10 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)
 NRQ boxes / parameters were not required for this reporting month.

Michael R. Sause
Wastewater Manager



Respectfully submitted,
ALLEN FAMILY FOODS, INC.

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

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

Dear Mr. McCloskey:

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

October 8, 2008

**Allen Family
Foods, Inc.**

Allen Family Foods, Inc.

Phone:
FAX:
email:

