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 |
| 2009 | 05 | 01 | TO | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

RECEIVED JUN 18 2009 HAND DEL. SURFACE WATER

**Designator A**

NO DISCHARGE ☐

**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 | 1.10 | 1.60 | MGD | * | * | * | * | 0 | 99/99 | Rec./ Tot. |
| 50050 | PERMIT REQUIREMENT | 1.25 | * | | * | * | * | | * | 99/99 | Rec./ Tot. |
| $BOD_5$ | SAMPLE MEASUREMENT | <29.4 | <38.3 | lbs/day | * | <3.1 | 3.6 | mg/L | 0 | 03/07 | Comp. |
| 00310 | PERMIT REQUIREMENT | 114 | 227 | | * | 16 | 23 | | * | 01/07 | Comp. |
| TOTAL SUSPENDED SOLIDS | SAMPLE MEASUREMENT | 123.3 | 475.0 | lbs/day | * | 13.2 | 50.4 | mg/L | 2 | 03/07 | Comp. |
| 00530 | PERMIT REQUIREMENT | 152 | 228 | | * | 20 | 23 | | * | 01/07 | Comp. |
| OIL & GREASE | SAMPLE MEASUREMENT | <49.3 | <56.7 | 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 | 1.2 | 1.8 | lbs/day | * | 0.12 | 0.19 | mg/L | 0 | 01/07 | Comp. |
| 00665 | PERMIT REQUIREMENT | 15 | 23 | | * | * | 3.0 | | * | 01/07 | Comp. |
| AMMONIA (as N) Summer (Apr-Oct) | SAMPLE MEASUREMENT | <0.7 | 0.9 | lbs/day | * | <0.07 | 0.10 | 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

John Evans
Plant 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 Sauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| 302 | 684-1640 | 2009 | 06 | 11 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

2 TSS violations on 5-5-09 as described in the letter dated 5-20-09

Letter attached

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 | TO | YEAR | MO | DAY |
| 2009 | 05 | 01 | | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**Designator A**

NO DISCHARGE ☐

RECEIVED JUN 16 2009 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 | 71.3 | 100.6 | lbs/day | * | 7.35 | 10.40 | mg/L | 0 | 01/07 | Comp. |
| 00600 | PERMIT REQUIREMENT | 467.0 | 574.0 | | * | 46.0 | 55.3 | | * | 01/07 | Comp. |
| ENTEROCOCCUS | SAMPLE MEASUREMENT | * | * | * | * | 2.1 | * | Col./ 100mL | 0 | 01/07 | Grab |
| 31639 | PERMIT REQUIREMENT | * | * | | * | 33.0 | * | | * | 01/07 | Grab |
| pH | SAMPLE MEASUREMENT | * | * | * | 6.4 | * | 7.1 | 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 | | |
|---|---|---|---|---|---|---|---|
| John Evans<br>Plant 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 Lowe | 302 | 684-1640 | 2009 | 06 | 11 |
| 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 |
| 2009 | 05 | 01 | TO | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**Designator A** NO DISCHARGE X

RECEIVED JUN 16 2009 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 | | |
|---|---|---|---|---|---|---|---|
| John Evans<br>Plant 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 Lewis | 302 | 684-1640 | 2009 | 06 | 11 |
| 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 |
| 2009 | 05 | 01 | TO | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

RECEIVED JUN 16 2009 SURFACE WATER

Designator A

NO DISCHARGE X

**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 | * | * | * | * | 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 | | |
|---|---|---|---|---|---|---|---|
| John Evans<br>Plant 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 Carusé | 302 | 684-1640 | 2009 | 06 | 11 |
| 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 | 003 |

| MONITORING PERIOD | | | | | | |
|---|---|---|---|---|---|---|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 2009 | 05 | 01 | TO | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**Designator A**

NO DISCHARGE X

RECEIVED
JUN 16 2009
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 | | |
|---|---|---|---|---|---|---|---|
| John Evans<br>Plant 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 Sausé | 302 | 684-1640 | 2009 | 06 | 11 |
| 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 | 003 |

| MONITORING PERIOD | | | | | | |
|---|---|---|---|---|---|---|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 2009 | 05 | 01 | TO | 2009 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

RECEIVED JUN 16 2009 SURFACE WATER

**Designator A**

NO DISCHARGE X

**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 | * | * | * | * | 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 | | |
|---|---|---|---|---|---|---|---|
| John Evans<br>Plant 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 Lowe | 302 | 684-1640 | 2009 | 06 | 11 |
| 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.

**Allen Family Foods, Inc.**

Allen Family Foods, Inc.

Phone:
FAX:
email:

RECEIVED
JUN 16 2009
SURFACE WATER

June 11, 2009

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 May, 2009 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