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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE ☐

RECEIVED MAR 05 2010 HAND DEL.

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	1.38	MGD	*	*	*	*	0	99/99	Rec./ Tot.
50050	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5	SAMPLE MEASUREMENT	<38.0	52.5	lbs/day	*	<3.80	5.10	mg/L	0	01/07	Comp.
00310	PERMIT REQUIREMENT	114	227		*	16	23		*	01/07	Comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	70.1	115.2	lbs/day	*	7.16	11.20	mg/L	0	01/07	Comp.
00530	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE	SAMPLE MEASUREMENT	<50.2	<57.1	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	3.2	4.3	lbs/day	*	0.33	0.47	mg/L	0	01/07	Comp.
00665	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct)	SAMPLE MEASUREMENT	N/A	N/A	lbs/day	*	N/A	N/A	mg/L			
00610	PERMIT REQUIREMENT	20.5	32.0		*	4.0	4.0		*	01/07	Comp.
AMMONIA (as N) Winter (Nov-Mar)	SAMPLE MEASUREMENT	0.8	1.1	lbs/day	*	0.08	0.09	mg/L	0	01/07	Comp.
00610	PERMIT REQUIREMENT	35.0	70.0		*	4.0	8.0		*	01/07	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Evans 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	2010	03	05
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.)

See cover letter regarding flow meter.

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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE ☐

MAR 05 2010 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	295.9	326.1	lbs/day	*	29.60	32.20	mg/L	0	01/07	Comp.
00600	PERMIT REQUIREMENT	467.0	574.0		*	46.0	55.3		*	01/07	Comp.
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	9.9	*	Col./ 100mL	0	01/07	Grab
31639	PERMIT REQUIREMENT	*	*		*	33.0	*		*	01/07	Grab
pH	SAMPLE MEASUREMENT	*	*	*	6.1	*	7.3	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 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 Lawson	302	684-1640	2010	03	05
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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

RECEIVED MAR 05 2010 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 50050	SAMPLE MEASUREMENT	NRQ	NRQ	Gal./ Min.	*	*	*	*			
	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Est.
BOD_5 00310	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
	PERMIT REQUIREMENT	*	*		*	16.0	26.0		*	1/30	Grab
TOTAL SUSPENDED SOLIDS 00530	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
	PERMIT REQUIREMENT	*	*		*	20	30		*	1/30	Grab
pH 00400	SAMPLE MEASUREMENT	*	*	*	NRQ	*	NRQ	S.U.			
	PERMIT REQUIREMENT	*	*		6.0	*	9.0		*	1/30	Grab
OIL & GREASE 00556	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
	PERMIT REQUIREMENT	*	*		*	8.0	14.0		*	1/30	Grab
TOTAL PHOSPHORUS (as P) 00665	SAMPLE MEASUREMENT	*	*	*	*	*	NRQ	mg/L			
	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Grab
AMMONIA (as N) 00610	SAMPLE MEASUREMENT	*	*	*	*	NRQ	NRQ	mg/L			
	PERMIT REQUIREMENT	*	*		*	4.0	8.0		*	1/30	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Evans 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 Lausé	302	684-1640	2010	03	05
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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A NO DISCHARGE X

RECEIVED MAR 05 2010 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	*	*	*	*	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

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 Lewis

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
302	684-1640	2010	03	05
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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

RECEIVED MAR 05 2010 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 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 Devine	302	684-1640	2010	03	05
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
2010	02	01	TO	2010	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

RECEIVED MAR 05 2010 SURFACE WATER

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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		
John Evans 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 Lowie	302	684-1640	2010	03	05
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: Feb-10

Weekly Samples — # weeks represented = 4

RECEIVED
MAR 05 2010
SURFACE WATER

DATES COLLECTED

					AVE.	MAX.
DATE STARTED	Feb. 2nd	Feb. 9th	Feb. 16th	Feb. 23rd		
DATE ENDED	Feb. 3rd	Feb. 10th	Feb. 17th	Feb. 24th		
FLOW =	1.23	1.11	1.10	1.37		
X 8.34 =	10.29	9.23	9.19	11.43		
BOD-5 =	5.1	3.5	3.6	3.0	3.80	5.10
lbs/day =	52.5	32.3	33.1	34.3	38.0	52.5
TSS =	11.2	11.2	4.3	2.0	7.16	11.20
lbs/day =	115.2	103.4	39.1	22.9	70.1	115.2
T.PHOS. =	0.29	0.47	0.40	0.16	0.33	0.47
lbs/day =	3.0	4.3	3.7	1.8	3.2	4.3
O&G =	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	51.4	46.1	46.0	57.1	50.2	57.1
NH3 =	0.09	0.06	0.07	0.09	0.08	0.09
lbs/day	1.0	0.6	0.6	1.1	0.8	1.1
Total N =	31.70	27.90	32.20	26.60	29.60	32.20
lbs/day	326.1	257.5	295.9	304.0	295.9	326.1
FECAL E.	18.5	36.4	14.5	1.0	G./MEAN=	9.9

	AVE.	MAX.
FLOW	1,106,691	1,380,850

	MIN.	MAX.
pH	6.1	7.3
T. CHL.		ND
F. CHL.		

Meter Reading First ---------->

Meter Reading Last ---------->

Days this Month -------- 24

Total Gallons 26,560,575

COMPLETED BY: Michael Sause

DATE: 05-Mar-10

Allen Family Foods, Inc.

Allen Family Foods, Inc.

Phone:
FAX:
email:

RECEIVED
MAR 05 2010
SURFACE WATER

March 5, 2010

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 February, 2010 at Allen Family Foods Wastewater Treatment Facility in Harbeson, Delaware.

The final effluent flow meter was out of service for three days from February 8th through February 10th as a result of the significant snow event. A new meter was purchased and installed by Horney Industrial Electronics on February 10th. We had a flow measurement starting February 11th. As we discussed we used the average flow for the month as the reported flow for each of those three days.

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