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Hand delivered

SURFACE WATER

NO DISCHARGE ☐

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	07	01	TO	2010	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

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	1.01	1.31	MGD	*	*	*	*	0	99/99	Rec./ Tot.
	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5 00310	SAMPLE MEASUREMENT	<27.4	<30.4	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	<16.9	20.3	lbs/day	*	<1.85	2.0	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE 00556	SAMPLE MEASUREMENT	<45.7	<50.7	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	<2.2	7.3	lbs/day	*	<0.24	0.80	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct) 00610	SAMPLE MEASUREMENT	<0.7	1.3	lbs/day	*	<0.07	0.13	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	20.5	32.0		*	4.0	4.0		*	01/07	Comp.
AMMONIA (as N) Winter (Nov-Mar) 00610	SAMPLE MEASUREMENT	N/A	N/A	lbs/day	*	N/A	N/A	mg/L			
	PERMIT REQUIREMENT	35.0	70.0		*	4.0	8.0		*	01/07	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Greg Vise 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 Sauré	302	684-1640	2010	08	16
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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SURFACE WATER

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	07	01	TO	2010	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE ☐

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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	173.4	329.6	lbs/day	*	18.69	36.10	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	*	*	*	6.8	*	7.4	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		
Greg Vise 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	08	16
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**

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	07	01	TO	2010	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

SURFACE WATER

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)
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		
Greg Vise 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	08	16
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)

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SURFACE WATER

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

MONITORING PERIOD YEAR (20-21)	MO (22-23)	DAY (24-25)	TO	YEAR (26-27)	MO (28-29)	DAY (30-31)
2010	07	01		2010	07	31

Designator A
NO DISCHARGE

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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
Greg Vise
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 Lowe
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
302	684-1640	2010	08	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)
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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
2010	07	01	TO	2010	07	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		
Greg Vise 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 Davis	302	684-1640	2010	08	16
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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		
Greg Vise 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 Gause	302	684-1640	2010	08	16
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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DMR REPORT WORKSHEET
Weekly Samples

MONTH OF: Jul-10
weeks represented = 4

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SURFACE WATER

DATES COLLECTED

DATE STARTED	July 6th	July 13th	July 20th	July 27th		
DATE ENDED	July 7th	July 14th	July 21st	July 28th		
FLOW =	1.09	1.13	1.22	0.95		
X 8.34 =	9.13	9.44	10.14	7.89		
					AVE.	MAX.
BOD-5 =	3.0	3.0	3.0	3.0	3.00	3.00
lbs/day =	27.4	28.3	30.4	23.7	27.4	30.4
TSS =	2.0	1.4	2.0	2.0	1.85	2.00
lbs/day =	18.3	13.2	20.3	15.8	16.9	20.3
T.PHOS. =	0.80	0.05	0.05	0.05	0.24	0.80
lbs/day =	7.3	0.5	0.5	0.4	2.2	7.3
O&G =	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	45.7	47.2	50.7	39.4	45.7	50.7
NH3 =	0.06	0.05	0.13	0.05	0.07	0.13
lbs/day	0.5	0.5	1.3	0.4	0.7	1.3
Total N =	36.10	17.10	14.40	7.16	18.69	36.10
lbs/day	329.6	161.4	146.0	56.5	173.4	329.6
FECAL E.	1.0	2.0	2.0	5.2	G./MEAN=	2.1

	AVE.	MAX.
FLOW	1.01	1.31
	MIN.	MAX.
pH	6.8	7.4
T. CHL.		ND
F. CHL.		

Meter Reading First
——— 1241379929
Meter Reading Last
——— 1269664277
Days this Month
——— 28
Total Gallons
28,284,348

COMPLETED BY: Michael Sause
DATE: 16-Aug-10

Allen Family Foods, Inc.

Allen Family Foods, Inc.

Phone:
FAX:
email:

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AUG 17 2010

SURFACE WATER

August 16, 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 July, 2010 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