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	11	01	TO	2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

RECEIVED
DEC 1 6 2010
HAND DEL.
SURFACE WATER
NO DISCHARGE ☐

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW 50050	SAMPLE MEASUREMENT	0.89	1.26	MGD	*	*	*	*	0	99/99	Rec./ Tot.
	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5 00310	SAMPLE MEASUREMENT	<25.5	<29.2	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	137.0	185.1	lbs/day	*	16.51	24.4	mg/L	1	01/07	Comp.
	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE 00556	SAMPLE MEASUREMENT	<42.6	<48.7	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	0.8	1.1	lbs/day	*	0.09	0.15	mg/L	0	01/07	Comp.
	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct) 00610	SAMPLE MEASUREMENT	NRQ	NRQ	lbs/day	*	NRQ	NRQ	mg/L			
	PERMIT REQUIREMENT	20.5	32.0		*	4.0	4.0		*	01/07	Comp.
AMMONIA (as N) Winter (Nov-Mar) 00610	SAMPLE MEASUREMENT	30.0	134.5	lbs/day	*	3.16	13.80	mg/L	2	01/07	Comp.
	PERMIT REQUIREMENT	35.0	70.0		*	4.0	8.0		*	01/07	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Mike Pilcher 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 Pilcher	302	684-1640	2010	12	15
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 attached letters for permit exceptions

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	11	01	TO	2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

RECEIVED
DEC 1 6 2010
SURFACE WATER

NO DISCHARGE ☐

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	217.4	372.4	lbs/day	*	25.48	38.20	mg/L	0	01/07	Comp.
00600	PERMIT REQUIREMENT	467.0	574.0		*	46.0	55.3		*	01/07	Comp.
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	4.2	*	Col./ 100mL	0	01/07	Grab
31639	PERMIT REQUIREMENT	*	*		*	33.0	*		*	01/07	Grab
pH	SAMPLE MEASUREMENT	*	*	*	6.7	*	7.7	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		
Mike Pilcher 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 Lance	302	684-1640	2010	12	15
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	TO	YEAR	MO	DAY
2010	11	01		2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

RECEIVED

DEC 1 6 2010

NO DISCHARGE X

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		
Mike Pilcher 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 Lacné	302	684-1640	2010	12	15
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	11	01	TO	2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

NO DISCHARGE X

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DEC 1 6 2010

SURFACE WATER

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

Mike Pilcher
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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
302	684-1640	2010	12	15
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	11	01	TO	2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

RECEIVED
DEC 1 6 2010
NO DISCHARGE X
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		
Mike Pilcher 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	12	15
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	11	01	TO	2010	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED DEC 1 6 2010 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		
Mike Pilcher 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 Pilcher	302	684-1640	2010	12	15
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.

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DEC 1 6 2010
SURFACE WATER

DMR REPORT WORKSHEET — MONTH OF: Nov-10
Weekly Samples — # weeks represented = 5

DATES COLLECTED

DATE STARTED	Nov. 2nd	Nov. 9th	Nov. 16th	Nov. 23rd	Nov. 30th		
DATE ENDED	Nov. 3rd	Nov. 10th	Nov. 17th	Nov. 24th	Dec. 1st		
FLOW =	1.00	0.91	1.17	0.88	1.14		
X 8.34 =	8.38	7.58	9.75	7.32	9.53		
						AVE.	MAX.
BOD-5 =	3.0	3.0	3.0	3.0	3.0	3.00	3.00
lbs/day =	25.1	22.8	29.2	21.9	28.6	25.5	29.2
TSS =	18.0	24.4	16.5	16.8	6.9	16.51	24.40
lbs/day =	150.8	185.1	160.8	122.9	65.3	137.0	185.1
T.PHOS. =	0.08	0.07	0.06	0.15	0.11	0.09	0.15
lbs/day =	0.6	0.5	0.6	1.1	1.0	0.8	1.1
O&G =	5.0	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	41.9	37.9	48.7	36.6	47.6	42.6	48.7
NH3 =	0.34	1.48	13.80	0.14	0.06	3.16	13.80
lbs/day	2.8	11.2	134.5	1.0	0.5	30.0	134.5
Total N =	15.50	26.20	38.20	30.10	17.40	25.48	38.20
lbs/day	129.8	198.7	372.4	220.2	165.8	217.4	372.4
FECAL E.	2.0	1.0	4.1	4.1	36.8	G./MEAN=	4.2

	AVE.	MAX.
FLOW	0.89	1.26
	MIN.	MAX.
pH	6.7	7.7
T. CHL.		ND
F. CHL.		

Meter Reading First
-------- 1354147023
Meter Reading Last
-------- 1380029341
Days this Month
-------- 29
Total Gallons
25,882,318

COMPLETED BY: Michael Sause
DATE: 15-Dec-10

THE QUALITY CHICKEN PEOPLE

ALLEN FAMILY FOODS, INC.
P.O. Box 63
18752 HARBESON RD.
HARBESON, DE 19951
302/684-1640 FAX: 302/684-1638

RECEIVED
DEC 1 6 2010
SURFACE WATER

November 16, 2010

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

Re: Permit #DE 0000299
Discharge 001

Dear Mr. Davis:

This letter is to follow up the 24 hour verbal notification to you that occurred on November 15, 2010 concerning the Total Suspended Solids composite sample for the sampling period November 8th ending November 9th. Per the notification requirements of Part II Section A.2(b) of the referenced permit we report the following:

Allen's – Harbeson 001 Total Suspended Solids Composite Sample

Sample Date	Parameter	Results Reported
November 8 – 9, 2010	Total Suspended Solids	24.4 mg/L

As we discussed the Allen's Harbeson wastewater treatment facility has been experiencing an increase in filamentous bacteria in the activated sludge treatment system. This was confirmed with four sets of microscopic examination of our mixed liquor by Dr. Michael Richard and Steve Leech. Our consultant's recommended response has been to chlorinate the Return Activated Sludge and most recently the influent flow to CMAS 1. The addition of chlorine has resulted in turbidity and an increase of Total Suspended Solids in the final effluent. There has also been some carry over of solids from the high sludge blankets that have been caused by the filamentous bacteria in the activated sludge system. The high sludge blankets in the clarifier have been reduced to a more manageable level with the addition of the chlorine.

If you should have any questions, please do not hesitate to contact me at (302) 684-1640, Ext. 184.

Respectfully Submitted,
ALLEN FAMILY FOODS, INC.

Michael R. Sausé
Wastewater Manager

Cc: Tom Brinson, Corporate Environmental Manager
Rob Bacon, Senior Wastewater Manager

Allen's

THE QUALITY CHICKEN PEOPLE

ALLEN FAMILY FOODS, INC.
P.O. Box 63
18752 HARBESON RD.
HARBESON, DE 19951
302/684-1640 FAX: 302/684-1638

RECEIVED
DEC 1 6 2010
SURFACE WATER

December 3, 2010

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

Re: Permit #DE 0000299
Discharge 001

Dear Mr. Davis:

This letter is to follow up the 24 hour verbal notification to you that occurred on November 18, 2010 concerning the Ammonia as Nitrogen composite sample for the sampling date November 16, 2010. The official results were received today. Per the notification requirements of Part II Section A.2(b) of the referenced permit we report the following:

Allen's – Harbeson 001 Ammonia as Nitrogen Composite Sample

Sample Date	Parameter	Results Reported
November 16, 2010	Ammonia as Nitrogen	13.8 mg/L
November 16, 2010	Ammonia as Nitrogen	134.52 lbs/day

As we discussed the Allen's Harbeson wastewater treatment facility had been experiencing an increase in filamentous bacteria in the activated sludge treatment system. This was confirmed with four sets of microscopic examination of our mixed liquor by Dr. Michael Richard and Steve Leech. Our consultant's recommended response was to chlorinate the Return Activated Sludge and the influent flow to CMAS 1. Once the sludge blanket in the final clarifier was reduced the addition of chlorine was discontinued.

The nitrification process in the plants biological system was impaired. To help restore the nitrification process it was necessary to implement bioaugmentation of the system by adding commercially prepared nitrifying bacteria. Positive results were realized and the ammonia level reported on the sample date of November 23, 2010 was 0.14 mg/L.

If you should have any questions, please do not hesitate to contact me at (302) 684-1640, Ext. 184.

Respectfully Submitted,
ALLEN FAMILY FOODS, INC.

Michael R. Sausé
Wastewater Manager

Cc: Tom Brinson, Corporate Environmental Manager
Rob Bacon, Senior Wastewater Manager

Allen Family Foods, Inc.

Allen Family Foods, Inc.

Phone:
FAX:
email:

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SURFACE WATER

December 15, 2010

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

Dear Mr. Davis:

Please find enclosed the Discharge Monitoring Report (DMR) for the month of November, 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