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
2011	07	01	TO	2011	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A NO DISCHARGE ☐

RECEIVED AUG 15 2011 HAND DEL. SURFACE WATER

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	SAMPLE MEASUREMENT	0.91	1.14	MGD	*	*	*	*	0	99/99	Rec./ Tot.
50050	PERMIT REQUIREMENT	1.25	*		*	*	*		*	99/99	Rec./ Tot.
BOD_5	SAMPLE MEASUREMENT	<22.1	<25.1	lbs/day	*	<3.0	<3.0	mg/L	0	01/07	Comp.
00310	PERMIT REQUIREMENT	114	227		*	16	23		*	01/07	Comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	34.8	59.6	lbs/day	*	4.60	8.00	mg/L	0	01/07	Comp.
00530	PERMIT REQUIREMENT	152	228		*	20	23		*	01/07	Comp.
OIL & GREASE	SAMPLE MEASUREMENT	<36.8	<41.9	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	<0.4	<0.4	lbs/day	*	<0.05	<0.05	mg/L	0	01/07	Comp.
00665	PERMIT REQUIREMENT	15	23		*	*	3.0		*	01/07	Comp.
AMMONIA (as N) Summer (Apr-Oct)	SAMPLE MEASUREMENT	<0.4	<0.4	lbs/day	*	<0.05	<0.05	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	NRQ	NRQ	lbs/day	*	NRQ	NRQ	mg/L			
00610	PERMIT REQUIREMENT	35.0	70.0		*	4.0	8.0		*	01/07	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Scott Yackel Assistant 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.)*	302	684-1640	2011	08	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	001

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2011	07	01		2011	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Designator A

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	AVERAGE	MAXIMUM	UNITS	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	127.8	199.4	lbs/day	*	17.13	23.80	mg/L	0	01/07	Comp.
00600	PERMIT REQUIREMENT	467.0	574.0		*	46.0	55.3		*	01/07	Comp.
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	<1.0	*	Col./ 100mL	0	01/07	Grab
31639	PERMIT REQUIREMENT	*	*		*	33.0	*		*	01/07	Grab
pH	SAMPLE MEASUREMENT	*	*	*	6.2	*	7.2	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		
Scott Yackel Assistant 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 Lanie	302	684-1640	2011	08	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 (20-21)	MO (22-23)	DAY (24-25)	TO	YEAR (26-27)	MO (28-29)	DAY (30-31)
2011	07	01		2011	07	31

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)
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		
Scott Yackel Assistant 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 Garré	302	684-1640	2011	08	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)

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	2011	07	01	TO	2011	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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		
Scott Yackel Assistant 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 Sawin	302	684-1640	2011	08	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)

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
DE 0000299	003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	2011 (20-21)	07 (22-23)	01 (24-25)	TO	2011 (26-27)	07 (28-29)	31 (30-31)

Designator A

NO DISCHARGE ☐

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (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		55,000/90	Gal./Min.	*	*	*	*	1	1/30	Est.
	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Est.
BOD_5 00310	SAMPLE MEASUREMENT	*	*	*	*			mg/L			
	PERMIT REQUIREMENT	*	*		*	16.0	26.0		*	1/30	Grab
TOTAL SUSPENDED SOLIDS 00530	SAMPLE MEASUREMENT	*	*	*	*			mg/L			
	PERMIT REQUIREMENT	*	*		*	20	30		*	1/30	Grab
pH 00400	SAMPLE MEASUREMENT	*	*	*	*	*		S.U.			
	PERMIT REQUIREMENT	*	*		6.0	*	9.0		*	1/30	Grab
OIL & GREASE 00556	SAMPLE MEASUREMENT	*	*	*	*			mg/L			
	PERMIT REQUIREMENT	*	*		*	8.0	14.0		*	1/30	Grab
TOTAL PHOSPHORUS (as P) 00665	SAMPLE MEASUREMENT	*	*	*	*	*		mg/L			
	PERMIT REQUIREMENT	*	*		*	*	*		*	1/30	Grab
AMMONIA (as N) 00610	SAMPLE MEASUREMENT	*	*	*	*			mg/L			
	PERMIT REQUIREMENT	*	*		*	4.0	8.0		*	1/30	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Scott Yackel Assistant 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.)*	302	684-1640	2011	08	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.)

Sample not taken. See attached letter

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)

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
DE 0000299	003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	2011 (20-21)	07 (22-23)	01 (24-25)	TO	2011 (26-27)	07 (28-29)	31 (30-31)

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)
TOTAL NITROGEN (as N)	SAMPLE MEASUREMENT	*	*	*	*			mg/L			
00600	PERMIT REQUIREMENT	*	*		*	103.0	147.0		*	01/30	Grab
ENTEROCOCCUS	SAMPLE MEASUREMENT	*	*	*	*	*		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		
Scott Yackel Assistant 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 Lassi	302	684-1640	2011	08	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.)

Sample not taken. See attached letter.

DMR REPORT WORKSHEET MONTH OF: Jul-11
Weekly Samples # weeks represented = 4

DATES COLLECTED

DATE STARTED	July 6th	July 12th	July 19th	July 26th		
DATE ENDED	July 7th	July 13th	July 20th	July 27th		
FLOW =	1.00	0.81	0.83	0.89		
X 8.34 =	8.38	6.75	6.89	7.44		
					AVE.	MAX.
BOD-5 =	3.0	3.0	3.0	3.0	3.00	3.00
lbs/day =	25.1	20.3	20.7	22.3	22.1	25.1
TSS =	5.6	2.4	2.4	8.0	4.60	8.00
lbs/day =	46.9	16.2	16.5	59.6	34.8	59.6
T.PHOS. =	0.05	0.05	0.05	0.05	0.05	0.05
lbs/day =	0.4	0.3	0.3	0.4	0.4	0.4
O&G =	5.0	5.0	5.0	5.0	5.00	5.00
lbs/day =	41.9	33.8	34.5	37.2	36.8	41.9
NH3 =	0.05	0.05	0.05	0.05	0.05	0.05
lbs/day	0.4	0.3	0.3	0.4	0.4	0.4
Total N =	23.80	14.80	19.00	10.90	17.13	23.80
lbs/day	199.4	99.9	131.0	81.1	127.8	199.4
FECAL E.	1.0	1.0	1.0	1.0	G./MEAN=	1.0

	AVE.	MAX.
FLOW	0.91	1.14
	MIN.	MAX.
pH	6.2	7.2
T. CHL.		ND
F. CHL.		

Meter Reading First
——— 1563440219
Meter Reading Last
——— 1589936741
Days this Month
——— 29
Total Gallons
26,496,522

COMPLETED BY: Michael Sause
DATE: 11-Aug-11

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
JUL 26 2011
SURFACE WATER

July 26, 2011

Mr. Glenn Davis, Program Manager
Department of Natural Resources and Environmental Control
Surface Water Discharges Section
89 Kings Highway
Dover, Delaware 19901

Re: Rain Event – July 19, 2011

Dear Mr. Davis:

As we discussed in our telephone conversation on July 20,2011, there was a significant rain and lightning event at the Allen's Harbeson wastewater treatment facility on July 19, 2011 that led to a discharge of storm water at the SW 003 station for approximately ninety minutes.

At 3:00 p.m. the rain and lightning event started and was significant. It was deemed unsafe to go out into the storm for purposes of checking the storm water stations at that time. Scott Hevner, Director of Technical Services and Jason Reale, Corporate Engineer was onsite with me throughout the duration of the storm. At approximately 4:00 p.m. the storm had subsided to the point where the three of us went to check the storm water stations to see if there may be a discharge. We first checked SW 002 and found the pump to be pumping and no discharge occurring. We then went to SW 003 and found the station to be discharging storm water. The pump was checked and found not to be working. It was decided that a sample of the storm water discharged should be taken. Scott Hevner and myself looked at the flow into and across the outside sump and the flow down stream leaving the property to be significantly different. To get the most representative sample of the discharge it was decided to take the sample down stream where the discharge was leaving the property. Once Scott and I got close to the proposed sample location we found it unsafe to crawl down the embankment to grab the sample. For this reason no sample was taken.

The rain event ended at approximately 4:30 p.m. and we had an Allen's electrician check the pump. It was found to be kicked out and needed to be reset. Once the pump started working the discharge stopped very shortly thereafter.

Based on a calculation that has been previously used to estimate flow to the storm water stations it was determined that approximately 55,000 gallons of storm water was received at the station over the period of ninety minutes. As previously stated it is estimated that the discharge lasted approximately ninety minutes and a total of 55,000 gallons was discharged.

As stated in our CSI response letter Allen Family Foods retained BP Environmental to evaluate the Storm Water outfalls for representative sampling. It will be recommended to the new owner of the facility to continue with that evaluation so that a representative sample can be taken safely of any discharge events that may occur.

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

Respectfully submitted,
Allen Family Foods, Inc.

Michael R. Sausé

Michael R. Sausé
Wastewater Manager

Allen Family Foods, Inc.

Allen Family Foods, Inc.

Phone:
FAX:
email:

RECEIVED
AUG 15 2011
SURFACE WATER

August 11, 2011

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 July, 2011 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