



United States Environmental Protection Agency  
Washington, D.C. 20460

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

Transaction Code 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> 20 <input checked="" type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>	NPDES 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>	yr/mo/day 12 <input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 22 <input type="checkbox"/> 17	Inspection Type 18 <input checked="" type="checkbox"/>	Inspector 19 <input checked="" type="checkbox"/>	Fac Type 20 <input checked="" type="checkbox"/>
Remarks					
Inspection Work Days 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					
Facility Self-Monitoring Evaluation Rating 70 <input checked="" type="checkbox"/>					
BI 71 <input checked="" type="checkbox"/>					
QA 72 <input checked="" type="checkbox"/>					
Reserved 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)  PINNACLE FOODS CORP. P.O. Box 685 MILLSBORO DE 19966	Entry Time/Date 08:45 9-22-09	Permit Effective Date 11-1-08
	Exit Time/Date 12:15 9-22-09	Permit Expiration Date 10-31-13
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Bob LYNCH (DRC OPER.) (302) 934-3833	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official/Title/Phone and Fax Number RANDY SPENCE (PLANT MGR) (302) 934-3841	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

## Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Phone and Fax Numbers DNREC (302) 739-9946	Date 9-22-09
Signature of Management Q.A. Reviewer 	Agency/Office/Phone and Fax Numbers DNREC (302) 739-9946	Date 10-15-09

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable		PERMIT NO. <b>DE 0000736</b>
<b>SECTION F - Facility and Permit Background</b>		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE	
<b>- SAME -</b>	<b>6-17-08</b>	
	FINDINGS	
	<b>- See Letter -</b>	
<b>SECTION G - Records and Reports</b>		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION <b># PERSON</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) QUALITY ASSURANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<b>SECTION H - Permit Verification</b>		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS. <b>WARTONS BRANCH</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) ALL DISCHARGES ARE PERMITTED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>SECTION I - Operation and Maintenance</b>		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. <b>No Power/No Flow</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. <b>AGU-0024/94C</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) ALL TREATMENT UNITS IN SERVICE.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. <b>CABE</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) QUALIFIED OPERATING STAFF PROVIDED. <b>SEE 4.04</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS. <b>OST/DTEC</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED. <b>12-11-07</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(l) SPCC PLAN AVAILABLE. <b>REVISED 3-7-06</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Dates _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

PERMIT NO.  
DE 0000736

**SECTION J - Compliance Schedules**

PERMITTEE IS MEETING COMPLIANCE SCHEDULE.  YES  NO  N/A (Further explanation attached \_\_\_\_\_)

CHECK APPROPRIATE PHASE(S):

- (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- (e) CONSTRUCTION HAS COMMENCED.
- (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- (g) CONSTRUCTION HAS BEEN COMPLETED.
- (h) START-UP HAS COMMENCED.
- (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

**SECTION K - Self-Monitoring Program**

**Part 1 -- Flow measurement** (Further explanation attached \_\_\_\_\_)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A

- DETAILS:
- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.  YES  NO  N/A  
TYPE OF DEVICE:  WEIR  PARSHALL FLUME  MAGMETER  VENTURI METER  OTHER (Specify SONIC)
  - (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration 3-6-09)  YES  NO  N/A
  - (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.  YES  NO  N/A
  - (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED.  YES  NO  N/A
  - (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.  YES  NO  N/A

**Part 2 -- Sampling** (Further explanation attached \_\_\_\_\_)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A

- DETAILS:
- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.  YES  NO  N/A
  - (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.  YES  NO  N/A
  - (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO,  GRAB  MANUAL COMPOSITE  AUTOMATIC COMPOSITE FREQUENCY 24 HZ.  YES  NO  N/A
  - (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.  YES  NO  N/A
    - (i) SAMPLES REFRIGERATED DURING COMPOSITING  YES  NO  N/A
    - (ii) PROPER PRESERVATION TECHNIQUES USED  YES  NO  N/A
    - (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT  YES  NO  N/A
    - (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3  YES  NO  N/A
  - (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.  YES  NO  N/A
  - (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.  YES  NO  N/A

**Part 3 -- Laboratory** (Further explanation attached \_\_\_\_\_)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A

- DETAILS:
- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3)  YES  NO  N/A
  - (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.  YES  NO  N/A
  - (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.  YES  NO  N/A
  - (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.  YES  NO  N/A
  - (e) QUALITY CONTROL PROCEDURES USED.  YES  NO  N/A
  - (f) DUPLICATE SAMPLES ARE ANALYZED. 25 % OF TIME.  YES  NO  N/A
  - (g) SPIKED SAMPLES ARE USED. 25 % OF TIME.  YES  NO  N/A
  - (h) COMMERCIAL LABORATORY USED.  YES  NO  N/A
  - (i) COMMERCIAL LABORATORY STATE CERTIFIED.  YES  NO  N/A

LAB NAME Emmivocorp Labs  
LAB ADDRESS Harrington De.

PERMIT NO.

DE 0000736

SECTION L - Effluent/Receiving Water Observations (Further explanation attached \_\_\_\_\_)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	No	No	No	No	No	CLEAR	-

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached \_\_\_\_\_)

- GRAB SAMPLES OBTAINED
- COMPOSITE OBTAINED
- FLOW PROPORTIONED SAMPLE
- AUTOMATIC SAMPLER USED
- SAMPLE SPLIT WITH PERMITTEE
- CHAIN OF CUSTODY EMPLOYED
- SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY 24 HR. PRESERVATION ICED

SAMPLE REFRIGERATED DURING COMPOSITING:  YES  NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE INDUSTRIAL

SECTION N - Analytical Results (Attach report if necessary)



Calibration  
Certificate No. 1750.01

Calibration complies with  
**ISO/IEC 17025 AND ANSI/NCSL Z540-1**



Cert. No.: 4000-1820773

**Traceable® Certificate of Calibration for Digital Thermometer**

**Instrument Identification:**

Model: 15-077-8      S/N: 80173242      Manufacturer : Control Company

**Standards/Equipment:**

Description	Serial Number	Due Date	NIST Traceable Reference
Temperature Calibration Bath TC191	A79341		
Thermistor Module	A27129	7/17/08	1000228256
Temperature Probe	3039	7/26/08	A7710039-4
Temperature Calibration Bath TC155	93139		
Thermistor Module	A17118	8/30/08	A7831032
Temperature Probe	157	4/14/08	A6B06053

**Certificate Information:**

Technician: 68      Procedure: CAL-06      Cal Date: 2/18/08      Cal Due: 2/17/10  
Test Conditions: 24.0°C      38.0 %RH      1020 mBar

**Calibration Data: (New Instrument)**

Unit(s)	Nominal	As Found	In Tol	Nominal	As Left	In Tol	Min	Max	±uc	TUR
°C		N.A.		0.001	-0.001	Y	-0.049	0.051	0.013	3.8:1
°C		N.A.		25.001	24.999	Y	24.951	25.051	0.013	3.8:1
°C		N.A.		59.999	59.999	Y	59.949	60.049	0.013	3.8:1
°C		N.A.		100.001	99.997	Y	99.951	100.051	0.013	3.8:1

**This Instrument was calibrated using Instruments Traceable to National Institute of Standards and Technology.**

A Test Uncertainty Ratio of at least 4:1 is maintained unless otherwise stated and is calculated using the expanded measurement uncertainty. Uncertainty evaluation includes the instrument under test and is calculated in accordance with the ISO "Guide to the Expression of Uncertainty in Measurement" (GUM). The uncertainty represents an expanded uncertainty using a coverage factor k=2 to approximate a 95% confidence level. In tolerance conditions are based on test results falling within specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced except in full, without written approval of Control Company.

Nominal=Standard's Reading; As Left=Instrument's Reading; In Tol=In Tolerance; Min/Max=Acceptance Range; ±uc=Measurement Uncertainty; TUR=Test Uncertainty Ratio; Accuracy=±(Max-Min)/2; Date=MM/DD/YY

*Wallace Berry*  
Wallace Berry, Technical Manager

**Maintaining Accuracy:**

In our opinion once calibrated your Digital Thermometer should maintain its accuracy. There is no exact way to determine how long calibration will be maintained. Digital Thermometers change little, if any at all, but can be affected by aging, temperature, shock, and contamination.

**Recalibration:**

For factory calibration and re-certification traceable to National Institute of Standards and Technology contact Control Company.

**CONTROL COMPANY 4455 Rex Road Friendswood, TX 77546 USA**  
Phone 281 482-1714 Fax 281 482-9448 service@control3.com www.control3.com

Control Company is an ISO 17025 Calibration Laboratory Accredited by (A2LA) American Association for Laboratory Accreditation, Certificate No. 1750.01.  
Control Company is ISO 9001 Quality Certified by (DNV) Det Norske Veritas, Certificate No. CERT-01805-AQ-HOU.  
International Laboratory Accreditation Cooperation (ILAC) - Multilateral Recognition Arrangement (MRA).



HORNEY INDUSTRIAL ELECTRONICS  
**CERTIFICATE OF CALIBRATION**  
*Process Control Technology*

Date : March 6, 2009

Pinnacle Foods  
P.O. Box 625  
Millsboro DE 19966

Purchase Order: 0710025023

Job#:604218

<u>Manfg.</u>	<u>Serial#</u>	<u>Range</u>
<b>EB Flow:</b> E/H FMU 861	8AR009-EP40	0-1000 GPM
<b>Raw Flow:</b> F/P Ultrasonic	95W032110	0-1200 GPM
F/P 1392 C/R	805C040U01-C03	0-1200 GPM
<b>UV Effluent Flow:</b> F/P Ultrasonic	95W001009	0-500 GPM
F/P 1392 C/R	8050040U01-B03	0-500 GPM
<b>Spray Irrigation:</b> Siemens Mag 5000	104213N056	0-250 GPM
Siemens Mag 5100 3" Tube	469113T036	0-250 GPM
F/P 1392 C/R	207775-002	0-250 GPM - failed

ALL CALIBRATION TRACEABLE TO N.I.S.T. AS PER MANFG. SPECIFICATION



HORNEY INDUSTRIAL ELECTRONICS

Process Control Technology

# CALIBRATION WORKSHEET

IN 000535

P.O. Box 700 Bridgeville, DE 19933  
Phone (302) 337-3600 Fax (302) 337-8560

Customer Name Pinnacle Foods	Customer PO No.
Address 29984 Pinnacle Way	Account No.
City, State, Zip Millsboro, DE. 19966	Date 3/6/09
Job Description Calibration	Terms Net 20

Manufacturer	Serial Number	Range	Departure
UV EFFLUENT FLOW			
F/P ULTRASONIC	95W001009	0-500 GPM	-
F/P 1392 C/R	805040001-803	0-500 GPM	± 2
EB FLOW			
ES 4 FLOW (6)	8AR009-EP40	0-1000 GPM	± 0.42'
RAW FLOW			
F/P <del>1392</del> ULTRASONIC	95W032110	0-1200 GPM	± 5
F/P 1392 C/R	805040001-003	0-1200 GPM	± 1.5
SPRAY IRR1.			
SIEMENS M1G-5000 C/C	104213N056	0-250 GPM	-
SIEMENS M1G-5100 TUBE	469113T036	0-250 GPM	-
F/P 1392 C/R	207795-002	0-250 GPM	FAILED
DO NOT WILL NOT CALIBRATE	± ZERO		

Comments	Hours
CHECKED & CALIBRATED METERS AS PER MANUFACTURER'S SPECS	

Service Engineer

*Edi apich*

Date

3/6/09

Customer Signature

Above work was completed to our satisfaction



# SLUDGE INVENTORY - YEARLY

	average MLSS	pounds sludge wasted	total gallons wasted	gallons sludge hauled	average effluent tss	average effluent bod
1990	6435	197788	3,685,405	1,182,000	6	11
1991	7423	158718	2,563,775	1,182,000	3	8
1992	8926	204843	2,751,675		2	5
1993	8540	209822	2,945,959	1,062,000	4	3
1994	7666	257351	4,025,235	1,085,500	5	3
1995	6682	268965	4,826,392	1,026,000	8	5
1996	5967	210043	4,220,723		3	5
1997	6432	400061	4,485,602	1,260,000	2	5
1998	6431	428132	4,652,000	1,710,000	3	4
1999	6478	537744	6,465,225	1,602,000	12	8
2000	7079	411781	4,661,025	1,152,000	4	5
2001	5448	507672	6,813,710	1,038,000	4	5
2002	5330	542110	8,236,335	1,765,500	4	3
2003	5830	650510	7,722,425	2,388,000	4	5
2004	6598	742082	7,763,290	1,998,000	6	6
2005	4268	601361	8,811,305	2,004,000	4	5
2006	5540	841056	10,334,905	2,003,800	6	4
2007	5960	1023617	11,868,030	3,058,700	5	5
2008	4926	867433	11,667,436	2,700,000	6	6
2009	6207	804518	9,366,130	3,162,000	6	5

**PINNACLE FOODS CORPORATION**  
**STORMWATER POLLUTION PREVENTION PLAN**  
 Millsboro Delaware

**ANNUAL SITE COMPLIANCE EVALUATION - CHECKLIST**

The Environmental Control Manager, or designee, is responsible for conducting the annual site compliance evaluations.  
 This checklist provides an overview of the evaluation process - additional details are available in the SWP3 Plan.

**REVIEWER:**       **DATE STARTED:**   
**TITLE:**       **DATE COMPLETE:**   
**Team Members:**

Items to be Reviewed in Compliance Evaluation	Date Completed	Notes / Follow-up
Any drainage area modifications that require change to SWP3?	<input type="text" value="12/23/2008"/>	
inspect stormwater drainage areas for evidence of pollutants entering the drainage system	<input type="text" value="12/23/2008"/>	
Inspect stormwater outfalls for the presence of non-storm water discharges	<input type="text" value="12/26/2008"/>	
Verify items that are listed as part of the material handling, storage and transfer areas covered by the SWP3	<input type="text" value="12/26/2008"/>	delete ethanol
Evaluate effectiveness of measures to reduce pollutant loading	<input type="text" value="12/26/2008"/>	
Observe structural measures, sediment controls, & other BMP to insure proper operation	<input type="text" value="12/23/2008"/>	
Verify spill cleanup, control equipment and containment structures in the areas covered by the SWP3	<input type="text" value="12/26/2008"/>	vinegar berm has slow leak
Observe Best Management Practices effectiveness to insure proper operation	<input type="text" value="12/23/2008"/>	
Inspect any equipment required by the SWP3	<input type="text" value="12/26/2008"/>	

**Items to Complete Following the Evaluation**

- Revise the SWP3 plan as required by the Annual Evaluation.**  (within 2 weeks of inspection)
- Implement any changes required.**
- Where capital improvements are necessary, establish an implementation schedule. Include schedule in revised SWP3
- Prepare a Summary Report that includes:** 
  - Inspection Results
  - Follow-up Actions
  - Date of Inspection
  - Personnel Conducting the Inspection
  - All incidents of non-compliance
  - If Facility is in compliance -- certification of compliance
  - Summary Report must be signed by Plant Manager
  - Reports must be retained for at least 3 years with SWP3

Fax Copy to WHQ. Keep Copy in SWP3 File.  
 Include Copy of Summary Report with Certification & Signature.

To: Doug Emmitt

CC: Randy Spence RS

From: Bob Lynch

Date: 1/8/2009

Re: SWP3 Annual compliance evaluation

#### Annual SWP3 Compliance Evaluation

The annual site inspection was performed by Bob Lynch on Dec. 23<sup>rd</sup> and 26<sup>th</sup> of 2008. This was performed to verify the overall effectiveness of the Storm Water plan. The following items are listed in the plan (revised July 2003) and were found to be compliant.

- 
1. The description of potential pollutant sources listed in Millsboro's SWP3 plan cites ethanol. This is no longer on site and will be corrected during the next SWP3 revision.
  2. The site plan is accurate.
  3. Annual required training was completed in March 2008.
  4. All spill control and cleanup equipment remains in place. A work order will be submitted for the vinegar berm. Spill kits will be inventoried and replenished in January. Spill kits are located :

Warehouse-spice cage  
Maintenance shop-boiler room  
Label area-on wall near sanitation room  
Vinegar plant-on floor inside door  
Tank yard- Salt house

- 
5. The following are action items:
    - a. Vinegar berm needs to be sealed, slow leak.

---

Randy Spence, Plant Mgr.

# Maintenance / Safety Repair Request

No. 4183

Name: Bob Lynch

Date: 11/9/08

Please check the appropriate box:

Safety Request

Maintenance Request

Machine ID or Location: Vinesor tank berm

Description:

<u>needs to be sealed to stop slow leak, 1st</u>
<u>attempt did not work, leak runs to storm drain</u>

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



**WATER COMPLIANCE INSPECTION REPORT**  
**STORM WATER EVALUATION**  
 National Pollutant Discharge Elimination System Permitting Program  
 Delaware Department of Natural Resources and Environmental Control  
 Surface Water Discharges Section

Name and location of Facility Inspected <u>Pinnacle Foods (VIASIC)</u>	Entry Time/Date <u>08:45 9-22-09</u>	Permit Effective Date: <u>11-1-08</u>
	Exit Time/Date <u>9-22-09</u>	Permit Expiration Date <u>10-31-13</u>

An evaluation of the facility's storm water management program was completed in order to determine whether or not the facility is operating in compliance with regards to the storm water permitting requirements of their NPDES permit. The evaluation consisted of a records review and a visual observation of the facility's storm water management system.

The facility is permitted to discharge storm water from Outfall(s) \_\_\_\_\_.

RECORDS REVIEW		Yes	No	S/C
1)	<b>Storm Water Plan.</b> Has the facility developed and implemented a Storm Water Plan as required by Part III of their NPDES Permit? What is the date of the current SWP?	X		
2)	<b>Training.</b> Training completed annually? Are all employees and contractor personnel that work in areas where industrial materials are used/stored trained to meet the requirements of the SWP?	X		
3)	<b>Inspection Records.</b> Are storm water inspections conducted and documented? Please describe.	X		
4)	<b>Monitoring Data.</b> Has the facility performed storm water monitoring as required by the permit?	X		
5)	<b>Spill and Leaks.</b> Have any major spills or leaks occurred resulting in a discharge to the storm water conveyance system? Is the facility maintaining records indicating spills/leaks?	X	X	

PHYSICAL INSPECTION		Yes	No	S/C
1)	<b>Storm Water Outfalls.</b> Are storm water outfalls identified as required? Outfalls free of trash/ debris/erosion? Any non-storm water discharges occurring?	X		
2)	<b>Storm Water Conveyance System.</b> Are catch basins, storm water conveyance systems and storm water treatment facilities cleaned at appropriate intervals? Is the storm water conveyance system free of trash and debris?	X		
3)	<b>Good Housekeeping Practices.</b> Are outside areas kept neat and clean? Is process debris removed regularly? Is there evidence of leaks/spills? Is there evidence of particulate matter or visible deposits and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water discharge?	X	X	
4)	<b>Storm Water Pollution: materials being stored in a manner that minimizes their exposure to storm water?</b>	X		
5)	<b>Storm Water Visual Observations:</b> Are the following present in storm water discharges or do the outfalls indicate evidence thereof?			

OUTFALL NUMBER	OIL SHEEN	VISIBLE FOAM	VISIBLE FLOATING SOLIDS	COLOR
<u>All</u>	<u>No</u>	<u>No</u>	<u>No</u>	<u>-</u>
<u>OUTFALLS</u>				<u>-</u>

**COMMENTS**

Outfall 006 needs to be identified!

Compliance Status At Time of Inspection: In Compliance!

Reconnaissance Inspection Required: Yes or No (No) If Yes, an Inspection shall be completed within 1 months.

Inspector's Printed Name: Allen McCashey  
 Inspector's Signature: Allen McCashey Date: 9-22-09



STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL  
DIVISION OF WATER RESOURCES  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

ENVIRONMENTAL LABORATORY  
SECTION

PHONE: (302) 739-9942  
FAX: (302) 739-3491

**September 29, 2009**

J. Chris Cleaver  
DWR - Surface Water Discharge Section - NPDES  
89 Kings Highway  
Dover, DE 19901

Attention: J. Chris Cleaver

Attached you will find the following Laboratory Results:

**Order Number:** 0909026  
**Project Description:** Pinnacle  
**Date Received:** 09/22/2009  
**Time Received:** 14:15

If you have any questions regarding this data, please contact me at the above telephone number.

Sincerely,

Kathy A. Knowles  
Laboratory Manager

***Delaware's good nature depends on you!***



Environmental Laboratory Section - Division of Water Resources Delaware  
 Department of Natural Resources and Environmental Control 89 Kings Highway,  
 Dover, DE 19901 Phone: 302-739-9942

**ANALYSIS REPORT**

<b>ELS Sample Number:</b>	0909026-001	<b>Matrix:</b>	Waste Water			
<b>Client Sample Description:</b>	001	<b>Sampling Method:</b>	Composite			
<b>Site ID:</b>	001	<b>Date and Time Collected:</b>	9/22/2009			
<b>Test Parameter</b>	<b>Method</b>	<b>Result</b>	<b>Units</b>	<b>Qualifier</b>	<b>LOQ</b>	<b>Analysis Date</b>
<b>Inorganic Nonmetallic Constituents</b>						
Ammonia as N, Total	USEPA 350.1	0.053	mg/L		0.020	09/23/2009
Phosphorus, Total, Alkaline Persulfate	APHA 4500-P-J	0.034	mg/L		0.010	09/24/2009
<b>Organic Aggregate Constituents</b>						
BOD, 5-Day	APHA 5210-B	< 2.40	mg/L		2.40	09/23/2009
<b>Physical and Aggregate Properties</b>						
Residue, Nonfilterable (TSS)	APHA 2540-D	7	mg/L		2	09/23/2009

**ANALYSIS REPORT**

<b>ELS Sample Number:</b>	0909026-002	<b>Matrix:</b>	Waste Water			
<b>Client Sample Description:</b>	001	<b>Sampling Method:</b>	Grab			
<b>Site ID:</b>	001	<b>Date and Time Collected:</b>	9/22/2009 10:20			
<b>Test Parameter</b>	<b>Method</b>	<b>Result</b>	<b>Units</b>	<b>Qualifier</b>	<b>LOQ</b>	<b>Analysis Date</b>
<b>Microbiological Examination</b>						
Enterococcus	USEPA 1600	< 1	cfu/100ml		1	09/22/2009



Environmental Laboratory Section - Division of Water Resources Delaware  
Department of Natural Resources and Environmental Control 89 Kings Highway,  
Dover, DE 19901 Phone: 302-739-9942

## Qualifier Codes, Definitions, and Abbreviations

### Qualifier/Flag

<	Sample value is below the method detection limit. The result is reported as < MDL.
>	Sample value is above the upper quantitation limit. The upper quantitation limit is reported.
AB	Air Bubble in DO bottle
B	Compound not detected substantially (10 times) above the level reported in the laboratory blanks (For Chlorophyll & Pheophytin, blank value is at or below amount detected in sample).
BT	Secchi disk ON BOTTOM. The reported result is the depth from the surface to the bottom.
C	See report narrative or comment line for observations concerning this result.
C V	Analysis performed after holding time expired.
D	Sample diluted for analysis.
EG	Value exceeds a theoretically equivalent or greater value (e.g. dissolved > total).
EW	Value exceeds a theoretically equal or greater value (e.g. dissolved > total). However, the difference is within the expected precision of the analytical techniques and is not statistically significant.
FB	The parameter was detected in the field blank at a concentration that was both above the MDL and greater than 10% of the sample concentration.
FZ	Samples frozen prior to analysis
I	The reported value is estimated due to the presence of interference.
IM	Instrument malfunctioned; No measurement taken.
J	Analyte present; reported value is estimated; concentration is below the range for accurate quantitation (greater than the MDL, but less than the LOQ).
J V	Analysis performed after holding time expired.
JH	Result is likely overestimated due to matrix effect.
JL	Result is likely underestimated due to matrix effect.
LOQ	Limit of Quantitation
MDL	Method Detection Limit
NA	Not Analyzed but required by project workplan or analytical request form.
NBF	No bottom measurement recorded in the field due to shallow water; Bottom records are those measurements recorded at surface.
NC	Sample not collected, but required by the project work plan.
ND	Not Detected.
NE	Field measurement not taken due to uncontrollable field sampling event or Natural Condition (Depth of water too deep/shallow).
NF	Sample collected, but not analyzed by the laboratory due to field error.
NO	None Observed
NR	No Result. See report narrative or comments for explanation.
NV#	Analytical result not valid.
O	Sample outsourced for analysis. Data will be reported separately.
P	Sample not properly preserved in field in accordance with preservation requirements. Data may be suspect.
QC	Quality control value is outside acceptance limits.
QNS	Quantity not sufficient. Not enough sample to perform requested analyses.
S	Results will be reported in a separate report; See attached report.
SD	Sample discarded; Sample collected but not analyzed as per client request.
SNF	Site has no flow (i.e. a dry stream or a stream with no velocity)
STD	Stream too deep
STS	Site is too shallow to sample
U	Compound was analyzed but not detected. The method detection limit is reported.
UR	Nothing unusual was noted during the analysis of this sample. However, the test result differs from the norm to an extent that the laboratory considers it unreliable.
USGS	USGS Gauge
V	Analysis performed after holding time expired.
X	Results were not available at the time of the release of the report. Results will be reported when available.



Environmental Laboratory Section - Division of Water Resources Delaware  
Department of Natural Resources and Environmental Control 89 Kings Highway,  
Dover, DE 19901 Phone: 302-739-9942

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## *Qualifier Codes, Definitions, and Abbreviations*

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### **Units**

CFS	Cubic Feet per Second.
cfu/100mL	Colony forming units per 100 mL.
G	gram; there are 1000 g in 1 Kg.
GPM	Gallons per minute.
IN	Inches.
Kg	Kilogram.
L	Liter.
mg	milligram; there are 1000 mg in 1 g.
MGD	Millions of Gallons per Day.
ml	milliliter; there are 1000 ml in 1 L.
mpn/100mL	most probable number per 100 mL.
NTU	Nephelometric Turbidity Units. NTU is numerically equivalent to Formazin turbidity unit (FTU).
oC	Celsius.
pCi/L	Pico curie per liter.
ppb	Parts per billion=ug/Kg, ug/L.
ppm	Parts per million=mg/Kg, ug/g, mg/L, ug/ml; 1 ppm=1000 ppb.
su	Standard Units.
ug	microgram; there are 1000 ug in 1 mg.
uL	microliter; there are 1000 ul in 1 ml.
uMhos	Conductivity units for laboratory measurements.
uS	micro siemens; units used to measure conductivity in the field; same as uMhos.



Pinnacle Foods (CSI)

9-22-09

Arrived @ 08:45, met with Randy Spence (pet. mgr.) and Bob Lynch (P&R Oper.)

- \* Headworks are washed screenings which are landfilled.
- \* The flows then go to an EQ tank with 2 aerators.
- \* Then flows are pumped to a step-feed Aeration Basin (all aerators were working)
- \* The flow is then pumped to a Secondary Clarifier (very clean, effluent clear).
- \* The Clarifier effluent overflows to ② Parison sandfilters!
- \* Then through a Uvian System UV unit.
  - Bulbs are cleaned monthly
  - Security guards and operators check this area hourly and log same.

Pinnacle Foods (CSF) 9-22-09

\* The elco Composit Sampler was clean with New tubing, full of ice!

\* No Sample Val. cal. are being done.

\* Effluent Flowmeter = (Ultra Sonic) was cal. on 9-6-09.

\* Outfall 001 = Clean and identified.

\* Solids are pumped to @ Aerobic Lagoons (1 Aerator was out of service!), then onto a final 2mm gal lagoon. then Land applied!

Checked:  
parameters  
Buff  
Scales  
Thermom

\* Checked  
All 3  
mat usir

\* No slu  
per the

Harm Water Outfalls =

002 = @ S/W end

003 = @ Step feed area

004 = @ W Gate

005 = @ Main Process area

006 = @ W-fence (Not identified)

007 = @ W-fence (Wet, due to condensate)

Checked Lab = pH, BOD, TSS and 4 law parameters are done in-house.

Buffers = ④ exp. date (4-11) ⑦ exp. = (4-11)

Scales cal. = 4-28-09

Thermometer cal. due = 2-17-10

\* Checked = May, June and July 2009

All ③ fecal Col. entries were wrong, not using Geo. Mean.

\* No Sludge inventory is being done as per the Permit. Part 1, Section 3



STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES &  
ENVIRONMENTAL CONTROL  
DIVISION OF WATER RESOURCES

Surface Water Discharges Section

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

Telephone: (302) 739-9946  
Facsimile: (302) 739-8369

Certified Mail #7006 3450 0003 3848 4034  
Return Receipt Requested

October 15, 2009

Pinnacle Foods Corporation  
Mr. Randy Spence – Plant Manager  
29984 Pinnacle Way, Rt. 331  
P.O. Box 625  
Millsboro, DE 19966

Re: Compliance Sampling & Inspection Sampling (CSI) – September 22, 2009  
NPDES Permit No. DE-0000736

Dear Mr. Spence:

On behalf of the State of Delaware, Surface Water Discharges Section, Compliance Branch, I would first like to thank you, Mr. Bob Lych, and your associates for the cooperation and assistance during the Compliance Sampling & Inspection (CSI) completed at your facility on September 22, 2009, by our Mr. Allen McCloskey – Senior Environmental Compliance Specialist.

Laboratory records, reagents, instrumentation, and methods were found to be within NPDES requirements. Overall plant housekeeping was reported as very good and your technicians and operators were very cooperative and helpful. During this CSI, there were no observable major deficiencies found, and we would like to commend everyone at Pinnacle Foods in Millsboro for their efforts.

There were two minor deficiencies noted that must be addressed within 30 days from receipt of this letter (unless otherwise specified), as follows:

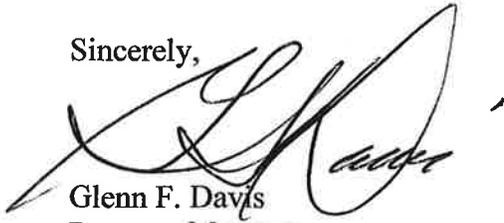
- The automatic composite samplers (ISCO) aliquot volumes are not verified. Aliquot volumes must be verified on a routine (suggest monthly) basis and documented on an appropriate form.
- Identification plaque for the Storm Water Outfall 006 must be permanently installed.

*Delaware's good nature depends on you!*

Pinnacle Foods Corporation  
CSI – September 22, 2009  
Page Two

I would again like to thank you, Mr. Bob Lych, and your associates for the cooperation and participation in this Compliance Sampling Inspection program to help assure the continued quality of NPDES effluent waters and the self-reporting data. If you have any questions, please contact Mr. Allen McCloskey or me at 302-739-9946.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glenn F. Davis', written over a large, stylized flourish.

Glenn F. Davis  
Program Manager  
Surface Water Discharges Section  
State of Delaware – DNREC

ecopy: Mr. Allen McCloskey – DNREC