PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different.)*

NAME Pinnacle Foods Group, LLC

ADDRESS P.O. Box 625
Millsboro, Delaware 19966

FACILITY 29984 Pinnacle Way

LOCATION Millsboro, Sussex County, Delaware

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000736	001

MONITORING PERIOD					
YEAR	MO	DAY	TO	YEAR	MO	DAY
(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) 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			MGD	*	*	*	*			
50050	PERMIT REQUIREMENT	0.6	*		*	*	*		0	99/99	Tot/Rec
BOD_5	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00310	PERMIT REQUIREMENT	150	225		*	30	45		0	01/07	Comp
Total Suspended Solids	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00530	PERMIT REQUIREMENT	125	188		*	25	38		0	01/07	Comp
Total Phosphorus (TP) (as P)	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00665	PERMIT REQUIREMENT	4	8.5		*	*	*		0	01/30	Comp
Ammonia Nitrogen (as N)	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00610	PERMIT REQUIREMENT	16.5	33.5		*	*	6.7		0	01/30	Comp
Nitrate Nitrogen (as N)	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00620	PERMIT REQUIREMENT	*	*		*	*	*		0	01/30	Comp
Nitrite Nitrogen (as N)	SAMPLE MEASUREMENT			lbs./day	*			mg/L			
00615	PERMIT REQUIREMENT	*	*		*	*	*		0	01/30	Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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		
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 Pinnacle Foods Group, LLC

ADDRESS P.O. Box 625
Millsboro, Delaware 19966

FACILITY 29984 Pinnacle Way

LOCATION Millsboro, Sussex County, Delaware

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000736	001

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			
(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) 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 Kjeldahl Nitrogen (as N)	SAMPLE MEASUREMENT			**lbs./ day**	*			**mg/L**			
00625	PERMIT REQUIREMENT	*	*		*	*	*		**0**	**01/30**	**Comp**
Enterococcus	SAMPLE MEASUREMENT			**CFU / day**	*			**Col / 100 mL**			
31639	PERMIT REQUIREMENT	*	*		*	**33**	*		**0**	**01/07**	**Grab**
pH	SAMPLE MEASUREMENT	*	*	**lbs./ day**		*		**S.U.**			
00400	PERMIT REQUIREMENT	*	*		**6.0**	*	**9.0**		**0**	**01/01**	**Grab**
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)*		TELEPHONE		DATE		
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 Pinnacle Foods Group, LLC

ADDRESS P.O. Box 625
Millsboro, Delaware 19966

FACILITY 29984 Pinnacle Way

LOCATION Millsboro, Sussex County, Delaware

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
DE 0000736	004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
(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) 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	*		MGD	*	*	*	*			
50050	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Est.
Chlorides	SAMPLE MEASUREMENT	*	*	*	*	*		mg/L			
00940	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab
BOD_5	SAMPLE MEASUREMENT	*	*	*	*	*		mg/L			
00310	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	*	*	*	*	*		mg/L			
00530	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab
Enterococcus	SAMPLE MEASUREMENT	*	*	*	*	*		Col / 100 mL			
31639	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab
Ammonia (as N)	SAMPLE MEASUREMENT	*	*	*	*	*		mg/L			
00610	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab
pH	SAMPLE MEASUREMENT	*	*	*	*	*		S.U.			
00400	PERMIT REQUIREMENT	*	*		*	*	*		0	Every Other Yr	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)*		TELEPHONE		DATE		
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.)