PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Greif Riverville LLC - Fibre Plant
ADDRESS PO Box 339
Amherst VA 24521
FACILITY LOCATION 861 Fibre Plant Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Blue Ridge Regional Office
7705 Timberlake Rd
Lynchburg VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1555	3110	KG/D	*********	*********	*********			1/D-W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	5072	10059	KG/D	*********	*********	*********			1/D-W	24HC
050 STREAM FLOW, MEAN DAILY	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	CFS	*********	*********	*********			2D/W	MEAS
110 COLOR, PCU (528-600 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1922	2059	PCU		2D/W	24HC
111 COLOR, PCU (601-700 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	2184	2339	PCU		2D/W	24HC
112 COLOR, PCU (701-800 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	2543	2723	PCU		2D/W	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
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DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	001
PERMIT NUMBER	DISCHARGE NUMBER

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	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

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Blue Ridge Regional Office
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
113 COLOR, PCU (801-900 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	2901	3106	PCU		2D/W	24HC
114 COLOR, PCU (901-1000 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	3259	3480	PCU		2D/W	24HC
115 COLOR, PCU (1001-1100 CFS)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	3618	3873	PCU		2D/W	24HC
116 COLOR, PCU (1101 CFS & UP)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	3976	4257	PCU		2D/W	24HC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Blue Ridge Regional Office
7705 Timberlake Rd
Lynchburg VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	MGD	*********	*********	*********			1/6M	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		NL	*********	NL	SU		1/6M	GRAB
003 BOD5	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
004 TSS	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/6M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
STORM EVENT DATE:_____ DURATION:___hrs.___min. PRECIP. AMOUNT:___in. PRECEDING EVENT:___days___hrs.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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Amherst VA 24521
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Blue Ridge Regional Office
7705 Timberlake Rd
Lynchburg VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		NL	*********	NL	SU		1/6M	GRAB
003 BOD5	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	MG	*********	*********	*********			1/6M	EST
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
STORM EVENT DATE:_____ DURATION:___hrs.___min. PRECIP. AMOUNT:___in. PRECEDING EVENT:___days___hrs.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Greif Riverville LLC - Fibre Plant
ADDRESS PO Box 339
Amherst VA 24521
FACILITY LOCATION 861 Fibre Plant Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Blue Ridge Regional Office
7705 Timberlake Rd
Lynchburg VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		NL	*********	NL	SU		1/6M	GRAB
003 BOD5	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	MG	*********	*********	*********			1/6M	EST
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
STORM EVENT DATE:_____ DURATION:___hrs.___min. PRECIP. AMOUNT:___in. PRECEDING EVENT:___days___hrs.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Blue Ridge Regional Office
7705 Timberlake Rd
Lynchburg VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		NL	*********	NL	SU		1/6M	GRAB
003 BOD5	REPORTD				*********	*********					
	REQRMNT	********	********		*********	*********	NL	MG/L		1/6M	GRAB
004 TSS	REPORTD				*********	*********					
	REQRMNT	********	********		*********	*********	NL	MG/L		1/6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	MG	*********	*********	*********			1/6M	EST
361 IRON, TOTAL RECOVERABLE	REPORTD				*********	*********					
	REQRMNT	********	********		*********	*********	NL	UG/L		1/6M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
STORM EVENT DATE:_____ DURATION:___hrs.___min. PRECIP. AMOUNT:___in. PRECEDING EVENT:___days___hrs.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0006408	301
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 06/12/2012

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Blue Ridge Regional Office
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			1/6M	EST
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********	KG/D	*********	30	*********			1/6M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of $32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".
   KG/DAY = Concentration (mg/L) x Flow (MGD) x 3.785 G/D (Grams/Day) = Concentration (mg/L) x Flow (MGD) x 3785
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.