

# Wastewater Treatment and Collection Performance Annual Report

## I. General Information

Facility/System Name: Pluris, LLC County: Onslow

Service Area Includes: Town of North Topsail and Sneads Ferry

Responsible Entity: Pluris, LLC

Contact Name/Phone #: Collections Manager Nick Evans 910-742-7404

Plant Manager Dwight Peterson 910-852-0627

Applicable Permit(s): Permit Numbers WQ0005849 / WQCS00275

Description of Collection System or Treatment Process:

WQ0005849: Operation of a 1.542635 MGD domestic wastewater treatment facility with Lagoon ponds and spray fields type treatment system with a new 1 MGD MBR plant.

WQCS00275: Operation and maintenance of approximately 39.941 miles of gravity sewer, 54.65 miles of force main, 835 lift stations, and all associated piping, valves and appurtenances. Includes 3 Portable Generators, 4 portable bypass pumps, 14 permanent Generators, and 2 Permanent Bypass pumps

## II. Performance

Overall Summary of System Performance for Calendar Year 2022:

The wastewater treatment plant had no occurrence of exceeding the discharge flow permit limits.  
The lagoon had one occurrence of exceeding the freeboard levels due to rainfall.

The following lists any violations of permit conditions or environmental regulations that may have occurred during the year. If a violation is listed, a description of any known environmental impact including the corrective measures taken is included.

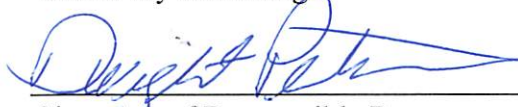
January	No violations/deficiencies noted.
February	No violations/deficiencies noted.
March	No violations/deficiencies noted.
April	No violations/deficiencies noted.
May	No violations/deficiencies noted.
June	No violations/deficiencies noted.
July	No violations/deficiencies noted.
August	No violations/deficiencies noted.
September	No violations/deficiencies noted.
October	No violations/deficiencies noted.
November	No violations/deficiencies noted.
December	No violations/deficiencies noted.

III. Notification

Customers will be notified of the availability of this report with a message on their bills and copies will be provided upon request.

IV. Certification

I hereby certify that the information contained in this report is accurate and complete to the best of my knowledge.



\_\_\_\_\_  
Signature of Responsible Person

Dwight Peterson

\_\_\_\_\_  
Printed Name

February 22, 2023

\_\_\_\_\_  
Date

Plant Manager

\_\_\_\_\_  
Title



\_\_\_\_\_  
Signature of Responsible Person

Nicholas Evans

\_\_\_\_\_  
Printed Name

February 22, 2023

\_\_\_\_\_  
Date

Collections System Manager

\_\_\_\_\_  
Title