

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 #: Project Manager Randy Hoffer 910.327.2880

Applicable Permit(s): Permit Numbers WQ0005849 / WQCS00275

Description of Collection System or Treatment Process:

WQ0005849: Operation of a 0.873 MGD domestic wastewater treatment facility with Lagoon

Ponds and spray fields type treatment system.

WQCS00275: Operation and maintenance of approximately 25.1 miles of gravity sewer, 42.5 miles

of force main, 574 lift stations, and all associated piping, valves, and appurtenances.

II. Performance

Overall Summary of System Performance for Calendar Year 2009:

The wastewater treatment plant had three occurrence of exceeding the discharge permit limits.

The collection system did not have any occurrences

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.

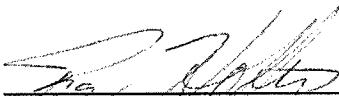
January	No violations/deficiencies noted.
February	No violations/deficiencies noted.
March	Groundwater monitoring wells exceeded for TDS and pH.
April	No violations/deficiencies noted.
May	No violations/deficiencies noted.
June	No violations/deficiencies noted.
July	Groundwater monitoring wells exceeded for TDS and pH.
August	No violations/deficiencies noted.
September	No violations/deficiencies noted.
October	No violations/deficiencies noted.
November	Groundwater monitoring wells exceeded for TDS and pH.
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

Randy Hoffer

 Printed Name

February 6, 2009

 Date

Project Manager

 Title