

# 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 0.542635 MGD domestic wastewater treatment facility with Lagoon ponds and spray fields type treatment system with a new 1MGD MBR Plant

WQCS00275: Operation and maintenance of approximately 32.08 miles of gravity sewer, 43.62 miles of force main, 676 lift stations, and all associated piping, valves, and appurtenances.

## II. Performance

### Overall Summary of System Performance for Calendar Year 2013:

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

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.

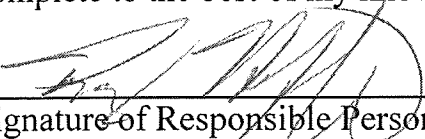
January	No violations/deficiencies noted.
February	No violations/deficiencies noted.
March	Groundwater monitoring wells exceeded for TDS and pH.
April	No violations/deficiencies noted.
May	No violations/deficiencies noted.
June	No violations/deficiencies noted.
July	Groundwater monitoring wells exceeded 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 27, 2014  
 \_\_\_\_\_  
 Date

Regional Manager  
 \_\_\_\_\_  
 Title