

Wastewater Treatment and Collection Performance Annual Report

I. General Information

Facility/System Name: Pluris LLC. County: Onslow

Service Area Includes: Town of North Topsail Beach 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 35.62 miles of gravity sewer, 52.86 miles of force main, 732 lift stations, and all associated piping, valves, and appurtenances.

II. Performance

Overall Summary of System Performance for Calendar Year 2016:

The wastewater treatment plant had three occurrence of exceeding the discharge permit limits on the monitoring wells and three occurrences on the freeboard levels due to all the 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	Total Phosphorus was not met
February	Total Phosphorus was not met
March	Total Phosphorus was not met and Groundwater monitoring wells pH was lower than 6.5
April	Total Phosphorus was not met
May	Total Phosphorus was not met
June	No violations/deficiencies noted.
July	Groundwater monitoring wells pH was lower than 6.5
August	No violations/deficiencies noted.
September	No violations/deficiencies noted.
October	Freeboard was not met due to Hurricain Matthew
November	Groundwater monitoring wells pH was lower than 6.5
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

April 1, 2017

 Date

Regional Manager

 Title