

# 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 1.542635 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 37.81 miles of gravity sewer, 54.55 miles of force main, 783 lift stations, and all associated piping, valves, and appurtenances.

## II. Performance

Overall Summary of System Performance for Calendar Year 2020:

The wastewater treatment plant had occurrence of exceeding the discharge permit limits on the monitoring wells and one occurrence on the freeboard levels due to all the rainfall and hurricane

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

Randy Hoffer  
 \_\_\_\_\_  
 Printed Name

January 7, 2021  
 \_\_\_\_\_  
 Date

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