

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 35.82 miles of gravity sewer, 53.55 miles

of force main, 754 lift stations, and all associated piping, valves, and appurtenances.

II. Performance

Overall Summary of System Performance for Calendar Year 2019:

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

March 1,2020

 Date

Regional Manager

 Title