



This Management Plan identifies some basic requirements for proper operation and maintenance of the Hydro-Action for residential use. Refer to the manufacturer's Operation and Maintenance Manual for the Hydro-Action wastewater treatment product for detailed instructions on proper system operation and maintenance. Refer to your soil treatment system management plan (below or above-grade) for additional management requirements.

The Hydro-Action manual, submitted by the manufacturer (AK/HA Manufacturing) as part of the registration of this product in Minnesota, can be found at the Minnesota Pollution Control Agency's website <http://www.pca.state.mn.us/programs/ists/productregistration.html>.

| SYSTEM COMPONENT                                   | TASK   | FREQUENCY             | RESPONSIBLE PARTY             |
|--|--|-----------------------|-------------------------------|
| <b>Hydro-Action<br/>Extended Aeration<br/>Unit</b> | Monitor alarm  | On-going              | Homeowner                     |
|  | Keep vents on blower housing clear of obstruction  | On-going              | Homeowner                     |
|  | Check and clean air filter on the air pump   | Every six months      | Service Provider              |
|  | Monitor flow   |                       |                               |
|  | Check mechanical and electrical components   |                       |                               |
|  | Perform operational field tests on influent/effluent quality including odor, color, turbidity, temperature, dissolved oxygen and pH as appropriate |                       |                               |
|  | Sample effluent as required in the local Operating Permit  | See Operating Permit* |                               |
|  | Check sludge level in all sewage tanks; follow manufacturer's recommendations for solids removal.  | Every six months      | Service Provider & Maintainer |
|  | Monitor ponding levels in soil treatment system  | Every six months      | Service Provider              |
| For seasonal use, follow                           | As required based on   | Service Provider      |                               |

|  |                          |                |  |
|--|--------------------------|----------------|--|
|  | manufacturers guidelines | seasonal usage |  |
|--|--------------------------|----------------|--|

At the time of each service visit, Form 7-2: Aerobic Treatment Unit should be completed. See <http://www.onsiteconsortium.org/omspchecklists.html>

**Items not permitted** in the Hydro-Action wastewater system are specified in the Hydro-Action Manual for Minnesota.

**Sampling requirements** may be specified in local operating permits. The protocol for collection of wastewater samples is specified in the Hydro-Action Manual for Minnesota.