



Hydro-Kinetic Suspended Growth Aerobic Treatment Unit

This Management Plan identifies some basic requirements for proper operation and maintenance of the Norweco Hydro-Kinetic wastewater treatment device for domestic flows up to 600 gpd. Refer to the manufacturer’s Operation and Maintenance Manual for Norweco wastewater treatment products 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 Norweco Hydro-Kinetic Manual, submitted by the manufacturer 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	MINIMUM FREQUENCY	RESPONSIBLE PARTY
NORWECO Hydro-Kinetic with Domestic Strength Wastewater	Monitor alarm	On-going	User
	Clean vents on housing	Bi-Annually	User or Service Provider
	Monitor flow		Service Provider
	Check aerator for proper operation		
	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		
	Check sludge level in septic tank(s)		Service Provider and Maintainer
	Check sludge levels in aerobic tanks; follow manufacturers recommendations for solids removal refilling with clean water after pump out		
	For seasonal use, follow manufacturers guidelines		As required based on seasonal usage

Items not permitted in the Hydro-Kinetic wastewater systems are specified in the Norweco Manual for Minnesota.

At the time of each service visit, CIDWT Form 7-2: Aerobic Treatment Unit or similar form should be completed. See <http://www.onsiteconsortium.org/omspchecklists.html>. Sampling requirements are specified in local operating permits. The protocol for collection of wastewater samples is specified in the Noweco Manual for Minnesota. The recommended sampling frequencies are provided in the attached table.



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Minimum sampling frequencies:

Treatment Goal	Parameter	Minimum Sampling Requirement*
A or B	Fecal coliform	Bi-annually

*These minimum sampling requirements assume a system that is operated year round. These values may be reduced if the system is not used year round.