



This Management Plan identifies some basic requirements for proper operation and maintenance of the AdvanTex wastewater treatment device for residential use. Refer to the manufacturer’s Technical Manual 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 AdvanTex Technical Manual, submitted by the manufacturer (Oreco Systems Inc.) 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>AdvanTex Wastewater Treatment System</b>	Monitor alarm	On-going	User & Service Provider
	Monitor flow	On-going	Service Provider
<b>with Flows less than 2,500 gpd and Domestic Strength Wastewater</b>	Check electrical components	Bi-Annually <1,500 gpd	
	Check for excessive odor and verify proper ventilation		
	Check distribution system, biomat and ponding in filter	Year one	
	Perform operational field tests on influent/effluent quality including odor, color, turbidity, temperature, dissolved oxygen and pH as appropriate	Subsequent years: Annually	
		Bi-Annually >1,500 gpd <2,500 gpd	
	Sample effluent as required in the local Operating Permit.	See Operating Permit and Attached Table	Service Provider
	For seasonal use, follow manufacturers guidelines	As required based on seasonal usage	

At the time of each service visit, Form 7-1: Media Filter should be completed. See <http://www.onsiteconsortium.org/omspchecklists.html>

**Items not permitted** in the AdvanTex wastewater systems are specified in the AdvanTex Manual for Minnesota.

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

**Minimum sampling frequencies:**

<b>Treatment Goal</b>	<b>Design Flow (gpd)/ Waste Strength</b>	<b>Parameter</b>	<b>Minimum Sampling Frequency Requirement</b>
A or B	<1,500	Fecal coliform	Annually
A or B	>1,500 – <2,500	Fecal coliform	Bi-annually
Total Nitrogen	<2,500	Total Nitrogen = TKN + NO <sub>3</sub> <sup>-</sup>	Bi-annually