

RUCK System Maintenance Inspection Checklist

Location _____

Date of Service _____

Operator/Firm _____

1. Inspect Septic Tanks:

(1st-pre Ruck Filter) (2nd-post Ruck Filter)

- Inspect the condition of the tank: _____
- Measure distance between bottom of scum/grease layer and bottom of the outlet baffle.
Distance: _____
- Measure distance between top of scum layer and top of the outlet tee.
Distance: _____
- Measure thickness of scum/grease layer.
Distance: _____
- Measure the sludge layer and distance from sludge to outlet tee.
Thickness/Distance: _____
- Inspect the condition of the inlet and outlet tees.
Description of Inlet/Outlet: _____
- Report any evidence of leakage into or out of the tank.
Leakage (Yes or No): _____
- Report any evidence of backup of effluent into the tank.
Backup (Yes or No): _____

2. Inspect Ruck Filter Pump Chamber (Post 2006 Designs):

- Inspect the pumps, alarm and the floats: _____
- Check that the pumps are functioning and that they are not obstructed: _____
- Record pump amps: _____
- Test the alarm system. Check both the audible alarm and the inaudible alarm by manually activating the alarm: _____
- Make sure that the floats are working properly and not hung up: _____
- Check all the distribution lines to make sure that distribution is equal and that there are no obstructions in the lines: _____

3. Inspect RUCK Filter D-box for evidence of clogging, blockage or backup (Pre 2006 Designs):

- Description: _____

4. Inspect vents for evidence of clogging or blockage:

- Inspect vent tee and insure insect screens are in place and that no insect or bird nests are blocking the vent line. : _____

5. Monitoring:

- Certain systems are installed in Nitrogen sensitive area with Nitrogen concentration limits on the effluent. If monitoring is required, collect sample in accordance with the latest Certification for General Use.
- Sample (Yes or No) _____ :
- If Yes, BOD _____, TSS _____, TN _____, pH _____, Other _____

6. Odor Problem:

- Source and Description (Yes or No): _____

7. Carbon Source Unit:

- Amount left and or refill (Yes or No): _____

Note: The Local Approving Authority May Specify Additional Requirements