

Lebanon County Planning Department

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GIS ID # _____

CONTROL # _____

EVALUATION OF SOLIDS / SCUM IN TREATMENT TANK(S)

Owners Name _____

Date _____

Site Address _____

Owners Phone # _____

Municipality _____

of Treatment Tanks _____

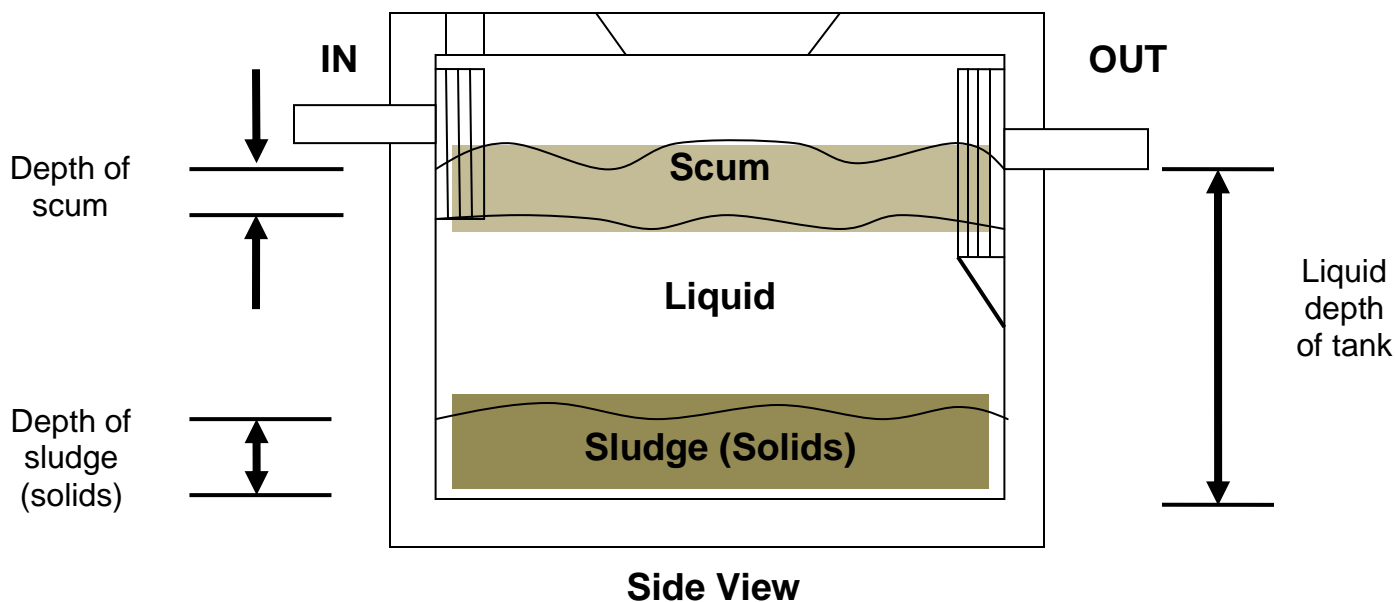
Tank Size _____ gallons

Round or Rectangular

Liquid Depth of Tank _____

Sludge _____ inches + Scum _____ inches = Total Solids _____ inches

Noticeable Observations _____



Company Name _____

Technician's Name _____

Date _____