

USED OIL PERMIT
WATER RECOVERY, LLC
1819 Albert Street
Jacksonville, FL 32202

APPENDIX B

Petroleum Spill Report Record

PETROLEUM SPILL REPORT RECORD

In the event of a spill of petroleum from this facility, the WR LLC STC should be contacted immediately at: (904) 475-9320.

FACILITY NAME: Water Recovery, LLC

FACILITY LOCATION: 1819 Albert Street, Jacksonville, FL 32202

DATE OF SPILL: _____ **DATE OF REPORT:** _____

TIME OF SPILL: _____ **TIME OF REPORT:** _____

NAME OF PERSON REPORTING SPILL: _____

TYPE OF PETROLEUM SPILLED (circle) Diesel/ Contaminated Water/ Used Oil
Other: _____

Location and estimated volume of spill (refer to facility site plan)

Pump area: _____

Secondary Containment Area: _____

Estimated Volume: _____

Loading/Unloading Area: _____

Estimated Volume: _____

Other (Specify): _____

Estimated Volume: _____

Has spill breached Secondary Containment Area? Yes ____ No ____

Estimated Volume: _____

Has petroleum entered a storm sewer? Yes ____ No ____

Estimated Volume: _____

SOURCE OF SPILL (Refer to facility Site Plan)

Petroleum Storage Tank: _____

Tank Truck Loading/Unloading Area: _____

Ancillary Equipment (Specify): _____

Pump Area: _____

AFFECTED MEDIUM (Circle): Soil/ Water/ Concrete/
Other (Specify): _____

CAUSE OF SPILL: _____

DAMAGE OR INJURIES CAUSED BY SPILL _____

**ACTIONS BEING USED TO STOP, REMOVE, AND
MITIGATE THE EFFECTS OF THE SPILL:**

IA AN EVACUATION OF THE LOCAL AREA WARRANTED?

Yes___ No___

INDIVIDUAL(S) AND ORGANIZATIONS CONTACTED (Note
date and time of notification):

OTHER PERTINENT INFORMATION:

