

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

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## **APPENDIX G**

### Record of SPCC Plan Review

# **WATER RECOVERY, LLC.**

## **Memorandum for the Record**

**By:** (INSERT NAME HERE), WATER RECOVERY, LLC

**Date:** (INSERT DATE HERE)

**Re:** FIVE (5) YEAR SPCC COMPLETE REVIEW

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### **FIVE (5) YEAR SPCC COMPLETE REVIEW**

**I have complete review and evaluation of the SPCC Plan for Water Recovery, LLC on (INSERT DATE HERE), and will (will not) amend the Plan as a result.**

**(INSERT NAME)  
Plant Manager**