

NOTICE OF INTENT TO USE MULTI-SECTOR GENERIC PERMIT FOR STORMWATER DISCHARGE

ASSOCIATED WITH INDUSTRIAL ACTIVITY

(RULE 62-621.300(5), F.A.C.)

This form is to be completed and submitted to the Department before use of the Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity (MSGP) provided in Rule 62-621.300(5), F.A.C. The type of facility or activity that qualifies for use of this generic permit, the conditions of the permit, and additional requirements to request coverage are specified in Rule 62-621.300(5)(a), F.A.C. Note that additional requirements for requesting coverage include submittal of the applicable generic permit fee pursuant to Rule 62-4.050, F.A.C. You should familiarize yourself with the generic permit and the attached instructions before completing this form. Please print or type information in the appropriate areas below.

I. IDENTIFICATIO	ENTIFICATION NUMBER:		Facility ID FLR05B025				
II. APPLICANT IN	FORMATION:						
A. Operator Name:	Jabil Circuit, Inc.						
B. Address:	10800 Roosevelt Boulevard						
C. City:	St. Petersburg		D. State: FL	E. Zip Code:	33716		
F. Operator Status: P	G. Responsible Authority:	David Cook					
	H. Phone No.:	(727) 803-3003					

III. FACILITY LOCATION INFORMATION:

A. Facility Name: Jabil Circu	iit, Inc.			
B. Street Address: 10500 Mai	tin Luther King Boulevard			
C. City: St. Petersh	ourg	D. State: FL	E. Zip Code: 33716	
F. County: Pinellas	G. Latitude: 27 ° 52 ′ 09 ″	Longitude: 82 ° 39 ′ 31 ″		
H. Is the facility located on India	n lands? Yes X No	I. Water Management District: SWFWMD		
J. Facility Contact: David C	ook		K. Phone No.: (727) 803-3003	

FURUS BORS

IV. FACILITY ACTIVITY INFORMATION:

A. SIC or Designated Activity Code(s)	Primary: 36	79 Second	lary:
B. Monitoring code (1, 2, 3, or 4): 3	C. Will const	ruction be conducted for sto Yes X No	rmwater
D. Other Existing Permits ERP No.:	·	Wastewater Permit No.: SPFL-334418-SIU-97-79	Other (specify): Air 1030364-003-AC

V. DISCHARGE INFORMATION

A. MS4 Operator Name: B. Discharge Location(s):							
Outfall No.	fall Latitude		Longitude			Receiving Water Name	
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	·
004	27	52	09	82	39	31	Blue Heron Lake

VI. CERTIFICATION1:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title (Type or Print) David Cook, Manager of EHS	
121 Cool	1/22/01
Signature:	Date Signed:

Signatory requirements are contained in Rule 62-620.305, F.A.C.



February 16, 2001

NPDES Storm Water Notices Center, MS #2510 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

RE: Notice of Intent to Use Multi-Sector Generic Permit for Storm Water Discharge Associated with Industrial Activity - Rule 62-621.300(5), F.A.C. Jabil Circuit, Inc.

St. Petersburg, Pinellas County, Florida

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
Receipt Number 7000 0520 0015 6389 9559

Dear Sir/Madam:

Please find enclosed the referenced documentation and associated processing fee for Jabil Circuit, Inc.'s four facilities located in St. Petersburg, Florida as required by the Department in the notice dated January 22, 2001.

Should you have questions regarding this submittal, please feel free to contact this office.

Sincerely.

Timothy M. O'Dell

Environmental Scientist

Enclosure w/ Check No. 98732

z m.odell

cc: David Cook, Jabil

RECEIVED

FEB 2 0 2001

STORMWATER SECTION

CHECKLIST FOR PROCESSING NOTICES

Date Received: 03-27-01	•	·
Facility ID: FLYDSB025	·	·
Entered into SAIC Tracking system:		
Copied Check:	∇	
Entered Check into CRA:	X	
Entered Notice into WAFR-PA and WAFR:	Y	
Record Facility ID on each page:		
Prepare file and file folder:	TX-	
Link payment in WAFR and CRA:	X	
Reviewed for completeness:	X	
Complete fee reconciliation:	X	
Generate and mail appropriate letter:	X	1006-100-16
Is follow up required? (Y/N)	-	DUT 448999
Follow up completed:	X	
Enter data into PCS:		
File Notices:		