



The Science You Build On.

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Designation of Authorized Person for MPCA Application

Re: Designation of "Authorized Person" Status for
Entering into MPCA VIC Assistance Program
Nova Classical Academy (Building Addition Portion), 1455 Victoria Way, St. Paul, MN 55102

By signing this document below and submitting an application to the Minnesota Pollution Control Agency (MPCA) Voluntary Investigation and Cleanup Program, I understand that I (The applicant) agree to pay the MPCA for the MPCA's costs for providing assistance under this Application pursuant to Minn. Stat. 115B.17, subd. 14 and/or Minn. Stat. 115C.03, subd. 9, including review of MPCA records and files, investigation plans, reports and RAPs, and activities associated with development of requested assurances or no action documents. The current fee is \$150.00 per hour. The applicant will pay the MPCA's costs within the 30 days of receipt of an invoice for the costs. The applicant must notify the MPCA within 20 days of receipt of the invoice if any costs are disputed. The applicant agrees that failure to dispute costs by this time constitutes waiver of its right to dispute the costs, and the applicant agrees to pay all undisputed costs promptly. The MPCA will send invoices to a voluntary party applicant on a monthly basis and to a responsible party applicant on an annual basis. The applicant agrees that failure to pay the MPCA's costs in a timely manner may result in the MPCA terminating its review, declining to issue requested documents or assurances, and taking appropriate administrative or legal action to recover unpaid invoices from the applicant, which may include costs and legal fees associated with the collection of the debt.

In addition, by signing this document below, I hereby:

Authorize Braun Intertec Corporation (Braun Intertec) to act as my "authorized person" to submit the application and all relevant documents. I agree to indemnify, defend and hold Braun Intertec harmless from and against all costs and claims relating to Braun Intertec acting as "authorized person" in submitting the application and all relevant documents.

Certify that I have read the information on the form and all attached documents, and that the submitted information is true, accurate, and complete to the best of the **applicant's** knowledge;

I further certify that I have the authority to bind the party represented, their agents, successors, and assigns.

Nova Classical Academy

Authorizer's Signature

Authorizer's Name (please print or type)

Authorizer's Title

Date

AA/EOE