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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Environmental data submittal Responsible official delegation form  For homeowner/responsible party  MPCA e-Services  *Doc Type: Electronic Signature User Agreement* |

# Instructions: Laboratory data collected during a site investigation and/or cleanup is required to be submitted to an electronic database maintained by the Minnesota Pollution Control Agency (MPCA). When the laboratory data is finalized, the laboratory will request approval by email from the responsible party to submit the data.

# Responsible parties: Complete this form if you do not have an email address. Examples of other entities who can sign on your behalf include your environmental consulting firm, another employee at your company, or a different personal contact. Once the form is completed, please email this form to [remequis.mpca@state.mn.us](mailto:remequis.mpca@state.mn.us).

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| --- | --- | --- | --- |
| **MPCA Site ID:** |  | **Date** (mm/dd/yyyy)**:** |  |

Site information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | Phone: |  | |
| Site address: | | | |  | | | | | |
| City: |  | | | | State: |  | Zip code: | |  |
| County: | | |  | |  | | |  | |

Responsible party information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual or corporate name: | | |  | | | | | |
| Mailing address: | |  | | | | | | |
| City: |  | | | | State: |  | Zip code: |  |
| Email address (if applicable): | | |  | | | | Phone: |  |
| Alternative contact name (if any): | | | |  | | | Phone: |  |

Electronic data submittal designee

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual name: | | |  | | | | | |
| Corporate or consulting firm name (If applicable): | | | |  | | | | |
| Mailing address: | | |  | | | | | |
| City: |  | | | | State: |  | Zip code: |  |
| Email address: | |  | | | | | Phone: |  |

Authorization

***By typing/signing my name below,*** I authorize and delegate authority to the electronic data submittal designee. By my signature on this document, I understand that this authorization is valid unless the MPCA is notified by me or the above-named user, in writing that the authorization status has changed.

**Responsible party Electronic data submittal designee**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Print name | |  | |  | | Print name | | |  | |
| Title: |  | | |  | | Title: |  | | | |
| Date (mm/dd/yyyy): | | |  |  | | Date (mm/dd/yyyy): | | | |  |
| Signature: | |  | | |  | Signature | |  | | |
| *– Check if electronically signing and type name in Signature field.*  *I certify that I have electronically signed this document.* | | | | |  | *– Check if electronically signing and type name in Signature field.*  *I certify that I have electronically signed this document.* | | | | |