

INSTRUCTIONS

- DETERMINE STATUTORY AUTHORITY
- DETERMINE POWERS AND/OR DUTIES
- COMPLETE FORM AND SIGN
- SUBMIT TO SECRETARY OF STATE
- SEND COPIES TO AFFECTED AGENCIES
- EXECUTE SEPARATE RESCINDING ORDER FOR PREVIOUS HOLDER OF THIS POSITION AND SUBMIT TO THE SECRETARY OF STATE

NAME OF DESIGNEE (INCLUDE TITLE)
 Sharon C. Meyer, Section Manager
 Program Development Section, Hazardous Waste Division

DELEGATION/RECISSION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.) Minnesota Pollution Control Agency	PERSON DELEGATING/RESCINDING (INCLUDE TITLE) Peder Larson, Commissioner
-------------------------------------------------------------------------	----------------------------------------------------------------------------

I HEREBY DELEGATE THE FOLLOWING POWERS AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE, EFFECTIVE: _____
 Month Day Year

AUTHORITY CITED:
 PURSUANT TO: M.S. 15.06, SUBD. 6
 PURSUANT TO: M.S. 16B.06, SUBD. 2
 PURSUANT TO: _____

- | | |
|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> SIGN PERSONNEL TRANSACTIONS | <input type="checkbox"/> SIGN PAYMENT BATCH COVER SHEETS |
| <input type="checkbox"/> SIGN PAYMENT TRANSACTION | <input type="checkbox"/> PICK UP PAYROLL WARRANTS |
| <input type="checkbox"/> SIGN PAYROLL ROSTERS | <input type="checkbox"/> SIGN PURCHASING DOCUMENTS |
| <input type="checkbox"/> EXECUTE CONTRACTS | <input type="checkbox"/> OTHER (EXPLAIN): _____ |

I HEREBY RESCIND **THE ATTACHED** DELEGATIONS OF AUTHORITY ON FILE FOR THE ABOVE NAMED PERSON EFFECTIVE: January 10 1997
 Month Day Year

SIGNATURES

<i>Lisa J. Nowig</i> DELEGATING RESCINDING AUTHORITY	<i>Sharon C Meyer</i> DESIGNEE
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THE SIGNATURE OF THE COMMISSIONER OF ADMINISTRATION IS REQUIRED ONLY IF THE DELEGATION IS PURSUANT TO M.S. 16.06B, SUBD. 2 (CONTRACTS).

RESERVED FOR USE BY THE SECRETARY OF STATE

SIGNATURE

 APPROVED, COMMISSIONER OF ADMINISTRATION

Copies to:



9700752

INSTRUCTIONS

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- EXECUTE SEPARATE RESCINDING ORDER FOR PREVIOUS HOLDER OF THIS POSITION AND SUBMIT TO THE SECRETARY OF STATE

NAME OF DESIGNEE (INCLUDE TITLE)
 Sharon C. Meyer, Section Manager
 Program Development Section
 Hazardous Waste Division



DELEGATION / RESCISION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.) Minnesota Pollution Control Agency	PERSON DELEGATING/RESCINDING (INCLUDE TITLE) Charles W. Williams Commissioners
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I HEREBY DELEGATE THE FOLLOWING POWERS AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE, EFFECTIVE: 2 / 1 / 1991
Month Day Year

AUTHORITY CITED:
 PURSUANT TO: M.S. 15.06, SUBD. 6
 PURSUANT TO: M.S. 16B.06, SUBD. 2
 PURSUANT TO: _____

- SIGN PERSONNEL TRANSACTIONS
- SIGN PAYMENT TRANSACTIONS
- SIGN PAYROLL ROSTERS
- EXECUTE CONTRACTS

- SIGN PAYMENT BATCH COVER SHEETS
- PICK UP PAYROLL WARRANTS
- SIGN PURCHASING DOCUMENTS
- OTHER (EXPLAIN) The authority and

responsibility of regulating the hazardous waste disclosure program pursuant to Minn. Rules pt. 7045.0245, subp. A.

I HEREBY RESCIND ALL PRIOR DELEGATIONS OF AUTHORITY ON FILE FOR THE ABOVE NAMED PERSON, EFFECTIVE: _____ / _____ / _____
Month Day Year

DELEGATING/RESCINDING AUTHORITY: [Signature] SIGNATURES: Sharon C Meyer
DESIGNEE

▶ THE SIGNATURE OF THE COMMISSIONER OF ADMINISTRATION IS REQUIRED ONLY IF THE DELEGATION IS PURSUANT TO M.S. 16.06B, SUBD. 2 (CONTRACTS).
 _____ SIGNATURE

APPROVED, COMMISSIONER OF ADMINISTRATION

▶ RESERVED FOR USE BY THE SECRETARY OF STATE

STATE OF MINNESOTA
 DEPARTMENT OF STATE
 FILED

FEB 01 1991

Joel Andrew Howe
 Secretary of State

Copies to: