

SPECIAL COUNCIL MEETING
CITY OF CROSSLAKE
FRIDAY, MARCH 25, 2022
1:00 P.M. – CITY HALL

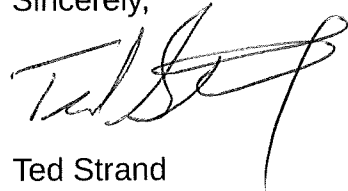
1. Call to Order
2. Accept Resignation from Ted Strand (Motion)
3. Appoint Wastewater Treatment Plant Signatory (Motion) and Discuss Need to Negotiate with AFSCME a Compensation for Duty
4. Discuss Assignment of Temporary Duties for Supervising Public Works Staff
5. Discuss Hiring Process to Fill Public Works Director Position and Direct Staff to Negotiate with MNPEA Through the Labor Attorney a Salary Range (Motion)
6. Discuss Paying Ted Strand Fee When Staff Needs to Consult with Him
7. Adjourn

March 21, 2022

To the Mayor and City Council of Crosslake,

I am submitting this letter as my 2 week resignation as Public Works Director for the City of Crosslake, MN. I have accepted a position in another city. I want to thank the community for the opportunity to serve the public here for 20+ years.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Strand', with a stylized flourish at the end.

Ted Strand

Electronic signature submittal agreement/wastewater signatory registration form

MPCA e-Services

Doc Type: *Electronic Signature User Agreement*

Facility information

* Facility name: City of Crosslake Treatment Facility * Permit number: MN0064882

A. Purpose of this form

- Identification and authorization of a wastewater e-Service signatory (person with recognized authority to electronically sign wastewater documents on behalf of a permit applicant or permittee).
- Identification and/or updating of wastewater responsible official in the Minnesota Pollution Control Agency (MPCA) databases per Minn. R. 7001.0060.
- Delegation of authority from a responsible official to other qualified staff per Minn. R. 7001.0060.

B. Agreements

By their signature on this agreement, the identified signatory (account holder/user) and the responsible official agrees to:

1. Protect the account password, PIN, and answers to challenge questions from compromise.
2. Not allow anyone unauthorized access to the account, account password, PIN, or answers to challenge questions.
3. Promptly report to the MPCA any evidence of loss, theft, or other compromise of the account, account password, PIN, or answers to challenge questions.
4. Change the account password and User PIN if there is reason to suspect or believe that any have been become known to another person.
5. Notify the MPCA if the account holder or the responsible official named in this document no longer represents the named facilities in the capacity indicated on or authorized by this form as soon as the change becomes known.
6. Review in a timely manner the email onscreen acknowledgements and copies of record submitted and certified through my account to MPCA e-Services.
7. Report any evidence of discrepancy between the document submitted and what the MPCA e-Services received.

C. MPCA e-Services signatory (account holder) signature acknowledgments

By signing below as an account holder, I acknowledge that:

1. I will be legally bound, obligated, and responsible for the use of my created electronic signature as I would be using my handwritten signature.
2. I have read, understand, and accept the terms and condition of this submittal agreement.
3. I have read the certification requirements of Minn. R. 7001.0070 and 7001.0540 and understand that certifications are made subject to the penalty of law, including penalties for submitting false information.
4. I have a current User ID in place with the MPCA e-Services.
5. *Signatory (account holder) user ID: Nate Deshayes
6. * I am the responsible official authorized to submit and sign per Minn. R. 7001.0060.
or
7. * I am not the responsible official authorized to submit and sign per Minn. R. 7001.0060. **Section D is required.**

Signatory (account holder) signature

* Print name: Nathaniel Deshayes * Title: Public Work Director
* Address: 13888 Dagget Bay Road * City, State, Zip code: Crosslake MN 56442
* Signature: _____ * Date (mm/dd/yyyy): 3/25/2022
* Phone number: 612-384-7185 * Email address: Nathaniel.deshayes@yahoo.com

D. If the signatory (account holder) is not the responsible official for the listed facility, the responsible official must complete this section.

I, _____
(Responsible official printed legal name) (Responsible official title)

certify that I am the responsible official authorized to submit and sign per Minn. R. 7001.0060.

I authorize and delegate authority to the user identified in section 'C' above. 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 Official signature

Print name: _____ Title: _____
Address: _____ City, State, Zip code: _____
Signature: _____ Date (mm/dd/yyyy): _____
Phone number: _____ Email address: _____

E. Final step – Submit to the MPCA

Print this form, sign, and date section 'C' (if you are the signatory and responsible official) or sections 'C' and 'D' (if you are the signatory but are **not** the responsible official), and mail or hand deliver to:

Attn: WQ Submittals Center
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Fields preceded by a single red asterisk () indicates a required field.
All required fields must be completed or submittal agreement will be returned.*

For MPCA use only:

Authorizing MPCA staff signature

Date