

**STATE OF MINNESOTA**

**Professional Technical Services Master Contract --Encumbrance Form (For State Use Only)**

<b>RECS Project ID.:</b>	<b>N/A</b>	<b>Project Mgr.:</b>	<b>Bee Yang</b>	<b>Contract Specialist:</b>	<b>Sherry Van Horn</b>
		<b>Control No.</b>	<b>48091</b>	<b>RFP Event ID (if applicable)</b>	<b>2-2514</b>
<b>Project Name : Asbestos and Other Hazardous Material Remediation Design Master Contract</b>					

<b>Total Amount of Contract:</b>	<b>N/A</b>	Amount of Contract First FY:	Vendor Number:	<b>0000225080</b>
Category Code:		Category Code:	Category Code:	
Account:		Account:	Account:	
<b>Amount:</b>	<b>N/A</b>	<b>Amount:</b>	<b>Amount:</b>	

Accounting Distribution 1:	Accounting Distribution 2:	Accounting Distribution 3:
Business Unit:	Business Unit:	Business Unit:
Accounting Date:	Accounting Date:	Accounting Date:
Fund:	Fund:	Fund:
DeptID:	DeptID:	DeptID:
AppropID:	AppropID:	AppropID:
Project ID: <b>N/A</b>	Project ID:	Project ID:
Activity:	Activity:	Activity:
<b>Amount:</b>	<b>Amount:</b>	<b>Amount:</b>

SWIFT Contract No: **T#14AHM/77292**  
 \_\_\_\_\_  
 Number/Date/Entry Initials

SWIFT Order: \_\_\_\_\_  
 Number / Date/ See Signature Page

*[Individual signing SWIFT Order or Contract certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05]*

**NOTICE TO CONSULTANT:** You are required to provide your social security number or Federal employer tax identification number and Minnesota tax identification number if you do business with the State of Minnesota.

Contractor Name and Address: **Industrial Hygiene Services Corporation**  
**4205 White Bear Parkway**  
**Suite 500**  
**Vadnais Heights, MN 55110**  
 Contact Person: **Timothy Huber**  
 Contact Person Phone: **651.287.5375**  
 Contact Person Fax: **651.766.9822**  
 Contact Person Email: [thuber@ihscorporation.com](mailto:thuber@ihscorporation.com)

**Contract Execution Date:** 05/01/2014  
**Contract End Date:** 4/30/2019  
 (\*Note: According to Minn. Stat. 16C.08 Subd 3(5), the combined contract and amendment cannot exceed five years, unless otherwise provided for by law.)

**STATE OF MINNESOTA  
PROFESSIONAL AND TECHNICAL SERVICES  
MASTER CONTRACT  
ASBESTOS AND OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN**

This master contract is between the State of Minnesota, acting through its Commissioner of Administration ("State") and Industrial Hygiene Services Corporation, 4205 White Bear Parkway, Suite 500, Vadnais Heights, MN 55110-7648 ("Consultant").

**Recitals**

1. Under Minnesota Statute § 15.061 the State is empowered to engage such assistance as deemed necessary.
2. The State is in need of asbestos and other hazardous material remediation design services.
3. The Consultant represents that it is duly qualified and agrees to perform all services described in this master contract and performed under work order contracts to the satisfaction of the State.

**Master Contract**

**1 Term of Master Contract**

- 1.1 **Effective Date:** The date the State obtains all required signatures under Minnesota Statute § 16C.05, subd. 2. **The Consultant must not accept work under this master contract until this master contract is fully executed and the Consultant has been notified by the State's Authorized Representative that it may begin accepting Work Order Contracts.**
- 1.2 **Work Order Contracts.** The term of work under work order contracts issued under this master contract may not extend beyond the expiration date of this master contract.
- 1.3 **Expiration Date:** April 30, 2019.
- 1.4 **Survival of Terms.** The following clauses survive the expiration or cancellation of this master contract and all work order contracts: 8. Indemnification; 9. State Audits; 10. Government Data Practices and Intellectual Property; 13. Publicity and Endorsement; 14. Governing Law, Jurisdiction, and Venue; and 18. Data Disclosure.

**2 Scope of Work**

The Consultant, who is not a state employee, may be requested to perform any of the following services under individual work order contracts:

The Scope of Work for this master contract may include one or all of the following as described. A complete detailed description of required work will be furnished in each work order contract issued.

- Site inspections to develop proposals for design.
- Remediation drawings, specifications, and public bidding.
- Emergency response process.
- Project management, construction administration, and final project report.
- Other related services

Asbestos and other hazardous material abatement projects have three stages of services: remediation design, industrial hygiene services and abatement work. The remediation designer, the industrial hygiene services consultant, and the abatement contractor will be three different entities on a given project. The State reserves the right to use the same Responder for design and industrial hygiene services when it is in the best interest of the State.

The Consultant understands that only the receipt of a fully executed work order contract authorizes the Consultant to begin work under this master contract. Any and all effort, expenses, or actions taken before the work order contract is fully executed is not authorized under Minnesota Statutes and is under taken at the sole responsibility and expense of the Consultant. A sample work order contract is attached and incorporated into this master contract as Exhibit A.

The Consultant understands that this master contract is not a guarantee of a work order contract. The State has determined that it may have need for the services under this master contract, but does not commit to spending any money with the Consultant.

### 3 Time

The Consultant must comply with all the time requirements described in work order contracts. In the performance of work order contracts, time is of the essence.

### 4 Consideration and Payment

4.1 **Consideration.** The State will pay for all services satisfactorily performed by the Consultant for all work order contracts issued under this master contract. The total compensation of all work order contracts may not exceed \$1,000,000.00. All costs will follow the Consultant's fee schedule attached as Exhibit B and incorporated into this agreement. The Consultant may revise its fee schedule once a year after June 30, 2015. However, hourly rates may not exceed a 3% increase each year. Revised fee schedules meeting the requirements of this section will be effective on the date an amendment to this Agreement is fully executed.

**Travel Expenses.** There are no allowable travel or other reimbursable expenses. All such expenses are included in the Consultant's fee schedule of hourly rates.

If included in hourly rates, travel and subsistence expenses actually and necessarily incurred by the Consultant as a result of any work order contract will be in same manner and in no greater amount than provided in the current "Commissioner's Plan" promulgated by the commissioner of Employee Relations. A copy of the Commissioner's Plan is available on the web at: <http://www.mmb.state.mn.us/comp-commissioner> (click on "Commissioner's Plan" in the right side column). The Consultant will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state. If during the course of the work, it is determined that subconsultant(s) are needed, their costs, when approved by the State's Project Manager, will be negotiated as an additional service at one (1.0) times Responder's cost.

#### 4.2. Payment

(A) **Invoices.** The State will promptly pay the Consultant after the Consultant presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted timely no more frequently than monthly.

(B) **Retainage.** Under Minnesota Statute § 16C.08, subdivision 5(b), no more than 90 percent of the amount due under any work order contract may be paid until the final product of the work order contract has been reviewed by the State's agency head. The balance due will be paid when the State's agency head determines that the Consultant has satisfactorily fulfilled all the terms of the work order contract.

### 5 Conditions of Payment

All services provided by the Consultant under a work order contract must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Consultant will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

### 6 Authorized Representatives and Project Managers

The State's Authorized Representative for this master contract is Sherry Van Horn, Contracts Specialist, 651.201.2376 or Gordon Christofferson, Project Operations Manager, 651.201.2380, or his/her successor, and has the responsibility to monitor the Consultant's performance.

The State's Project Manager will be identified in each work order contract.

The Consultant's Authorized Representative is Timothy Huber, 651.287.5375. If the Consultant's Authorized Representative changes at any time during this master contract, the Consultant must immediately notify the State.

The Consultant's Project Manager will be identified in each work order contract.

**7 Assignment, Amendments, Waiver, and Contract Complete**

7.1 **Assignment.** The Consultant may neither assign nor transfer any rights or obligations under this master contract or any work order contract without the prior consent of the State and a fully executed Assignment Agreement, executed and approved by the same parties who executed and approved this master contract, or their successors in office.

7.2 **Amendments.** Any amendment to this master contract or any work order contract must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original contract, or their successors in office.

7.3 **Waiver.** If the State fails to enforce any provision of this master contract or any work order contract, that failure does not waive the provision or its right to enforce it.

7.4 **Contract Complete.** This master contract and any work order contract contain all negotiations and agreements between the State and the Consultant. No other understanding regarding this master contract or work order contract, whether written or oral, may be used to bind either party.

**8 Indemnification**

In the performance of this contract by Consultant, or Consultant's agents or employees, the Consultant must indemnify, save, and hold harmless the State, its agents, and employees, from any claims or causes of action, including attorney's fees incurred by the state, to the extent caused by Consultant's:

- 1) Intentional, willful, or negligent acts or omissions; or
- 2) Actions that give rise to strict liability; or
- 3) Breach of contract or warranty.

The indemnification obligations of this section do not apply in the event the claim or cause of action is the result of the State's sole negligence. This clause will not be construed to bar any legal remedies the Consultant may have for the State's failure to fulfill its obligation under this contract.

**9 State Audits**

Under Minnesota Statute § 16C.05, subdivision 5, the Consultant's books, records, documents, and accounting procedures and practices relevant to any work order contract are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this master contract.

**10 Government Data Practices and Intellectual Property**

10.1. **Government Data Practices.** The Consultant and State must comply with the Minnesota Government Data Practices Act, Minnesota Statute Ch. 13, as it applies to all data provided by the State under any work order contract, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Consultant under the work order contract. The civil remedies of Minnesota Statute § 13.08 apply to the release of the data referred to in this clause by either the Consultant or the State.

If the Consultant receives a request to release the data referred to in this Clause, the Consultant must immediately notify the State. The State will give the Consultant instructions concerning the release of the data to the requesting party before the data is released.

**10.2. Intellectual Property Rights**

(A) *Intellectual Property Rights.* The State owns all rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents *created and paid for under work order contracts*. Works means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Consultant, its employees, agents, and subConsultants, either individually or jointly with others in the performance of this master contract or any work order contract. Works includes "Documents." Documents are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Consultant, its employees, agents, or subConsultants, in the performance of a work order contract. The Documents will be the exclusive property of the State and all such Documents must be immediately returned to the State by the Consultant upon completion or cancellation of the work order contract. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." The Consultant assigns all right, title, and interest it may have in the Works and the Documents to the State. The Consultant must, at the request of the State, execute all papers and perform all other acts necessary to transfer or record the State's ownership interest in the Works and Documents.

(B) *Obligations*

1. *Notification.* Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Consultant, including its employees and subConsultants, in the performance of the work order contract, the Consultant will immediately give the State's Authorized Representative written notice thereof, and must promptly furnish the Authorized Representative with complete information and/or disclosure thereon.

2. *Representation.* The Consultant must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the Works and Documents are the sole property of the State, and that neither Consultant nor its employees, agents, or subConsultants retain any interest in and to the Works and Documents. The Consultant represents and warrants that the Works and Documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 8, the Consultant will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless the State, at the Consultant's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the Works or Documents infringe upon the intellectual property rights of others. The Consultant will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. If such a claim or action arises, or in the Consultant's or the State's opinion is likely to arise, the Consultant must, at the State's discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

**11 Affirmative Action Requirements for Contracts in Excess of \$100,000 and if the Consultant has More than 40 Full-time Employees in Minnesota or its Principal Place of Business**

The State intends to carry out its responsibility for requiring affirmative action by its Consultants.

11.1 *Covered Contracts and Consultants.* If the Contract exceeds \$100,000 and the Consultant employed more than 40 full-time employees on a single working day during the previous 12 months in Minnesota or in the state where it has its principle place of business, then the Consultant must comply with the requirements of Minnesota Statute § 363A.36 and Minnesota Rule Parts 5000.3400-5000.3600. A Consultant covered by Minnesota Statute § 363A.36 because it employed more than 40 full-time employees in another state and does not have a certificate of compliance, must certify that it is in compliance with federal affirmative action requirements.

- 11.2 **Minnesota Statute § 363A.36.** Minnesota Statute § 363A.36 requires the Consultant to have an affirmative action plan for the employment of minority persons, women, and qualified disabled individuals approved by the Minnesota Commissioner of Human Rights (“Commissioner”) as indicated by a certificate of compliance. The law addresses suspension or revocation of a certificate of compliance and contract consequences in that event. A contract awarded without a certificate of compliance may be voided.
- 11.3 **Minnesota Rule Parts 5000.3400-5000.3600.**
- (A) *General.* Minnesota Rule Parts 5000.3400-5000.3600 implement Minnesota Statute § 363A.36. These rules include, but are not limited to, criteria for contents, approval, and implementation of affirmative action plans; procedures for issuing certificates of compliance and criteria for determining a Consultant’s compliance status; procedures for addressing deficiencies, sanctions, and notice and hearing; annual compliance reports; procedures for compliance review; and contract consequences for non-compliance. The specific criteria for approval or rejection of an affirmative action plan are contained in various provisions of Minnesota Rule Parts 5000.3400-5000.3600 including, but not limited to, parts 5000.3420-5000.3500 and 5000.3552-5000.3559.
- (B) *Disabled Workers.* The Consultant must comply with the following affirmative action requirements for disabled workers.
- (1) The Consultant must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The Consultant agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
  - (2) The Consultant agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.
  - (3) In the event of the Consultant's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with Minnesota Statutes Section 363A.36, and the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.
  - (4) The Consultant agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the commissioner of the Minnesota Department of Human Rights. Such notices must state the Consultant's obligation under the law to take affirmative action to employ and advance in employment qualified disabled employees and applicants for employment, and the rights of applicants and employees.
  - (5) The Consultant must notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the Consultant is bound by the terms of Minnesota Statutes Section 363A.36, of the Minnesota Human Rights Act and is committed to take affirmative action to employ and advance in employment physically and mentally disabled persons.
- (C) *Consequences.* The consequences for the Consultant’s failure to implement its affirmative action plan or make a good faith effort to do so include, but are not limited to, suspension or revocation of a certificate of compliance by the Commissioner, refusal by the Commissioner to approve subsequent plans, and termination of all or part of this contract by the Commissioner or the State.
- (D) *Certification.* The Consultant hereby certifies that it is in compliance with the requirements of Minnesota Statute § 363A.36 and Minnesota Rule Parts 5000.3400-5000.3600 and is aware of the consequences for noncompliance.

**12 Workers' Compensation and Other Insurance**

Consultant certifies that it is in compliance with all insurance requirements specified in Exhibit D1.

Further, the Consultant certifies that it is in compliance with Minnesota Statute§ 176.181, subdivision 2, pertaining to workers' compensation insurance coverage. The Consultant's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the State's obligation or responsibility.

**13 Publicity and Endorsement**

13.1 **Publicity.** Any publicity regarding the subject matter of a work order contract must identify the State as the sponsoring agency and must not be released without prior written approval from the State's Authorized Representative. For purposes of this provision, publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Consultant individually or jointly with others, or any subconsultants, with respect to the program, publications, or services provided resulting from a work order contract.

13.2 **Endorsement.** The Consultant must not claim that the State endorses its products or services.

**14 Governing Law, Jurisdiction, and Venue**

Minnesota law, without regard to its choice-of-law provisions, governs this master contract and all work order contracts. Venue for all legal proceedings out of this master contract and/or any work order contracts, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

**15 Payment to Subconsultants**

(If applicable) As required by Minnesota Statute§ 16A.1245, the prime Consultant must pay all subconsultants, less any retainage, within 10 calendar days of the prime Consultant's receipt of payment from the State for undisputed services provided by the subconsultant(s) and must pay interest at the rate of one and one-half percent per month or any part of a month to the subconsultant(s) on any undisputed amount not paid on time to the subconsultant(s).

**16 Minnesota Statute§ 181.59** The vendor will comply with the provisions of Minnesota Statute§ 181.59 which requires:

Every contract for or on behalf of the state of Minnesota, or any county, city, town, township, school, school district, or any other district in the state, for materials, supplies, or construction shall contain provisions by which the Consultant agrees: (1) That, in the hiring of common or skilled labor for the performance of any work under any contract, or any subcontract, no Consultant, material supplier, or vendor, shall, by reason of race, creed, or color, discriminate against the person or persons who are citizens of the United States or resident aliens who are qualified and available to perform the work to which the employment relates; (2) That no Consultant, material supplier, or vendor, shall, in any manner, discriminate against, or intimidate, or prevent the employment of any person or persons identified in clause (1) of this section, or on being hired, prevent, or conspire to prevent, the person or persons from the performance of work under any contract on account of race, creed, or color; (3) That a violation of this section is a misdemeanor; and (4) That this contract may be canceled or terminated by the state, county, city, town, school board, or any other person authorized to grant the contracts for employment, and all money due, or to become due under the contract, may be forfeited for a second or any subsequent violation of the terms or conditions of this contract.

**17 Termination**

- 17.1 **Termination by the State.** The State or commissioner of Administration may cancel this master contract and any work order contracts at any time, with or without cause, upon 30 days' written notice to the Consultant. Upon termination, the Consultant will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.
- 17.2 **Termination for Insufficient Funding.** The State may immediately terminate this master contract and any work order contract if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written or fax notice to the Consultant. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Consultant will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the master contract or work order is terminated because of the decision of the Minnesota legislature or other funding source, not to appropriate funds. The State must provide the Consultant notice of the lack of funding within a reasonable time of the State's receiving that notice.

**18 Data Disclosure**

Under Minnesota Statute § 270C.65, Subdivision 3 and other applicable law, the Consultant consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state laws which could result in action requiring the Consultant to file state tax returns, pay delinquent state tax liabilities, if any, or pay other state liabilities.

**19 E-Verify Certification (In accordance with Minn. Stat. §16C.075)**

For services valued in excess of \$50,000, Consultant certifies that as of the date of services performed on behalf of the State, Consultant and all its subconsultants will have implemented or be in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State. Consultant is responsible for collecting all subconsultant certifications and may do so utilizing the E-Verify Subconsultant Certification Form available at <http://www.mmd.admin.state.mn.us/doc/EverifySubCertForm.doc>. All subconsultant certifications must be kept on file with Consultant and made available to the State upon request.

**20 Schedule of Exhibits**

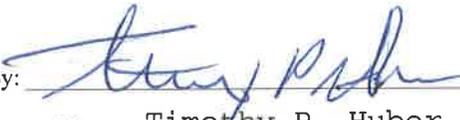
The following exhibits are attached and incorporated into this Master Contract.

- Exhibit A: Sample Work Order
- Exhibit B: Fee Schedule
- Exhibit C: Consultant's Qualifications
- Exhibit D1: State Insurance Requirements
- Exhibit E: Affirmative Action Certification
- Exhibit F: Certification Regarding Lobbying
- Exhibit G: Not Used
- Exhibit H: Not Used
- Exhibit I: Affidavit of Noncollusion

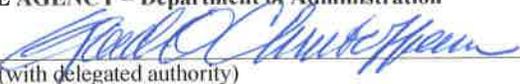
IN WITNESS WHEREOF State has caused this Agreement to be duly executed in its behalf and the Consultant has caused the same to be duly executed on its behalf.

**1. CONSULTANT – Industrial Hygiene Services Corporation**

The Consultant certifies that the appropriate person(s) have executed the contract on behalf of the Consultant as required by applicable articles or bylaws.

By:   
Printed Name: Timothy P. Huber  
Title: President/Owner  
Date: 04/24/14

**2. STATE AGENCY – Department of Administration**

By:   
(with delegated authority)

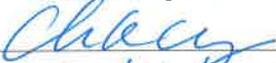
Printed Name: Gordon Christofferson

Title: Project Operations Manager

Date: 4/30/14

**3. COMMISSIONER OF ADMINISTRATION**

As delegated to Materials Management Division

By: 

Date: 05/01/2014

38072

## Exhibit A

### SAMPLE STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES WORK ORDER CONTRACT

This work order contract is between the State of Minnesota, acting through its \_\_\_\_\_ ("State") and \_\_\_\_\_ ("Consultant"). This work order contract is issued under the authority of Master Contract T-Number \_\_\_\_\_, SWIFT Number \_\_\_\_\_, and is subject to all provisions of the master contract which is incorporated by reference.

#### Work Order Contract

#### 1 Term of Contract

1.1 **Effective date:** \_\_\_\_\_, or the date the State obtains all required signatures under Minnesota Statute § 16C.05, subdivision 2, whichever is later.

**The Consultant must not begin work under this contract until this contract is fully executed and the Consultant has been notified by the State's Authorized Representative to begin the work.**

1.2 **Expiration date:** \_\_\_\_\_, or until all obligations have been satisfactorily fulfilled, whichever occurs first.

#### 2 Consultant's Duties

The Consultant, who is not a state employee, will: \_\_\_\_\_.

#### 3 Consideration and Payment

3.1 **Consideration.** The State will pay for all services performed by the Consultant under this work order contract as follows:

(A) **Compensation.** The Consultant will be paid \_\_\_\_\_.

(B) **Travel Expenses.** Reimbursement for travel and subsistence expenses actually and necessarily incurred by the Consultant as a result of this work order contract will not exceed \$N/A \_\_\_\_\_.

(C) **Total Obligation.** The total obligation of the State for all compensation and reimbursements to the Consultant under this work order contract will not exceed \$ \_\_\_\_\_.

3.2. **Invoices.** The State will promptly pay the Consultant after the Consultant presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted timely and according to the following schedule:

#### 4 Project Managers

The State's Project Manager is \_\_\_\_\_. The State's Authorized Representative will certify acceptance on each invoice submitted for payment.

The Consultant's Project Manager is \_\_\_\_\_. If the Consultant's Project Manager changes at any time during this work order contract, the Consultant must immediately notify the State.

**SIGNATURES AS REQUIRED BY THE STATE.**

# Exhibit B



## INDUSTRIAL HYGIENE SERVICES CORPORATION

4205 White Bear Parkway, Suite 500, Vadnais Heights, MN 55110

651-766-9811  
FAX: 651-766-9822

### STATE OF MINNESOTA REAL ESTATE AND CONSTRUCTION SERVICES PROFESSIONAL SERVICES OF ASBESTOS AND OTHER HAZARDOUS MATERIAL REMEDIAATION DESIGN CHARGES

#### SCHEDULE OF CHARGES May 1, 2014 – June 30, 2015

#### 100 LABOR CHARGES

EMPLOYEE NAME	TITLE	HOURLY RATE (REGULAR)	HOURLY RATE (OVERTIME)	HOURLY RATE (SUNDAYS and HOLIDAYS)
Tim Huber	Principal Scientist	\$115.00		
Amy Buckley	Senior Project Manager	\$99.75		
Nick Mueller	Project Manager	\$99.75		
Terry Johnson	Project Manager	\$99.75		
Reid Danielson	Field Technician	\$82.95	\$93.45	\$99.75
Tim Schmit	Field Technician	\$82.95	\$93.45	\$99.75
Tom Sogard	Field Technician	\$82.95	\$93.45	\$99.75
Carole Garrison	Draftperson	\$65.00	\$65.00	\$71.50
Carole Garrison	Admin Support	\$55.00	\$55.00	\$60.50
Marilee DeMars	Draftperson	\$65.00	\$65.00	\$71.50
Marilee DeMars	Admin Support	\$55.00	\$55.00	\$60.50

#### 200 LABORATORY

##### PLM Bulk Sample Analysis per Sample

.01	Regular (2-5 days)	\$25.00
.02	Rush (24 hour)	\$35.00
.03	Roofing Materials	\$50.00
.04	Standard Point Count	\$55.00
.05	Gravimetric Point Count	\$95.00

##### Other Analytical Services

All Turnarounds and All Analysis Types at Cost.

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#### 300 Expenses

##### Travel Expenses

.01	Employee Vehicle	Included in Labor Rates
.02	Per Diem	Included in Labor Rates

**Shipping and Delivery**

.03	Same Day Shipping/Delivery	Included in Labor Rates
.04	Overnight Shipping/Delivery	Included in Labor Rates

**Administrative Expenses**

.05	Telephone, Fax, File Retention, Computer Rental, and Copying	No Charge
.06	Other Project Expenses	Included in Labor Rates
.07	Litigation Support Services	Included in Labor Rates
.08	Deposition and Expert Witness Testimony	Included in Labor Rates
.09	MDH AAU Fee	1% of Project

**Equipment**

		<u>Daily Rate</u>	<u>Weekly Rate</u>
.10	Air Sampling Pump (High Flow)	\$28.00	\$120.00
.11	Air Sampling Pump (Low Flow)	\$28.00	\$120.00
.12	Draeger Pump	\$25.00	\$85.00
.13	Real Time Aerosol Monitor (TSI Dust Trak)	\$75.00	\$300.00
.14	4 Gas Meter	\$50.00	\$200.00
.15	Moisture Monitor (Delmhorst BD 2000)	\$25.00	\$85.00
.16	Sling Psychrometer	\$12.00	\$30.00
.17	Pump Calibrator (Gillian Gilibrator)	\$20.00	\$30.00
.18	PCM Microscope	\$30.00	\$125.00
.19	Laptop Computer	\$30.00	\$125.00
.20	Rotometer	\$10.00	\$35.00
.21	Manometer	\$25.00	\$85.00
.22	Portable X-Ray Florescence Analyzer	\$215.00	\$880.00
.23	Photoionization Detector	\$200.00	\$800.00
.24	Noise Dosimeter	\$50.00	\$200.00
.25	IAQ-Calc	\$75.00	\$300.00
.26	CO Monitor	\$30.00	\$120.00
.27	Thermal Imaging Infrared Camera	\$125.00	\$500.00
.28	Sound Level Meter	\$50.00	\$200.00
.29	HEPA Vacuum	\$25.00	\$100.00
.30	Service Truck	\$55.00	\$220.00
.31	Service Trailer	\$50.00	\$200.00

**Notes:**

- IHSC subcontractor invoices processed at Cost.
- Invoicing Terms: Per Master Contract.
- There is no analytical charge for on-site air sample analysis (PCM).
- Analytical rates include reporting and delivery charges.
- Equipment charges will only apply if pieces are required to address specific concerns not related to typical asbestos abatement projects.
- Travel time for projects located in excess of 50 miles of IHSC's office will be invoiced at the rates listed above, all other travel expenses are included in the Labor rates.
- Approved rental equipment invoiced at Cost.
- Approved sampling media and third-party laboratory costs invoiced at cost.

# EXHIBIT C - QUALIFICATIONS PROPOSAL

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## INSTRUCTIONS

(Do not include these instructions with your response)

**INSTRUCTIONS FOR COMPLETING FORM (Numbered paragraphs below correspond to numbers contained in form):**

### EXHIBIT C1:

1. List the name of at least one employee who has a current license issued by Minnesota Department of Health (MDH) to perform asbestos remediation design services.
2. Licensed employee identified in item 1. above must have completed at least 10 asbestos remediation design projects during the period of July 1, 2010 to December 31, 2013. List completed projects.
3. Confirm that Responder's primary business is asbestos remediation design and/or other hazardous materials.
4. Confirm that Responder is not an asbestos remediation designer **employed by ~~for an~~ asbestos and/or other hazardous material abatement contractors or who works primarily for such contractors.**

### EXHIBIT C2:

- 1.0 Nothing to complete.
- 2.0 Provide legal name, address and firm information on the prime firm that is responding to the RFP. If the firm is forming a joint venture or an association with other firm(s) for this project, insert: "in association with" or "in joint venture with" and name the firm(s). Provide addresses of joint venture or associate firm as well.
- 3.0 List the name, title, and contact information of the individual signing proposal.
- 4.0 List the name, title, and contact information of the individual who will serve as the point of contact. Such individual must be empowered to speak for the responding firm on policy and contractual matters and should be familiar with the programs and procedures of responding firm.
- 5.0 Staff Expertise: Provide information as requested of key personnel expected to provide services identified in the RFP.
- 6.0 Project Experience: List project experience for each category listed in section 6. Work performed by other segments of the firm not located within the confines of the office submitting this application, or work completed by individuals while employed with other firms, should not be listed.
  - a. Complete this section for each employee listed in section 5.
  - b. Projects listed must have been completed during period of July 1, 2010 to December 31, 2013.
- 7.0 References: Provide three (3) project references. If possible, include at least one political subdivision (Federal, State, County, or City) project.
- 8.0 Licensing Requirements and Obligations: Provide a statement as requested.
- 9.0 Compliance with State's Manuals and Guidelines: Provide a statement as requested.
- 10.0 Respond to each statement and attach completed documents as required.
- 11.0 The proposal must be signed in ink by an authorized member/officer of the Responder. If a corporation person must be authorized in a corporate resolution or partnership document; if a sole

Exhibit C – Qualifications Proposal Instructions

Master Contract for Professional Services of Asbestos and Other Hazardous Material Remediation Designers

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proprietor, owner must sign. ALL INFORMATION CONTAINED IN THIS FORM MUST BE CURRENT.

Do not use forms other than those provided herein. The forms provided indicate what information is desired and the format in which it is to be presented.

## EXHIBIT C1 - QUALIFICATIONS PROPOSAL (PASS/FAIL Requirements)

1. List the name of at least one employee you have identified in Exhibit C2, Section 5.0, who has a current license issued by Minnesota Department of Health (MDH) to perform asbestos remediation design services.

Name of Individual

Title

TIMOTHY P. HUBER

PRESIDENT/OWNER

2. Licensed employee identified in item 1. above must have completed at least 10 asbestos remediation design projects during the period of July 1, 2010 to December 31, 2013. List completed projects:

- |  |                                |
|--|--------------------------------|
| 1. Project Name: <u>DNR – GOOSEBERRY FALLS</u>                       | Date Completed: <u>07/2013</u> |
| 2. Project Name: <u>RECS – MCF – ST. CLOUD</u>                       | Date Completed: <u>08/2013</u> |
| 3. Project Name: <u>RECS – MCF – ST. CLOUD</u>                       | Date Completed: <u>07/2013</u> |
| 4. Project Name: <u>RECS – ST. PETER REGIONAL TREATMENT CENTER</u>   | Date Completed: <u>04/2012</u> |
| 5. Project Name: <u>DMA – ST. PAUL NATIONAL GUARD ARMORY</u>         | Date Completed: <u>04/2013</u> |
| 6. Project Name: <u>RECS – MCF – MOOSE LAKE</u>                      | Date Completed: <u>02/2013</u> |
| 7. Project Name: <u>DNR – GRAND RAPIDS</u>                           | Date Completed: <u>07/2011</u> |
| 8. Project Name: <u>RECS - MINNESOTA VETERANS HOME - MINNEAPOLIS</u> | Date Completed: <u>02/2012</u> |
| 9. Project Name: <u>DMA – BEMIDJI NATIONAL GUARD ARMORY</u>          | Date Completed: <u>02/2012</u> |
| 10. Project Name: <u>RECS - MCF – LINO LAKES</u>                     | Date Completed: <u>11/2010</u> |

3. Responder's primary business is asbestos remediation design and/or other hazardous materials.

Yes       No

and

3a. Responder ~~is able to submit~~ **has attached** a certified financial statement that provides evidence that the Responder's primary business is at least 51% asbestos remediation design services. Primary business means 51% of business is asbestos remediation design services.

Yes       No

or

3b. In lieu of certified financial statements, a notarized letter signed by an officer of the company is acceptable and is attached. The letter must indicate that a minimum of 51% of the company's income is derived from performing asbestos remediation design services and the company will provide financial records to substantiate the percentage should the State of Minnesota request the records.

Yes       No

(Responder must be able to answer "Yes" to item 3. And "Yes" to either 3a. or 3b., as this is a pass/fail requirement.)

4. Responder is not an asbestos remediation designer for an asbestos and/or other hazardous material abatement contract. (Responder must be able to answer "Yes (Correct statement)" as this is a pass/fail requirement.)

Yes (Correct statement)       No (Incorrect statement)

## EXHIBIT C2 - QUALIFICATIONS PROPOSAL

<p>STATE OF MINNESOTA  REAL ESTATE AND CONSTRUCTION SERVICES (State)  Qualifications and General Requirements Information</p>	<p>1.a. PROJECT NAME (from RFP): RFP FOR MASTER CONTRACT FOR PROFESSIONAL SERVICES OF ASBESTOS AND OTHER HAZARDOUS REMEDIATION DESIGNERS</p> <p>1.b. PROJECT LOCATION (from RFP): Various</p>
<p>2. RESPONDER'S LEGAL NAME &amp; ADDRESS (include 9-digit zip code):</p> <p><b>INDUSTRIAL HYGIENE SERVICES CORPORATION  4205 WHITE BEAR PARKWAY, SUITE 500  VADNAIS HEIGHTS, MINNESOTA 55110-7648</b></p> <p>2a. COUNTY OF RESPONDER'S LOCATION: <b>RAMSEY</b></p> <p>2b. RESPONDER'S STATE SWIFT VENDOR NO. : <b>VN0000225080_1</b></p> <p>2c. RESPONDER'S FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER:</p> <p><b>41-1890732</b></p> <p>2d. RESPONDER'S LEGAL STATUS (CORPORATION, PARTNERSHIP, OR SOLE PROPRIETOR):</p> <p><b>CORPORATION</b></p>	<p>2e. DATE FIRM ESTABLISHED: <b>NOVEMBER 12, 1997</b></p> <p>2f. DATE FIRM STARTED TO PROVIDE ASBESTOS REMEDIATION DESIGN SERVICES: <b>NOVEMBER 12, 1997</b></p> <p>2g. % OF RESPONDER'S TOTAL BUSINESS FOR EACH OF THE FOLLOWING REMEDIATION DESIGN SERVICES:</p> <ul style="list-style-type: none"> <li>• ASBESTOS REMEDIATION DESIGN: <b>55%</b></li> <li>• MOLD REMEDIATION DESIGN: <b>15%</b></li> <li>• DUCT CLEANING DESIGN: <b>5%</b></li> <li>• LEAD REMEDIATION DESIGN: <b>10%</b></li> <li>• OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN: <b>15%</b>  (DESCRIBE: RCRA SAMPLING AND HAZARD CLASSIFICATION, OSHA JOB HAZARD ANALYSIS, OSHA TRAINING, CLEAN UP AND DISPOSAL OF PBC-CONTAINING ITEMS, UNDERGROUND AND ABOVE GROUND STORAGE VESSELS, DECONTAMINATION OF MICROBIOLOGIC BACTERIA ENVIRONMENTS, AIR QUALITY PERMITTING, FACILITY-BASED REGULATORY PERMITTING AND COMPLIANCE. DESIGN FOR THE REMOVAL OF MPCA REGULATED MATERIALS, SUCH AS MERCURY CATALYZED FLOORS, HAZARDOUS METALS, UNKNOWN ASH ACCUMULATIONS, MERCURY SPILLS AND SIMILAR ISSUES.)</li> </ul>

3a. NAME & TITLE OF PERSON SIGNING PROPOSAL (see Section 11):

**TIMOTHY P. HUBER, CHMM, PG  
PRESIDENT/OWNER**

3b. TELEPHONE NO. OF INDIVIDUAL IDENTIFIED IN 3a:

**(651) 287-5375 – DIRECT  
(651) 485-8046 – CELL**

3c. FAX NUMBER OF INDIVIDUAL IDENTIFIED IN 3a:

**(651) 766-9822**

3d. EMAIL ADDRESS OF INDIVIDUAL IDENTIFIED IN 3a:

**thuber@ihscorporation.com**

3e. RESPONDER'S WEBSITE ADDRESS (if available):

**WWW.IHSCORPORATION.COM**

4. POINT OF CONTACT – IDENTIFY A SINGLE INDIVIDUAL TO WHOM THE STATE MAY DIRECT QUESTIONS OR SEND A PROJECT-SPECIFIC REQUEST FOR PROPOSAL AS NEEDED DURING THE TERM OF THE MASTER CONTRACT

4a. CONTACT PERSON'S NAME & TITLE:

**TIMOTHY P. HUBER, CHMM, PG  
PRESIDENT/OWNER**

4b. TELEPHONE NO. OF INDIVIDUAL IDENTIFIED IN 4a:

**(651) 287-5375 – DIRECT  
(651) 485-8046 – CELL**

4c. FAX NUMBER OF INDIVIDUAL IDENTIFIED IN 4a:

**(651) 766-9822**

4d. EMAIL ADDRESS OF INDIVIDUAL IDENTIFIED IN 4a:

**thuber@ihscorporation.com**

5. STAFF EXPERTISE. PROVIDE THE FOLLOWING INFORMATION FOR **EACH** EMPLOYEE OF THE RESPONDER WHO WILL PROVIDE THE ASBESTOS AND OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN SERVICES IDENTIFIED IN THIS RFP (complete this section for each employee providing services indicated):

<p>a. NAME AND TITLE:</p> <p><b>TIMOTHY P. HUBER, CHMM, PG - PRESIDENT/OWNER</b></p>	<p>a. NAME AND TITLE:</p> <p><b>AMY J. BUCKLEY – SENIOR PROJECT MANAGER</b></p>
<p>b. NAME OF LICENSE(S) AND CERTIFICATIONS ALONG WITH THEIR NUMBERS CURRENTLY ISSUED TO EMPLOYEE IDENTIFIED IN 5a. (Attach a copy of all licenses and certifications.):</p> <p><b>ASBESTOS PROJECT DESIGNER, #AD2576</b>  <b>ASBESTOS INSPECTOR, #AI2576</b>  <b>ASBESTOS MANAGEMENT PLANNER, #MP2576</b>  <b>ASBESTOS ANALYST REGISTRY, #1939</b>  <b>ASBESTOS SITE SUPERVISOR, #AS2576</b>  <b>CERTIFIED HAZARDOUS MATERIALS MANAGER, #14312</b>  <b>PROFESSIONAL GEOLOGIST, #46488</b></p>	<p>b. NAME OF LICENSE(S) AND CERTIFICATIONS ALONG WITH THEIR NUMBERS CURRENTLY ISSUED TO EMPLOYEE IDENTIFIED IN 5a. (Attach a copy of all licenses and certifications.):</p> <p><b>ASBESTOS PROJECT DESIGNER, #AD2229</b>  <b>ASBESTOS INSPECTOR, #AI2229</b>  <b>ASBESTOS MANAGEMENT PLANNER, #MP2229</b>  <b>ASBESTOS ANALYST REGISTRY, #3809</b>  <b>ASBESTOS SITE SUPERVISOR, #AS2229</b>  <b>LEAD RISK ASSESSOR, #LR190</b>  <b>X-RAY FLORESCENCE ANALYST, #00v3000000E0AGv</b></p>

c. FOR EACH OF THE FOLLOWING HAZARDOUS MATERIALS, PROVIDE NUMBER OF YEARS EMPLOYEE HAS PERFORMED REMEDIATION DESIGN SERVICES. (FOR ASBESTOS REMEDIATION DESIGN, PROVIDE NUMBER OF YEARS OF DESIGN PRIOR TO RECEIVING MDH LICENSE AND NUMBER OF YEARS OF DESIGN AFTER RECEIVING MDH LICENSE):

- ASBESTOS –  
YEARS EXPERIENCE PRIOR TO MDH LICENSE: 15  
  
YEARS EXPERIENCE AFTER MDH LICENSE: 18
- MOLD -  
YEARS EXPERIENCE: 14
- DUCT CLEANING –  
YEARS EXPERIENCE: 12
- LEAD  
YEARS EXPERIENCE: 15
- OTHER HAZARDOUS MATERIAL (describe)  
YEARS EXPERIENCE: 13  
(Describe: REMOVAL AND DISPOSAL OF PCB TRANSFORMERS, RCRA WASTE MERCURY FLOORING, REMOVAL AND DISPOSAL OF HAZARDOUS SUBSTANCES WITHIN FIXTURES AND DEVICES ASSOCIATED WITH ELECTRICAL, PLUMBING, HEATING, COOLING, SAFETY OR LIGHTING SYSTEMS, DEMOLITION OF STRUCTURES, REMOVAL OF UNDERGROUND AND ABOVEGROUND STORAGE TANKS, OSHA TRAINING, ABANDONMENT OF WATER WELLS AND SEPTIC SYSTEMS, RADON MITIGATION DESIGN, HVAC CLEANING, INDUSTRIAL HYGIENE EVALUATIONS. MANY STATE AGENCY EXAMPLES MAY BE PROVIDED UPON REQUEST.)

c. FOR EACH OF THE FOLLOWING HAZARDOUS MATERIALS, PROVIDE NUMBER OF YEARS EMPLOYEE HAS PERFORMED REMEDIATION DESIGN SERVICES. (FOR ASBESTOS REMEDIATION DESIGN, PROVIDE NUMBER OF YEARS OF DESIGN PRIOR TO RECEIVING MDH LICENSE AND NUMBER OF YEARS OF DESIGN AFTER RECEIVING MDH LICENSE):

- ASBESTOS –  
YEARS EXPERIENCE PRIOR TO MDH LICENSE: 0  
  
YEARS EXPERIENCE AFTER MDH LICENSE: 18
- MOLD -  
YEARS EXPERIENCE: 14
- DUCT CLEANING –  
YEARS EXPERIENCE: 12
- LEAD  
YEARS EXPERIENCE: 15
- OTHER HAZARDOUS MATERIAL (describe)  
YEARS EXPERIENCE: 13  
(Describe: REMOVAL AND DISPOSAL OF PCB TRANSFORMERS, RCRA WASTE MERCURY FLOORING, REMOVAL AND DISPOSAL OF HAZARDOUS SUBSTANCES WITHIN FIXTURES AND DEVICES ASSOCIATED WITH ELECTRICAL, PLUMBING, HEATING, COOLING, SAFETY OR LIGHTING SYSTEMS. MANY STATE AGENCY EXAMPLES MAY BE PROVIDED UPON REQUEST.)

5. STAFF EXPERTISE. PROVIDE THE FOLLOWING INFORMATION FOR **EACH** EMPLOYEE OF THE RESPONER WHO WILL PROVIDE THE ASBESTOS AND OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN SERVICES IDENTIFIED IN THIS RFP (complete this section for each employee providing services indicated):

<p>a. NAME AND TITLE:</p> <p><b>NICHOLAS S. MUELLER, PROJECT MANAGER</b></p>	<p>a. NAME AND TITLE:</p>
<p>b. NAME OF LICENSE(S) AND CERTIFICATIONS ALONG WITH THEIR NUMBERS CURRENTLY ISSUED TO EMPLOYEE IDENTIFIED IN 5a. (Attach a copy of all licenses and certifications.):</p> <p><b>ASBESTOS PROJECT DESIGNER, #AD3806</b> <b>ASBESTOS INSPECTOR, #AI3806</b> <b>ASBESTOS ANALYST REGISTRY, #8113</b> <b>ASBESTOS SITE SUPERVISOR, #AS3806</b> <b>LEAD RISK ASSESSOR, #LR3806</b> <b>X-RAY FLORESCENCE ANALYST, #003000000QS8CD</b></p>	<p>b. NAME OF LICENSE(S) AND CERTIFICATIONS ALONG WITH THEIR NUMBERS CURRENTLY ISSUED TO EMPLOYEE IDENTIFIED IN 5a. (Attach a copy of all licenses and certifications.):</p>

c. FOR EACH OF THE FOLLOWING HAZARDOUS MATERIALS, PROVIDE NUMBER OF YEARS EMPLOYEE HAS PERFORMED REMEDIATION DESIGN SERVICES. (FOR ASBESTOS REMEDIATION DESIGN, PROVIDE NUMBER OF YEARS OF DESIGN PRIOR TO RECEIVING MDH LICENSE AND NUMBER OF YEARS OF DESIGN AFTER RECEIVING MDH LICENSE):

- ASBESTOS –  
YEARS EXPERIENCE PRIOR TO MDH LICENSE: 0  
  
YEARS EXPERIENCE AFTER MDH LICENSE: 14
- MOLD -  
YEARS EXPERIENCE: 14
- DUCT CLEANING –  
YEARS EXPERIENCE: 14
- LEAD  
YEARS EXPERIENCE: 14
- OTHER HAZARDOUS MATERIAL (describe)  
YEARS EXPERIENCE: 13  
**(Describe: REMOVAL AND DISPOSAL OF PCB TRANSFORMERS, RCRA WASTE MERCURY FLOORING, REMOVAL AND DISPOSAL OF HAZARDOUS SUBSTANCES WITHIN FIXTURES AND DEVICES ASSOCIATED WITH ELECTRICAL, PLUMBING, HEATING, COOLING, SAFETY OR LIGHTING SYSTEMS. MANY STATE AGENCY EXAMPLES MAY BE PROVIDED UPON REQUEST.)**

c. FOR EACH OF THE FOLLOWING HAZARDOUS MATERIALS, PROVIDE NUMBER OF YEARS EMPLOYEE HAS PERFORMED REMEDIATION DESIGN SERVICES. (FOR ASBESTOS REMEDIATION DESIGN, PROVIDE NUMBER OF YEARS OF DESIGN PRIOR TO RECEIVING MDH LICENSE AND NUMBER OF YEARS OF DESIGN AFTER RECEIVING MDH LICENSE):

- ASBESTOS –  
YEARS EXPERIENCE PRIOR TO MDH LICENSE: \_\_\_\_\_  
  
YEARS EXPERIENCE AFTER MDH LICENSE: \_\_\_\_\_
- MOLD -  
YEARS EXPERIENCE: \_\_\_\_\_
- DUCT CLEANING –  
YEARS EXPERIENCE: \_\_\_\_\_
- LEAD  
YEARS EXPERIENCE: \_\_\_\_\_
- OTHER HAZARDOUS MATERIAL (describe)  
YEARS EXPERIENCE: \_\_\_\_\_

6. PROJECT EXPERIENCE FOR EMPLOYEES IDENTIFIED IN SECTION 5 ABOVE. FOR EACH OF THE EMPLOYEES NAMED IN SECTION 5 ABOVE, PROVIDE PROJECT EXPERIENCE INFORMATION DURING THE PERIOD OF JULY 1, 2010 to DECEMBER 31, 2013 FOR 6a-6e BELOW.

EMPLOYEE NAME: **TIMOTHY P. HUBER**

6a. **ASBESTOS REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: **250**

PROVIDE THE FOLLOWING INFORMATION ON TEN (10) **COMPLETED** PROJECTS:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. RECS – ST. PETER REGIONAL TREATMENT CENTER, SHANTZ HALL</b>  <b>ASBESTOS REMOVAL AND DISPOSAL, 2<sup>ND</sup> FLOOR, EAST WING.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,750.00</b>	<b>\$30,376.00</b>	<b>2013</b>
<b>2. DMA – CAMP RIPLEY, BUILDING 201</b>  <b>ASBESTOS REMOVAL AND DISPOSAL, CONSTRUCTION SUPPORT FOR NEW HEAT PIPING.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,250.00</b>	<b>\$35,710.00</b>	<b>2013</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>3. DNR – FORT SNELLING CHAPEL</b>  <b>ASBESTOS REMOVAL AND DISPOSAL, CONSTRUCTION SUPPORT FOR HISTORIC RENOVATION PROJECT.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$10,300.00</b>	<b>\$38,540.00</b>	<b>2012</b>
<b>4. DMA – ST. PAUL ARMORY</b>  <b>INTERIOR ASBESTOS REMOVAL AND DISPOSAL THROUGHOUT FACILITY. CONSTRUCTION SUPPORT FOR COMPLETE INTERIOR RENOVATION.</b>	<b>PUBLIC BID. DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$10,650.00</b>	<b>\$214,000.00</b>	<b>2012</b>
<b>5. DOC – MCF – LINO LAKES</b>  <b>POWERHOUSE BOILER, ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR BOILER REPLACEMENT AT THE FACILITY.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,750.00</b>	<b>\$18,121.00</b>	<b>2012</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<p><b>6. DOC – MCF – SHAKOPEE, SEGREGATION WING</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR SEGREGATION WING RENOVATION.</b></p>	<p><b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$2,000.00</b>	<b>\$9,348.80</b>	<b>2011</b>
<p><b>7. PMD – STATE CAPITOL BUILDING, ROOM G-5</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR WATER LINE REPLACEMENT IN STATE CAPITOL BUILDING.</b></p>	<p><b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$3,400.00</b>	<b>\$33,846.00</b>	<b>2011</b>
<p><b>8. MVH – SILVER BAY, MEN'S AND WOMEN'S LOCKER ROOM</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR ADA RESTROOM UPGRADE.</b></p>	<p><b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$2,500.00</b>	<b>\$17,495.00</b>	<b>2010</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<p><b>9. DOC – MCF – ST. CLOUD, FOOD SERVICE AND LAUNDRY BUILDINGS</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR RE-ROOFING PROJECT.</b></p>	<p><b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$2,500.00</b>	<b>\$11,765.00</b>	<b>2010</b>
<p><b>10. DOC – MCF – STILLWATER, A AND B HOUSE ENTRY</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT RELATED TO ROOF WATER LEAD REPAIR.</b></p>	<p><b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$1,750.00</b>	<b>\$10,748.00</b>	<b>2013</b>

**Exhibit C – Qualifications Proposal**

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6b. **MOLD REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 25

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
1. <b>PMD – STATE CAPITOL BUILDING</b>  <b>INVESTIGATION AND CORRECTION OF FUNGAL GROWTH IN CAPITOL SECURITY OFFICE.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$10,443.00</b>	<b>\$34,357.00</b>	<b>2012</b>

6c. **DUCT CLEANING DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 7

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
1. <b>ST. PETER REGIONAL TREATMENT CENTER, SUNRISE BUILDING</b>  <b>DUCT CLEANING</b>	<b>DESIGN CLEANING WORK PLAN, COORDINATED SITE ACTIVITIES, AND DOCUMENTED WORK COMPLETED.</b>	<b>\$4,750.00</b>	<b>\$54,106.00</b>	<b>2013</b>

6d. **LEAD REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 25

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. DMA – HASTING NATIONAL GUARD ARMORY</b>  <b>DECOMMISSION AND DECONTAMINATE FORMER INDOOR FIRING RANGE.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLANS, REGULATORY AGENCY REVIEW, COORDINATE SCHEDULE WITH FACILITY, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,500.00</b>	<b>\$35,910.00</b>	<b>2010</b>

6e. **OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN** (describe: PCBs, Mercury, etc.)

TOTAL NUMBER OF PROJECTS COMPLETED: 10

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

**Exhibit C** – Qualifications Proposal

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. DNR – BLUE MOUNDS STATE PARK RADON EVALUATION AND INSTALLATION OF RADON GAS MITIGATION SYSTEM.</b>	<b>DEVELOP SCOPE OF WORK, REMEDATION CORRECTION PLAN, REGULATORY AGENCY REVIEW, COORDINATE SCHEDULE WITH FACILITY, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSEOUT DOCUMENTS.</b>	<b>\$4,440.00</b>	<b>\$6,690.00</b>	<b>2011</b>

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6. PROJECT EXPERIENCE FOR EMPLOYEES IDENTIFIED IN SECTION 5 ABOVE. FOR EACH OF THE EMPLOYEES NAMED IN SECTION 5 ABOVE, PROVIDE PROJECT EXPERIENCE INFORMATION DURING THE PERIOD OF JULY 1, 2010 to DECEMBER 31, 2013 FOR 6a-6e BELOW.

EMPLOYEE NAME: AMY J. BUCKLEY

6a. ASBESTOS REMEDIATION DESIGN TOTAL NUMBER OF PROJECTS COMPLETED: 45

PROVIDE THE FOLLOWING INFORMATION ON TEN (10) COMPLETED PROJECTS:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. MINNEAPOLS CITY HALL- COURTHOUSE, STAGE XVI, STEAM PIPING REMOVAL</b>  ASBESTOS CONTAINING THERMAL SYSTEM INSULATION REMOVAL AND DISPOSAL THROUGHOUT 17 ROOMS, INCLUDING DEMOLITION FOR ACCESS.	<b>DEVELOP SCOPE OF WORK, REMEDIAION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$4,420.00</b>	<b>\$15,750.00</b>	<b>2011</b>

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>2. MINNEAPOLIS CITY HALL- COURTHOUSE, STAGE XVI LIFE SAFETY RENOVATION</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR UPGRADE TO FIRE LIFE SAFETY AND HVAC AND RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, REMEDATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$6,720.00</b>	<b>\$39,985.00</b>	<b>2011</b>
<b>3. CP RAIL ROUNDHOUSE BUILDING</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONTAMINATED CEILING SPACE CLEANUP.</b>	<b>DEVELOP SCOPE OF WORK, REMEDATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, AND BID TO QUALIFIED CONTRACTORS.</b>	<b>\$1,700.00</b>	<b>\$19,280.00</b>	<b>2011</b>
<b>4. HONEYWELL CSP ENGINEERING</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, REMEDATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,500.00</b>	<b>\$23,570.00</b>	<b>2012</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>5. ROOSEVELT LIBRARY RENOVATION</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, PUBLIC BID, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS</b>	<b>\$5,665.00</b>	<b>\$46,275.00</b>	<b>2012</b>
<b>6. HONEYWELL EAST MECHANICAL ROOM</b>  <b>ASBESTOS SAW CUTTING AND WASTE MANAGEMENT DURING CEILING DECK REMOVAL.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,300.00</b>	<b>\$23,570.00</b>	<b>2012</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<p><b>7. MINNEAPOLIS CITY HALL- COURTHOUSE, STAGE XVII LIFE SAFETY RENOVATION</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR UPGRADE TO FIRE LIFE SAFETY AND HVAC AND RENOVATION.</b></p>	<p><b>DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<p><b>\$11,600.00</b></p>	<p><b>\$48,200.00</b></p>	<p><b>2012</b></p>
<p><b>8. MINNEAPOLIS CITY HALL- COURTHOUSE, STAGE XVII STEAM PIPING REMOVAL</b></p> <p><b>ASBESTOS CONTAINING THERMAL SYSTEM INSULATON REMOVAL AND DISPOSAL, INCLUDING DEMOLITION FOR ACCESS.</b></p>	<p><b>DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<p><b>\$4,650.00</b></p>	<p><b>\$42,400.00</b></p>	<p><b>2012</b></p>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>9. WAYZATA BOULEVARD MEDICAL BUILDING, PRE-DEMOLITION ABATEMENT</b>  <b>ASBESTOS REMOVAL AND DISPOSAL IN PREPARATION OF BUILDING DEMOLITION.</b>	<b>DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,500.00</b>	<b>\$75,745.00</b>	<b>2013</b>
<b>10. HONEYWELL MEDICAL OFFICE</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$1,250.00</b>	<b>\$5,250.00</b>	<b>2013</b>

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6b. **MOLD REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 12

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
1. UTC AEROSPACE, MOTHER'S ROOM  FUNGAL REMEDIATION IN SUPPORT OF RENOVATION.	DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.	\$1,200.00	\$5,200.00	2011

6c. **DUCT CLEANING DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 1

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
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1. MINNEAPOLIS CITY HALL-COURTHOUSE, ATTIC	DEVELOP SCOPE OF WORK, SUPPORTING SAMPLING, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, BID TO QUALIFIED CONTRACTORS, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.	\$6,000.00	\$44,500.00	2011
DISASSEMBLY OF DUCT FROM ATTIC SPACE.				

6d. LEAD REMEDIATION DESIGN TOTAL NUMBER OF PROJECTS COMPLETED: 9

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) COMPLETED PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
1. FEDERAL OFFICE BUILDING – NRLB OFFICE EXPANSION  LEAD PAINT MITIGATION	DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, MANAGE WORK ORDERS, AND PROCESS CLOSE OUT DOCUMENTS.	\$3,100.00	\$27,000.00	2013

6e. **OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN** (describe: PCBs, Mercury, etc.)

TOTAL NUMBER OF PROJECTS COMPLETED: 6

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. CENTRAL CORRIDOR LIGHT RAIL – CIVIL WEST</b>  <b>CONTAMINATED SOIL REMOVAL AND DISPOSAL</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, AND PROCESS CLOSE OUT DOCUMENTS.</b>	<b>\$2,115.00</b>	<b>\$32,200.00</b>	<b>2012</b>

6. PROJECT EXPERIENCE FOR EMPLOYEES IDENTIFIED IN SECTION 5 ABOVE. FOR EACH OF THE EMPLOYEES NAMED IN SECTION 5 ABOVE, PROVIDE PROJECT EXPERIENCE INFORMATION DURING THE PERIOD OF JULY 1, 2010 to DECEMBER 31, 2013 FOR 6a-6e BELOW.

EMPLOYEE NAME: **NICHOLAS S. MUELLER**

6a. **ASBESTOS REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: **22**

PROVIDE THE FOLLOWING INFORMATION ON TEN (10) **COMPLETED** PROJECTS:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. MVH – MINNEAPOLIS VETERANS HOME, GREEN HOUSE</b>  <b>PRE-DEMOLITION ASBESTOS REMOVAL AND DISPOSAL.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,000.00</b>	<b>\$8,852.60</b>	<b>2011</b>
<b>2. DOC – MCF, LINO LAKES, BUILDING B-3</b>  <b>ASBESTOS REMOVAL AND DISPOSAL, CONSTRUCTION SUPPORT FOR NEW WINDOWS AND TUCK POINTING.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$3,000.00</b>	<b>\$21,912.00</b>	<b>2011</b>

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>3. MVH – MINNESOTA VETERANS HOME, LINK BUILDING</b>  <b>PRE-DEMOLITION ASBESTOS REMOVAL AND DISPOSAL.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,500</b>	<b>\$5,880.00</b>	<b>2011</b>
<b>4. RECS – CENTENNIAL OFFICE BUILDING</b>  <b>INTERIOR ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR PIPE REPAIRS.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$500.00</b>	<b>\$214,000.00</b>	<b>2012</b>
<b>5. RECS – ALEXANDRIA TECHNICAL COLLEGE</b>  <b>ASBESTOS ABATEMENT AND DISPOSAL. COMPLETE BATHROOM REMODEL.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$1,500.00</b>	<b>\$4,457.00</b>	<b>2012</b>
<b>6. MSOCS - NORTHFIELD</b>  <b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR BASEMENT RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,000.00</b>	<b>\$9,465.00</b>	<b>2013</b>

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DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<p><b>7. MVH – HASTINGS VETERANS HOME, BUILDING 25</b></p> <p><b>EMERGENCY ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR WATER LEAK AND RENOVATION.</b></p>	<p><b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$2,100.00</b>	<b>\$9,096.00</b>	<b>2013</b>
<p><b>8. DNR – GOOSEBERRY FALLS, OLD VISITOR CENTER</b></p> <p><b>PRE-DEMOLITION ASBESTOS REMOVAL AND DISPOSAL.</b></p>	<p><b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$1,500.00</b>	<b>\$5,550.00</b>	<b>2013</b>
<p><b>9. DHS – SPRTC – GREEN ACRES</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL. CONSTRUCTION SUPPORT FOR RE-ROOFING PROJECT.</b></p>	<p><b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$2,250.00</b>	<b>\$13,950.80</b>	<b>2012</b>
<p><b>10. MVH – MINNEAPOLIS VETERANS HOME, BUILDING 16</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL, CONSTRUCTION SUPPORT FOR INTERIOR RENOVATION PROJECT.</b></p>	<p><b>DEVELOP SCOPE OF WORK, COORDINATE SCHEDULE WITH SITE STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<b>\$5,500.00</b>	<b>\$31,480.00</b>	<b>2011</b>

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6b. **MOLD REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: **10**

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. MVH – MINNESOTA VETERANS HOME – BUILDING 6 TUB ROOMS</b>  <b>MOLD ABATEMENT AND DISPOSAL. FLOOR LEVELING PROJECT AND RENOVATION.</b>	<b>DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$2,000.00</b>	<b>\$9,379.00</b>	<b>2011</b>

6c. **DUCT CLEANING DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: **1**

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. ST. PETER REGIONAL TREATMENT CENTER – JOHNSON HALL</b>  <b>DUCT CLEANING ALL SUPPLY AND RETURN DUCTS.</b>	<b>DESIGN CLEANING WORK PLAN, COORDINATE SITE ACTIVITIES AND DOCUMENT WORK COMPLETED, MANAGE WORK ORDERS, PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b>	<b>\$6,300.00</b>	<b>\$35,910.00</b>	<b>2010</b>

6d. **LEAD REMEDIATION DESIGN** TOTAL NUMBER OF PROJECTS COMPLETED: 5

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
<b>1. DMA – RED WING TRAINING AND COMMUNITY CENTER – LEAD REMEDIATION AND DECONTAMINATION OF FORMER INDOOR FIRING RANGE</b>  DEMOLISH, DECONTAMINATE AND ENCAPSULATE THE LEAD CONTAMINATED FORMER INDOOR FIRING RANGE.	DEVELOP SCOPE OF WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.	\$5,000.00	\$18,880.00	2011

6e. **OTHER HAZARDOUS MATERIAL REMEDIATION DESIGN** (describe: PCBs, Mercury, etc.)

TOTAL NUMBER OF PROJECTS COMPLETED: 4

PROVIDE THE FOLLOWING INFORMATION ON ONE (1) **COMPLETED** PROJECT:

DESCRIPTION OF PROJECT	SCOPE OF RESPONSIBILITY	CONSULTANT FEE	CONSTRUCTION COST	YEAR COMPLETED
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<p><b>1. DMA – RED WING TRAINING AND COMMUNITY CENTER – PCB CAULKING ABATEMENT</b></p> <p><b>PCB CAULKING ABATEMENT IN SUPPORT OF RENOVATON ACTIVITIES.</b></p>	<p><b>DEVELOP SCOPE WORK, REMEDIATION CORRECTION PLAN, COORDINATE SCHEDULE WITH STAFF, MANAGE WORK ORDERS, PROCESS PAY REQUESTS AND CLOSE OUT DOCUMENTS.</b></p>	<p><b>\$6,500.00</b></p>	<p><b>\$15,000.00</b></p>	<p><b>2011</b></p>
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7. REFERENCES – PROVIDE THREE (3) PROJECT REFERENCES. IF POSSIBLE, INCLUDE AT LEAST ONE POLITICAL SUBDIVISION (FEDERAL, STATE, COUNTY, OR CITY) PROJECT.

PROJECT TITLE & SCOPE	DATE COMPLETED	CLIENT'S COMPANY NAME & MAILING ADDRESS	CLIENT'S CONTACT PERSON NAME, POSITION TITLE	CLIENT'S TELEPHONE NUMBER
<p><b>1. DHS - SHANTZ HALL RENOVATION</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL THROUGHOUT THE ENTIRE BUILDING.</b></p>	2013	<p><b>RECS</b>  <b>309 ADMINISTRATION BUILDING</b>  <b>50 SHERBURNE AVENUE,</b>  <b>ST. PAUL, MN 55155</b></p>	<p><b>MR. GLEN HEINO</b>  <b>STATE PROGRAM ADMIN</b>  <b>COORDINATOR</b></p>	(651) 201-2543
<p><b>2. STAGE 17 ASBESTOS REMOVAL IN SUPPORT OF MECHANICAL AND LIFE SAFETY UPGRADES</b></p> <p><b>SITE INSPECTIONS TO DEVELOP PROPOSAL, REMEDIATION DRAWINGS, SPECIFICATIONS, AND PUBLIC BIDDING, PROJECT MANAGEMENT, CONSTRUCTION ADMINISTRATION AND FINAL PROJECT REVIEW. CONSTRUCTION OVERSIGHT FOR OWNER, 2012.</b></p>	2012	<p><b>MUNICIPAL BUILDING COMMISSION,</b>  <b>MINNEAPOLIS CITY HALL-COURTHOUSE,</b>  <b>350 SOUTH 5<sup>TH</sup> STREET,</b>  <b>ROOM 105</b>  <b>MINNEAPOLIS, MN</b>  <b>55415-1319</b></p>	<p><b>MR. ROYCE WIENS</b>  <b>PROJECT MANAGER</b></p>	(612) 596-9522
<p><b>3. DMA – ST. PAUL ARMORY RENOVATION</b></p> <p><b>ASBESTOS REMOVAL AND DISPOSAL THROUGHOUT THE ENTIRE BUILDING.</b></p>	2012	<p><b>DEPARTMENT OF MILITARY AFFAIRS</b>  <b>CAMP RIPLEY FMO</b>  <b>15000 HIGHWAY 115</b>  <b>LITTLE FALLS, MN</b>  <b>56345</b></p>	<p><b>MR. KEN AUER</b>  <b>ENVIRONMENTAL</b>  <b>COORDINATOR</b></p>	(320) 616-2617

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**8. LICENSING REQUIREMENTS AND OBLIGATIONS** – PROVIDE A STATEMENT THAT SERVICES WILL BE PROVIDED IN COMPLIANCE WITH MINNESOTA DEPARTMENT OF HEALTH LICENSING REQUIREMENTS AND MINNESOTA STATUTES 326.70-326.81. RESPONDER'S EMPLOYEE(S) MUST HOLD A CURRENT LICENSE IN ORDER TO BE CONSIDERED FOR THIS RFP.

**SERVICES WILL BE PROVIDED IN COMPLIANCE WITH MINNESOTA DEPARTMENT OF HEALTH LICENSING REQUIREMENTS AND MINNESOTA STATUTES 326.70-326.81. INDUSTRIAL HYGIENE SERVICES CORPORATION'S EMPLOYEES HOLD CURRENT LICENSES.**

**9. COMPLIANCE WITH STATE'S MANUALS AND GUIDELINES** – PROVIDE A STATEMENT THAT RESPONDER HAS READ AND WILL PROVIDE SERVICES IN COMPLIANCE WITH THE CURRENT EDITION OF THE STATE'S COMPUTER AIDED DRAFTING (CAD) GUIDELINES. A COPY IS AVAILABLE ON STATE'S WEB SITE AT <http://mn.gov/admin/business/vendor-info/construction-projects/Guidelines/>.

**INDUSTRIAL HYGIENE SERVICES CORPORATION HAS READ AND WILL PROVIDE SERVICES IN COMPLIANCE WITH THE CURRENT EDITION OF THE STATE'S COMPUTER AIDED DRAFTING (CAD) GUIDELINES.**

10. PLEASE ANSWER THE QUESTIONS LISTED BELOW, TO CONFIRM SPECIFIC ELIGIBILITY REQUIREMENTS.

- a. I have read and agree to the State Professional / Technical Services Master Contract ( X ) Yes ( ) No
- b. A Certificate of insurance will be provided in accordance with State Professional / Technical Services Master Contract, if awarded project ( X ) Yes ( ) No
- c. A signed Affidavit of Non-collusion is attached. ( X ) Yes ( ) No
- d. A completed and signed Affirmative Action Data Page is included with this proposal ( X ) Yes ( ) No
- e. Foreign outsourcing ( ) will ( X ) will not be involved in the delivery of contract services.

<p>11. Authorized Signature:</p> <p></p> <p>(Signature of person identified in Section 2)</p> <p>Registration Number: _____</p> <p>Date: <u>03/28/14</u></p> <p>( X ) corporate officer* ( ) partner* ( ) sole proprietor *provide copy of corporate resolution or by-laws</p> <p>Firm is registered in Minnesota as a:</p> <p>( X ) Corporation ( ) LLP ( ) Other _____</p> <p>MN Tax ID No. <u>3457094</u> FED Tax ID No. <u>41-1890732</u></p> <p>MN Vendor No. <u>VN0000225080 1</u> (required for contract)</p>	<p><u>TIMOTHY P. HUBER</u> (Typed Name) <u>03/28/14</u> Date:</p> <p><u>PRESIDENT/OWNER</u> (Typed Title)</p>
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END OF EXHIBIT C

Certificate No: 5LM09061301PDR

Expiration Date: September 6, 2014

This is to certify that  
**Timothy P. Huber**  
has attended and successfully completed an  
**ASBESTOS PROJECT DESIGNER  
REFRESHER TRAINING COURSE**

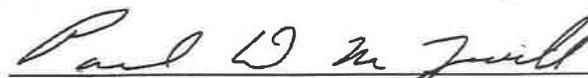
permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
White Bear Lake, MN on September 6, 2013

Examination Date: September 6, 2013

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor



Certificate No: 5LM05031303IR

Expiration Date: May 3, 2014

This is to certify that  
**Timothy P. Huber**  
has attended and successfully completed an  
**ASBESTOS INSPECTOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**  
in  
**White Bear Lake, MN on May 3, 2013**  
**Examination Date: May 3, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

*Paul W. McGill*  
Training Instructor

Director, Env. Health Div.



No. A125/6 Issued: 05/07/2013

MDH ASBESTOS INSPECTOR  
Certified by:  
State of Minnesota  
Department of Health  
Expires: 05/03/2014  
Timothy P. Huber  
148 White Pine Cir.  
Lino Lakes, MN 55014

Certificate No: 5LM05031301MPR

Expiration Date: May 3, 2014

This is to certify that  
**Timothy P. Huber**  
has attended and successfully completed an  
**ASBESTOS MANAGEMENT PLANNER  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on May 3, 2013**  
**Examination Date: May 3, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

  
Director, Env. Health Div.



  
Certified by  
State of Minnesota  
Department of Health  
Expires: 05/03/2014  
Timothy P. Huber  
146 White Pine Cir.  
Lino Lakes, MN 55014  
No. AM2576 / Issued: 05/07/2013

**A**ERICAN  
INDUSTRIAL  
HYGIENE  
ASSOCIATION

475 Wolf Ledges Parkway • Akron, OH 44311-1087 • TEL. 216-762-7294 • FAX 216-762-4133

**COPY**

May 11, 1989

Mr. Timothy Huber  
Delta Industrial Hygiene  
1485 Energy Park Drive  
Energy Park Business Center  
St. Paul, MN 55108

Dear Mr. Huber:

Congratulations! The American Industrial Hygiene Association Board of Directors has approved your listing in the Asbestos Analysts Registry.

To continue your listing, you must successfully participate in the Asbestos Analytical Testing (AAT) Program. Successful participation is defined as follows:

1. Acceptable performance is defined as no more than two outliers in two consecutive rounds. More than a total of two outliers in any two consecutive rounds will result in a non-acceptable rating.
2. Successful analysis of two rounds with no more than two outliers will result in an acceptable rating.
3. Non-participation will be considered the equivalent of outliers. Two consecutive rounds of non-participation will result in removal from the Registry listing.

Changes of employment must be reported immediately.

If you have any questions, please do not hesitate to call Cathy Herrin or myself. We look forward to working with you.

Sincerely,

*Becky Boyes*

Rebecca S. Boyes  
Asbestos Analysts Registry  
Coordinator

RSB/ch

Certificate No: 5LM12021301SR

Expiration Date: December 2, 2013

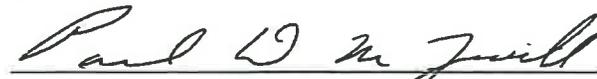
This is to certify that  
**Timothy P. Huber**  
has attended and successfully completed an  
**ASBESTOS SUPERVISOR  
REFRESHER TRAINING COURSE**

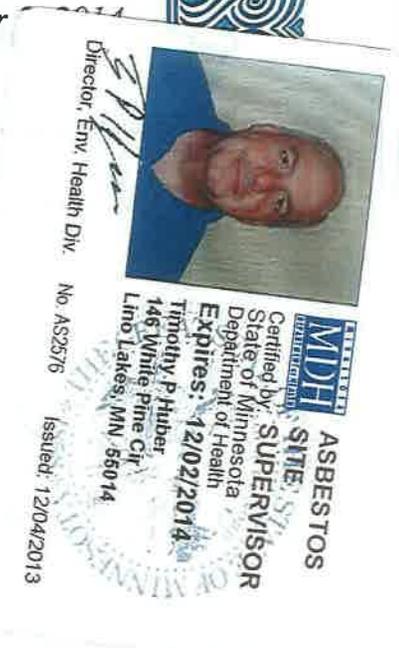
permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on December 2, 2013**  
**Examination Date: December 2, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor



# Institute of Hazardous Materials Management

*This certifies that*

**Timothy P. Huber**

*has successfully met all the requirements of education,  
experience and examination, and is hereby designated a*

**Certified Hazardous Materials Manager®**



April 2007

Date of Certification

14312

Credential Number

April 30, 2018

Certification Expires

*Jeffrey H. Huber*  
Executive Director

Valid so long as this credential is renewed according to schedule and is not otherwise revoked.

Minnesota State Board of Architecture, Engineering,  
Land Surveying, Landscape Architecture,  
Geoscience and Interior Design

This is to certify that

**Timothy Paul Huber**

**Professional Geologist**

46488

04/26/2012

06/30/2014

License Number

Effective Date

Expiration Date

RECEIPT

Timothy Paul Huber

ISSUED

146 White Pine Circle

TO:

Lino Lakes, MN 55014

License Number

46488

Expires

06/30/2014

MINNESOTA STATE BOARD OF ARCHITECTURE, ENGINEERING,  
LAND SURVEYING, LANDSCAPE ARCHITECTURE, GEOSCIENCE  
AND INTERIOR DESIGN  
THIS IS TO CERTIFY THAT

**Timothy Paul Huber**

**Professional Geologist**

License Number

46488

Effective Date

04/26/2012

Expiration Date

06/30/2014

Certificate No: 5LM01161406PDR

Expiration Date: January 16, 2015

This is to certify that  
**Amy Buckley**  
has attended and successfully completed an  
**ASBESTOS PROJECT DESIGNER  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on January 16, 2014**  
**Examination Date: January 16, 2014**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

*Paul W. Jewell*  
Training Instructor

Director, Env. Health Div.



No. AD229

Issued: 01/22/2014

**MINNESOTA**  
**ASBESTOS**  
**PROJECT**  
**DESIGNER**  
Certified by:  
State of Minnesota  
Department of Health  
Expires: 01/16/2015  
Amy J. Buckley  
1405 Oakview Ln N  
Plymouth, MN 55441

Certificate No: 5LM10041313IR

Expiration Date: October 4, 2014

This is to certify that  
**Amy Buckley**  
has attended and successfully completed an  
**ASBESTOS INSPECTOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on October 4, 2013**  
**Examination Date: October 4, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

*Paul W. McNeill*  
Training Instructor



*Paul W. McNeill*  
Director, Env. Health Div.



No. AI2229 / Issued: 10/09/2013

Certificate No: 5LM10041304MPR

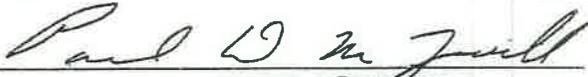
Expiration Date: October 4, 2014

This is to certify that  
**Amy Buckley**  
has attended and successfully completed an  
**ASBESTOS MANAGEMENT PLANNER  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**  
in  
**White Bear Lake, MN on October 4, 2013**  
**Examination Date: October 4, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

  
Director, Env. Health Div.



No. AMZ229 / Issued: 10/09/2013

  
ASBESTOS  
MANAGEMENT  
PLANNER  
Certified by  
State of Minnesota  
Department of Health  
Expires: 10/04/2014  
Amy J Buckley  
1406 Oakview Ln N.  
Plymouth, MN 55441

**AMERICAN  
INDUSTRIAL  
HYGIENE  
ASSOCIATION**

P.O. Box 8390 • 345 White Pond Dr. • Akron, OH 44320 • TEL. (216) 873-AIHA (2442) • FAX (216) 873-1642

---

AMY J JOHNSON  
DELTA ENVIRONMENTAL CONSULTANTS  
1485 ENERGY PARK DRIVE  
ST PAUL MN 55108

February 21, 1991

Congratulations! The American Industrial Hygiene Association Board of Directors has approved your listing in the Asbestos Analysts Registry.

To continue your listing, you must successfully participate in the Asbestos Analytical Testing (AAT) Program. Successful participation is defined as follows.

1. Acceptable performance is defined as no more than two outliers in two consecutive rounds. More than a total of two outliers in any two consecutive rounds will result in a non-acceptable rating.
2. Successful analysis of two rounds with no more than two outliers will result in an acceptable rating.
3. Non-participation will be considered the equivalent of outliers. Two consecutive rounds of non-participation will result in removal from the Registry listing.

Changes of employment must be reported immediately.

If you have any questions, please do not hesitate to call Wendy Cunningham or myself. We look forward to working with you.

Sincerely,

  
Nadine Lowriw  
Asbestos Analysts Registry Coordinator

NL/1a1



Certificate No: 5LM08211303SR

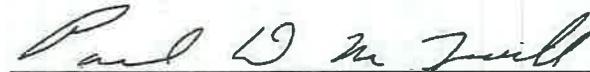
Expiration Date: August 21, 2014

This is to certify that  
**Amy Buckley**  
has attended and successfully completed an  
**ASBESTOS SUPERVISOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**  
in  
**White Bear Lake, MN on August 21, 2013**  
**Examination Date: August 21, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

Director, Env. Health Div.



No. AS2229

Issued: 08/26/2013

**MDH** ASBESTOS  
SITE SUPERVISOR  
Certified by  
State of Minnesota  
Department of Health  
Expires: 08/21/2014  
Amy J. Buckley  
1405 Oakview Ln N  
Plymouth, MN 55441

Certificate No: 5LM11151308PbRAR

Issue Date: November 15, 2013

This diploma is awarded to  
**Amy Buckley**  
1405 Oakview Ln N Plymouth MN 55441  
for successfully completing and passing the examination for the  
**LEAD (Pb) RISK ASSESSOR  
REFRESHER TRAINING COURSE**

This training course is Approved by the State of Minnesota  
under Minnesota Rules, parts 4761.2000 to 4761.2700  
and meets the requirements of 40 CFR 745.225,  
and Title X of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on November 15, 2013**  
**Examination Date: November 15, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Bob Rogalla - Training Course Manager

Director, Env. Health Div.



**MINNESOTA**  
**MIDH**  
**LEAD**  
**RISK ASSESSOR**  
Licensed by:  
State of Minnesota  
Department of Health  
License No. LR190  
Expires 11/15/2014  
Amy J Buckley  
1405 Oakview Ln N  
Plymouth, MN 55441

# *Certificate of Achievement*

*Amy Buckley*

*Industrial Hygiene Services Corporation*

*Has successfully completed the  
Thermo Fisher Scientific NITON Analyzers Manufacturer's Training Course  
and is now certified in radiation safety and monitoring, device operation,  
and machine maintenance of the NITON XRF Analyzer.*

*Certificate issued by Thermo Fisher Scientific NITON Analyzers  
(CIH's - The ABIH Awards 1 CM point, approval # 07-1596)*

ThermoFisher  
SCIENTIFIC



*Victoria Gray Lewis*

Training Coordinator

*Kenneth P. Spots*

Director of Training

00v3000000E0AGv

Certificate Number

2007 Nov 29 / Minneapolis, MN

Date & Site of Course

Certificate No: 5LM01161401PDR

Expiration Date: January 16, 2015

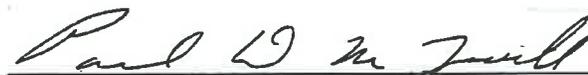
This is to certify that  
**Nicholas S. Mueller**  
has attended and successfully completed an  
**ASBESTOS PROJECT DESIGNER  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on January 16, 2014**  
**Examination Date: January 16, 2014**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

Director, Env. Health Div.

No. AD3806

Issued: 01/21/2014



**MDH**  
MINNESOTA DEPARTMENT OF HEALTH  
ASBESTOS  
PROJECT  
DESIGNER  
Certified by:  
State of Minnesota  
Department of Health  
Expires: 01/16/2015  
Nicholas S. Mueller,  
1801 Shasta Dr  
Hudson, WI 54016

Certificate No: 5LM01091403IR

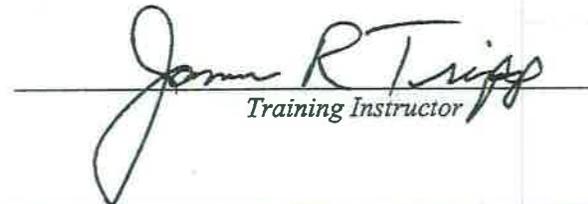
Expiration Date: January 9, 2015

This is to certify that  
**Nicholas S. Mueller**  
has attended and successfully completed an  
**ASBESTOS INSPECTOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**  
in  
**Hudson, WI on January 9, 2014**  
**Examination Date: January 9, 2014**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

Director, Env. Health Div.



No. AI3806

Issued: 02/11/2014

  
Certified by:  
State of Minnesota  
Department of Health  
Expires: 01/09/2015  
Nicholas S. Mueller  
1801 Shasta Dr  
Hudson, WI 54016

Certificate No: 5LM03041416PbRAR

Issue Date: March 4, 2014

This diploma is awarded to  
**Nicholas S. Mueller**  
1801 Shasta Dr Hudson WI 54016  
for successfully completing and passing the examination for the

**LEAD (Pb) RISK ASSESSOR  
REFRESHER TRAINING COURSE**

This training course is Approved by the State of Minnesota  
under Minnesota Rules, parts 4761.2000 to 4761.2700  
and meets the requirements of 40 CFR 745.225,  
and Title X of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**White Bear Lake, MN on March 4, 2014**  
**Examination Date: March 4, 2014**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Bob Rogalla - Training Course Manager

Director, Env. Health Div.



  
Licensed by:  
State of Minnesota  
Department of Health  
License No. LR3096  
Expires 03/04/2015  
Nicholas S Mueller  
1801 Shasta Dr  
Hudson, WI 54016

Certificate No: 5LM08151306SR

Expiration Date: August 15, 2014

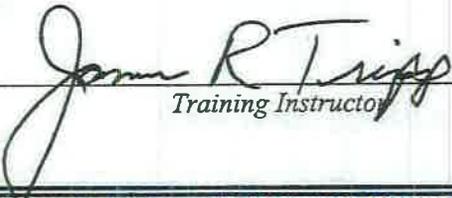
This is to certify that  
**Nicholas S. Mueller**  
has attended and successfully completed an  
**ASBESTOS SUPERVISOR  
REFRESHER TRAINING COURSE**

permitted by  
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722  
and meets the requirements of  
Section 206 of Title II of the Toxic Substances Control Act (TSCA)  
conducted by

**Lake States Environmental, Ltd.**

in  
**Hudson, WI on August 15, 2013**  
**Examination Date: August 15, 2013**

Lake States Environmental, Ltd  
P. O. Box 645, Rice Lake, WI 54868  
(800) 254-9811

  
Training Instructor

  
Director, Env. Health Div.



No. AS3806 Issued: 08/19/2013

 ASBESTOS  
SITE SUPERVISOR  
Certified by: SUPERVISOR  
State of Minnesota  
Department of Health  
Expires: 08/15/2014  
Nicholas S. Mueller  
1801 Shasta Dr.  
Hudson, WI 54016

# *Certificate of Achievement*

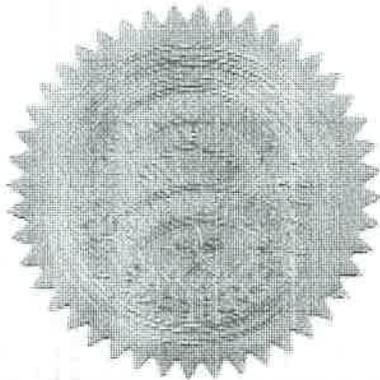
*Nick Mueller*

*Industrial Hygiene Services Corporation*

*Has successfully completed the  
Thermo Fisher Scientific NITON Analyzers Manufacturer's Training Course  
and is now certified in radiation safety and monitoring, device operation,  
and machine maintenance of the NITON XRF Analyzer.*

*Certificate issued by Thermo Fisher Scientific NITON Analyzers  
(CIH's - The ABIH Awards 1 CM point, approval # 07-1596)*

ThermoFisher  
SCIENTIFIC



*Victoria Gryzlovska*

Training Coordinator

*Kenneth P. Winters*

Director of Training

0033000000S8CD

Certificate Number

2007 Sept 27 / Middleton, WI

Date & Site of Course



COPY

RETAIN FOR YOUR RECORDS

September 1, 2000

Counter ID: 8113  
Organization ID: 102840

Nick Mueller  
Industrial Hygiene Services Corporation

3585 Lexington Avenue North  
Suite 339  
St. Paul, MN 55126

Dear :

**Congratulations!** The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analysts Registry (AAR). This Board Approval takes effect today and is current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. This is the only time AIHA requires that you be on the AAB Ballot.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to override the results, or:
- 2) Analyze the next two AAT rounds and again meet Board Approval qualifications.

**If you foresee non-participation in a future AAT round, AIHA requires a letter requesting a suspension from that round to retain the Board Approval status before the date that results are due for that particular round.**

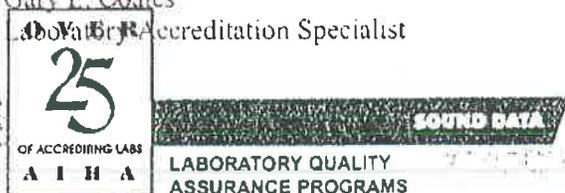
For your information:

- 1) You automatically lose Board Approval status when you cease analyzing AAT samples with your organization.
- 2) If you transfer to an unapproved organization, you immediately lose Board Approval status.

Congratulations again and thank you for your continued interest in the Asbestos Analysts Registry program. If you have any questions concerning your status, please call me.

Sincerely,

Gary E. Coates  
Accreditation Specialist



**AIHA**

Your Essential Connection:  
Advancing Occupational and Environmental Health  
and Safety Globally

2700 Prosperity Ave., Suite 250, Fairfax, VA 22031 U.S.A.  
(703) 849-8888; Fax (703) 207-8558; www.aiha.org



March 18, 2014

Real Estate and Construction Services  
309 Administration Building  
50 Sherburne Avenue  
St. Paul, Minnesota 55155

To Whom it May Concern:

I hereby certify that a minimum of 51% of Industrial Hygiene Services Corporation's income is derived from performing asbestos remediation design service and Industrial Hygiene Services Corporation will provide financial records to substantiate the percentage should the State of Minnesota request the records.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Timothy P. Huber', written over a horizontal line.

Timothy P. Huber, CHMM, PG  
President/Owner

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of March, 2014.

A handwritten signature in blue ink, appearing to read 'Carole M. Garrison', written over a horizontal line.



My commission expires: 01/31/17

**Exhibit D1**  
**State/Consultant Basic Services**  
**Insurance Requirements**

A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.

B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** limits are as follows:

\$100,000 – Bodily Injury by Disease per employee  
\$500,000 – Bodily Injury by Disease aggregate  
\$100,000 – Bodily Injury by Accident

If Minnesota Statute 176.041 exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

If during the course of the contract the Contractor becomes eligible for Workers' Compensation, the Contractor must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance.

2. **Commercial General Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the Contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence  
\$2,000,000 – annual aggregate  
\$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

Premises and Operations Bodily Injury and Property Damage  
Personal and Advertising Injury  
Blanket Contractual Liability  
Products and Completed Operations Liability  
Other; if applicable, please list \_\_\_\_\_  
State of Minnesota named as an Additional Insured

3. **Commercial Automobile Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

## Exhibit D1

\$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

#### 4. **Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance**

This policy will provide coverage for all claims the contractor may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Contractor's professional services required under the contract.

Contractor is required to carry the following **minimum** limits:

\$2,000,000 – per claim or event

\$2,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Contractor and may not exceed \$50,000 without the written approval of the State. If the Contractor desires authority from the State to have a deductible in a higher amount, the Contractor shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements so that the State can ascertain the ability of the Contractor to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this Contract and Contractor shall maintain such insurance for a period of at least three (3) years, following completion of the work. If such insurance is discontinued, extended reporting period coverage must be obtained by Contractor to fulfill this requirement.

#### C. Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Contractor's performance under this contract;
- If Contractor receives a cancellation notice from an insurance carrier affording coverage herein, Contractor agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Contractor's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota;
- Contractor is responsible for payment of Contract related insurance premiums and deductibles;
- If Contractor is self-insured, a Certificate of Self-Insurance must be attached;
- Contractor's policy(ies) shall include legal defense fees in addition to its liability policy limits, with the exception of B.4 above;
- Contractor shall obtain insurance policy(ies) from insurance company(ies) having an "AM BEST" rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota; and

## **Exhibit D1**

- An Umbrella or Excess Liability insurance policy may be used to supplement the Contractor's policy limits to satisfy the full policy limits required by the Contract.
- D. The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State's authorized representative upon written request.
- E. The successful responder is required to submit Certificates of Insurance acceptable to the State of MN as evidence of insurance coverage requirements prior to commencing work under the contract.

## Exhibit E

### State Of Minnesota – Affirmative Action Certification

**BOX A – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to BOX B.**

Your response will be rejected unless your business:

- has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)
- ~~–or–~~
- has submitted an affirmative action plan to the MDHR, which the Department received prior to the date and time the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

- We have a current Certificate of Compliance issued by the MDHR. **Proceed to BOX C. Include a copy of your certificate with your response.**
- We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on \_\_\_\_\_ (date). [If the date is the same as the response due date, indicate the time your plan was received: \_\_\_\_\_ (time). **Proceed to BOX C.**
- We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected. Proceed to BOX C. Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)

**Please note:** Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

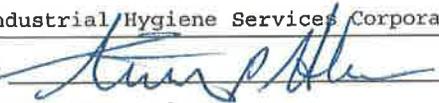
**BOX B – For those companies not described in BOX A**

Check below.

- We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. Proceed to BOX C.**

**BOX C – For all companies**

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government.)

Name of Company: Industrial Hygiene Services Corporation Date 03/28/14  
Authorized Signature:  Telephone number: (651) 287-5375  
Printed Name: Timothy P. Huber Title: President/Owner

**For assistance with this form, contact:**

Minnesota Department of Human Rights, Compliance Services Section

Mail: 190 East 5<sup>th</sup> St., Suite 700 St. Paul, MN 55101 TC Metro: (651) 296-5663 Toll Free: 800-657-3704  
Web: www.humanrights.state.mn.us Fax: (651) 296-9042 TTY: (651) 296-1283  
Email: employerinfo@therightsplace.net

## Exhibit F

### CERTIFICATION REGARDING LOBBYING For State of Minnesota Contracts and Grants over \$100,000

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Industrial Hygiene Services Corporation  
Organization Name

Timothy P. Huber, President/Owner  
Name and Title of Official Signing for Organization

By:   
Signature of Official

03/28/14  
Date

# Affidavit of Noncollusion

**State of Minnesota**  
Request for Proposals

**Firm Name:** Industrial Hygiene Services Corporation

**Instructions:** Please return your completed form as part of the Response submittal.

**I swear (or affirm) under the penalty of perjury:**

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).
2. That the attached proposal submitted in response to the <insert name> Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment, or services described in the Request for Proposals, designed to limit fair and open competition.
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

**Authorized Signature**

Responder's firm name: Industrial Hygiene Services Corporation  
Print authorized representative name: Timothy P. Huber Title: President/Owner  
Authorized signature: *Timothy P. Huber* Date (mm/dd/yyyy): 03/28/14

**Notary Public**

Subscribed and sworn to before me this:

28<sup>th</sup> day of March, 2014

*Carole M. Garrison*  
Notary Public signature

01/31/17  
Commission expires (mm/dd/yyyy)

