



Joe Foss Building
523 East Capitol
Pierre, SD 57501

GROUND WATER DISCHARGE PLAN PERMISSION TO INSPECT

Facility Name: _____

Location or Physical Address: _____

I hereby certify that I am a person (owner and/or operator) legally responsible for this facility, and that I grant permission for the Secretary of the South Dakota Department of Environment and Natural Resources, or an authorized representative, to inspect this facility, including all records and reports, in accordance with ARSD 74:50:03:03.

Dated this _____, day of _____, 20____.

Applicant Signature

Applicant Printed Name

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

(SEAL)

My commission expires: _____