



523 East Capitol
 Pierre, SD 57501

**STATE OF SOUTH DAKOTA
 GROUND WATER DISCHARGE PLAN TRANSFER FORM**

Current Facility Name: _____ Discharge Plan Number: GWD_____

Current Facility Owner: _____

New Facility Name: _____ Date of Transfer: _____
Must be submitted to DENR 90 days prior to this date

Facility Address: _____
CITY ZIP

Name of New Owner or Person Legally Responsible for Discharge: _____

Address of New Owner: _____
CITY ZIP

Phone Number of New Owner: _____

Name of Local Representative or Contact (if different from above): _____

Phone Number of Local Representative: _____

Are the rates of discharge, type of operation, or discharge characteristics going to change under the new ownership?
 YES (please attach description of changes)
 NO

I have fully read the Ground Water Discharge Plan and Ground Water Discharge Rules (ARSD 74:54:02) and agree to abide by all the conditions of the Ground Water Discharge Plan.

 New Owner or Person Legally Responsible for Discharge (Signature) Date

 New Owner or Person Legally Responsible for Discharge (Printed Name)

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

 Notary Public My commission expires: _____

(SEAL)