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: ____________________