



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: \_\_\_\_\_