



**DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES**

JOE FOSS BUILDING  
523 E CAPITOL AVE  
PIERRE SD 57501-3182  
danr.sd.gov

**GROUNDWATER DISCHARGE PLAN  
PERMISSION TO INSPECT**

Facility Name: \_\_\_\_\_

Location or Physical Address: \_\_\_\_\_

I hereby certify that I am a person (owner and operator) legally responsible for this facility, and that I grant permission for the Secretary of the South Dakota Department of Agriculture 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 (print)

\_\_\_\_\_  
Applicant (signature)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (signature)

My commission expires: \_\_\_\_\_

(SEAL)