



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES
Minerals, Mining, and Superfund Program
221 Mall Drive, Suite #201, Rapid City, SD 57701
Telephone: 605-773-4201, FAX: 605-394-5317

FORM 8

PERMISSION TO INSPECT

Well or Project Name: _____

Township: _____ Range: _____ Section: _____ County: _____

In compliance with ARSD 74:12:08:03 and SDCL 45-9, I do hereby grant the Secretary of the Department of Agriculture and Natural Resources, or his designated agent, permission to inspect all facilities, upon notification, at any time during the life of the permit or project.

Operator Name: _____

Signature	Name (print)	Title	Date
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State of _____)

County of _____)

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

Notary Public _____ My Commission expires _____
(Seal)