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 Environment 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

State of _________________________)
County of _______________________

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

Notary Public ________________________________ My Commission expires ______________
(Seal)