



DEPARTMENT of ENVIRONMENT and NATURAL RESOURCES  
Minerals & Mining Program  
2050 West Main, Suite #1, Rapid City, SD 57702-2493  
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 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)