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)