

By using this form you are agreeing to our terms of use. [Please read:](#)

Department of Agriculture and Natural Resources
Minerals and Mining Program
523 East Capitol Avenue
Pierre, South Dakota 57501-3182
605 773-4201; Fax: 605 773-5286

**AMENDMENT TO
MINING/MILLING PERMIT NO. _____**

Operator's name:

Mailing address:

Telephone:

Local address:

Telephone:

Resident agent (if out-of-state corporation):

Resident agent address:

Resident agent telephone:

Legal description of affected land:

County:

Description of amendment:

Name and address of surface owner:

Name and address of mineral owner:

INSTRUCTIONS:

This amendment application must be accompanied by:

1. The contents of the permit amendment pursuant to ARSD 74:29:03:03.
2. A fee of \$1,000 payable to the Department of Agriculture and Natural Resources pursuant to SDCL 45-6B-14 for a large scale operation. A fee of \$100 payable to the Department of Agriculture and Natural Resources pursuant to SDCL 45-6B-55 for a small scale operation.

Prior to Board approval of the permit amendment, the operator must submit the following:

1. Proof of filing a copy of the amendment with the Register of Deeds pursuant to ARSD 74:29:03:05(1), ARSD 74:29:03:08, and ARSD 74:29:03:10.
2. A surety in an amount to be determined by the department pursuant to ARSD 74:29:03:04.
3. A copy of instruments of consultation from all surface landowners, if different than the owner of the minerals pursuant to SDCL 45-6B-12 and 13.

Applicant hereby affirms that the mining and milling will be conducted pursuant to SDCL 45-6B, or any regulations promulgated thereunder; that he will grant access to the SD Board of Minerals and Environment or its agents to the area under application from the date of the application and during the life of the permit as is necessary to assure compliance with SDCL 45-6B.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature

Date: _____

Title: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me personally appeared

_____, who acknowledged himself to be the _____
(Title)

for _____ and that he is authorized to execute the Amendment to Mining/
(Operator)

Milling Permit for the purposes contained therein.

Notary Public

My Commission Expires: _____

SEAL

FOR DEPARTMENT USE ONLY

DATE APPROVED: BOND AMOUNT: PERMIT NUMBER:

Chairman, SD Board of Minerals & Environment

ADDITIONAL BOND AMOUNT: