



## REQUEST TO INSPECT DRILLHOLE SAMPLES

### Department of State Development Drill Core Storage Facility

**FAX or POST this form to:**

Manager – Drill Core Storage Facility

Post:  
GPO Box 320,  
Adelaide, SA 5001

Street Address:  
23 Conyngham St  
Glenside, SA 5065

Fax: + 61 8 8338 1925  
Phone: + 61 8 8379 9574

Email: [DSD.corelibrary@sa.gov.au](mailto:DSD.corelibrary@sa.gov.au)

Website: [www.minerals.statedevelopment.sa.gov.au](http://www.minerals.statedevelopment.sa.gov.au)

Business hours: 7.30 am to 4.00 pm

**Person requesting inspection:**

Name: \_\_\_\_\_

Business name and address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date inspection required: \_\_\_\_\_ at \_\_\_\_\_ am / pm  
for approximately: \_\_\_\_\_ days

**NOTE: One week's notice is required to reserve inspection space and allow time for the layout of sample trays.**

**Inspection details:**

Number of core samples: \_\_\_\_\_ Type: Core chips  Whole core

Weight required: \_\_\_\_\_

Number of cuttings samples: \_\_\_\_\_ (max. 10 grams per cuttings sample)

Type of analysis to be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drill Core Storage Facility Use Only**

**Approval to view confidential well(s):**

**Checked and approved by Core Library Manager:**

**Minerals Group:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: / / Verbal approval: Y / N

Approvers name: \_\_\_\_\_

Date received: / /

Signature: \_\_\_\_\_

Date approved: / /

**Petroleum Group:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: / / Verbal approval: Y / N

Approvers name: \_\_\_\_\_

Petroleum Yes  No

Bond required Yes  No

Amount \$ \_\_\_\_\_

Date received: / /

