

**Appendix B. Idaho National Laboratory
Lithologic Core/Cuttings Storage
Notification Forms**

INL LITHOLOGIC CORE STORAGE LIBRARY
Idaho National Laboratory, CFA-663
Mailing address: 1955 Fremont Ave., MS 1160
Idaho Falls, ID 83415

CONTACT: Mary Hodges
(208) 526-2370
mkhodges@usgs.gov

CORE/CUTTINGS STORAGE NOTIFICATION

(Submit form to core library prior to drilling)

Please complete a separate form for each suite of core or cuttings.

Date: _____

Is this core/cuttings suite available for sampling by researchers at the discretion of Core Library personnel? Yes No

If No, who is the contact person/company/phone number?

Official Borehole/Core Name:	Location:
Short Borehole/Core Name:	Continuous/selected cored intervals?
Estimated total footage:	Packaging (cardboard box, wood box, lexan, other):
Core diameter:	Estimated date of delivery*:

Project Manager/Primary Contact:	Field Team Leader/Rig Geologist:
Address:	Address:
Phone Number:	Phone Number:
Cell Phone: Pager:	Cell Phone: Pager:
E-mail:	E-mail:

Brief description of purpose for drilling core/cuttings (Attach Engineering Design File, Field Sampling Plan**, Project Proposal, etc.):

*Note: All cores/cuttings must be surveyed by a Radiation Control Technician, and a **signed certification** stating that they are within acceptable radiological limits for release must accompany core/cuttings at the time of delivery. **Cores or cuttings that do not meet radiological limits will not be accepted.**

If cores are to be sampled prior to delivery to the core library, **a complete listing of intervals sampled and the purpose for sampling must be provided at the time of delivery.

Instructions for Delivering Core to the INL Lithologic Core Storage Library

Core will be accepted only if **prior arrangements have been made.**

Core boxes must be in good condition, and legibly labeled with the hole name, and beginning and ending footage on both the top and bottom of the box. The top and bottom of the core section contained in the box must be indicated. Lexan tubes must be labeled with the hole name, and top and bottom footage such that the orientation may be discerned. Cuttings must be clearly labeled with well name and the representative footage interval.

1. **Contact:** Mary Hodges, mkhodges@usgs.gov, (208) 526-2370 (office), (208) 526-2102 (core library) **to set up an appointment for delivery.**
2. Deliver cores and supporting documentation to the INL, CFA-663, at the agreed upon time. **Supporting documentation includes, but is not limited to:**

Project proposals, engineering design files, field sampling plans, etc.

Signed certification by a Radiation Control Technician that the core/cuttings are within acceptable radiological limits for release.

List of intervals sampled and purpose for sampling, if applicable.

Latitude/longitude, or northing/easting, and altitude of the hole. If the location has not yet been surveyed, then a map with the location of the hole plotted on it is acceptable temporarily. Provide the coordinates to the core library when the location is surveyed. Please include horizontal and vertical datums.

Chain-of-Custody Forms, if applicable.

Lithologic Logs, if available (copies of the rig geologist's log book notes are acceptable.)

Any additional information about the core, well construction, etc.

Cores delivered without supporting documentation or in poor condition will be rejected.

Please direct any comments/questions to Mary Hodges, (208) 526-2370, mkhodges@usgs.gov

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Mary Hodges, Office (208) 526-2370
(208) 526-2102 CF-663
mkhodges@usgs.gov

HEALTH PHYSICS SURVEY CERTIFICATION

SAMPLE TYPE:

- CORE CUTTINGS SEDIMENT
- disturbed
- undisturbed (example: all cores, clods)

DATE RECEIVED: _____

RECEIVED FROM:

Project Manager/Primary Contact:		
Company/Department:		
Address:		
Phone Number:	Cell Number:	Pager Number:
E-mail:		

WELL NAME/NUMBER: _____

SHORT NAME/NUMBER: _____

- CONTINUOUS TOTAL DEPTH SURVEYED
- INTERVALS SURVEYED (if applicable)

I CERTIFY THAT I HAVE SURVEYED THE ABOVE SAMPLES AND HAVE FOUND THEM TO BE WITHIN ACCEPTABLE RADIOLOGICAL LIMITS AS DEFINED BY THE CURRENT INEEL CONTRACTOR.

SURVEYED BY

TITLE

COMPANY

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(208) 526-2370

mkhodges@usgs.gov

RECEIVING LOG

SAMPLE TYPE:

DATE:

Official Borehole/Core Name:
Short Borehole/Core Name:
General description of location (e. g. "2 mi SSW of CFA)
Total depth of borehole
Total footage surrendered to Lithologic Core Storage Library
Borehole Location: Lat/Long DMS or UTM, datum, and elevation

RECEIVED FROM:

Project Manager/Primary Contact:
Company/Department:
Address:
Phone Number: Cell Number:
E-mail:

RADIATION SURVEY CERTIFICATION? YES NO N/A

CHAIN OF CUSTODY REQUIRED? YES NO

CONTINUOUS CORE? YES NO
If NO, please note intervals below.

BOREHOLE LOCATION SURVEYED? YES NO

FOOTAGE RECEIVED (SPECIFY INTERVALS IF NOT CONTINUOUS):

RECEIVED BY: _____ SAMPLE CHECKED BY: _____

INL Lithologic Core Storage Library
Idaho National Laboratory
Central Facilities Area, Building 663

1955 Fremont Ave., MS 1160
Idaho Falls, Idaho 83415
Attn: Mary Hodges

SAMPLE REQUEST FORM

Phone (208) 526-2370
FAX (208) 526-6002
e-mail: mkhodges@usgs.gov

Date _____
Samples requested from well name (or number) _____
Tentative Sampling Date (subject to core library scheduling) _____

Principle Investigator:	Co-Investigator:
Company/Affiliation:	Company/Affiliation:
Address:	Address:
Phone:	Phone:
FAX:	FAX:
E-mail Address:	E-mail Address:

DESTRUCTIVE TESTING* NON-DESTRUCTIVE TESTING EXAMINATION ONLY

STATEMENT OF PROPOSED RESEARCH: Describe the purpose and scope of the project. Attach a copy of project proposals, work plans, design files, etc., if necessary.

DESCRIBE TESTS TO BE PERFORMED—Provide sufficient detail such that the impact on samples may be assessed.

*Approved: _____
(signature/company/date)

INL LITHOLOGIC CORE STORAGE LIBRARY
Idaho National Laboratory
CFA 663
1955 N. Fremont Ave.
Grid D3, WCB, MS 1160
Idaho Falls, ID 83415

CONTACTS:
Mary K. V. Hodges
(208) 526-2370
mkhodges@usgs.gov

CHAIN OF CUSTODY INSTRUCTIONS

- 1) You are responsible for samples released under chain of custody. Please use the following guidelines when handling these samples.
- 2) Chain of custody records should remain with the samples.
- 3) If you entrust the samples to another person or laboratory, have them sign the form. Keep a copy of the signed form for your records.
- 4) Samples should be kept in a locked cabinet or room which is accessible only to the person to whom custody was granted.
- 5) If the chain of custody is compromised, please document the circumstances and provide a copy to the Core Library.
- 6) When returning the samples to the Core Library, please include the original chain of custody form showing all persons who have had custody of the samples.

SAMPLE CHAIN OF CUSTODY RECORD

USGS INL Lithologic
 Core Storage Library
 CF-663, 1955 N.
 Fremont Ave.,
 MS1160, 83415

Mary Hodges, curator,
 mkhodges@usgs.gov

PROJECT					SITE LOCATION		
SAMPLER(S)					OWNER		
WELL/STATION NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE ID BOX NO./FOOTAGE	NO. OF CONTAINERS	REMARKS
Relinquished by:	Date/Time	Received By:			Relinquished by:	Date/Time	Received By:
Relinquished by:	Date/Time	Received By:			Relinquished by:	Date/Time	Received By:
Relinquished by:	Date/Time	Received By:			Relinquished by:	Date/Time	Received By:
Remarks:					Remarks:		

INL Lithologic Core Storage Library
Idaho National Laboratory
Central Facilities Area CFA-663
(208) 526-2102 (Site)
(208) 526-2370 (Office)
mkhodges@usgs.gov

SAMPLE TICKET

WELL NAME/NUMBER: _____

DATE: _____

SAMPLER: _____

REQUESTOR: _____

PURPOSE FOR SAMPLING: _____

SAMPLE TYPE: CORE CUTTINGS
 BASALT SEDIMENT
 RHYOLITE OTHER

RELINQUISHED BY: _____

INTERVAL:

COMMENTS:

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INTERVAL:

COMMENTS: