

Pre-Sampling Notification Form



Sahtu Land & Water Board

Fax #: (867) 598-2325 Phone #: (867) 598-2413

* Form Must Be Submitted 48 Hrs Prior To Sampling

Well Information

Company Name: _____
(Well Licensee)

Contact Name: _____ Phone #: _____

SLWB Water Licence #: _____

Exploration Licence #: _____

Well I.D.(s): _____ Sump I.D.(s): _____

Well Location: Lat. _____ Long. _____
(deg. min. sec.) (deg. min. sec.)

Sump Location: Lat. _____ Long. _____
(If different than wellsite) (deg. min. sec.) (deg. min. sec.)

Sampling Information

What is to be sampled? Yes No Sump: _____ (Specify)

Yes No Soil: _____ (Specify)

Date Of Sampling: _____ Mud Type Used: _____
(Specify)

Salts added or encountered? Yes No

Hydrocarbons added or encountered? Yes No

Metals added to drill fluids: Yes No _____
(Specify Type and Amount)

Sampling Company: _____

Lab Company: _____ Location: _____

Contact Person: _____ Phone #: _____

Fax #: _____

This Form Completed By:

Name: _____ Company: _____

* Any additional information may be attached on separate sheet.

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