



MINFILE MINERAL OCCURRENCE DATA SHEET

IDENTIFICATION

MINFILE NO.: NATIONAL MINERAL INVENTORY NO.:

NAMES:

CLAIMS:

OWNER(S):

OPERATOR(S):

STATUS: SHOWing PROSpect Develped PROspect PRODucer PAst PROducer

LOCATION: NTS: MINING DIVISION:

LATITUDE: LONGITUDE: (degrees) (minutes)

UTM ZONE: NORTHING: EASTING:

LOCATION CERTAINTY: 1 WITHIN 500 m 2 WITHIN 1 km

COMMENTS ON OCCURRENCE IDENTITY:

MINERAL OCCURRENCE

COMMODITIES: (listed according to economic importance)

RESERVES: TYPE: TONNES: GRADES:

COMMENT:

OR BEST ASSAY DATA:

COMMENT:

PRODUCTION: YEARS: TONNES MINED:

METALS RECOVERED: (amount)

MINERALOGY: 'ECONOMIC' MINERALS:

AGE OF MINERALIZATION: COMMENT:

GANGUE MINERALS:

COMMENT:

ALTERATION MINERALS: ALTERATION TYPE:

COMMENTS:

SHAPE OF DEPOSIT: 1 REGULAR 2 TABULAR 3 CYLINDRICAL 4 BLADED 5 IRREGULAR

MODIFIER: 1 FOLDED 2 FAULTED 3 FRACTURED 4 SHEARED 5 OTHER - COMMENT:

DIMENSION:

ATTITUDE:

COMMENT:

DEPOSIT TYPE: 01 VEIN 02 STOCKWORK 03 PORPHYRY 04 PIPE 05 IGNEOUS 06 SKARN

07 PEGMATITE 08 STRATABOUND 09 STRATIFORM 10 CONCORDANT 11 PLACER 12 PRECIPITATE

13 DISSEMINATED 14 MASSIVE 15 UNKNOWN 16 UNCLASSIFIED

GENETIC TYPE: 1 REPLACEMENT 2 MAGMATIC 3 VOLCANOGENIC 4 SEDIMENTARY 5 SYNGENETIC

6 EPIGENETIC 7 HYDROTHERMAL 8 RESIDUAL 9 UNKNOWN (UNCLASS.)

020557

Handwritten notes: 82KNW030, TRUE FISSURE, See also:, X REFERENCE, 82KNW060

HOST ROCKS

GROUP: _____

FORMATION: _____

MEMBER: _____

OTHER: _____ **AGE:** _____

LITHOLOGIES: _____

COMMENT: _____

GROUP: _____

FORMATION: _____

MEMBER: _____

OTHER: _____ **AGE:** _____

LITHOLOGIES: _____

COMMENT: _____

GEOLOGICAL SETTING

TECTONIC BELT: INsular
 Coast Crystalline
 InterMontane

OMineca
 EAstern

TERRANE: _____

METAMORPHISM: TYPE: 1 CONTACT
 2 REGIONAL

RELATIONSHIP: 1 PRE-MINERALIZATION
 2 SYN-MINERALIZATION
 3 POST-MINERALIZATION

GRADE: HornFels
 ZeoLite
 GreenSchist
 AMphibolite
 GranuLite
 Eclogite

COMMENT: _____

CAPSULE GEOLOGY DESCRIPTION

REFERENCES (place 'best' or most recent source first)

CODED BY: _____
 (initials)

FIELD CHECKED: YES NO

DATE CODED: _____
 (year) (month) (day)

REVISED BY: _____
 (initials)

FIELD CHECKED: YES NO

DATE CODED: _____
 (year) (month) (day)

