



Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR February 08, 2010	REPORT TIME 1540 hrs	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input checked="" type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 10 - 028
B	OCCURRENCE DATE: MONTH - DAY - YEAR February 07, 2010	OCCURRENCE TIME <1030 hrs		
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KTL303C056	WATER LICENCE NUMBER (IF APPLICABLE) 2AM-DOH0713		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Doris Camp, Hope Bay Project		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 68 MINUTES 08 SECONDS 16		LONGITUDE DEGREES 106 MINUTES 36 SECONDS 49	
F	RESPONSIBLE PARTY OR VESSEL NAME Hope Bay mining Ltd.	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION # 300 - 889 Harbourside Dr., North Vancouver, BC		
G	ANY CONTRACTOR INVOLVED none.	CONTRACTOR ADDRESS OR OFFICE LOCATION n/a		
H	PRODUCT SPILLED Untreated Sewage Effluent	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 1.0 m3	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE) none.	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES none.	U.N. NUMBER	
I	SPILL SOURCE Campsite Lift Station	SPILL CAUSE Lift Station discharge Hose	AREA OF CONTAMINATION IN SQUARE METRES 4.0 m2	
J	FACTORS AFFECTING SPILL OR RECOVERY Vacuum Truck used	DESCRIBE ANY ASSISTANCE REQUIRED none required	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS A vacuum truck was used to remove ponded sewage effluent, and discharged through the on-site sewage treatment plant for treatment. The surface of the ground in the area of contamination was disinfected by applying hydrate of lime to the affected area. (Note: The previous report has the incorrect Land Use Permit number indicated. The correction is made on this report).			
L	REPORTED TO SPILL LINE BY Dave Vokey	POSITION Sr. ESR Coordinator	EMPLOYER HBML	LOCATION CALLING FROM Hope Bay Site
M	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION
REPORT LINE USE ONLY				
N	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN	FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY				
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				