



# NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

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REPORT LINE USE ONLY

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| A  | REPORT DATE: MONTH – DAY – YEAR<br><b>2012-11-12</b>  | REPORT TIME<br><b>13:45</b>   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      |  | REPORT NUMBER<br>_____  |
| B  | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>2012-11-11</b>  | OCCURRENCE TIME<br><b>15:32</b>   |  |  |   |
| C  | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA 2 AM-MEA0815</b>  |  |   |
| D  | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank division</b>   |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |  |   |
| E  | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>13</b>   |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>19</b>   |  |   |
| F  | RESPONSIBLE PARTY OR VESSEL NAME<br><b>AEM</b>  | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |  |  |   |
| G  | ANY CONTRACTOR INVOLVED<br><b>N/A</b>   | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>N/A</b>                       |  |  |   |
| H  | PRODUCT SPILLED<br><b>Slurry</b>  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>App 2500L</b>         | U.N. NUMBER<br><b>N/A</b>  |  |   |
|  | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>N/A</b>  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>N/A</b>               | U.N. NUMBER<br><b>N/A</b>  |  |   |
| I  | SPILL SOURCE<br><b>Leaching tank</b>  | SPILL CAUSE<br><b>Electrical failure</b>                                  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>App 1500</b>  |  |   |
| J  | FACTORS AFFECTING SPILL OR RECOVERY<br><b>N/A</b>   | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>N/A</b>                            | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>N/A</b>  |  |   |
| K  | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><br><b>Power failure at the Mill, all compressor were stop and no air available to close the Leach Gate #8. The slurry continued to feed the CIP tank with no pump running to pump it out. The pump box overflowed and flooded the Mill and eventually seeped out of the Mill. Site Services and the environment crew blocked the seeping doors with material and then built berm to contain the slurry.</b><br><br><b>The material froze and is getting picked up and send to the tailing pond. No material discharge in any receiving water body.</b> |   |  |  |   |
| L  | REPORTED TO SPILL LINE BY<br><b>Martin Theriault</b>  | POSITION<br><b>Environment Sr tech</b>                                    | EMPLOYER<br><b>AEM</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b> | TELEPHONE<br><b>8677634610</b>  |
| M  | ANY ALTERNATE CONTACT<br><b>Kevin Buck</b>  | POSITION<br><b>Environment Superint</b>                                   | EMPLOYER<br><b>AEM</b>   | ALTERNATE CONTACT<br><b>Meadowbank</b>     | ALTERNATE TELEPHONE<br><b>8677634610</b>                                  |
| REPORT LINE USE ONLY   |   |   |  |  |   |
| N  | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR  | EMPLOYER   | LOCATION CALLED<br>YELLOWKNIFE, NT         | REPORT LINE NUMBER<br>(867) 920-8130                                      |
| 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   |   |   |  |  |   |