



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

<b>A</b>	REPORT DATE: MONTH – DAY – YEAR <b>08-29-2019</b>	REPORT TIME <b>21:00</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
<b>B</b>	OCCURRENCE DATE: MONTH – DAY – YEAR <b>08-12-2019</b>	OCCURRENCE TIME <b>06:40</b>			
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE) <b>NWB-2BB-MEA1828</b>		
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>WHALE TAIL PIT PROJECT</b>		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
<b>E</b>	LATITUDE DEGREES <b>65</b> MINUTES <b>24</b> SECONDS <b>11</b>		LONGITUDE DEGREES <b>96</b> MINUTES <b>40</b> SECONDS <b>49</b>		
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>AGNICO EAGLE MINES</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>BAKER LAKE X0X 0A0</b>			
<b>G</b>	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
<b>H</b>	PRODUCT SPILLED <b>FECAL COLIFORMS</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>9000 and 2000 CFU/100ml</b>	U.N. NUMBER <b>N/A</b>		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
<b>I</b>	SPILL SOURCE <b>Waste Water Effluent</b>	SPILL CAUSE <b>TBD</b>	AREA OF CONTAMINATION IN SQUARE METRES		
<b>J</b>	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT		
<b>K</b>	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS <b>Results of 9000 CFU/100ml of Fecal Coliform for sample taken on August 12th and 2000 CFU/100ml for sample taken on August 19th were received for a treated waste water effluent discharge. Prior results (August 5th &lt; 2 CFU/100ml) was below limit. The effluent was sampled again on August 27th. Spill Location: N 65°24'11" W 096°40'49" on IOL</b>  <b>There were no off site impacts or discharge to any receiving watercourses. Distance to the closest lake is 250 m.</b>  <b>Contact Information: Tom Thomson 819-759-3555 ext. 4606744</b>				
<b>L</b>	REPORTED TO SPILL LINE BY <b>Nicolas Saucier</b>	POSITION <b>Env. Sr Technician</b>	EMPLOYER <b>Agnico Eagle Mines</b>	LOCATION CALLING FROM <b>Meadowbank</b>	TELEPHONE <b>8197593555</b>
<b>M</b>	ANY ALTERNATE CONTACT <b>Robin Allard</b>	POSITION <b>General Supervisor</b>	EMPLOYER <b>Agnico Eagle Mines</b>	ALTERNATE CONTACT <b>Nunavut</b> LOCATION	ALTERNATE TELEPHONE <b>8198601414</b>
REPORT LINE USE ONLY					
<b>N</b>	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (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					