





# N.W.T. SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

24-Hour Report Line  
Phone: 867-820-8130  
Fax: 867-867-073 6024

|                                                                                                                                                                                                                                                                                         |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A</b> Report date and time<br>MAY 30, 2001 - 2:30 PM                                                                                                                                                                                                                                 |  | <b>B</b> Date and time of spill (if known)<br>MAY 30, 2001, 11:00 AM                              |  | <b>C</b> Original report<br><input checked="" type="checkbox"/> Original report<br><input type="checkbox"/> Update no. _____                 |  | <b>Spill number</b><br>01-168                                                                                                                                                        |  |
| <b>D</b> Location and map coordinates (if known) and direction (if moving)<br>LOT 106/118 IN ARVIAT                                                                                                                                                                                     |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
| <b>E</b> Party responsible for spill<br>LEANARD ASSOCIATES LTD.                                                                                                                                                                                                                         |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
| <b>F</b> Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)<br>HEATING FUEL OIL - 568L                                                                                                                                                            |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
| <b>G</b> Cause of spill<br>FUEL TANK FELL OVER                                                                                                                                                                                                                                          |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
| <b>H</b> Is spill terminated?<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                    |  | <b>I</b> If spill is continuing, give estimated rate<br>no further spill                          |  | <b>J</b> Is further spillage possible?<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                |  | <b>K</b> Extent of contaminated area (in square metres if possible)<br>200 M <sup>2</sup>                                                                                            |  |
| <b>L</b> Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)<br>ICE COVERED GROUND                                                                                                                                                                      |  |                                                                                                   |  | <b>M</b> Contaminants (natural depression, dikes, etc.)<br>CONTAMINANTS OF GROUND                                                            |  |                                                                                                                                                                                      |  |
| <b>N</b> Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials<br>SURFACE FULL CLEANED UP WITH SCAPER & ABSORBENT MATERIAL<br>TRUCK GRAVEL REMOVED TO DUMP SITE.<br>MORE GRAVEL WILL HAVE TO BE REMOVED AT GRAVEL TRENCH. |  |                                                                                                   |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |
| <b>O</b> Do you require assistance?<br><input checked="" type="checkbox"/> no <input type="checkbox"/> yes, describe: _____                                                                                                                                                             |  |                                                                                                   |  | <b>P</b> Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife<br>STRONG SMELL AROUND RESIDENCE. |  |                                                                                                                                                                                      |  |
| <b>Q</b> Comments and/or recommendations<br><div style="border: 1px solid black; padding: 5px; width: 300px; height: 150px; margin: 10px;">                 HUNGRY WATER<br/>                 BOARD<br/>                 POLICE REGISTRY             </div>                             |  |                                                                                                   |  |                                                                                                                                              |  | <b>FOR SPILL LINE USE ONLY</b><br>Lead Agency: GNU<br>Spill significance: _____<br>Lead Agency contact and time: _____<br>EP. AME WILSON<br>GNU: CARLE BADDILOS<br>05/30/01<br>14:10 |  |
| <b>Reported by</b><br>B.B. LEONARD                                                                                                                                                                                                                                                      |  | <b>Position, Employer, Location</b><br>PRESIDENT LEANARD ASSOC LTD<br>BOX 66, ARVIAT, NU, X0S 0G8 |  | <b>Telephone</b><br>(967) 857-2751                                                                                                           |  | <b>Reported to</b><br>ALAN CHAMBERLAIN                                                                                                                                               |  |
| <b>Position, Employer, Location</b><br>SUSTAINABLE DEV.<br>GOVT OF NUUNAVUT<br>ARVIAT                                                                                                                                                                                                   |  | <b>Telephone</b><br>(867) 857-2828                                                                |  |                                                                                                                                              |  |                                                                                                                                                                                      |  |