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January 16, 2004

Nunavut Water Board
P.O. Box 119
Gjoa Haven, NU
X0E 1J0

Re: City of Iqaluit Water Licence

Dear Sir or Madam:

Please find attached the City of Iqaluit's Water Licence Application. A hard copy, including all relevant drawings and reports, is currently being forwarded to the Nunavut Water Board office in Gjoa Haven.

The Iqaluit Sewage Treatment Plant is currently in the pre-design stage. Once a preliminary design is accepted it will be submitted to the Nunavut Water Board. A copy of the final design will be forwarded upon receipt from the consultant.

If you have any questions or comments or require any further assistance please do not hesitate to contact the undersigned.

Sincerely,

Brad Sokach, P.Eng.
Director of Engineering

Renewal
Water Licence ~~A~~ - ILAE - Part 1 - 3

City of Iqaluit
Water Licence NWB3IQA9900
Application for Renewal

December 22, 2003

Municipality of Iqaluit Water Licence Renewal

1. **Executive Summary(English and Inuktitut)**
2. **Water Licence Application**
3. **Additional Information for Water Licence Application Form**
4. **Water Licence Application Supplementary Questionnaire For Municipalities**
5. **Drawings**
6. **Reports**
7. **Spill Reports**
8. **Bibliography**

Executive Summary

Enclosed is the City of Iqaluit, Nunavut's water licence application. The City is seeking a three-year licence, valid through 2006, to obtain water for municipal use from Lake Geraldine. The City requests an annual water use of 1,100,000 m^3.

Lake Geraldine supplies raw water to the City. During the spring and summer, water flows fill the lake from the surrounding watershed. During the winter, there is no overland flow so there must be sufficient storage for over-winter consumption. Water is stored over the winter by a dam on Lake Geraldine. From the dam outfall, water is transmitted by gravity to the water treatment plant where it is treated by sand filtration, chlorination and lime stabilization. Treated water is stored in two clear wells (combined capacity of 575 m^3), two filtered water tanks (combined capacity of 110 m^3) and a main storage reservoir (2280 m^3) located at the water treatment plant prior to entering the main distribution system. Networks of pipes or trucks deliver water to the City. The water treatment plant is currently being expanded to meet the demands of the growing population and modified to include ultraviolet treatment.

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2. Water Licence Application

P.O. Box 119
GJOA HAVEN, NU X0E 1J0
TEL: (867) 360-6338
FAX: (867) 360-6369
KATIMAYINGI

kNK5 wmoEp5 vtmpq
NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN

WATER LICENCE APPLICATION FORM

Application for: (check one)

___ **New** ___ **Amendment** _√_ **Renewal** ___ **Assignment**

LICENCE NO:
(for NWB use only)

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE

City of Iqaluit
P.O. Box 460
Iqaluit, Nunavut
X0A 0H0

Phone: 867-975-8500
Fax: 867-975-8505
e-mail: bsokach@city.iqaluit.nu.ca

2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)

Phone: N/A
Fax: _____
e-mail: _____

3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking)

Latitude: 63°45' N Longitude: 68°31' W NTS Map No. 25 N/9, 25 N/10, 25 N/15, 25 N/16 Scale 1/50000

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

The City of Iqaluit requires the taking of water from Lake Geraldine for Municipal purposes, both residential and commercial.

Drawings attached.

5. TYPE OF UNDERTAKING (A supplementary questionnaire must be submitted with the application for undertakings listed in **"bold"**)

___ Industrial
___ **Mine Development**
___ **Advanced Exploration**
___ **Exploratory Drilling**
___ **Remote/Tourism Camps**
_√_ **Municipal**
___ Power
___ Other (describe): _____

6. WATER USE

√ To obtain water
___ To modify the bed or bank of a watercourse
___ To alter the flow of , or store, water
___ To cross a watercourse
___ To divert a watercourse
___ Flood control
___ Other (describe): _____

7. QUANTITY OF WATER INVOLVED (litres per second, litres per day or cubic metres per year, including both quantity to be used and quality to be returned to source)

The City of Iqaluit is requesting an annual water use volume not to exceed 1,100,000 m^3.

8. WASTE (for each type of waste describe: composition, quantity, methods of treatment and disposal, etc.)

√ Sewage
√ Solid Waste
√ Hazardous
√ Bulky Items/Scrap Metal
√ Waste oil
____ Greywater
____ Sludges
___ Other (describe):_____

9. PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)

Land Use Permit

DIAND ___ Yes √ No If no, date expected _____

Regional Inuit Association ___ Yes √ No If no, date expected _____

Commissioner ___ Yes √ No If no, date expected _____

10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)

NIRB Screening ___ Yes √ No If no, date expected _____

11. INUIT WATER RIGHTS

Will the project or activity substantially affect the quality, quantity, or flow of water flowing through Inuit Owned Lands and the rights of Inuit under Article 20 of the Nunavut Land Claims Agreement?

No

11. (Continued)

If yes, has the applicant entered into an agreement with the Designated Inuit organization to pay compensation for any loss or damage that may be caused by the alteration. If no compensation agreement has been made, how will compensation be determined?

N/A

12. **CONTRACTORS AND SUB-CONTRACTORS** (name, address and functions)

13. **STUDIES UNDERTAKEN TO DATE** (list and attach copies of studies, reports, research, etc.)

City of Iqaluit Dam Safety Review For Lake Geraldine Dam, Trow Consulting Engineers Ltd, March 2002.
Municipality of Iqaluit Water Treatment Plant Pre-Design Brief, Earth Tech (Canada) Inc., March 2002.
Water and Sewer Study, Trow Consulting Engineers Ltd., May 2002.
City of Iqaluit Dam Safety Review for Sewage Lagoon, Trow Consulting Engineers Ltd., October 2002.

14. **THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN**

Supplementary Questionnaire (where applicable: see section 5) √ Yes ___ No If no, date expected _____

Inuktitut/English Summary of Project √ Yes ___ No If no, date expected _____

Application fee $30.00 (c/o of Receiver General for Canada) √ Yes ___No If no, date expected _____

15. **PROPOSED TIME SCHEDULE**

___ Annual (or) √ Multi Year

Start Date: January 2004 Completion Date: December 2006

Brad Sokach	Director of Engineering	Brad L	December 20/03
Name (Print)	Title (Print)	Signature	Date

For Nunavut Water Board use only

APPLICATION FEE **Amount: $_____** **Receipt No.:**

WATER USE DEPOSIT **Amount: $_____** **Receipt No.:**

3. Additional Information for Water Licence Application Form

Additional Information for the Water Licence Application Form for the City of Iqaluit

(1) Name and Mailing Address of Applicant/Licencee

Contact: Brad Sokach

City of Iqaluit
P.O. Box 460
Iqaluit, Nunavut
X0A 0H0

Ph: 867-975-8500
Fax: 867-975-8505

(4) Description of Undertaking

Water Supply, Treatment, Storage and Distribution

The infrastructure system in the City of Iqaluit was first installed in the 1960's. The system now consists of:

- a raw water supply dam,
- a water treatment plant,
- a main water storage reservoir,
- a water booster station,
- a water distribution system
- and, 4 re-heat and re-circulation stations.

Lake Geraldine supplies raw water to the City. During the spring and summer, water flows fill the lake from the surrounding watershed. During the winter, there is no overland flow so there must be sufficient storage for over-winter consumption.

Water is stored over the winter by a dam on Lake Geraldine. From the dam outfall, water is transmitted by gravity to the water treatment plant where it is treated by sand filtration, chlorination and lime stabilization. Treated water is stored in two clear wells (combined capacity of 575 m^3), two filtered water tanks (combined capacity of 110 m^3) and a main storage reservoir (2280 m^3) located at the water treatment plant prior to entering the main distribution system.

Networks of pipes or trucks deliver water to residents. To prevent the water from freezing in the distribution system, re-heat stations continuously circulate and temper the water. Bleeders also maintain circulation.

(5) Type of Undertaking

Municipal

(6) Water Use

To obtain water to service the City of Iqaluit.

(8) Waste Generated

Sewage:

The sewage production rate for the City of Iqaluit is estimated to be 1,800 m^3 per day. The retention time of the sewage lagoon varies between 6 and 14 days. The lagoon provides a primary facultative treatment before release into Koojesse Inlet.

Solid Waste:

The landfill consists of a approximately 1.5 hectare solid waste management site. Wastes are currently spread in lifts, compacted and then covered to reduce predation by wildlife, odour and scattering of debris through wind. The quantity of solid waste generated by the City of Iqaluit is approximately 40,000m^3 per year.

Hazardous Waste:

Hazardous waste is currently set aside at the landfill site and stored to await shipment to a southern destination for disposal. It is sent south once per year.

Bulky Waste:

Scrap metals and bulky waste are currently stored at the most southerly portion of the landfill site. These are separated from the regular waste stream, compacted and covered.

Waste Oil:

Waste oil is currently collected and stored at the public works garage. It is separated from the regular waste stream and sent to a local contractor who sends the waste to a southern destination for disposal or uses it for heating fuel.

(13) Studies Undertaken to Date

City of Iqaluit Dam Safety Review For Lake Geraldine Dam, Trow Consulting Engineers Ltd, March 2002.

Municipality of Iqaluit Water Treatment Plant Pre-Design Brief, Earth Tech (Canada) Inc., March 2002.

Water and Sewer Study, Trow Consulting Engineers Ltd., May 2002.

City of Iqaluit Dam Safety Review for Sewage Lagoon, Trow Consulting Engineers Ltd., October 2002.

4. Water Licence Application Supplementary Questionnaire for Municipalities

NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN KATIMAYINGI

Water Licence Application
Supplementary Questionnaire
For Municipalities

I. GENERAL

1. Date: November 24, 2003

2. Applicant: City of Iqaluit
   Municipality and Region

3. Contacts: Brad Sokach
   Name of Contact

   Director of Engineering
   Position

   867-975-8500 (Telephone #) 867-975-8505 (Fax #)

4. Community Status: __ Village __ Town _√_ City
   __ Hamlet __ Settlement Corporation

5. Indicate the status of the municipality's licence on the date of the application
   ___ New Application
   _√_ Renewal Water Licence # NWB31QA9900

II. ATTACHMENTS

1. Attach current or up-to-date detailed map(s) showing the locations of the:

   a. raw water intake;
   b. water storage and treatment facilities;
   c. fuel and chemical storage;
   d. sewage treatment facilities (lagoon, honey bag pit, wetland);
   e. wastewater treatment area and discharge outlets;
   f. solid waste disposal areas and drainage patterns;
   g. hazardous waste disposal area;
   h. transportation access routes;
   i. existing water bodies/courses and any changes to these water bodies/courses that have or may occur as a result of water use or waste disposal facilities, locations of environmental monitoring sites. (Outline drainage basin);
   j. Traditional use areas outlined on site map and areas around the community used for recreation, camping, fishing, etc.
   k. abandoned and/or restored water treatment, sewage, and solid waste disposal facilities.

   Are maps attached? √ Yes __ No
   If no, please indicate when they will be available.

Indicate which organization has provided the various maps or diagrams.

Town of Iqaluit Water Licence Renewal – Overall Plan: Dillon Consulting Ltd.
Town of Iqaluit Waste Management Plan – Existing Waste Disposal Sites: UMA Engineering Ltd.
Solid Waste Disposal Area: UMA Engineering Ltd.

III. WATER SUPPLY

Water Source

1. Type of source: _√_ Lake __ River __Well __ Other _____

2. Name of water source and alternative, if any.

Lake Geraldine _____ _____
Primary Source Secondary Source

3. Usual break-up & freeze-up period: __June_____ __October_____
Break-up Freeze-up

Water Intake

1. Please provide short descriptions for the following:

a. Freshwater intake facility

Raw water leaves Lake Geraldine and enters the water treatment plant through a 360 m long, 250 mm diameter cast iron intake pipe, insulated with 50 mm of foam glass and protected with a gauge metal jacket. The injection of tempered water from the plant prevents the line from freezing.

b. Operating capacity of pumps used

Raw water supply is gravity fed to the water treatment plant.

c. Intake screen size

Not applicable as there is no intake screen.

Water Storage

1. Type of water storage facility. (check where applicable)
√ Reservoir/Pond _√_ Storage tank ____ None ____ Other

Description:

2. If "reservoir" checked:

Is the reservoir lined? ____ Yes __√_ No

What type of liner? _____ When was it installed?_____

Water Treatment

1. Indicate the quality of the water.

Summer:	_√_ good	___ fair	___ poor
Fall:	_√_ good	___ fair	___ poor
Winter:	_√_ good	___ fair	___ poor
Spring:	_√__ good	___ fair	___ poor

2. Describe.

The water is of good to excellent chemical quality for domestic use. The water is clear and low in dissolved solids. Treated water is below the recommended limit with respect to corrosiveness.

3. Type of water treatment.

___Filtration and chlorination
___ Chlorination only
___ None
√ Other UV, Chlorination, Filtration, Caustic Soda addition

Water Use and Distribution

1. Volume of water use:

Distribution	Estimated number of people on the system **A**	Estimated average water consumption (Litres/capita/day) **B**	Total water consumption (Litres/day) **A x B**
PIPED	3600	277	997,200
TRUCKED	2400	123	295,200
TOTAL			1,292,400

General Condition of the water supply facilities

1. General condition of the:

   a. Water supply facility
   _√_ Satisfactory __ Unsatisfactory

   If unsatisfactory, explain.

   b. Storage facility
   _√_ Satisfactory __ Unsatisfactory

   If unsatisfactory, explain.

   c. Distribution system
   _√_ Satisfactory __Unsatisfactory

   If unsatisfactory, explain.

Modifications

1. Are there any changes *planned* for the water supply system?
   ___ No _√_ Yes

If yes, please attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

1. Increase the capacity of the water treatment plant by constructing 4 new filters, extending the existing building structure to house them and install new backwash pumps.

2. Utilize UV treatment as the primary means of disinfection.

3. Replace the existing lime handling system with a caustic soda system.

4. Provide a PLC – based control system and desktop computer, to automate certain plant functions and provide data logging capability.

Water treatment plant upgrade is currently underway and scheduled for completion in February 2004.

2. Does the community believe changes needed to the water supply, storage or treatment facilities? Describe.

No

Identification

Are there signs identifying drinking water sources presently used by the municipality?
_√_ Yes __ No

IV. SEWAGE DISPOSAL

1. What type(s) of sewage treatment does the community have?
_√__ Lagoon
___ Mechanical system
___ Wetland
___ Honey bag
___ Combination/Other: describe

Lagoon *(if applicable)*

1. Has there been any operating problems with the lagoon?
___ Yes _√__ No
If yes, describe

Mechanical System *(if applicable)*

1. Describe (type, specifications, operation and maintenance program for the mechanical wastewater treatment system).

N/A

2. Are sludges produced?
__ Yes _√_ No
If yes, describe how the sludges are disposed of:

***Wetland** (if applicable)*

1. Describe the Wetland wastewater treatment system.

N/A

Honey Bag Pit

1. Does the municipality use a honey bag pit?
___ Yes _√__ No
If yes, describe the location, drainage, and operation/maintenance of the site:

Commercial, Industrial and/or Hazardous Wastes

1. Are there any sources of commercial or industrial *liquid* waste being discharged or deposited to the wastewater treatment system that may affect the quality of the effluent or leachate produced? *(The municipality should be aware that any commercial or industrial discharge has to be approved by the municipality)*
___ Yes __√__ No

If yes, indicate sources, types and quantities.

Sewage Discharge

1. Are fish, shell fish and other wildlife harvested in or near the discharge area?
___ Yes _√__ No

If yes, indicate species harvested, and level of harvest.

General Condition of the sewage treatment facilities

1. General condition of the:

a. Sewage collection system

_√_ Satisfactory __ Unsatisfactory
If unsatisfactory, explain.

b. Discharge control system
_√_ Satisfactory __ Unsatisfactory
If unsatisfactory, explain.

c. Dams, diversion dykes, berms
_√_ Satisfactory __ Unsatisfactory
If unsatisfactory, explain.

Modifications

1. Are there any changes *planned* in the sewage treatment facilities?
__ No _√_ Yes
If yes, please attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

Municipality is currently in the pre-design stage of converting the non-commissioned sewage treatment plant to a conventional secondary activated sludge treatment plant.

2. Does the municipality or residents believe changes are needed to the sewage treatment facilities? Describe.

Yes, in general the public may perceive that the retention time and treatment of sewage is not adequate, i.e. that the quality of discharge could be improved. The lagoon was design to provide only primary treatment. The new facility will address these concerns.

Abandonment and Restoration

1. List and describe abandoned or restored sewage treatment facilities.
Refer to original attachment maps.

N/A

Identification

Are there signs identifying past and present sewage disposal sites?
__ Yes _√_ No

V. SOLID WASTE DISPOSAL

1. Briefly describe how solid wastes are collected and delivered to the disposal area.

Residential waste is placed into waste box or holding room by residents. It is picked up twice a week by the Municipality. Commercial waste is placed in waste box or waste room and picked up daily by the Municipality.

2. Is the solid waste site fenced? _√_ Yes __ No

3. Is the fence adequate? _√_ Yes __ No

If no, describe

Waste Reduction

1. Does the municipality burn garbage?
__Yes _√_No
If yes, describe how and when this is done.

2. Has the municipality considered measures for waste reduction such as recycling or reuse?
_√_ Yes __ No

If yes, describe

Municipality currently employs a recycling program.

Animal Carcasses Pit

1. Does the municipality have an area for the disposal of animal carcasses?
   __ Yes _√_ No
   If yes, describe the location, drainage and operation/maintenance of the site

Waste Oil Pit

1. Describe the waste oil storage area.

Waste oil is currently collected and stored at Public Works yard. It is separated from the regular waste stream and given to a private contractor who sends the waste to a southern destination for disposal or uses it for heating fuel.

Bulky Scrap Metal Waste Disposal Area

1. Does the municipality have a scrap metal or bulky waste disposal area?
   _√_ Yes __ No
   If yes, briefly describe its location and operation plan.

Scrap metal and bulky waste is currently stored at the existing landfill. It is separated and compacted.

Commercial, Industrial and/or Hazardous Wastes Disposal Area

1. Are there any commercial or industrial waste being discharged or deposited in the solid waste disposal area? *(The municipality should be aware that any discharge of commercial or industrial waste has to be approved by the municipality)*
   _√__ Yes ___ No
   If yes, please indicate sources, types and quantity.

Commercial waste is classified as waste which does not come from a residential area. It includes waste which comes from businesses, office buildings and schools etc. This does not include hazardous waste.

2. Will the municipality use a hazardous waste disposal area?
   _√__ Yes ___ No
   If yes, describe its:

a. Location

Hazardous waste is stored inside the fenced Solid Waste site on the northeast side. Commercial and Industrial waste is held at the place of business generating it and disposal is the responsibility of the generator.

b. Structure

N/A

c. Operation and maintenance (describe special handling/disposal methods for these wastes)

A Household Hazardous waste collection program takes place four times per year and individuals may also bring it to the facility throughout the year. After each collection the waste is neutralized or recycled. Every two to four years waste that cannot be neutralized or recycled is shipped south for proper disposal.

General Condition of the Solid Waste Disposal Area

1. Comment on the general conditions of the:

a. Solid waste disposal area

_√_ Satisfactory __ Unsatisfactory

If unsatisfactory, explain.

Modifications

1. Are there any changes planned for the solid waste disposal area?

_√_ No __Yes

If yes, attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

2. Are changes needed to the solid waste disposal area? Describe.

No

Abandonment and Restoration

1. List and describe abandoned or restored solid waste facilities. Indicate their location on a map.

Upper Base, North 40 Dump, Dump Site #1 - Sylvia Grinnell Park Dump, Dump Site #2 – Summer Camp Dump, Dump Site #3 – The Existing Landfill, Dump Site #4 – Municipal Dump, Dump Site #5 – Apex Dump.

Identification

Are there signs identifying past and present solid waste disposal sites?

__ Yes _√_ No

VI. INSPECTION AND MONITORING

1 When were municipal facilities inspected by:

___ Indian and Northern Affairs Inspector	Date: Unknown
___ Municipal and Community Affairs	Date: Unknown
___ Other:	Date: Unknown

2. Is there a system in place for reporting spills?

_√_ Yes ___ No

If yes, describe.

The Department of Public Works and Engineering personnel with the City of Iqaluit have access to vehicular mobile radios and in some cases, cellular phones; they are therefore able to communicate immediately with City dispatch who in turn can contact a response team.

3. Is there a contingency plan for clean up of spills?

___ Yes _√_ No

If yes, describe.

4. Have any spills occurred in the past five years?

_√_ Yes ___ No

If yes, describe and show on a map the locations of the spills. What action has been taken to clean the affected areas?

Please see attached Spill Reports

Monitoring Program

1 Is water sampling and analysis done?

_√_ Yes __No

If Yes, answer the questions a to e

a. Briefly describe how samples are taken and sent to the laboratory.

Water sampling started in September 2003. Results will be made available as soon as possible. In general, sampling and analysis is conducted in accordance with the methods prescribed in the current edition of the "Standard Methods for Examination of Water and Wastewater."

b. Briefly describe any monitoring done for wastewater effluent and leachate.

No monitoring done.

c. Who is responsible for water sampling?

Name: Bob Brouillet

Position: Water Treatment Plant Operator

Telephone #: 867-979-5643

Fax #: 867-979-4166

Level of training: Water Treatment Plant Operator Level I

d. Recognized laboratory performing analysis of samples.

Name: Taiga Environmental Laboratory

Address: Box 1500, 4601 – 52nd Avenue, Yellowknife, NWT

Telephone #: 867-669-2788

Fax #: 867-669-2718

e Are any changes planned in the water quality monitoring program?

√ Yes ___ No

If yes, describe.

The City plans to monitor water quality as per the Surveillance Network Program.

VII. PUBLIC CONCERNS

1. What concerns does the municipality or residents have regarding the municipal water supply or waste disposal facilities? List the concerns and describe what steps have been taken to address those concerns.

None

VIII. PUBLIC HEALTH *(Help may be obtained from the Regional Environmental Health Officer if you have difficulty with this section.)*

Despite repeated attempts the City has been unable to contact the Regional Environmental Health Officer.

1. Date:

2. Municipality:

3. Contact: (Environmental Health Officer Contact)

Telephone #: 867-979-7656

Fax #: 867-979-7659

4 Have there been any problems or health/environmental concerns with drinking water?

___ Yes ___√_No

If yes, describe

5 Have there been any problems or health/environmental concerns with sewage disposal/treatment?

___ Yes ___√_ No

If yes, describe

6. Have there been any problems or health/environmental concerns with solid waste disposal?

___ Yes ___√_ No

If yes, describe

Monitoring Program

1. Does the Regional Health Board perform water quality sampling?
   ___No ___√_If Yes, answer questions (a) to (e)

   Unable to complete the rest of this section as Health Board representatives did not return repeated phone calls.

a. Briefly describe the sampling methodology.

b Briefly describe any monitoring of wastewater effluent and leachate.

c. Who is responsible for sampling?

   Name:

   Position:

   Telephone #:

   Fax #:

   Level of training:

d. Recognized laboratory performing analysis of samples.

   Name:

   Address:

   Telephone #:

   Fax #:

e. Are any changes planned in the water quality monitoring program?
   __ Yes __No
   If yes, describe.

IX. TECHNICAL INFORMATION *(Assistance may be obtained from the Regional Community Government (CG&T) office if you have difficult with this section).*

The City has been unable to contact a representative from CG&T

1. Date: November 2003

2. Municipality: City of Iqaluit

3. Contact: Kriss Sarson
(Community Government and Transportation Representative)

Telephone #: 867-975-5314

Fax #: 867-975-5318

4. Population (according to most recent census results): Approximately 6000

5. Estimated growth rate over next 5 years: Approximately 3%

6. Has any baseline data collection and evaluation been undertaken with respect to the physical, biological, and chemical characteristics of the main water bodies in the area?
__Yes ___No

Unknown

If yes, provide a summary of program details or site title, authors, cities, and dates:

Prepared by	Title	Completion Date

If no, are such studies being planned?
___ No ___Yes (If yes, when and by whom):

Unknown

7. Have Elders been consulted in the collection of baseline data on main water bodies in the area?
___No __Yes

If yes, specify.

Unknown

8. Has any baseline data collection and evaluation been undertaken with respect to the various biophysical components of the environment potentially affected by the project?

___No ___Yes

Unknown

If yes, provide details below.

Prepared by	Title	Completion Date

If no, are such studies being planned?

__ No __Yes.

If yes, specify:

Attachments

1. Attach detailed plan or drawing(s) of the present *solid waste disposal area*. Include the following information:

   a. details of pond size and elevation;
   b. details of all retaining structures (dimensions, materials of construction, etc.);
   c. details of the drainage basin and existing and proposed drainage modifications;
   d. details of all decant, siphon mechanisms etc., including sewage treatment facilities;
   e. details regarding direction and path of wastewater flow from the area;
   f. distance from watercourses and fish bearing waters;
   g. location and construction of liners;
   h. leachate and groundwater collection systems; and
   i. control structures.

2. Attach detailed plan or drawing(s) of the present *sewage treatment system*. The drawing(s) should include the following:

a. details of all retaining structures (dimensions, materials of construction, etc.);
b. details of the drainage basin and existing and proposed drainage modifications;
c. details regarding direction and path of wastewater flow from the area;
d. indications of the distance from watercourses and fish bearing waters;
e. all sources of seepage presently encountered near these areas, including volumes (m^3/day) and
directions.
f. The volume of seepage flow (m^3 / day); and
g. The direction of each flow.

3. Are drawings for the solid waste disposal area and sewage treatment system attached?
√ Yes ___No

If yes, who has provided them?

Solid Waste Disposal area – UMA Engineering Ltd.
Sewage treatment Facilities -

If no, indicate when they will be available.

Hydrology

1. Effects on surface water flow:
Are any stream channels altered? __ Yes _√_ No
Is the natural storage or water level of any lake or pond changed? _√_ Yes __ No
Are there changes in water flow downstream of the project? √ Yes __ No

Is a storage reservoir created in a natural channel? √ Yes __ No

If yes to any of the above, briefly describe the expected change in flow or storage:

There are no expected changes; all are from previous projects that have been approved and in operation for several years.

2. Drainage Area:
What is the drainage area? 3.85 km^2
What is the average elevation of the drainage basin? 110 metres ASL
Is the drainage basin outlined on an attached map? √ Yes ___No

Describe the drainage basin characteristics, (vegetation, general soil type, lakes, swamps and permafrost areas, etc.)

A rolling terrain surrounds the community. The subsoil is made up of glacial drifts over a predominantly granite Precambrian bedrock. The layer of overburden, silty sand, gravel and boulders vary from 0 to 18 m thick and has numerous surface depressions. As a result ponds are prevalent in the summer months. The depth of thaw in the permafrost ranges from 1 to 1.8 m. The water table is very high and segregated lenses may be found. The vegetation consists of lichens, mosses, hardy flowers and grasses.

3. Channel characteristics:
   Is the course of any channel changed? ___ Yes __√_No

   If yes, describe measures to maintain stream bed and bank stability.

4. Will the cross-section of any watercourse be changed? ___ Yes _√_ No
   If yes, describe the change and its effect on the flow capacity of the channel.

Water Supply

1. What is the rate of withdrawal from the source? ___2000___ m^3/day.

2. Is water drawn from the source ___ intermittently _√__continuously

3. If it is drawn intermittently, during what month(s) is it drawn? _____

4. For what period is it drawn (days/weeks/months)? Continuously 365days/year

5. What is the rate of flow of source (if river) or size (if lake)? Approximately 20ha

6. At the intended rate of water usage, describe the effects on the river or lake from which water will be drawn.

No effect

Water Intake

1. Please provide short descriptions of the following:
   a. freshwater intake facility

Raw water leaves Lake Geraldine and enters the water treatment plant through a 360 m long, 250 mm diameter cast iron intake pipe, insulated with 50 mm of foam glass and protected with a gauge metal jacket. The injection of tempered water from the plant prevents the line from freezing.

b. operating capacity of the pumps

Raw water supply is gravity fed to the water treatment plant.

c. intake screen size

Not applicable as there is no intake screen

Water Storage

1. Is a dam or dyke being used to store or alter the flow of water? _√_ Yes ___No

2. What are the dimensions of the dam or dyke?
   Length: 117.3 m Width: 1.63 m Height: 8.14 m
   U/S slope: 1.25H:1.0V D/S slope: 1.5H:1V – 3H:1V

3. Does the proposed dam create a reservoir in a natural watercourse?
   _√_ Yes ___No
   If yes, what is the storage capacity and surface area of the reservoir?
   586,000 m^3 20 ha

4. Will the dam or dyke affect fish migration or movement?
   ___ Yes _√_ No
   If yes, describe all measures for compensation of fish habitat lost due to the dam or dyke, and mitigation for fish migration or movement.

Water Treatment

1. Indicate the capacity of the treatment facility. ___1050___ m^3/day

2. What is the capacity of the water storage facility?__2967_ m^3

3. Describe the method of water treatment (i.e., backwash, flocculation, sedimentation, chemicals used), and provide the results of the most recent bacteriological and chemical analysis. Attach a diagram, if possible.

UV treatment provides primary disinfection. Caustic soda is then added to adjust Ph levels. At the end of the system chlorine is added to provide continuous disinfection. Water is then stored.

4 Are there any changes planned in the water treatment facilities?
___ No __√__ Yes
If yes, attach a copy of the plan or indicate changes and include an implementation schedule.
Include excerpt from MACA Capital Plan if available.

1. Increase the capacity of the water treatment plant by constructing 4 new filters, extending the existing building structure to house them and install new backwash pumps.

2. Utilize UV treatment as the primary means of disinfection.

3. Replace the existing lime handling system with a caustic soda system.

4. Provide a PLC – based control system and desktop computer, to automate certain plant functions and provide data logging capability.

Water treatment plant upgrade is currently underway and scheduled for completion in February 2004.

Sewage Disposal

1. Indicate the level of sewage treatment:
__√__ primary ___ secondary ___ tertiary
Pre-treatment (if applicable): ___ screening ___ maceration
Lagoons (if applicable): ___ anaerobic ___ aerobic __√__facultative

2. Indicate the capacity of the sewage treatment facility___18,900__ m^3

3. Based on current population projections, the facility does not currently meet the community's needs.

4. Average depth of the wastewater lagoon ___2.0___ m.

5. What is the design freeboard? ___1.0___ m.

6. Indicate the retention time of the sewage while in the treatment facility 7 days.

7 Indicate the estimated rate of discharge of wastewater 17 L/sec.

8. Indicate the location of the discharge point West Dyke at Koojesse Inlet.

9. Is the discharge: ___seasonal ___√___continuous

If the discharge is seasonal, during what month(s) is it done? _____
What is the duration of the discharge (days/weeks/months)? _____

10. Are there any changes planned in the sewage disposal facilities?
___ No _√_ Yes
If yes, attach a copy of the plan or indicate changes and include an implementation schedule.

Include excerpt from MACA Capital Plan if available.

Municipality is currently in the pre-design stage of converting the non-commissioned sewage treatment plant to a conventional secondary treatment plant.

Solid Waste Disposal

1. Indicate the capacity of the disposal area 250,000 m^3.

2. The *average* depth of the solid waste disposal site 4.5-5.0 m.

3. The current facility will meet community needs until the year 2009-2010.

4. Do any natural watercourse enter the solid waste disposal area? What methods are used to decrease the amount of runoff water entering these areas?

A drainage ditch has been constructed to divert water around the facility.

5. Indicate the volume of water that may enter these areas from any source(s) and attach all pertinent details of the diversions.

This is currently being studied.

Source	Volume

6. Please describe any diversions of watercourses:

Ditches have been constructed around the landfill to divert water from entering the facility.

7 Are there any changes planned in the solid waste disposal facilities?
__√ No ___Yes
If yes, attach a copy of the plan or indicate changes and include an implementation schedule.
Include excerpt from MACA Capital Plan if available.

Other

1. Describe any additional details on the existing municipal facilities which should be considered by the Nunavut Water Board during it review.

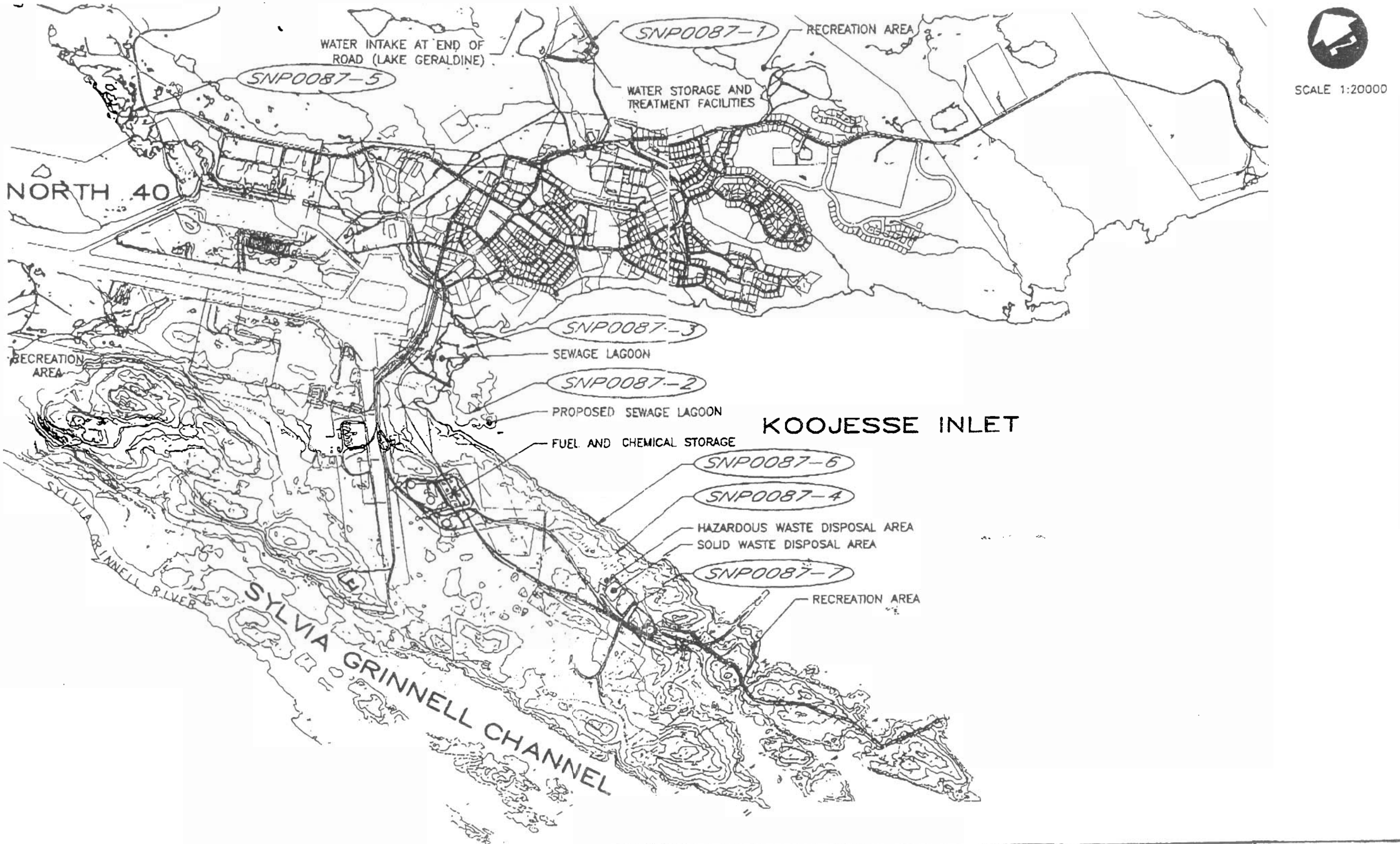
The Municipality of Iqaluit is devoted to being responsible environmentally to the community and complying with the regulatory requirements set out in the water licence. It strives to supply the highest level of service possible to the fast growing community. It not only responds to current needs but is committed to solid planning for the future. The Municipality is dedicated to continuously improving infrastructure associated with the water supply system, solid waste management and sewage treatment facilities.

5. Drawings

Town of Iqaluit Water Licence Renewal, Overall Plan, Figure 1, Dillon Consulting Ltd.

Existing Waste Disposal Sites, Figure 1, UMA Engineering Ltd.

Solid Waste Facility Operation and Maintenance Manual, Dillon Consulting Ltd.



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BASE NAME: a.dwg
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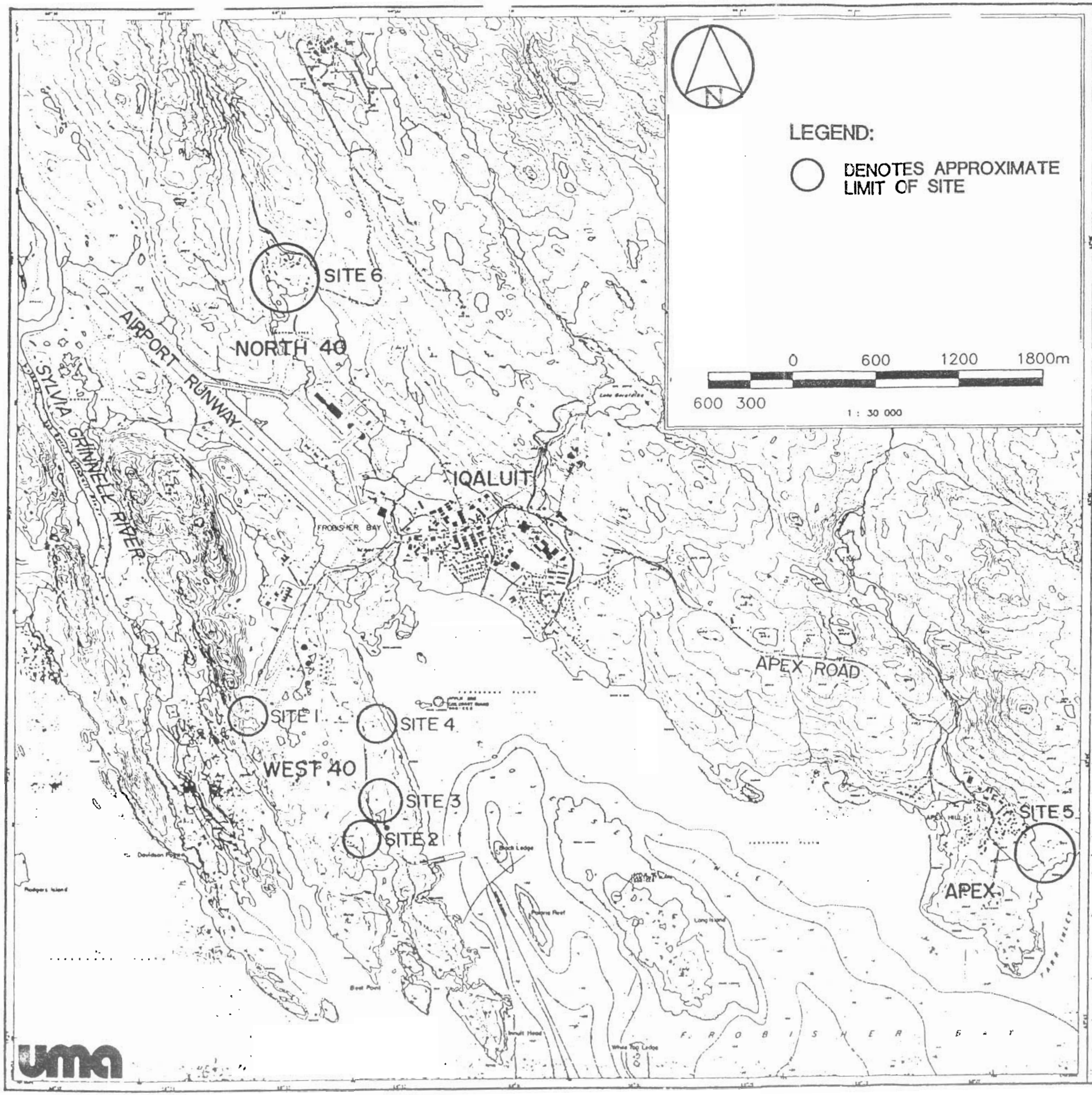
LOG FILE: na

DILLON CONSULTING

PROJECT	TOWN OF IQALUIT WATER LICENSE RENEWAL
TITLE	OVERALL PLAN
PROJECT NUMBER	98-5583-01
DATE	JAN 99
FIGURE NUMBER	FIGURE 1



SITE EXPLANATIONS

SITE 1 Inactive metal waste site used by the military. The exposed areas consist mostly of scrap metals, barrels and truck bodies.

SITE 2 Inactive municipal waste site used for less than a one year period, subsequent to the closure of Site No. 5.

SITE 3 Inactive metal waste site of unknown origin.

SITE 4 Active municipal waste site situated on old honey bag disposal area presently used for all municipal wastes, with the exception of large bulky wastes. Waste is burned at this site, therefore the exposed wastes are mainly non-organic. This site has been developed beyond capacity.

SITE 5 Inactive municipal waste site used until 1979. Substantial amounts of gravel were used to cap the site, however the face is still exposed.

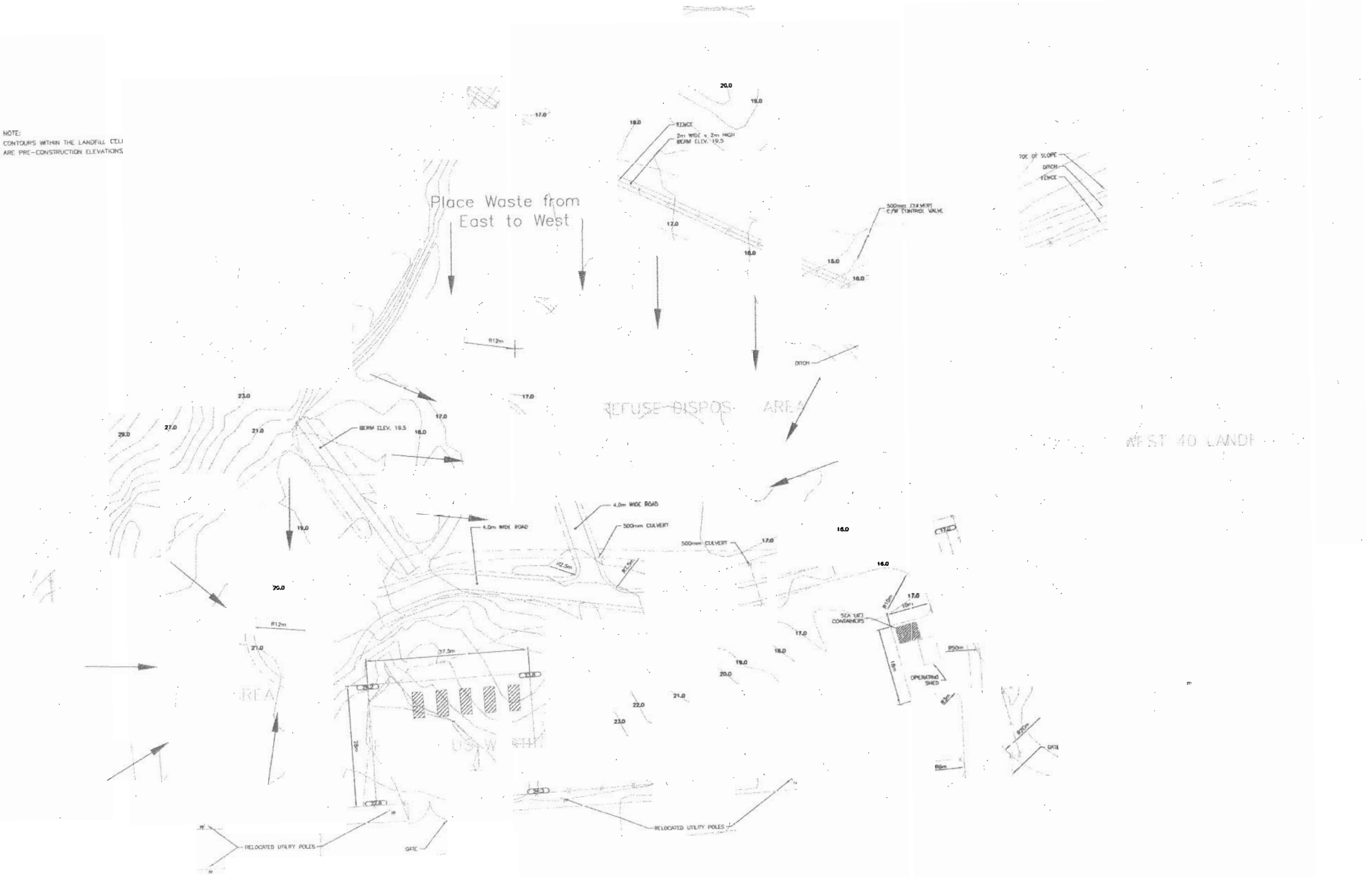
SITE 6 Active bulky waste site currently used for disposal/ storage of scrap metal, bulk materials and 45 gallon steel drums. The gravel extraction and waste disposal operations are in conflict on this site.

TOWN OF IQALUIT
WASTE MANAGEMENT PLAN

EXISTING WASTE DISPOSAL SITES

Figure 1

NOTE:
CONTOURS WITHIN THE LANDFILL CELL
ARE PRE-CONSTRUCTION ELEVATIONS



PROJECT NO.
02-9975

DILLON CONSULTING

6. Reports

The following reports are available for review at the City of Iqaluit's Engineering office.

City of Iqaluit Sewage Lift Station Spill Contingency Plan, Dillon Consulting Ltd., May 2003.

Town of Iqaluit Landfill Operation And Maintenance Manual For Site 3 in West 40, UMA Engineering Ltd., December 1994.

City of Iqaluit Spill Reports (April 2001 – Present).

Municipality of Iqaluit Water Treatment Plant Pre-Design Brief, Earth Tech (Canada) Ltd., March 2002.

7. Spill Reports

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐊᐸᓂᑦ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᑦᑐᐃᓐᓇᑦ, ᑲᓱᑦ, ᐊᑦᑕᓇᖅᑐᑦ ᐃᓕᓴᐃᓐᓇᑦ ᐅᑭᐅᖅᑕᕐᓂᑦ)

24-Hour Report Line
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Phone/ᐅᖃᒃᑯᐊᑦ (403) 920-8130
Fax/ᐸᒃᑐᒃᓴᑦ (403) 873-6924

A Report date and time
ᐅᑦᓗᖅ ᐱᖓᓱᓕᔪᓗ ᖃᓄᐃᙱᓐᓂᓗ ᐅᓂᒃᑲᐅᑎᖅᑐᑦ
April 5/91 7:30 PM.

B Date and time of spill (if known)
ᐅᑦᓗᒃ ᑯᐃᓐᓂᓗ ᖃᓄᐃᙱᓐᓂᓗᓗ ᑭᒃᑲᐅᓪᓚᕆᐅᑦᑐᖅᑐᑦ)
April 5 7 PM.

C Original report ☐ Update no. ☐
ᐱᓕᕆᔨᖅᑕᕐᓂᑦ ᐅᓂᒃᑲᐅᑎᖅᑐᑦ
ᐅᓂᒃᑲᐅᑎᒃᓴᓕᒃᑐᑦ ᓇᓕᐅᑦ

Spill number
ᑯᐃᓐᓇᑦ ᓇᓕᐅᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓇᓂ ᑯᐃᓐᓇᑦ ᐊᒻᒪᓗ ᓄᓇᕗᑦᑐᑦ ᓇᓕᐅᑎᓪᓗᑦ ᑭᒃᑲᐅᑎᖅᑐᑦ) ᐊᒻᒪᓗ ᓇᒧᓕᒫᑦᓂᐊᕐᓂᒪᓕᒃᑐᑦ (ᐃᓕᓴᕐᓂᑦ)

E Party responsible for spill
ᑭᓇᐅᑦ ᑯᐃᑎᑎᒋᑦ

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓇᐅᑦ ᑭᓇᐅᔭᓂᐅᑦ ᑯᐃᐅᑦ ᖃᓄᐃᑎᓗ ᐊᑎᓂᓄᖅᑐᑦ (ᐊᑎᒥᓄᖅ ᐅᑭᐅᖅᑕᕐᓂᐅᔭᓂᐅᑦ ᐊᓯᔾᓴᓕᒃᑐᑦ)

G Cause of spill
ᑭᓇ ᑯᐃᓕᓯᑎᒋᑦ

H Is spill terminated?
ᑯᐃᓕᖅᑐᖅ ᓄᖅᖃᖅᑎᑎᒋᔪᒃ?
☐ yes/ Δ ☐ no/ ᐊᖅᖃ

I If spill is continuing, give estimated rate
ᐱᓪ ᑯᐃᓐᓇᑦ ᖃᓄᐃᑎᓗ ᐱᖃᓕᑎᒃᓴᓕᒃᑐᑦ
N/A

J Is further spillage possible?
ᑯᐃᓐᖃᓕᓴᐅᑎᓪᓗᒋᑦᑐᖅᑐᑦ?
☐ yes/ Δ ☐ no/ ᐊᖅᖃ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᑐᑎᒋᑦ ᑯᐃᓐᓇᑦᓴᖅ (ᐅᕙᓪᓕᐊᑦᑕᕐᓂᐊᕐᓂᒪᓕᒃᑐᑦ)

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓇᐅᑦ ᐱᓕᕆᔨᐅᑦ ᑯᐃᓐᓇᑦ ᐅᑭᐅᖅᑕᕐᓂᐊᓕᖅᑐᓗᒍ ᐱᓪᓚᑦ ᖃᓄᐃᓕᖅᑐᓂᖃᓄᐅᑦ, ᓄᓇ ᖃᓄᐃᓕᖅᑐᓂᖃᓄᐅᑦ ᐊᑐᓵᑉᐳᓂᖃᓄᐅᑦ, ᐊᑦᑭᓇᐅᔭᓕᖅᑎᓪᓗᒍ)

M Containment (natural depression, dykes, etc.)
ᐅᖅᑕᕐᓂᐊᓕᒃᑐᑦ ᑭᓪᓕᒧᑦ ᐃᓕᓴᕐᓂᖅᓯᓕᒃᑐᖅ (ᓄᓇᒥ ᐃᓕᓴᕐᓂᐃᑦ, ᐊᑭᑭᓇᐅᔭᓕᖅᑎᓪᓗᒍ)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓴᐅᑉ, ᖃᓄᐃᓕᓴᐅᑭᐅᖅᑕᕐᓂᑦ ᐅᑭᐅᓗ ᖃᓄᐃᓕᓴᐅᑭᐅᖅᑕᕐᓂᑦ ᐊᑕᐅᓯᒪᓕᕆᔨᖅᑕᕐᓂᑦ, ᓄᖅᑲᖅᑎᑕᐅᓇᓯᑦ, ᓴᓇᓪᓚᖅᑕᕐᓂᑦ ᐅᑭᐅᓗ ᐃᑎᑕᐅᓂᐊᕐᓂᑦ ᑯᐃᓕᖅ (ᑯᐃᓕᖅᑐᓄᖅᓴᓂᑦ) ᐊᒻᒪᓗ ᑯᐃᓐᓇᐃᓕᖅᑐᑦ.

O Do you require assistance?
ᐃᑲᔪᖅᑕᐅᔾᔨᓇᐊᖅᑐᖅ?
☐ no ᐊᖅᖃ ☐ yes, describe: Δ - ᓇᓗᓇᐃᔾᔨᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑦᑕᓇᓗᐃᑦᓇᓇᐊᓂᐊᖅᑐᑦ ᐃᓄᓐᓄᑦ, ᐱᖁᑎᑎᕆᐅᔪᓄᑦ ᐅᑭᐅᖅ ᐊᒃᑎᒍᑦ ᓴᓪᓗ - ᐃᑭᓗᓂᓂ, ᐃᒪᓐᓇᑦ ᓄᑕᖅᖃᖅᑕᕐᓂᐊᕐᓗᓂᓂ, ᐃᖅᑲᔪᓄᑦ ᐅᑭᐅᖅ ᓂᕆᑎᓄᑦ

Q Comments and/or recommendations ᐅᖄᐅᓴᖅᑐᑦ ᑭᒃᑲᓗ ᐅᑭᐅᓗᓂᑦ ᖃᓄᐃᓕᒥᐊᑦᑕᕐᓂᐅᔪᓄᑦ

FOR SPILL LINE USE ONLY
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Lead Agency
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Spill significance
ᑯᐃᓕᑦ ᖃᓄᐃᓕᖅᑎᑦᑎᓗ

Lead Agency contact and time
ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᓂᐊᑦ ᑲᓇᕐᓂᖅ ᑲᒪᓂᖅᖃᖅᑐᑦ
ᖃᐅᔨᖅᖃᖅᑕᕐᓂᖅᓯ ᑭᒃᑲᓇ ᖃᓄᐃᙱᓐᓂᓗᒍ

is this fire now closed?
ᑕᑯᓇ ᐅᓂᒃᑲᓂᐅᑦᑐᖅ ᒪᑐᐅᑦᑐᖅ?

Reported by ᐅᓂᒃᖃᖅᑐᑦ	Position, Employer, Location ᖃᓄᐃᓐᓇᑦ ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᓂᐊᑦ, ᐃᖅᖃᓄᐃᓕᖅᑎᓪᓗᒍ, ᓇᓂ	Telephone ᐅᖃᓕᑦᑐᐃᓐᓇᑦ
Reported to ᑭᓇᐅᔭᓂ ᐅᓂᒃᑲᐅᑎᑦᑎᓂᖅ	Position, Employer, Location ᖃᓄᐃᓐᓇᑦ ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᓂᐊᑦ, ᐃᖅᖃᓄᐃᓕᖅᑎᓪᓗᒍ, ᓇᓂ	Telephone ᐅᖃᓕᑦᑐᐃᓐᓇᑦ

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓕᓴᐅᑦ ᐅᓂᒃᑳᖅ (ᐃᓕᓴᕐᓂᖅ, ᑲᓇᑕ, ᐊᑕᐅᓚᓐᓂᑦ ᐃᓕᓴᕐᓂᖅ ᐅᖃᓕᒫᓂᖅ ᐊᑐᖅᑯᓂᖅ)

24-Hour Report Line
ᓴᓪᓕᐊᓂᒃ ᐃᒃᑐᓗᓂ ᐅᓂᒃᑳᖅᑎᑦᑎᓂᒃ ᐅᖃᓕᒫᓂᖅ ᐅᓪᓗᒥᒃ
Phone/ᐅᖃᓕᒫᓂᐅᑦ (403)920-8130
Fax/ᓱᒃᑐᐃᒃᑯᑦ (403)873-6924

A Report date and time
ᐅᖃᓕᒫᖅ ᓱᓕᔾᔪᑕᐃᓕᖅ ᖃᓄᐃᑦᑐᖅ ᐃᓚᖃᖅᑎᑦᑎᓂᒃᓴᓕ ᐅᓂᒃᑳᐃᑎᒋᔭᐃᑦ
SEPT 12/01

B Date and time of spill (if known)
ᐅᑎᔾᔨᖅ ᐃᓕᓴᕐᓂᓗ ᖃᐅᔨᓴᕐᑎᑦᑎᓂᓗ ᑎᑎᖅᑕᒪᔭᐅᓪᓚᑦ
SEPT 12/01 6:30 AM

C Original report
ᓱᐃᓚᖃᖅᑎᑦ ᐅᓂᒃᑳᐃᑎᒋᔭᖅ
Update no. ____
ᐅᓂᒃᑳᐃᑎᒃᓴᖅᑐᑦ ᓄᑖᑦ ____
Spill number
ᐃᓕᓴᕐᓂ ᓄᑖᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓇ ᐃᓕᓴᕐᓂ ᐊᒻᒪᓗ ᓄᓇᖃᖅᓯᒪᓂᖅ ᓄᑖᑦ ᐊᑐᓂᖅᑐᑦ (ᑎᑎᖅᑕᒪᔭᐅᓪᓚᑦ ᐊᒻᒪᓗ ᓄᓇᕗᑦᑎᓂᒃᓴᖅᑐᑦ (ᐃᓱᒪᓕᕐᓂᖅᑐᑦ)

E Party responsible for spill
ᑭᓇᐅᔭᓕᕆᓂᖅ ᐃᓕᓴᕐᓂᖅ

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓇᐅᔭᖅ ᑭᓇᐅᔭᓐᓄᑦ ᐃᓕᓴᕐᓂ ᖃᓄᐃᓕᓐᓂᒃ ᐊᑐᖅᑐᑦ (ᐊᑎᒥᓱᓕ ᑲᑎᒪᔨᖅᑎᓐᓄᑦ ᐊᓯᖏᓐᓄᑦ)
20 000 LITRES TO 60 000 LITRES

G Cause of spill
ᑭᓇᐅᔭᖅ ᐃᓕᓴᕐᓂᑦᑕᒃᑯᑦ
PARTIAL

H Is spill terminated?
ᐃᓕᓴᕐᓂ ᓄᓇᕗᒻᒥᔅᑕᑦᑕᒃᑯᑦ?
✓ yes/ᐊᐃ ____ no/ᐊᕐᓇ

I If spill is continuing, give estimated rate
ᓯᓚ ᐃᓕᓴᕐᓂ ᖃᓄᐃᓕᓐᓂᒃ ᓯᕗᓪᓕᖅᑐᒥᓐᓄᑦ?
N/A.

J Is further spillage possible?
ᐃᓕᓴᖅᓱᓂᑐᐃᓐᓇᓂᖅᑐᒃᑯᑦ?
yes/ᐊᐃ ____ ✓ no/ᐊᕐᓇ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᑐᑭᓯᒋᐊᕐᓂᖅ ᐃᓕᓴᕐᓂᖅ (ᐅᖃᓕᒫᓂᖅᓯᒪᔭᓗ ᑐᑭᓯᓚᐅᑉᑐᑦ)

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓇᐅᔭᖅ ᐱᓕᕐᑕᒃᑯᑦ ᐃᓕᓴᕐᓂᑦ ᐅᑭᐅᖃᖅᑐᑎᓪᓗᒍ (ᓯᓚ ᖃᓄᐃᓕᓐᓂᒃᓴᓂᒃᓴᓂᒃ, ᓄᓇ ᖃᓄᐃᓕᓐᓂᒃᓴᓂᒃᓴᓂᒃ ᐊᑐᓴᖅᑎᐅᓪᓚᓂᒃᓴᓂᒃ, ᐊᑐᖅᑐᑦᑎᓪᓗᒍ)
HEAVY WINDS

M Containment (natural depression, dykes, etc.)
ᐅᖃᓕᒫᓂᖅᑎᑦᑎᓂᒃ ᑭᓚᐊᒃ ᐃᓕᓴᕐᓂᒃᓴᓕᕐᓂᖅ (ᓄᓇᒥ ᐃᓕᓴᕐᓂᑦ, ᐊᑭᓐᓄᑦᑎᓪᓗᒍ)
PUMPED TO DITCHES

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓐᓂᒃᑯᑦ, ᖃᓄᐃᓕᓐᓂᒃᑯᑦᑎᓂᒃᓴᖅᑐᑦ ᐅᖃᓕᒫᓂᖅ ᐊᑕᐅᓯᒪᓕᕐᓂᖅᑐᑦ ᐅᑭᐅᖃᖅᑐᑎᓪᓗᒍ, ᓄᓇᖃᖅᑐᑎᓪᓗᒍ ᐃᓕᓴᕐᓂᖅ (ᐃᓕᓴᕐᓂᓕᒫᓂᖅ) ᐊᒻᒪᓗ ᐃᓕᓴᕐᓂᖅ.
SEVERAL TRUCKS WERE CALLED IMMEDIATELY ONCE NOTICED OF SPILL TO PREVENT FURTHER SPILLAGE 6:30AM.
PILES OF SEWAGE AND DITCHING FILL WERE MIXED TOGETHER AND TAKEN TO DUMPING LOCATION AT LAGOON

O Do you require assistance?
ᐃᖃᓗᓕᕆᔨᒃᑯᓐᓂᖅᐸᑦ?
✓ no/ᐊᕐᓇ ____ yes, describe:/ᐊᐃ - ᓄᓇᕗᑦᑎᓪᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᑭᓇᐅᔭᓐᓄᑦᑎᓂᒃᓴᖅᑐᑦ ᐃᓄᖅᓄᑦ, ᐱᓇᓱᕐᑎᐅᓄᑦ ᐅᖃᓄᖅ ᐊᑎᑕᒧᑦ ᓯᓚ - ᐃᓅᓪᓗᓂ, ᐃᒥᑦᔪᑦ ᓂᐅᕐᖃᑎᒌᓕᔪᓂ, ᐃᖃᓗᓕᕆᓂᖅ ᐅᖃᓄᖅ ᓄᑖᑦ
YES, GAS

Q Comments and/or recommendations ᐅᖃᐅᓯᕐᓴᐃᑦ ᐊᒻᒪᓗ ᐅᖃᓄᐃᓕᓐᓂᒃ ᖃᓄᐃᓕᓐᓂᒃᑯᑦᑎᓂᒃᓴᖅᑐᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓯᒪᔪᖅ ᐃᓕᓴᕐᓂᒃ ᐅᖃᓕᒫᓂᖅᑐᑎᓪᓗᒍ ᓄᓇᕗᒻᒥᐅᖅ ᐅᖃᓄᐃᓕᓐᓂᒃᑯᑦ

Lead Agency
ᐃᓅᓯᕗᓕᕆᔨᒃᑯᑦ ᐃᓕᓴᕐᓂᑦ ᑲᒪᒋᔭᖅᑐᑦ

Spill significance
ᐃᓕᓴᕐᓂ ᖃᓄᐃᓕᓐᓂᒃᓴᓂᒃ

Lead Agency contact and time
ᐃᓅᓯᕗᓕᕆᔨᒃᑯᑦ ᐃᓕᓴᕐᓂᑦ ᑲᒪᒋᔭᖅᑐᑦ
ᖃᐅᔨᓴᕐᑎᑦᑎᓂᒃᓴᖅᑐᑦ ᐊᒻᒪᓗ ᖃᓄᐃᓕᓐᓂᒃᑯᑦᑎᓂᒃᓴᖅᑐᑦ

Is this file now closed?
ᑕᐃᓇ ᐅᓂᒃᓴᐅᔨᒃᑯᑦ ᓚᐅᔨᓂᖅ?

Reported by / ᐅᖃᓄᖅᑐᑦ	Position, Employer, Location / ᖃᓄᐃᓕᓐᓂᒃ ᐃᓅᓯᕗᓕᕆᔨᒃᑯᑦ, ᐃᓅᓯᕗᓕᕆᔨᒃᑯᓐᓂᒃ, ᓇᓗ	Telephone / ᐅᖃᓕᒫᓂᖅ
Reported to / ᐱᓕᕆᔨᒃ ᐅᖃᓄᐃᓕᓐᓂᒃᑯᑦ	Position, Employer, Location / ᖃᓄᐃᓕᓐᓂᒃ ᐃᓅᓯᕗᓕᕆᔨᒃᑯᑦ, ᐃᓅᓯᕗᓕᕆᔨᒃᑯᓐᓂᒃ, ᓇᓗ	Telephone / ᐅᖃᓕᒫᓂᖅ

NWT 1782/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐊᓕᒃ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᒫᓂᖅ, ᓴᓇᓕ, ᐊᑦᑕᓇᖅᑐᑦ ᐃᓕᓴᕐᓂᑦ ᐅᑎᖅᑕᐅᓂᖅ)

24-Hour Report Line
ᓴᓇᓂᑦ ᐃᓕᖅᓴᓂᑦ ᐅᓂᒃᑳᖃᐃᑦᓯᓇᖅᑐᖅ ᐅᖅᑎᑦᑕᑦ
Phone/ᐅᖅᑕᐅᑦ (403) 920-8130
Fax/ᓱᓕᖅᑐᑦ (403) 873-6924

A Report date and time
ᐅᖅᑐᖅ ᐱᐅᓇᒪᔪᖅ ᑲᑎᒪᔨᖅᑎᒋᓪᓗ ᐅᓂᒃᑳᑎᑎᕐᐃᑦ
Oct 1/01 11:30AM

B Date and time of spill (if known)
ᐅᖅᑐᖅ ᐃᓕᑎᒋᓪᓗ ᑲᑎᒪᔨᖅᑎᒋᓪᓗᒍ (ᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ)
OCT 1/01 11:30

C Original report
ᓱᓇᓪᓕᖅᓴᒥ ᐅᓂᒃᑳᖃᐃᑦᓯᓇᖅ
Update no. _____
ᐅᓂᒃᑳᖃᐃᑦᓯᓂᖅᑐᑦ ᓄᑖᒃ _____
Spill number
ᐃᓕᓴᕐᓂ ᓄᑖᒃ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓇ ᐃᓕᓴᕐᓂ ᐊᒻᒪᓗ ᓄᓇᖅᑐᐃᓐᓇ ᓄᑖᒃ (ᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ) ᐊᒻᒪᓗ ᓄᑎᖅᑐᓂᓕᕆᔨᒃᑐᑦ (ᐃᓗᐊᓂᖅᓯᑦ)
M.H #4 TO M.H #5 BEHIND
NORTH MART AND ELDERS HOME

E Party responsible for spill
ᐱᓕᐃᑦ ᐃᓕᓐᓂᑦ
MUNICIPALITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᐱᓇᑦ ᐱᓇᓱᓂᑦ ᐃᓕᓴᕐᓂᑦ ᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ ᐊᑖᓂᖅᑐᑦ ᐅᖃᓄᐃᓂᓗᓂᑦᑐᑦ ᐊᑦᓴᓇᓂᑦᑐᑦ)
SEWAGE 1000 LITRES

G Cause of spill
ᐱᓇ ᐃᓕᓴᕐᐅᑎᓂ
LINE WAS BROKEN

H Is spill terminated?
ᐃᓕᓴᕐᓂ ᓄᖅᑲᓗᓂᑕᑦᑐᖅ?
✓ yes/Δ no/ᐊᖅᑲ

I If spill is continuing, give estimated rate
ᓱᓕ ᐃᓕᓴᕐᓂ ᖃᓄᐃᓕᒪᔪᐅᑦᑐᖅ ᓱᓕᑕᓂᖅᓯᑦᑐᑦ
N/A

J Is further spillage possible?
ᐃᓕᖅᑲᐅᓂᑐᐃᓇᓕᐊᖅᑲᓗᓂᑦ?
yes/Δ ✓ no/ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᑎᑎᒋᓪᓗ ᐃᓕᓐᓂᐊᓕᖅᑐᖅ (ᐅᓇᓱᓕᓚᔪ ᐊᓯᓇᓂᑦᑐᑦ)
10 m2

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᐱᓇᑦ ᐱᓵᕐᒋᑦ ᐃᓕᓴᕐᓂᑦ ᐅᑎᖅᑕᑕᐅᓇᓱᑎᓪᓗ (ᓱᓇ ᖃᓄᐃᓕᒪᔪᓂᓕᓂᑦ, ᓄᓇ ᖃᓄᐃᓕᒪᔪᓂᓕᓂᑦ ᐊᑐᓵᑐᑎᓕᒪᔪᓂᓕᓂ, ᐊᓯᓇᓵᑐᖅᓯᑦ)
SPILL WAS CONTAINED IN EXCAVATED HOLE

M Containment (natural depression, dykes, etc.)
ᐅᖅᑕᐃᓕᓴᕐᓂᑦ ᑭᓪᓕᒧᑦ ᐃᓱᓕᓚᓂᖅᓯᒪᔪᖅ (ᓄᓇᓕ ᐃᓱᓚᓂᑦ, ᐊᓯᓇᓵᑐᖅᓯᑦ)
EXCAVATED HOLE

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓴᕐᓂᑦ ᖃᓄᐃᓕᓴᕐᑎᒋᓪᓗᑎᑦᑐᑦ ᐅᓇᓱᑦ ᖃᓄᐃᓕᓴᕐᑎᓂᒃᑐᑦ ᐊᑎᐃᓱᑎᑎᕐᓂᖅ, ᓄᓇᖃᖅᑎᑕᐅᓇᓱᑦ, ᓴᓪᒪᓚᖅᓴᖅᑕᐅᑦ ᐅᓇᓱᑦ ᐃᑎᑕᐅᓂᐊᖅᑐᑦ ᐃᓕᓴᕐᓂ (ᐃᓕᓴᕐᓂᓗᓂᑦ) ᐊᒻᒪᓗ ᐃᓕᖅᑐᐃᑦ.
- GRAVEL FROM DIG WAS REMOVED TO SEWAGE LAGOON
- PIPELINE OF BREAK SEWER LINE WAS PLUGGED AND SEWAGE WAS PUMPED OUT BY THREE SEWAGE TRUCKS

O Do you require assistance?
ᐃᑲᔪᖅᑕᐅᓯᒪᔪᖅᑕᐅᖅᑕᕐᓂᐊᖅᑐᑦ?
✓ no/ᐊᖅᑲ
yes, describe:
Δ - ᓇᓗᐃᓴᕐᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑦᑕᓴᐃᓇᐃᓕᓴᕐᓂᖅᑐᑦ ᐃᓄᓐᓄᑦ, ᐱᖓᑎᓪᓗᐊᓄᑦ ᐅᑎᖅᑕᐅᓂᑦ ᐊᑦᑎᒧᑦ ᓱᓗ - ᐃᑭᓗᓂ, ᐃᒥᖅᓱᑦ ᓂᐅᖅᑲᖅᑕᐅᓯᒪᔪᓂ, ᐃᖅᑲᓗᐊᓄᑦ ᐅᑎᖅᑕᐅᓂᐊᖅᑐᑦ
GAS FLAMMABLE.

Q Comments and/or recommendations
ᐅᖄᐅᓵᐱᐃᑦ ᐊᒻᒪᓗ ᐅᑎᖅᑕᐅᓂᒃᑯᑦ ᖃᓄᐃᓕᒪᔪᐅᑦᑐᖅᓯᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓯᒪᔪᖅᑐᑦ ᐃᓕᓴᕐᓂᑦ ᐅᖅᑲᓐᓂᐊᕐᓂᐅᑎᖅᑐᖅ

Lead Agency
ᐃᓅᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ ᐃᓕᓴᕐᓂᑦ ᑲᒪᒋᔭᖅᑐᑦ

Spill significance
ᐃᓕᓴᕐᓂᑦ ᖃᓄᐃᓕᒪᔪᓂᒃ

Lead Agency contact and time
ᐃᓅᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ ᐃᓕᓴᕐᓂᑦ ᑲᒪᒋᔭᖅᑐᑦ
ᖃᐅᔨᓴᖅᑕᐅᓂᒃ ᐊᒻᒪᓗ ᖃᓄᐃᓕᒪᔪᓂᑦᑐᑦ

Is this file now closed?
ᑕᐃᓇ ᐅᓂᒃᑳᖃᐃᑦᓯᓇᖅ ᒪᑐᐅᑦᑕᖅ?

Reported by	Position, Employer, Location	Telephone
ᐅᓂᒃᑳᖅᑐᑦ	ᖃᓄᐃᓕᒪᔪᖅ ᐃᓅᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ, ᐃᓅᖃᓄᐃᓕᒪᔪᓂᒃ, ᓄᑖᒃ	ᐅᖅᑕᐅᑦ
(illegible)	(illegible)	(illegible)
Reported to	Position, Employer, Location	Telephone
ᐱᓇᓐᓂᑦ ᐅᓂᒃᑳᐅᑎᓯᒪᔪᖅ	ᖃᓄᐃᓕᒪᔪᖅ ᐃᓅᖃᓄᐃᓕᒪᔪᐅᑦᑐᑦ, ᐃᓅᖃᓄᐃᓕᒪᔪᓂᒃ, ᓄᑖᒃ	ᐅᖅᑕᐅᑦ

NWT 1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓪᓗᒍ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᓂᐊᕐᓂᖅ, ᒪᓕᒃ, ᐊᑦᑕᓇᓱᒋᑦ ᐃᓕᓴᕐᓂᖅ ᐅᖃᓕᓂᐊᕐᓂᖅ)

24-Hour Report Line
ᓴᓕᑦ ᐃᓚᖃᓕᑦ ᐅᓂᒃᑲᐃᐅᔨᓐᓇᖅᑐᖅ ᐅᖃᓚᐅᑦ
Phone/ᐅᖃᓚᐅᑦ (403) 920-8130
Fax/ᓱᒃᑕᐅᒃᑯᑦ (403) 873-6924

A Report date and time
ᐅᑦᔨᓴ ᓴᓐᓂᖃᓕᓴᐅᓪ ᖃᓄᐃᑦᑐᑦᔨᓪᓗ ᐅᓂᒃᑲᐅᑎᓕᕆᔨᒃ
03/01/02 3:10 p.m.

B Date and time of spill (if known)
ᐅᑦᔨᓴᒃ ᑯᐃᓪᓗᒍ ᖃᓄᐃᑦᑐᑦᔨᓪᓗ (ᖃᐅᔨᒪᔭᐅᑦᑐᑦ)
03/01/02

C ✓ Original report
ᓴᓐᓂᖃᓕᓴᕐᓂᖅ ᐅᓂᒃᑲᐅᑎᓕᕆᔨᒃ
Update no. _____
ᐅᓂᒃᑲᐅᑎᓕᕆᔨᒃᑐᑦ ᓄᑖᒃ _____

Spill number
ᑯᐃᓴᐅ ᓄᑖᒃ
91

D Location and map coordinates (if known) and direction (if moving)
ᓄᓂ ᑯᐃᓴᐅ ᐊᑭᒪᓗ ᓄᓇᕗᓪᓚᒃᓴᐅ (ᖃᐅᔨᒪᔭᐅᑦᑐᑦ) ᐊᑭᓗ ᓄᑲᓴᑎᒃᓴᐅᓕᐊᑭᓪᓚᒃᓴᐅ (ᐃᓐᓇᕐᓂᑦ):
AV 402 on Airport Road across from Northwart

E Party responsible for spill
ᑭᓄᒃ ᑯᐃᓐᓇᑎᓕᐅ
City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓚᒃ ᑭᓚᓪᓂᒃ ᑯᐃᓴᐅ ᖃᓄᐃᓪᓗᓂ ᐊᑐᓂᓄᖃᖅᑐᑦ (ᐊᑐᓂᓄᓪᓚᒃ ᐅᑎᕐᑎᓂᓪᓚᓂᒃᓴᐅᓕᐊᑭᓪᓚᒃᓴᐅ)
raw sewage diverted 150 cu.m.

G Cause of spill
ᑭᓚᒃ ᑯᐃᓐᓇᑕᐅᓕᖅ
excessive weather caused small overflow

H Is spill terminated?
ᑯᐃᓐᓇᖅᑐᒃ ᓄᖅᑲᖅᑎᑎᑕᐅᕙᒃ?
✓ yes/ᐃ no/ᐊᖅᑲ

I If spill is continuing, give estimated rate
ᓱᓕ ᑯᐃᓐᓇᑦ ᖃᓄᑎᒥ ᓱᖃᓂᑎᓂᓕᓴᐅᑦ

J Is further spillage possible?
ᑯᐃᓐᖃᓄᖅᑐᑎᓪᓗᒋᑦ?
yes/ᐃ ✓ no/ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᑎᑎᕐᓂ ᑯᐃᓐᓇᐃᓐᓇᖅᑐᖅ (ᐅᑭᐅᓂᖅᓱᒪᓗᒍ ᐊᓂᓪᓚᕐᓂᑦ)

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓱᓕ ᐱᓕᕆᔨᒃᑐᑦ ᑯᐃᓐᓇᓴᐅ ᐊᑐᓂᓄᑦᑎᑕᐅᓂᖅᓗᒍ (ᓱᓕ ᖃᓄᐃᓕᓴᖃᓂᑕᐅᓂᒃᓴᐅ, ᓄᓇ ᖃᓄᐃᓕᓴᖃᓂᑕᐅᓂᒃᓴᐅ ᐊᐅᓚᑦᑎᒪᓂᖃᓂᒃᓴᐅ, ᐊᓕᕐᓂᐊᓕᖅᓯᒪᓂᖅᓴᐅ)
Storm

M Containment (natural depression, dykes, etc.)
ᐅᖃᓕᓂᐊᕐᓂᖅᓴᐃᓐᓇᑦ ᑭᓚᓐᓇᖅ ᐃᓕᓴᕐᓂᓕᓴᕐᓂᖅᓴᐅᓕᖅ (ᓄᓇᒥ ᐃᓕᓴᕐᓂᐊᓕᑦ ᐊᓕᕐᓗᓄᖅᑐᑦᔨᓪᓗ)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓴᐅᑉᐹᓕ, ᖃᓄᐃᓕᓴᐅᑉᐹᐃᑦᑐᑦᔨᓪᓗ ᐅᑭᓕᓗ ᖃᓄᐃᓕᓴᐅᑎᑎᓂᐅᓕᖅᑐᑦᔨᓪᓗ ᑮᑕᑎᓪᓚᑕᐅᓕᐊᑭᓪᓚᒃ, ᓄᓕᖅᑲᖅᑎᑕᐅᓕᐊᑭᓪᓚᒃ, ᓴᓗᒪᓕᖅᑲᖅᓯᒪᓕᐊᑭᓪᓚᒃ ᐅᑭᓕᓗ ᐃᑎᑕᐅᓂᐊᕐᓂᑦ ᑯᐃᓐᓇᖅ (ᑯᐃᓐᓇᖅᑐᓄᓂᓂᓕ) ᐊᑐᒪᓗ ᑯᐃᓐᓇᐃᓐᓇᖅᑐᖅ.
Crushed wood was put on spill

O Do you require assistance?
ᐃᑲᔪᖅᑕᑎᓕᐅᕐᓂᖅᐸᑦ?
✓ no ᐊᖅᑲ
yes, describe: ᐃᓗᓐ - ᓄᓇᐃᓕᓴᐅᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐋᑕᓴᓇᐃᓐᓇᖅᑐᖅᑐᑦ ᐃᓄᓐᓄᑦ, ᑎᑎᑎᑦᑎᑕᐅᓄᑦ ᐅᓂᒃᑳᖅ, ᐊᑐᓂᓄᖃᖅᑐᑦ ᐊᑐᖅᑐᒥ ᓱᓕ - ᐃᑭᓐᓇᓂ, ᐃᒥᓐᔨ ᓂᐅᖅᓴᕐᑕᐅᓱᒍᓂ, ᐃᖅᑲᓇᐃᓕᓴᐅᓕ ᐅᓂᒃᑳᖅ ᓂᕆᑎᑎᓄᑦ
None

Q Comments and/or recommendations ᐅᖃᐅᓯᔪᓕᑦ ᐊᐅᓚᑦ ᐅᓂᒃᑳᓂᓂᑦ ᖃᓄᐃᓕᓴᐅᓕᕆᓂᖅᐅᔨᑦ
will clean

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᔨᓴᖅ ᑯᐃᓴᐅᑦ ᐅᖃᓚᓐᓇᕐᓂᐊᕐᓂᐅᓕᐊᑭᖅ

Lead Agency
ᐃᖅᑲᓇᐃᔨᖅᑐᑎᓪᓗᒋᑦ ᑯᐃᓴᐅᑦ ᑲᒪᒋᔭᖅᑐᑦ

Spill significance
ᑯᐃᓴᐅ ᖃᓄᐃᓕᓴᐅᓂᖅ

Lead Agency contact and time
ᐃᖅᑲᓇᐃᔨᖅᑐᑎᓪᓗᒋᑦ ᑯᐃᓴᐅᑦ ᑲᒪᒋᔭᖅᑐᑦ
ᖃᐅᔨᓴᖅᑕᐅᓂᒃ ᐊᑭᓗ ᖃᓄᐃᑦᑐᑦᔨᓪᓗ

Is this file now closed?
ᑕᐃ ᐅᓂᒃᓇᔨᐅᔨᖅ ᒪᑐᐅᑦ?

Reported by	Position, Employer, Location	Telephone
ᐅᓂᒃᓴᖅᑐᑦ Robert Brouillet	ᖃᓄᐃᑦᑐᑦ ᐃᓐᓇᕐᓂᐊᕐᓂᖅ, ᐃᖅᑲᓇᐃᔨᖅᑐᑎᓪᓗᒋᑦ, ᐊᑐᖅ Acting Utilities Foreman Iqaluit	ᑎᑎᕋᖅ 920-8129 Sec 48
Reported to ᑭᓄᒃᓂᐅ ᐅᓂᒃᑳᑎᑕᐅᔨᖅ Brenda Main	Position, Employer, Location ᖃᓄᐃᑦᑐᑦ ᐃᓐᓇᕐᓂᐊᕐᓂᖅ, ᐃᖅᑲᓇᐃᔨᖅᑐᑎᓪᓗᒋᑦ, ᐊᑐᖅ Director Public Works	Telephone ᑎᑎᕋᖅ 920-8203

NWT 1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐊᓕᓂᑦ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᑕᐅᔪᑦ, ᒪᓕᑦ, ᐊᑦᑕᓇᖅᑐᑦ ᐃᓚᖃᖅᐸᑦ ᐅᑭᐅᖅᑕᕐᓂᖅ)

24-Hour Report Line
ᓄᓇᕗᑦ ᐃᒪᖃᓗᐊᖅ ᐅᓂᒃᑳᖃᐃᑦᐸᐃᓇᖃᖅᑐᖅ ᐅᖅᑎᓂᐅᑦ
Phone/ᐅᖅᑎᓂᐅᒋ (403) 920-8130
Fax/ᓂᒃᑐᖅᑯᑦ (403) 873-6924

A Report date and time
ᐅᑎᓪᓗᖅ ᓂᕆᐊᖅᓱᓕᖅ ᖃᓄᖅᓯᐊᖅᑎᓪᓗᒍ ᐅᓂᒃᑳᐅᑎᕐᓄᑦ
21/01/02 11 a.m.

B Date and time of spill (if known)
ᐅᑎᓪᓗᒃ ᑯᐊᑎᓪᓗᒍ ᖃᓄᖅᓯᐊᖅᑎᓪᓗᒍ (ᒥᑲᐅᓯᒪᔪᐅᑎᒃ ᒥᑲᐅᓯᒪᔪᓕᒃ)
21:00 22/01/02

C Original report ☐ Update no. ☐
ᓂᕿᓚᓂᖅᓴᒥ ᐅᓂᒃᑳᐅᓂᖅ
ᐅᓂᒃᑳᐅᑎᒃᓴᓕᐅᑎᒃ ᓴᓚᐅᑦ

Spill number
ᑯᐊᓂᑦ ᓇᓱᐅᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓇᓂ ᑯᐊᑦ ᐊᒻᒪᓗ ᓂᓇᓴᒍᑦ ᓴᓇᐅᑎᓕᑦ (ᒥᑲᐅᓯᒪᔪᐅᑦᓴᑦ) ᐊᒻᒪᓗ ᓇᒧᓐᖓᐅᑦᓯᐊᒻᒪᓴᖓᑦ (ᐃᓕᓴᕐᕕᖏᑦ)
At 53 km post from Norman Wells on the Canol

E Party responsible for spill
ᐱᓇᑦ ᑯᐃᑎᑎᑦ
Canol Inc.

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᐱᓇᑦ ᐱᓕᕆᓂᐅᑦ ᑯᑭᓂᖅ ᖃᓄᐃᓕᓐᓂᖅ (ᐊᑦᑕᓇᖅᖃᓕᒫᑦ ᐅᖃᓕᑎᒍᑎᓂᐅᑦ ᐊᑦᑲᓇᐃᓕᑦ)
Several hundred

G Cause of spill
ᐱᓕ ᑯᐃᓕᑕᐅᑦ
Leak in pipeline

H Is spill terminated?
ᑯᐃᓕᖅ ᓄᓇᖅᑎᑎᑕᐅᕙᒃ?
✓ yes/ᐃ no/ᐊᒃᓴ

I If spill is continuing, give estimated rate
ᓱᓕ ᑯᐃᓕᑦ ᖃᓄᑎᒥ ᓱᓕᑎᑎᑕᐅᓯᒪᔪᖅ
1.5

J Is further spillage possible?
ᐊᖏᓴᖅᓂᑐᐃᓐᓇᓕᖅᑐᖅᓴᖅ?
yes/ᐃ ✓ no/ᐊᒃᓴ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᒃᑭᑎᑎᓕᖅ ᐊᐃᓐᓇᐃᓕᓴᖅ (ᐅᓂᒃᑳᖅᓯᒪᓕᒍ ᐊᓯᓇᓐᓂᑦᑐᖅ)
1 m²

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᐱᓇᑦ ᐱᓕᓯᑕᐅᓕᑦ ᐊᐃᓐᓇᑦ ᐅᑦᓯᓂᑕᐅᓇᓯᒪᓕᒍ ᑎᓯᓗ ᖃᓄᐃᓕᓐᓄᓐᖃᓄᑦ, ᓄᓇ ᖃᓄᐃᓕᓐᓄᓐᖃᓄᑦ ᐊᐅᓚᑦᓯᓇᓐᓄᓐᖃᓄᑦ, ᐊᓯᔾᔨᓚᓐᓂᖅᓄᑦ)
See above. Snow cover.

M Containment (natural depression, dykes, etc.)
ᐅᖃᓕᑕᐅᓂᖃᓕᐊᑦ ᑭᓚᐊᒍᑦ ᐃᓯᖃᓐᓂᓕᓴᖅ ᒥᓇᒥ ᐃᓯᖃᓐᓂᐊᑦ, ᐊᓯᔾᔨᓚᓐᓂᖅᓄᑦ)
Ditches

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓚᐅᑦ, ᖃᓄᐃᓕᓚᐅᑎᑦᓯᐊᖅᑐᑦ ᐅᑭᐅᓂ ᖃᓄᐃᓕᓚᐅᑎᑦᓯᐊᖅᑐᑦ ᐊᑕᐅᓯᒥᒋᐊᓕᒫᑦ, ᓄᓕᖃᖅᑎᑕᐅᓕᒫᑦ, ᓴᓚᒪᓂᖅᑕᐅᓕᒫᑦ ᐅᑭᐅᓂ ᐃᒥᑕᐅᓇᑦᑐᖅᑐᑦ ᑯᐊᓂᑦ ᐊᐃᑦᑐᖅ (ᑯᐊᓂᑦ ᓄᓇᕗᑦ) ᐊᒻᒪᓗ ᐊᐃᑉᐸᐃᓕᓴᖅ.
Snow was removed in order to expose the pipeline ground in ditch. Contaminated soil was removed daily to be weathered in Fenwick Creek pit.

O Do you require assistance?
ᐃᖃᓗᖅᑕᐅᓴᓇᓂᐊᖅᑐᖅ?
✓ no ᐊᒃᓴ
yes, describe: ᐃ - ᓇᓂᐃᓴᑦᓗᒍ

P Possible hazards to persons, property, or environment: eg fire, drinking water, fish or wildlife
ᐊᑦᑕᓇᐃᓐᓇᓂᐊᖅᑐᖅᓴᖅ ᐃᓄᖅᓄᑦ, ᑎᒍᑎᑎᓴᐅᓂᖅ ᑭᓇᐅᔭᖅ - ᐃᑭᑦᓗᓂ, ᐃᒥᑦᓗᑦ ᓂᐅᖅᑲᖅᑕᐅᓂᖃᓕᒫᓂ, ᐃᖅᓱᓂᖅ ᐅᑭᐅᓂ ᓂᕿᓂᑎᓂᐅᑦ

Q Comments and/or recommendations ᐅᖅᑲᐅᓂᓴᑦ ᑭᓚᓗ ᐅᑭᐅᖅᑐᓂᑦ ᖃᓄᐃᓕᓚᐅᑎᑦᓯᐊᖅᑐᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓴᓇᓂᖅ ᑯᐊᓂᑦ ᐅᖅᑎᓯᐊᐅᑦᐳᓗᒃᑳᑦ

Lead Agency
ᐃᓕᖃᓄᐃᓕᓐᓂᓕᕆᓂᖅᑐᑦ ᑯᐊᓂᑦ ᑲᒪᒋᔭᖃᑦ

Spill significance
ᑯᐊᓂᑦ ᖃᓄᐃᓕᓚᐅᑎᒃ

Lead Agency contact and time
ᐃᓕᖃᓄᐃᓕᓐᓂᓕᕆᓂᖅᑐᑦ ᑯᐊᓂᑦ ᑲᒪᒋᔭᖃᑦ
ᖃᐅᔨᓴᖃᖅᑎᑕᐅᓚᒃ ᑭᓚᓗ ᖃᓄᐃᓕᓐᓄᑦ

Is this file now closed?
ᑕᒪᓐᓇ ᐅᑭᐅᖃᓚᔨᐅᑎᓕᖅ ᒪᑐᐅᑦ?

Reported by	Position, Employer, Location	Telephone
ᐅᑭᐅᖅᑐᖅ	ᖃᓄᐃᓕᑐᐃᑦ ᐃᓕᖃᓄᐃᓕᓐᓂᓕᕆᓂᖅ, ᓇᓗ	ᐅᖅᑎᓂᐅᑦ
Bob Brown	Acting Manager, Norman Wells Operations	587-2200
Reported to	Position, Employer, Location	Telephone
ᐱᓕᕆᓂᐅᑦ ᐅᑭᐅᖅᑕᕐᓂᖅ	ᖃᓄᐃᓕᑐᐃᑦ ᐃᓕᖃᓄᐃᓕᓐᓂᓕᕆᓂᖅ, ᓇᒥ	ᐅᖅᑎᓂᐅᑦ

NWT 1752/0593

(867) 920 - 8130

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᐃᐊᓕᓄᑦ ᐅᓂᒃᑳᖅ (ᑲᖏᒪᓂᖅ, ᒪᓕᑦ, ᐊᑦᑕᕐᓇᖅᑐᑦ ᐃᓕᓴᕐᕕᖏᓐᓂᖅ ᐊᑦᑕᕐᓇᖅᑐᑦ)

24-Hour Report Line
-ᓄᑦ ᐃᑲᖏᓄᑦ ᐅᓂᒃᓴᕕᐊᓕᕆᓇᖅᓯᒪᖅ ᐅᖃᓕᑦ
Phone/ᐅᖃᓕᒫᑦ (403) 920-8130
Fax/ᐋᕿᑐᒃᑯᑦ (403) 873-6924

A Report date and time / ᐅᑦᓯᖏᓐ ᓄᑖᖅᑐᓂᒃᑯᓐᓂᖅ ᖃᒃᓱᒪᓕᐊᖏᓐᓂᖅ ᐅᓂᒃᓴᐃᑎᖅᓯᒪᔪᓄᑦ
8/03/02

B Date and time of spill (if known) / ᐅᑦᓯᓐᓇ ᐃᓚᖏᓐᓄᑦ ᖃᒃᓱᒪᓕᐊᖏᓐᓂᖅᓄᑦ (ᖃᐅᔨᓴᕐᕕᖏᓐᓂᑦ)
1:57PM. 8/03/02

C ✓ Original report / ᓄᓇᕗᑦᓯᓚᐅᑉ ᐅᓂᒃᑳᖅᐅᑎᓪᓗ
Update no. _____ / ᐅᓂᒃᑳᖅᐅᑎᒃᓴᖏᓐᓂᖅ ᓴᓇᐅᑦ_____
Spill number / ᐃᓚᖓᑦ ᓴᓇᐅᑦ

D Location and map coordinates (if known) and direction (if moving) / ᓄᓇᕗᑦ ᐊᑖᑕᒃ ᓄᓇᖃᖅᓯᒪᓂᖅ ᖃᐅᔨᓴᕐᕕᖏᓐᓂᑦ (ᐊᑦᑕᕐᓇᖅᑐᑦ) ᐊᑦᑕᓗᒃ ᓄᑕᖅᑐᑎᒃᓴᓂᖅᓯᒪᔪᓂᑦ (ᐃᓕᓴᕐᓂᑦ)
A.V.S → AV 4 BEHIND YOUNG OFFENDER B.C.C.

E Party responsible for spill / ᑭᒃᑯᓕᒫᓂᖅ ᐃᓚᖓᑦ ᐃᓚᐃᑦᑐᑦ
MUNICIPALITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible) / ᑭᓇᐅᔭᓕᖅ ᑭᓇᐅᔭᓕᖅᓯᒪᔪᓂᑦ ᐃᓚᖓᑦ ᐊᑦᑕᕐᓇᖅᑐᑦ (ᐊᑦᑕᕐᓂᒃᓴ ᐅᖃᓕᓂᒃᓴᓂᑦᓂᒃᓴᓂᑦ ᐊᑦᓇᓂᕐᓂᑦ)
SEWAGE 400 - 1000 GALS

G Cause of spill / ᑭᓇ ᐃᓚᐅᑎᑦᓯᒪᓂᖅ
LINE BLOCKAGE

H Is spill terminated? / ᐃᓚᐅᖅ ᓄᖅᑲᖅᓯᒪᓂᑦ?
yes/ Δ X no/ ᐊᖅᑲ

I If spill is continuing, give estimated rate / ᓯᓚ ᐃᒪᐅᑦ ᖃᓄᐃᑦ ᓯᓚᖓᑦ ᓯᕗᓕᑎᒃᓴᓂᖅᓯᒪᔪᓂᑦ

J Is further spillage possible? / ᐃᓚᖃᖅᑐᓂᐊᓕᐊᖏᓐᓂᖅᓯᒪᔪᓂᑦ?
yes/ Δ X no/ ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible) / ᖃᓄᖅ ᐊᑦᑕᕐᓂᑦ ᐃᓚᐃᑦᑐᑦᓄᑦ (ᐅᑐᓴᓯᒪᓕᓗᒍ ᐊᑦᓇᓂᑦᑐᑦ)
40 m2

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.) / ᑭᓇᐅᔭᓕᖅᓯᒪᔪᓂᑦ ᐃᓚᐃᑦᑐᑦ ᐊᑦᑕᕐᓇᖅᑐᑦ (ᐅᓪᓗᒥᒃ ᖃᓄᐃᓕᒫᓂᖅᓯᒪᓂᖅ, ᓂᐊ ᖃᓄᐃᓕᒫᓂᖅᓯᒪᓂᖅ ᐊᑐᓴᖅᓯᒪᓂᖅ, ᐊᑦᓯᓕᖅᓯᒪᓂᖅ)
NONE EXCEPT SNOW COVER

M Containment (natural depression, dykes, etc.) / ᐅᖃᓕᑦᓯᓚᖅᓯᒪᓂᖅ ᑭᓪᓕᒧᑦ ᐃᓕᓴᕐᓂᒃᓴᓕᕆᓂᖅ ᒪᓂᓕᐊᓂᑦ, ᐊᑦᓯᓕᖅᓯᒪᓂᖅ)
D. TCH

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials / ᖃᓄᐃᓕᒫᑦᓯᓚᖅᑐᑦ, ᖃᓄᐃᓕᒫᑦᓯᓚᖅᑐᓂᒃᓴᓂᑦ ᐅᑭᐅᓂᖅ ᖃᓄᐃᓕᒫᑦᓯᓚᖅᑐᓂᒃᓴᓂᑦ ᐊᑕᐅᓯᒪᔪᓂᑦᑕᕐᓇᖅᓯᒪᓂᑦ, ᓄᓇᖃᖅᓯᒪᓂᖅᑕᕐᓇᖅᓯᒪᓂᑦ ᐅᑭᐅᓂᖅ ᐃᓕᑕᕐᓂᐊᓕᖅᓯᒪᓂᑦ ᐊᑦᓇᓂᕐ (ᐊᑦᓇᓂᑦᓴᓂᑦ) ᐊᓪᓚᓗ ᐃᓅᓯᐃᑦᓯᓂᑦ.
SEWAGE WILL BE MIXED WITH SNOW AND REMOVED TO SEWAGE LAGOON

O Do you require assistance? / ᐃᑲᓇᓂᕐᕕᖏᓐᓂᖅᓯᒪᓂᑦ?
✓ no ᐊᖅᑲ
yes, describe: Δ - ᓄᓇᕗᑦ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife / ᐊᑕᓇᐃᓐᓇᓂᐊᓕᐊᖏᓐᓂᑦ ᐃᓄᓐᓄᑦ, ᐱᖓᑎᒃᓴᕐᕕᓂᑦ ᐅᑭᐅᓂᖅ ᐊᑦᑕᕐᓇᖅᑐᑦ ᐱᖓᓗ - ᐃᑭᓐᓄᓗ, ᐃᒥᑦᓯᓗ ᓂᐅᑲᓇᓂᕐᓂᑦᑕᕐᓇᖅᓯᒪᓂᑦ, ᐃᓕᓴᕐᓂᑦ ᐅᑭᐅᓂᖅ ᓂᕆᑎᓄᑦ
ICE AND SNOW

Q Comments and/or recommendations / ᐅᖃᐅᓯᖏᓐᓄᑦ ᐊᑦᓇᓗ ᐅᑭᐅᓕᓐᓂᑦ ᖃᓄᐃᓕᒫᑦᓯᓚᖅᑐᑦᓯᓚᐅᑉ

FOR SPILLLINE USE ONLY
ᐊᑐᖅᑕᐅᓂᕐᕕᖏᓐᓂᖅ ᐊᐱᓄᓂᑦ ᐅᖃᓕᒫᑦᓯᓚᖅᑐᑦᓄᓐᓂᒃᑯᑦ

Lead Agency
ᐃᖅᓱᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅ ᐃᓚᐃᑦᑐᑦ ᑲᒪᒋᔭᖅᑐᓂᒃᑯᑦ

Spill significance
ᐃᓚᐃᑦᑐᑦ ᖃᓄᐃᓕᒫᓂᖅ

Lead Agency contact and time
ᐃᖅᓱᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅ ᐃᓚᐃᑦᑐᑦ ᑲᒪᒋᔭᖅᑐᓂᒃᑯᑦ ᖃᐅᔨᓴᕐᕕᖏᓐᓂᖅᓯᒪᔪᓂᑦ ᐊᑦᓇᓗ ᖃᓄᐃᓕᒫᑦᓯᓚᖅᑐᑦ

Is this file now closed?
ᑕᐃᓇ ᐅᓂᒃᓴᓕᐅᕐᓂᖅ ᐃᑐᓕᐅᕐᓂᑦ?

Reported by / ᐅᓂᒃᓴᖏᓐᓂᑦ	Position, Employer, Location / ᖃᓄᐃᑦᑐᑦ ᐃᓱᓴᓂᖅ, ᐃᓱᓴᓂᖅᑎᒃᓴᖅ, ᓄᓇᕗᑦ	Telephone / ᐅᖃᓕᒫᑦ
CHRIS FREEMAN	LITTLE DOG FOREMAN	867 979- 5648
Reported to / ᐱᓕᕆᓂᑦ ᐅᓂᒃᓴᐅᑎᓪᓗᒍ	Position, Employer, Location / ᖃᓄᐃᑦᑐᑦ ᐃᓱᓴᓂᖅ, ᐃᓱᓴᓂᖅᑎᒃᓴᖅ, ᓄᓇᕗᑦ	Telephone / ᐅᖃᓕᒫᑦ

NWT 1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐊᓕᓂᐅ ᐅᓂᒃᑲᖅ (ᐅᖃᓗᐊᓂᑦ, ᓴᓇᓪ, ᐊᑕᐅᓇᖅᑐᑦ ᐃᓕᓴᐃᑦ ᐅᖃᓗᐊᓂᑦ ᓱᓕᔪᑦ)

24-Hour Report Line
ᓴᓇ ᓄᑦ ᐃᒃᖅᓗᓄᑦ ᐅᓂᒃᑲᕐᐃᐅᔪᓐᓇᖅ ᐅᖃᓕᐅᑦ
Phone/ᐅᖃᓕᐅᑦ (403) 920-8130
Fax/ᓱᒃᑐᒃᑯᑦ (403) 873-6924

A Report date and time
ᐅᑦᓂᖅ ᐸᑭᓴᕐᔪᐊᑦ ᖃᓄᐊᕐᓂᖅᓴᓗ ᐅᓂᒃᑲᐅᑎᕐᓂᐊᕐᒥᑦ
MAR 17/02 11:11AM

B Date and time of spill (if known)
ᐅᑦᓂᖅᓴᖅ ᑯᐊᑎᓴᓗ ᖃᓄᐊᕐᓂᖅᓴᓗᓂᐊᓕ (ᖃᓄᐊᕐᓂᖅᓴᓗᓂᐊᓕ ᐊᑐᕐᓂᖅᓴᖅ)
MAR 17/02 ? ?

C Original report
ᓯᓚᑦᓂᖅᓴᒥ ᐅᓂᒃᑲᐅᑎᕐᓂᖅ
Update no. _____
ᐅᓂᒃᑲᐅᑎᕐᓂᖅᓴᑦᑐᑦ ᓇᓕᐅᑦ _____

Spill number
ᑯᐊᓂᑦ ᓇᓕᐅᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓇᓂ ᑯᐊᓂᑦ ᑭᒪᓗ ᓄᓇᕗᓴᓐᓇᒃᑯᑦ ᓇᓴᐅᑎᓐᓂᑦ (ᖃᐅᔨᒪᔭᐅᓪᓚᑦ ᑭᒪᓗ ᓇᒧᓴᓴᑲᓂᓪᓚᕆᓐᓂᒪᓂᑦ (ᐃᓚᖏᑭᑦ)
BCC TOUNG OFFENDERS AV. 4 → AV 5

E Party responsible for spill
ᐱᓕᑦ ᑯᐊᑎᑎᓂᑦ
MUNICIPALITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᐱᓚᑦ ᐱᓚᓪᓂᑦ ᑯᐊᓂᑦ ᖃᓄᑎᓗ ᐊᑎᓂᓄᓪᓕᓪᓂᓪᓂᓪᓂᑦ (ᐊᑎᓂᓄᓪᓕ ᐅᖏᓐᓂᓄᓪᓕᓪᓂᓪᓂᑦ ᐊᓯᓇᓂᑦᑐᑦ)
SEWAGE 300 -- 1000GALS.

G Cause of spill
ᐱᓗ ᐋᕐᓯᑕᐅᓕᒃ
POSSIBLE BLOCKAGE AND HIGH VOLUME OF FLOW FROM NUNATTA RES. ARCTIC WINTER GAMES

H Is spill terminated?
ᑯᐊᓯᖅᓴᖅᓄᑕᐅᓕᖅᑐᑦ?
✓ yes/ Δ no/ ᐊᖅᑲ

I If spill is continuing, give estimated rate
ᓱᓕ ᑯᐊᓯᑦ ᖃᓄᑎᒥ ᓄᑲᓕᓂᖅᓴᓕᖅᑐᑦ
No

J Is further spillage possible?
ᐋᖅᑲᓂᐅᔪᐊᓘᓇᓕᖅᑲᖅᓯᑦ?
✓ yes/ Δ no/ ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᓂᑎᑎᓕᒃ ᑯᐊᓘᐃᐅᔨᓴᖅ (ᐅᑦᑐᔾᔪᑎᒃᓴᓗ ᐊᓯᓇᓂᑦᑐᑦ)
DITCH 40M²

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᐱᓚᑦ ᐱᓯᕐᓂᐅᓕᒃ ᑯᐊᓯᒧᑦ ᐅᓂᒃᑲᑎᑕᐅᓇᓱᑎᓪᓗᓄ ᓱᓚ ᖃᓄᐃᓕᓴᓂᓴᖃᓄᑦ, ᓄᓇ ᖃᓄᐃᓕᓴᓂᓴᖃᓄᑦ ᐊᑐᓵᐃᓚᒪᓂᖃᓄᑦ, ᐊᓯᖏᓐᓂᒃᑯᑦ)
NONE

M Containment (natural depression, dykes, etc.)
ᐅᖃᓗᐊᓂᖃᖅᓯᐊᐅᑦ ᐱᓕᑲᒧᑦ ᐃᓱᓇᓕᓴᓗᒧᑦ (ᓄᓇᒥ ᐃᓱᓇᐃᑦ, ᐊᓱᑭᓵᖅᑎᓂᓪᓗ)
DITCH

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᖅᐅᑦ, ᖃᓄᐃᓕᖅᐅᓂᒃᑯᑦ ᐅᑎᓪ ᖃᓄᐃᓕᖅᑭᓯᐊᓘᓇᑦ ᐊᑕᐅᓯᒥᑎᑕᐅᓇᓱᑦ, ᓄᓇᖃᖅᑎᑕᐅᓇᓱᑦ, ᓴᓇᓪᓚᕆᑕᐅᓇᓱᑦ, ᓴᓇᓪᓚᕆᑕᐅᓇᓱᒃᑐᑦ ᐊᑐᓵᐃᓚᒪᓂᖃᓄᑦ ᑭᒪᓗ ᑯᐊᓘᐃᐅᔨᓴᖅ.
SEWAGE WILL BE MIXED WITH SNOW AND REMOVED TO LAGOON

O Do you require assistance?
ᐃᖅᓯᓇᐅᔪᓐᓇᖅᑐᖅᑕᐅᓯᒪᓂᖅ?
✓ no ᐊᖅᑲ
yes, describe: Δ - ᓇᓗᓇᐃᔨᓴᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑦᑕᓴᐃᐸᓇᓘᐊᖅᑲᖅᓴᑦ ᐃᓄᓐᓄᑦ, ᐱᖓᑎᑎᐅᔨᓄᑦ ᐅᑎᓪ ᐊᒡᑎᒧᑦ ᐊᓂᓪ - ᐃᑭᓪᓗᓂ, ᐃᒥᓴᓕᖅᑐᑦ ᐅᖃᓗᐊᓂᖃᖅᑎᑕᐅᓇᓱᑦ, ᐃᓴᖃᓗᓂᑦ ᐅᓂᒃᑲᖅᑎᓂᐅᑦ
UNKNOWN

Q Comments and/or recommendations ᐅᖃᐅᓯᖏᓐᓂᑦ ᑭᒪᓗ ᐅᑎᓪᓗᓂᑦ ᓴᓇᓪᓚᕆᐊᖅᐅᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᔨᖏᖅᑐᖅ ᑯᐊᓘᐃᐅᔨᓴᖅ ᐅᖃᓕᓴᐃᑦᑐᑎᓪᓗᒍᑐᖅ

Lead Agency
ᐃᖅᓴᓇᐃᔨᖅᑐᓕᓂᓴᐃᑦ ᑯᐊᓘᐃᑦ ᐱᒋᔨᖅᑐᑦ-

Spill significance
ᑯᐊᓘᐃᑦ ᓴᓇᓪᓚᕆᔨᖅᑐᑦ-

Lead Agency contact and time
ᐃᖅᓴᓇᐃᔨᖅᑐᓕᓂᓴᐃᑦ ᑯᐊᓘᐃᑦ ᐱᒋᔨᖅᑐᑦ
ᓴᓇᐅᔨᖅᑎᑕᐅᓂᖅ ᑭᒪᓗ ᓴᓐᔪᒪᓕᖅᑐᓗᒍ

Is this file now closed?
ᑕᑯᓇ ᐅᓂᒃᓚᖅᐅᔨᖅᑐᖅ ᒪᑐᐅᑦ?

Reported by ᐱᓂᒃᑲᓐᓂᖅ	Position, Employer, Location ᓴᓇᓪᓕᑐᑦ ᐃᖅᓱᒪᐃᔨᓂᖅ, ᐃᖅᓴᓇᐃᔨᖅᑐᓕᖅ, ᓇᓗ	Telephone ᐅᖃᓕᐅᑦ
CHRIS FREDA	MUNICIPALITY OF IQALUIT	979-5698
Reported to ᐱᑯᓂᑦ ᐅᓂᒃᑲᐅᑎᕐᓂᖅ	Position, Employer, Location ᓴᓇᓪᓕᑐᑦ ᐃᖅᓱᒪᐃᔨᓂᖅ, ᐃᖅᓴᓇᐃᔨᖅᑐᓕᖅ, ᓇᒥ	Telephone ᐅᖃᓕᐅᑦ

NWT 1752/0593

Northwest Territories

N.W.T. SPIL. EPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓪᓗ ᐅᓂᒃᑳᖅ (ᑲᖏᕐᕕᒃᓴᓂᖅ, ᓴᓇᓕᖅ, ᐊᑕᐅᓯᒃ) ᐃᓕᓴᐃᓂᖅ ᑲᑎᕪᓐᓇᖅᑐᑦ

24-Hour Report Line
·ᓄᑦ ᐃᑲᖏᓄᑦ ᐅᓂᒃᑲᖏᐃᑎᓕᐅᓚᐅᑐᖅ ᐅᖃᓕᑦᑎᐅᑦ
Phone/ᐅᖃᓕᑦᑎᑦ (403) 920-8130
Fax/ᓱᒃᑐᒃᑯᑦ (403) 873-6924

A Report date and time
ᐅᖃᓄᖅ ᓯᑭᖏᓐᓄᑦᓯᐅᓄᑦ ᖃᓄᐃᓕᖅᑐᑦ ᐅᓂᒃᑲᑎᑎᓕᐅᓚᐅᑐᖅᓴᑦ
2:40 APRIL 29/02

B Date and time of spill (if known)
ᐅᖃᓄᖅᓴᖅ ᑯᐃᓐᓄᑦᓯᐅᓄᑦ ᖃᓄᐃᓕᖅᑐᑦ (ᑲᑎᕪᓐᓇᖅᑐᑦ)
11:00AM APR 29/02

C Original report ᐅᕙᓪᓕᐊᓂᖅ ᐅᓂᒃᑲᑎᑎᓕᐅᓚᐅᑐᖅ
Update no. ᐅᓂᒃᑲᑎᑎᓕᐅᓚᐅᑐᖅ ᐊᓚᑦ

Spill number ᑯᐃᓐᓄᑦ ᐊᓚᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓇ ᑯᐃᓐᓄᑦ ᐊᓚᓐᓇᖅᑐᑦ ᐊᓯᑎᓂᖅᓴᑦ (ᑲᑎᕪᓐᓇᖅᑐᑦ) ᐊᑐᓗ ᓄᑖᖅᓴᐅᓕᖅᑐᑦ (ᐃᓕᓴᕐᕕᒃᓴᓂᖅ)
BESIDE HS #405
BETWEEN ~~[redacted]~~ M.H. # 89 AND M.H. # 91

E Party responsible for spill
ᑭᓇᐅᔭ ᑯᐃᓐᓄᑦᑎᑦ
MUNICIPALITY OF ISKUT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓇᐅᔭᓂᒃ ᑭᓇᐅᔭᓂᒃᓴᑦ ᑯᐃᓐᓄᑦ ᖃᓄᐃᓕᖅᑐᑦ (ᐊᑐᕐᓂᖅᓴᑦ ᐅᕙᓪᓕᐊᓂᖅᓴᑦ ᐊᓯᓐᓇᖅᑐᑦ)
SEWAGE
200C LITRE → 6000 LITRES

G Cause of spill
ᑭᓇ ᑯᐃᓕᑦᑎᑦ
PARTIAL LINE BLOCKAGE (POSSIBLE BREAK)
CAUSED SEWAGE TO BACK UP INTO HS #405

H Is spill terminated?
ᑯᐃᓕᓐᓂᓪᓚᕆᓂᖅᑎᑦ?
✓ yes/ Δ no/ ᐊᖏᓚ

I If spill is continuing give estimated rate
ᓱᓕ ᑯᐃᓕᓴᖅ ᖃᓄᑎᒥ ᓯᖏᓂᖅᓴᓐᓂᖅ
N/A

J Is further spillage possible?
ᑯᐃᖏᓂᐅᑐᐃᓇᓕᖅᑐᖅᑎᑦ?
yes/ Δ ✓ no/ ᐊᖏᓚ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᓕᑎᑎᓕᐅᓚᐅᑐᖅ (ᐅᑐᓂᖅᓴᓗᒃ ᐊᕐᕌᒍᓐᓇᖅᑐᑦ)
4/C SQ METRES

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓇᐅᔭ ᐱᓕᕆᑎᓕᐅᓚᐅᑐᖅ ᑯᐃᓐᓄᑦ ᐅᓂᒃᑲᑎᑎᓕᐅᓚᐅᑐᖅᓴᑦ ᐱᓕ ᖃᓄᐃᓕᓂᒃᓴᓂᓕᖅᑐᑦ, ᓄᓇ ᖃᓄᐃᓕᓂᒃᓴᓂᓕᖅᑐᑦ ᐊᑐᓵᑎᓕᓂᒃᓴᓂᖅ, ᐊᓱᑲᓵᑎᓂᖅᑐᑦ)
RUN OFF.

M Containment (natural depression, dykes, etc.)
ᐅᖃᓕᑦᑎᑦᓴᖅᑎᑦ ᑭᓪᓕᒡᓗᒋᑦ ᐃᓕᓴᕐᕕᒃᓴᓂᖅ (ᓄᓇᒥ ᐃᓕᓴᕐᕕᒃᓴᓂᖅ ᐊᓱᑲᓵᑎᓕᐅᓚᐅᑐᖅᓴᑦ)
DITCHED IN DEPRESSION

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᑦᑎᑦ, ᖃᓄᐃᓕᓴᐅᑎᑦᓯᐅᓄᑦ ᑭᓇᐅᔭ ᖃᓄᐃᓕᓴᐅᑎᑦᓯᐅᓄᑦᓴᑦ ᐊᑕᐅᓯᒋᑎᑎᓕᐅᓚᐅᑐᖅᓴᑦ, ᓄᓇᖃᖅᑎᑎᓕᐅᓚᐅᑐᖅᓴᑦ
WORKERS WILL MIX SEWAGE WITH SNOW AND REMOVE TO LAGOON

O Do you require assistance?
ᐃᖃᓗᒃᑐᐃᓕᓴᐅᓕᖅᑐᖅᑎᑦ?
✓ no ᐊᖏᓚ
yes, describe: Δ - ᓄᓇᐃᓕᓴᖅᓴᑦ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᑭᓯᐊᓕᐃᐅᓇᓕᖅᑐᖅᓴᑦ ᐃᓄᓐᓄᑦ, ᐱᖓᑎᓕᐅᓚᐅᑐᑦ ᑭᓇᐅᔭ ᐊᓯᑎᒍᑦ ᓄᑦ - ᐃᑭᓪᓗᓂ, ᐃᒥᓐᓂᑦ ᓂᐅᖏᓐᓄᑦᓯᐅᓄᑦ, ᐃᖃᓗᒃᑐᑦ ᐅᑭᓪᓗᓂ ᓂᓪᓚᑎᓂᖅ
UNKNOWN AT THIS TIME.

Q Comments and/or recommendations ᐅᖃᐅᓯᖏᓐᓄᑦᑎᑦ ᑭᓇᓗ ᑭᓯᓕᓂᒃ ᖃᓄᐃᓕᓴᐅᑎᑦᓯᐅᓄᑦᑐᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓯᒪᓕᖅᑐᖅ ᑯᐃᓐᓄᑦ ᐅᖃᓕᑦᑎᐅᑦᑐᑎᓪᓗᒍᑦ

Lead Agency
ᐃᓕᓴᕐᕕᒃᓴᓂᖅᓯᓂᓐᓇᑦ ᑯᐃᓐᓄᑦ ᑲᒪᒋᔭᖅᑐᑦ

Spill significance
ᑯᐃᓐᓄᑦ ᖃᓄᐃᓕᓂᒃᓴᖅ

Lead Agency contact and time
ᐃᓕᓴᕐᕕᒃᓴᓂᖅᓯᓂᓐᓇᑦ ᑯᐃᓐᓄᑦ ᑲᒪᒋᔭᖅᑐᑦ
ᖃᐅᔨᓴᖅᑕᐅᓯᒪᓕᖅ ᑭᓇᓗ ᖃᓄᐃᓕᖅᑐᑦ

Is this file now closed?
ᑕᕐᓇ ᐅᓂᒃᓇᑎᐅᓚᐅᑐᖅᓴᑦ ᒪᑐᐅᑎᑎᖅ?

Reported by ᐊᓂᒃᓴᖅᑐᑦ	Position, Employer, Location ᖃᓄᐃᓐᓂᑦ ᐃᓕᓴᕐᕕᒃᓴᓂᖅ, ᐃᓕᓴᕐᕕᒃᓴᓂᓂᓪᓚ	Telephone ᐅᖃᓕᑦᑎᑦ
[redacted]	[redacted]	97[illegible]-5678
Reported to ᑭᓱᓇᓂᑦ ᐅᓂᒃᑲᑎᑎᓕᐅᓚᐅᑐᖅᓴᑦ	Position, Employer, Location ᖃᓄᐃᓐᓂᑦ ᐃᓕᓴᕐᕕᒃᓴᓂᖅ, ᐃᓕᓴᕐᕕᒃᓴᓂᓂᓪᓚ	Telephone ᐅᖃᓕᑦᑎᑦ

NWT 1752/0598

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓐᓇᓕᒃ ᐅᓂᒃᑳᖅ (ᐅᖃᓗᐊᓂᐸᑦ, ᒪᓕᒃᑐᑦ, ᐊᑦᑕᓇᖅᑐᑦ ᐃᓕᓴᐃᑦ ᐅᑉᐹᓪᓕᐊᓂᖅ)

24-Hour Report Line
ᓄᑦ ᐃᑲᖏᓄᑦ ᐅᓂᒃᑲᖏᐊᑕᐅᓇᖅᑐᖅ ᐅᖅᑲᓕᑦ
Phone/ᐅᖅᑲᓕᐅᑦ (403) 920-8130
Fax/ᓱᒃᑕᐅᒃᑯᑦ (403) 873-6924

A Report date and time
ᐅᑦᓯᖅ ᓴᐳᕐᓴᖅᑎᓪᓗ ᖃᓄᐃᒍᖏᑦᑎᓪᓗ ᐅᓂᒃᑲᐅᑎᒋᔭᐅ

B Date and time of spill (if known)
ᐅᑦᓯᖅᓱᒃ ᑯᐃᑎᓪᓗ ᖃᓄᐃᒍᖏᑦᑎᓪᓗ ᐊᑐᐊᓕᕐᓂᐊᕐᓗ ᑲᑎᕐᓂᐊᕐᓗ

C Original report
ᓴᓐᓇᖅᓯᒪᑦ ᐅᓂᒃᑲᐅᓴᐅᖅ
Update no. _____
ᐅᓂᒃᑲᐅᓴᐅᒃᑯᓂᖅᑐᑦ ᓇᓴᐅᑦ _____

Spill number
ᑯᐃᓴᑦ ᓇᓴᐅᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓇᓂ ᑯᐃᓴᑦ ᐊᒪᓗ ᓄᓇᖅᑐᓂᑦ ᓇᓴᐅᑎᓪᓂᑦ (ᖃᐅᔨᓴᕐᓂᖅᑐᑦ) ᐊᑦᓗ ᓇᒧᖓᐃᓂᓕᖅᓱᓂᑦ (ᐃᓐᓇᑦᑐᖅᑐᑦ)

E Party responsible for spill
ᑭᒃᑯᑦ ᑯᐃᑎᑎᒋᓪ

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓯᑦ ᐊᓯᓪᓚᓐᓂᑦ ᑯᐃᓴᑦ ᖃᓄᑎᓗ ᐊᑐᕐᓂᑲᖅᑐᑦ (ᐊᑐᕐᓂᖅᓱᓗ ᐅᑭᐅᑦᑎᓂᐊᑦᑎᓪᓚᓂᑦ ᐊᓯᖅᓯᑦᑐᑦ)

G Cause of spill
ᑭᓯ ᑲᑎᕐᓯᑕᒋᐊᖅ

H Is spill terminated?
ᑯᐃᓴᖅ ᓄᖅᑲᖏᖅᑎᑕᒋᐊᖅ?
yes/ Δ no/ ᐊᖅᑲ

I If spill is continuing, give estimated rate
ᓯᓚ ᑯᐃᓕᑦ ᖃᓄᑎᓗ ᓯᖅᓚᑎᑎᖅᓯᒪᔪᖅ

J Is further spillage possible?
ᑯᐃᓕᖅᑲᓂᐊᓐᓂᖏᖅᑐᖅᑕ?
yes/ Δ no/ ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᓯᑎᑎᓕ ᑯᐃᓐᓇᑲᖅᓯᒪᔪᖅ (ᐅᑐᓂᓯᓚᓗᒍ ᐊᓯᓴᓐᓂᑦᑐᑦ)

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓯᑦ ᐋᓐᓂᕐᑕᒋᐊᖅ ᑯᐃᓴᑦ ᐊᓯᖅᑭᑎᑦᓯᓂᒃᑯᓗᒍ ᓯᓚ ᖃᓄᐃᓕᓴᕐᓗᓂᓕᓴᕐᓗᓂᑦ ᐊᑐᓵᑉᐳᓂᓕᓴᕐᓗᓂᓕᓴᕐᓗᓂᑦ, ᐊᓯᖏᓪᓗᒍ ᐊᓯᖏᓪᓗᒍ)

M Containment (natural depression, dykes, etc.)
ᐅᖅᓯᐊᓕᖅᑐᖅᑎᑎᑦ ᑭᓵᐊᑦ ᐃᓕᓴᕐᓂᓕᓴᕐᓚᕐᓇᖅ (ᓄᓇᒥ ᐃᓕᓴᕐᓂᐃᑦ, ᐊᓯᖏᓪᓗᒍ ᐊᓯᖏᓪᓗᒍ)

N Action, if any, taken or proposed to contain, recover, cleanup or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓴᐅᑎᑦ, ᖃᓄᐃᓕᓴᐅᑎᑦᑎᓂᑦᑐᑦ ᐅᑭᐅᓂ ᖃᓄᐃᓕᓴᐅᑎᑦᑎᓂᑦᑐᑦ ᐊᑕᐅᓯᒥᑎᑕᐅᓚᓯᓂᑦ, ᓄᓇᖅᑲᖅᑎᑕᐅᓚᓯᓂᑦ, ᓴᓇᒪᓕᖅᑕᐅᑭᓐᓇᖅᑐᑦ ᐅᑭᐅᓂ ᐃᑎᑕᐅᓂᐊᖅᑐᑦ ᐊᓯᖅᓯ (ᐊᓯᖅᓯᓪᓗᓂᑦ) ᐊᑦᓗ ᑯᐃᓐᓇᑲᖅᑐᑦ.

O Do you require assistance?
ᐃᑲᔪᖅᑕᐅᓴᓇᓕᖅᑕᖅᑲᓂᑦ?
no/ ᐊᒃᓱᒃ
yes, describe:
Δ - ᓇᓗᓇᐃᔨᓴᓗᒍ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑦᑕᓇᖅᑐᐃᓐᓇᓕᖅᑐᖅᑕᒥ ᐃᓄᐃᓂᑦ, ᐱᔭᑎᑎᓴᐅᔪᓂᑦ ᐅᑭᐅᓂ ᐊᓕᑎᒧᑦ ᓯᓂ - ᐃᑭᓚᓂᓐ, ᐃᒥᓂᒧᑦ ᓂᐅᖅᑲᖅᑕᐅᓯᒧᓚᓐ, ᐃᖅᑲᓗᔪᓄᑦ ᐅᑭᐅᓂ ᓂᓴᐊᑎᓄᑦ

Q Comments and/or recommendations ᐅᖅᑲᐅᓯᖅᓴᐃᑦ ᐊᑦᓗ ᐅᑭᐊᓐᓂᑦ ᖃᓄᐃᓕᓴᐅᑎᑦᑎᔨᐅᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᔪᓴᖅ ᑯᐃᓴᔪᓄᑦ ᐅᖅᑳᓪᓕᐊᑭᐅᖅᑐᓄᓐᓇᖅᑐᖅ

Lead Agency
ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅᑐᑦ ᑯᐃᓴᔪᖅ ᑲᒪᒋᔭᖅᑎᖅᑐᑦ:-

Spill significance
ᑯᐃᓴᑦ ᖃᓄᐃᓕᓴᖅᓱᓂᓴᖅ-

Lead Agency contact and time
ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅᑐᑦ ᑯᐃᓴᔪᖅ ᑲᒪᒋᔭᖅᑎᖅᑐᑦ
ᖃᐅᔨᓴᖅᑎᖅᑕᐅᓂᓴᖅ ᐊᑦᓗ ᖃᓄᐃᒍᖏᑦᑎᓪᓗ ᐊᑐᐊᓕᕐᓂᐊᕐᓗ

Is this file now closed?
ᑕᓐᓇ ᐅᓂᒃᑲᓂᐅᔪᓴᖅ ᒪᑐᐅᑭᖅ?

Reported by ᐅᓂᒃᑲᖅᑐᖅ	Position, Employer, Location ᖃᓄᐃᑐᒥᑦ ᐃᖅᑲᓇᐃᔨᓂᑦ, ᐃᖅᓗᐃᔨᓴᖅᑎᓪᓚᓂᑦ, ᓄᓇᒥ	Telephone ᐅᖅᑲᓕᐅᑦ
Reported to ᑭᒃᑯᓄᑦ ᐅᓂᒃᑲᐅᑎᒋᔭᐅᖅ	Position, Employer, Location ᖃᓄᐃᑐᒥᑦ ᐃᖅᑲᓇᐃᔨᓂᑦ, ᐃᖅᓗᐃᔨᓴᖅᑎᓪᓚᓂᑦ, ᓄᓇ	Telephone ᐅᖅᑲᓕᐅᑦ

NWT 1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓕᓐ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᑕᐃᓐ, ᓴᓇᓪ, ᐊᑦᑕᓇᖅᑐᑦ ᐃᓚᖓᑦ ᐅᑭᐅᖃᖅᑐᑦ)

24-Hour Report Line
ᓄᓪ ᐃᒃᑦᓭᓄ ᐅᓂᒃᑲᕐᓂᖅᓯᐊᕐᓇᖅᑐᑦ ᐅᑦᑐᓂᐅᖅ
Phone/ᐅᑦᑐᓂᐅᑕ (403) 920-8130
Fax/ᓱᒃᑕᑐᒃᑯᑦ (403) 873-6924

A Report date and time
ᐅᖃᓪᓗᖅ ᓱᑭᒃᓴᒍᓪ ᖃᓴᓱᒋᐊᖅᑎᑦᓯᔪ ᐅᓂᒃᑲᐅᑎᓕᕐᐃᑦ
4/07/02

B Date and time of spill (if known)
ᐅᖃᓪᓗᖅ ᑯᐊᐅᓯᔪ ᖃᓴᓱᒋᐊᖅᑎᑦᓯᔪᓐ ᖁᑲᐅᕐᓂᖅᓯᐊᕐᓂᖅᐸᑦ)
17/07/04

C Original report ✓
ᓱᓕᑦᓂᖅᓯᒪᔭᖅ ᐅᓂᒃᑲᐅᓱᐊᕐᓂᖅ
Update no. ____
ᐅᓂᒃᑲᐅᓱᐊᒃᓴᓕᐅᑎᓂᖅ ᓄᑎᑦᑕ ____

Spill number
ᑯᐊᐅᑦ ᓄᑎᑦᑕ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓂ ᑯᐊᑦ ᐊᒻᒪᓗ ᓂᓪᓴᔪᑦ ᓄᑎᑎᑎᒍᑦ (ᖁᑲᐅᒪᓴᐅᑦᑐᑦ) ᐊᒻᒪᓗ ᓄᒧᓴᑲᑦᓯᐅᓴᖅᑐᑦ (ᐃᓴᓕᖅᖁᑦᑐᑦ)
By sea lift compound on beach Iqaluit

E Party responsible for spill
ᑭᓇᑦ ᑯᐊᑎᑎᑦᑐᑦ
City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓱᑦ ᑭᓱᓕᓐᓂᑦ ᑯᐊᑦ ᖃᓄᐃᓕᓐ ᐊᑦᑕᓂᓂᖅᑐᑦ (ᐊᑦᓴᓂᓴᖅ ᐅᑭᑎᑦᓂᑎᑦᓂᓕᓂᑦ ᐊᓱᓕᓂᑦᑐᑦ)
raw sewage (100 gal) 378 L

G Cause of spill
ᑭᓱ ᑯᐊᑦᓱᑕᐅᑦ
old repair clamp that broke down

H Is spill terminated?
ᑯᐊᐅᑦ ᓄᖅᖃᖅᑎᑕᐅᑦ
✓ yes/ Δ no/ ᐊᖅᖃ

I If spill is continuing, give estimated rate
ᓱᓕ ᑯᐊᑦᑦᓯ ᖃᓄᐃᓕᓐ ᓱᒃᑲᑎᑦᓂᓂᑯᓐᓴᖅ

J Is further spillage possible?
ᑯᐊᖃᖅᑲᓂᐅᔪᓐᓇᓂᖅᖁᒍ
yes/ Δ ✓ no/ ᐊᖅᖃ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᒃᓱᑎᑦ ᑯᐊᐃᑦᑐᖅ (ᐅᐃᑐᖅᓱᒪᓗ ᐊᓂᓐᓇᑎᑦᓯᑦ)
10^3 meter of sand

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓱᑦ ᐱᓕᑕᐅᑦ ᑯᐊᐅᒃ ᐊᑦᑕᑭᑕᐅᓂᓪᓗ ᓱᓇ ᖃᓄᐃᓕᖅᖃᓄᖅᑎᓄᑦ, ᓂᓇ ᖃᓄᐃᓕᖅᖃᓄᖅᑎᓄᑦ ᐊᑐᓵᑉᑕᒪᓂᖅᑎᓄᑦ, ᐊᓱᑲᓵᓵᑎᑦᓂᓕᓐᓂᓪᓗ)
N/A

M Containment (natural depression, dykes, etc.)
ᐅᖃᓱᒋᐊᖃᖅᑐᑦ ᑲᓇᑕᒧᑦ ᐃᓱᓕᖅᓯᓂᖅᓱᒪᓕᕐᓂᖅ (ᓄᓇᒥ ᐃᓱᓕᖅᓴᐃᓐ, ᐊᓱᑲᓵᓵᑎᑦᓂᓕᓐᓂᓪᓗ)
N/A

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᖅᑐᑦ, ᖃᓄᐃᓕᖅᖁᑎᑦᓂᖅᓯᐊᕐᓂᖅᓯᒪᔪᑦ ᐊᑕᐅᓯᑎᑎᑕᐅᓱᒪᓕᖅ, ᓄᖅᖃᖅᑎᑕᐅᓱᒪᓕᖅ ᐅᑭᑦ ᐃᓕᑕᐅᓂᐊᕐᓂᖅᓯᐊᕐᓂᖅ (ᑯᐊᐅᑦ ᓄᓪᓗᑎᑦᓯᐅᑦ) ᐊᒻᒪᓗ ᑯᐊᖃᖅᑐᑦ.
New repair clamp was instaled. A permanent repair is being scedualed in the neer future
All Liquids and contaminated sand were removed to sewage lagoon

O Do you require assistance?
ᐃᖃᓗᓐᓂᑕᐅᓕᖅᖃᖅᑐᑎᒃ?
✓ no ᐊᖅᖃ
yes, describe: Δ - ᓇᓗᐃᓕᓴᓗᑐᓗ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᑭᑦᑕᓇᑐᐃᓐᓇᓂᖅᖁᒍᑦ ᐃᓇᓴᓂᑦ, ᐱᖓᑎᓕᐅᑦᓂᑦ ᐅᑭᑦᓂ ᐊᒃᓱᑎᑦ ᓱᓇ - ᐃᑭᓪᓗᓂ, ᐃᒥᓴᒧᑦ ᓂᐅᖅᖁᖅᓯᐅᑕᐅᓱᒪᓗᓂ, ᐃᖃᓗᓐᓂᑦ ᐅᑭᑦᓂ ᓂᓴᐊᑎᑦ)
N/A

Q Comments and/or recommendations ᐅᖃᐅᓴᓴᐃᑦ ᑭᓱᓗ ᐅᑭᑦᓂᓂᑦ ᖃᓄᐃᓕᓂᑕᐅᔪᓐᓇᖅᑐᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓂᖅᓴᖅ ᑯᐊᐅᓂ ᐅᖃᒃᓯᕐᓂᐊᕐᓂᖅ

Lead Agency
ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅ ᑯᐊᐅᒥᐅ ᖃᒪᓕᕐᖃᖅᑐᓂᒃ-

Spill significance
ᑯᐊᐅᑦ ᖃᓄᐃᓕᖅᖃᓄᖅᓴᒃ-

Lead Agency contact and title
ᐃᖅᖃᓄᐃᓕᖅᑐᓂᓕᕆᓂᖅ ᑯᐊᐅᒥᐅ ᖃᒪᓕᕐᖃᖅᑐᓂᒃ
ᖃᐅᔨᓴᖅᑕᐅᓂᖅᓱᒪ ᑭᓱᓗ ᖁᑲᐅᕐᓂᖅᓯᐊᕐᓂᖅ

Robert Hanson

Is this file now closed?
ᑕᓪᓕ ᐅᓂᒃᓚᕐᔪᐊᕐᓇᖅ ᒪᑐᐅᑦᑎᓐᓄᑦ?

Reported by
ᐱᓕᕆᔨᒃᑯᑦ

Position, Employer, Location
ᐅᐃᐃᑐᒥᑦ ᐃᓕᓴᕆᓂᖅ, ᐃᓕᓴᕆᓂᖅᓯᒪᔪᖅ
R L Hanson constation

Telephone
ᑎᓴᕐᕈᓐᓇ
1-867-979-6004

Reported to
ᑭᒃᔨᓂᑦ ᐅᓂᒃᑲᐅᑎᓕᕐᐃᑦ
Robert Bouillet Acting Utilities Foreman

Telephone
ᑎᓴᕐᕈᓐᓇ
1 867 979 5643

NWT 1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

24-Hour Report Line
Phone/ (403) 920-8130
Fax/ (403) 873-6924

A Report date and time	B Date and time of spill (if known)	C Original report / Update no	Spill number
21/07/02 9AM	20/07/02 12 noon	✓ Original report	

D Location and map coordinates (if known) and direction (if moving)
Lift station #1 #2 Iqaluit NU

E Party responsible for spill
City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
Raw Sewage (Grey water) 3000 L

G Cause of spill
Traffic Accident A van hit a fire hydrant

H Is spill terminated?	I If spill is continuing, give estimated rate	J Is further spillage possible?	K Extent of contaminated area (in square metres if possible)
✓ yes / Δ no /		yes / Δ ✓ no /	

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
N/A

M Containment (natural depression, dykes, etc.)
N/A

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
The water system serving the fire hydrant was shut down to access the main hole and Make repairs

O Do you require assistance?
✓ no / yes, describe: Δ -

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
UNKNOWN

Q Comments and/or recommendations
The van hit the fire Hydrant breaking it off in side of a concrete hole below the point where the Hydrant should seal itself closed. The gate valve below the fire hydrant swaped off and filled all the lift stations over flowing them

FOR SPILL LINE USE ONLY

Lead Agency

Spill significance

Lead Agency contact and time

Is this file now closed?

Reported by	Position, Employer, Location	Telephone
Bob Boucher	Utilities Foreman Iqaluit	867 979 5648
Reported to	**Position, Employer, Location**	**Telephone**
SAME	SAME	SAME

1752/0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

24-Hour Report Line
Phone/ (403) 920-8130
Fax/ (403) 873-6924

A Report date and time	B Date and time of spill (if known)	C ☑ Original report ☐ Update no.	Spill number
JAN 11/03 9:30AM	JAN/10/03 8AM		

D Location and map coordinates (if known) and direction (if moving)
LOCATED BESIDE HOSPITAL
FLOW TOWARDS CREEK BETWEEN HOSPITAL AND INUKSUK HIGH SCHOOL

E Party responsible for spill
CITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
2000 - 4000 GALS OF SEWAGE

G Cause of spill
PIPE JOINT ON SEWER SERVICE RIPPED APART

H Is spill terminated?	I If spill is continuing, give estimated rate	J Is further spillage possible?	K Extent of contaminated area (in square metres if possible)
☑ yes/ ☐ no/		☐ yes/ ☑ no/	500 SQ FT

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
TERRAIN

M Containment (natural depression, dykes, etc.)
DITCH AND CREEK

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
MATERIAL IS FROZEN IN CREEK BED. THE CITY WILL ATTEPT TO REMOVE WITH HEAVY EQUIPMENT AND TRANSPORT TO SEWAGE LAGOON DUMP SITE

O Do you require assistance?	P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
☑ no ☐ yes, describe:	UNKNOWN.

Q Comments and/or recommendations
THE AREA WHERE THE SEWAGE COLLECTED IS HARD TO REACH AND MAY CAUSE PROBLEMS WITH REMOVAL.

FOR SPILLLINE USE ONLY

Lead Agency

Spill significance

Lead Agency contact and time

Is this file now closed?

Reported by	Position, Employer, Location	Telephone
CHRIS FREDA	UTILIDOR FOREMAN IQALUIT NU — CITY OF IQALUIT	(867) 979 5648
Reported to	Position, Employer, Location	Telephone

NWT 1752/0593

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

Northwest Territories

ᓄᓇᕗᑦ ᑯᐃᓕᓄ ᐅᓂᒃᑳᖅ (ᐅᖃᓕᑦᑐᐃᓐᓇ, ᒪᓕᒃ, ᐊᑦᑕᕐᓂᐊᖅ): ᐃᓕᓴᐃᓄ ᐅᑭᐅᓕᕐᓂᖅ ᐊᑦᑕᕐᓂᐊᖅ)

24-Hour Report Line
ᓄᑦ ᐃᒃᑲᖏᓄᑦ ᐅᓂᒃᑳᖏᐃᐅᔪᓐᓇᖅᑐᑦ ᐅᖅᑲᒥᐅᑦ
Phone/ᐅᖅᑲᒥᐅᑦ (403) 920-8130
Fax/ᓱᒃᑕᐅᓐᓄᑦ (403) 873-6924

A Report date and time
ᐅᑦᔨᖅ ᓱᖏᓐᓴᓱᓂ ᖃᓪᓗᓈᑦᑎᓐᓄᑦ ᐅᓂᒃᑳᐃᑎᓕᔨᐃᑦ
FEB/19/03 8:30 AM

B Date and time of spill (if known)
ᐅᑦᔨᖅ ᑯᐃᑎᓕᔨ ᖃᓪᓗᓈᑦᑎᓐᓄᑦ (ᖃᓂᐅᔨᒪᔭᐅᑦᑐᑦ)
FEB/19/03

C ☑ Original report ᓱᔨᑦᓯᖅᓯᒪᓕᖅ ᐅᓂᒃᑳᐅᑦᑐᖅ
☐ Update no. ____ ᐅᓂᒃᑳᐅᑦᑐᓂᒃᑯᓐᓄᑦ ᓇᖅᑐᑦ ____

Spill number
ᑯᐃᓕᑦ ᓇᖅᑐᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓇᓂ ᑯᐃᓕᑦ ᑭᒪᓗ ᓄᓇᕗᑎᑦ ᓇᓗᐅᑎᖅᑭᑦ (ᖃᓂᐅᔨᒪᔭᐅᑦᑐᑦ) ᑭᒪᓗ ᓇᒧᓐᓇᐅᑦᓯᓂᒪᓕᖅᑭᑦ (ᐃᓕᖅᑭᖅᑐᑦ)
LIFT STATION # 1 TOWARDS OCEAN.

E Party responsible for spill
ᐱᒋᑦ ᑯᐃᑎᖅᑎᑦ
MUNICIPALITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᐱᓕᑦ ᐱᓕᕆᔨᓂᒃᑯᑦ ᑯᐃᓕᑦ ᖃᓄᐃᓗᒃ ᐊᖏᔪᒥᐅᓂᖅᑐᑦ (ᐊᖏᔪᓂᖓ ᐅᑭᐅᖅᑯᓂᖅᑎᑦᓯᓂᒃᑯᑦ ᐊᑦᑕᓇᖅᑎᑦᑐᑦ)
SEWAGE.
ESTIMATE 5000 TO 10000 GALS.

G Cause of spill
ᐱᑦ ᑯᐃᓵᑦᑕᑦ
FUSE ON POWER POLE BLOWN. NO POWER TO PUMPS OR ALARMS.

H Is spill terminated?
ᑯᐃᓕᖅ ᓄᓇᕗᑎᑎᑕᐅᑦ?
☑ yes/ Δ ☐ no/ ᐊᖅᑲ

I If spill is continuing, give estimated rate
ᓱᓕ ᑯᐃᓵᑦ ᖃᓄᐃᓗ ᓱᒃᑲᒥᑎᓐᓄᑦᑯᓵᑦ
N/A

J Is further spillage possible?
ᑯᐃᒃᖃᓕᐃᓐᓇᓕᒃᑲᖅᑕᐅᑦ
☐ yes/ Δ ☑ no/ ᐊᖅᑲ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᑦᑎᑎᒋᑦ ᑯᐃᓕᐃᓐᓇᖅᑐᑦ (ᑭᓪᓕᒧᑦ ᓴᓇᔨᓂᖅᑎᑦᑐᑦ)
UNKNOWN.

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᐱᓱᑦ ᐱᓵᓴᑎᑦᑕᑦ ᑯᐃᓕᒧᑦ ᑭᑲᐱᑕᑭᓇᓱᑎᓐᓄᑦ ᓱᓴᓐᓂᖅ, ᓄᓇ ᖃᓄᐃᓕᓴᐅᓂᖓᓄᑦ ᐊᑐᓵᔨᑦᓱᒪᓕᓴᓐᓇᖅ ᐊᑦᑕᓇᖅᑎᑦᓯᓂᒃᑯᑦ)
HIGH TIDE AND CRACKS IN ICE

M Containment (natural depression, dykes, etc)
ᐅᖃᓱᐊᓗᖃᖅᑎᑕᐅᑦ ᐱᓪᓕᐊᓱᓂᒃᑯᓕᓴᐅᑦ ᓯᓚᑖᓂᒃ, ᐃᓕᓴᕐᓂᐊᑦ, ᐊᓱᑲᓇᑦᓯᓂᓗ)
SOME CONTAINMENT IN ICE POOLS

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᓴᐅᑎᑦ, ᖃᓄᐃᓕᓴᐅᑎᑦᑎᓂᒃᑯᑦ ᐅᑭᐅᓗ ᖃᓄᐃᓕᓴᐅᑎᑦᑎᓂᒃᑯᑦ ᐊᑕᐅᓯᒋᑎᑕᐅᓂᒃᑯᑦ, ᓄᓇᖃᖅᑎᑕᐅᓂᒃ, ᓴᓇᒪᓂᖅᑕᐅᓂᒃᑯᑦ ᐊᑐᓵᔨᑦᓱᒪᓕᖅᑭᑦ ᐅᑭᐅᓗ ᐃᒪᑕᐅᑎᑦᑎᓂᒃᑯᑦ ᑯᐃᓕᑦ (ᑯᐃᓕᓴᐃᓐᓇᓂᒃ) ᑭᒪᓗ ᑯᐃᓕᐃᓐᓇᖅᑐᑦ.
WILL ATTEMPT TO SCRATCH UP SEWAGE AND REMOVE TO LAGOON.

O Do you require assistance?
ᐃᒃᑲᓕᖅᑕᑦᑕᓕᖅᑐᖅᑎᑦ?
☑ no ᐊᖅᑲ ☐ yes, describe: Δ - ᓄᓇᕗᑦ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑦᑕᓴᐃᓐᓇᓕᒃᑲᖅᑕᐅᑦ ᐃᓄᖅᑎᑦ, ᐱᓕᑎᑎᓕᔨᓄᑦ ᐅᑭᐅᓗ ᐊᑦᑎᑎᒍᑦ ᓱᓗ - ᐃᑭᓪᓗᓂ, ᐃᒥᑦᒍ ᓄᑲᖅᑲᒥᑕᐅᓱᒍᓂ, ᐃᖃᓗᓕᓴᐅᑦ ᐅᑭᐅᓗ ᓂᐊᑎᓄᑦ
UNKNOWN.

Q Comments and/or recommendations ᐅᖃᐅᓯᖏᑦ ᑭᒪᓗ ᐅᑭᐅᓂᒃᑯᑦ ᖃᓄᐃᓕᑎᑕᐅᓯᔨᐅᑦ

FOR SPILL LINE USE ONLY
ᑭᒧᖅᑕᐅᔨᓴᖅ ᑯᐃᓕᓄᑦ ᐅᖃᓪᓚᕆᐊᑎᑦᑐᑎᓄᑦᑐᖅ

Lead Agency
ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᐊᓕᒃ ᑯᐃᓕᓄᑦ ᖃᓄᐃᓕᓴᐅᑎᓕᒃᑲᖅᑐᑦ

Spill significance
ᑯᓚᑦ ᖃᓄᐃᓕᓴᐅᓂᒪᓂᖅ

Lead Agency contact and time
ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᐊᓕᒃ ᑯᐃᓕᓄᑦ ᖃᓄᐃᓕᓴᐅᑎᓕᒃᑲᖅᑐᑦ ᖃᐅᔨᒪᓕᒃᑲᓐᓂᒃᑯᑦ ᑭᒪᓗ ᖃᐅᔨᓴᓕᖅᑎᑦᓯᓂᒃᑯᑦ

Is this file now closed?
ᑕᒪᓐᓇ ᐅᓂᒃᑲᓕᑎᑕᐅᑦ ᒪᑐᐅᑦᑐᖅ

Reported by ᐅᓂᒃᑳᖅᑐᑦ	Position, Employer, Location ᖃᓄᐃᑎᑐᑦ ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᖅ, ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᒃᓗ, ᓇᒥ	Telephone ᑎᓕᐅᑎ
CHRIS FREDA	UTILIDOR FOREMAN CITY OF IQALUIT	867 979-5648
Reported to ᐱᓕᒃᓂᑦ ᐅᓂᒃᑳᐅᑎᑦᑐᖅ	Position, Employer, Location ᖃᓄᐃᑎᑐᑦ ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᖅ, ᐃᒪᓕᒃᑲᐃᓕᓴᕐᓂᒃᓗ, ᓇᒥ	Telephone ᑎᓕᐅᑎ

NWT 1752/0593

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

Northwest Territories

24-Hour Report Line
Phone/ (403) 920-8130
Fax/ ~~(403)~~ 867 873-6924

A Report date and time	Mar. 12, 2003 9.30 AM
B Date and time of spill (if known)	Mar 12/2003 7.59
C ✓ Original report Update no. ____	Spill number
D Location and map coordinates (if known) and direction if moving)	M.H. 32 A BEACH Row 109
E Party responsible for spill	MUNICIPALITY OF IQALUIT (CITY)
F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)	SEWAGE 100 – 1000 GALS
G Cause of spill	LINE BLOCKAGE BETWEEN M.H. 30 → M.H. 31 BEACH Row. 109
H Is spill terminated?	[✓ yes] / no
I If spill is continuing, give estimated rate	
J Is further spillage possible?	yes / [✓ no]
K Extent of contaminated area (in square metres if possible)	10m²
L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)	
M Containment (natural depression, dykes, etc.)	DITCH
N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials	MIXED SEWAGE WITH SNOW AND PILED NEAR SITE TO FREEZE. WILL REMOVE TO SEWAGE LAGOON WITH DUMP TRUCK
O Do you require assistance?	[✓ no] / yes, describe:
P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife	[illegible]
Q Comments and/or recommendations	

FOR SPILL LINE USE ONLY

Lead Agency

Spill significance

Lead Agency contact and time

Is this file now closed?

Reported by [illegible]	Position, Employer, Location City of Iqaluit, Iqaluit [illegible]	Telephone (867) 979-5[illegible]
Reported to	Position, Employer, Location	Telephone

NWT 1752/0593

Northwest Territories

NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

24 – Hour Report Line
Phone: (867) 920-8130
Fax: (867) 873-6924

A Report Date and Time: MAR 13/03 9:15AM	**B** Date and Time of spill (if known): MAR 15/03 8:00AM	**C** ☑ Original Report ☐ Update no. _____	Spill Number

D Location and map coordinates (if known) and direction (if moving): ACCESS FROM IQALUIT SEWAGE AV 331.

E Partly responsible for spill: CITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible): SEWAGE 100 GALS TO LOCAL

G Cause of spill: LINE BLOCKAGE BETWEEN AV. 330 → AV 331.

H Is spill terminated?	**I** If spill is continuing, give estimated rate	**J** Is further spillage possible?	**K** Extent of contaminated area (in square meters if possible)
☑ yes ☐ no		☐ yes ☑ no	15M²

L Factors effecting spill or recovery (weather conditions, terrain, snow cover, etc.)

M Containment (natural depression, dikes, etc.): DIRT + SNOW

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials: WILL MIX SEWAGE WITH SNOW AND REMOVE TO LAGOON.

O Do you require assistance? ☑ no ☐ yes, describe:

P Possible hazards to person, property, or environment; eg: fire, drink water, fish or wildlife: UNKNOWN

Q Comments or recommendations

FOR SPILL LINE USE ONLY

Lead agency

Spill significance

Lead Agency contact and time

Is this file now closed? ☐ yes ☐ no

Reported by	Position, Employer, Location	Telephone
CHRIS FREDA	CITIZEN RESIDENT CITY OF IQALUIT, IQALUIT NU.	(867) 979 5648
Reported to	**Position, Employer, Location**	**Telephone**

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐊᓕᓵᑦ ᐅᓂᒃᑳᖅ (ᑲᓇᑕᒫᓂᖅ, ᒪᓕᒃ, ᐊᑦᑕᕐᓇᖅᑐᑦ ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᑲᑎᒪᔨᖅ ᐊᑦᑕᕐᓇᖅᑐᑦ)

24-hour Report Line
24-ᓂᑦ ᐃᒃᑦᖏᓂᑦ ᐅᓂᒃᑳᖅᑎᑦᓯᐊᕐᓇᖅᑐᖅ ᑕᒻᒃᑳᑕᐅᑦ
Phone/ᑕᒻᒃᑳᑕᐅᑦ (403) 920-8130
Fax/ᓱᒃᑐᐃᓂᖅ (403) 873-6924

A Report date and time
ᐅᑎᕐᖓ ᓱᕈᓰᑐᐃᓂᖅ ᖃᓄᐃᑦ ᓴᓇᔨᓴᖅᑎᑦᓯᔪᓄᑦ ᐅᓂᒃᑳᑎᑎᕐᓂᐊᖅ
JULY 20/03 9:30AM

B Date and time of spill (if known)
ᐅᑎᕐᓗᒃ ᑯᐃᑎᑦᓯᔪᓄᑦ ᖃᓄᐃᑦ ᓴᓇᔨᓴᖅᑎᑦᓯᔪᓄᑦ (ᖃᓄᐃᑦ ᐅᑎᕐᓗᒃ ᑯᐃᑎᑦᓯᔪᓄᑦ)
JULY 20/03 / 9:30AM

C ✓ Original report ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᐅᓂᒃᑳᑎᑎᕐᓂᐊᖅ
___ Update no. ___ ᐅᓂᒃᑳᑎᑎᕐᓂᐊᕐᓂᖅ ᓄᑖᒃ ___
Spill number ᑯᐃᓐᓇ ᓄᑖᒃ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓂ ᑯᐃᓐᓇ ᐊᒻᒪᓗ ᓄᓇᕗᑦᓯᑯᓄᑦ ᓄᑖᒃᑎᑦᓯᓂᖅ (ᖃᓄᐃᑦ ᐅᑎᕐᓗᒃ ᓄᓇᕗᑦᓯᑯᓄᑦ ᐊᒻᒪᓗ ᓄᓇᕗᑦᓯᑯᓄᑦ ᐃᓚᖓᑕᒥ)
LIFT STATION #1 (SEWAGE) OVERFLOW TO OCEAN.

E Party responsible for spill
ᐱᓇᑦ ᑯᐃᑎᑎᕐᓂᑦ
MUNICIPALITY OF IQALUIT.

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᐱᓇᑦ ᐱᓇᓱᓐᓂᑦ ᑯᐃᓐᓇ ᖃᓄᖅᑕᓂᖅ ᐊᑦᑕᓂᖃᖅᑎᑦᓯᓂᖅ (ᐊᑦᑕᓂᖃᖅᓗ ᐅᑭᐅᓂᖃᖅᓂᓱᓐᓂᑦ ᐊᓯᔾᔨᖏᑦᑐᑦ)
1000-2000L
SEWAGE.

G Cause of spill ᐱᓇ ᑯᐃᑦᓯᑕᐅᓂᖅ
NUNAVUT POWER CORP. WHILE CHANGING LINES NEAR HOSPITAL HOOKED UP ONE LINE WRONG. RESULTED IN A CHANGE IN PHASE CAUSING LIFT STATION PUMPS TO RUN IN REVERSE

H Is spill terminated? ᑯᐃᓐᓇ ᓄᑖᖅᑎᑎᑕᐅᕐᓂᖅ?
✓ yes/Δ ___ no/ᐊᖏᓗ

I If spill is continuing, give estimated rate ᓯᓚ ᑯᐃᑦᓯᑕ ᖃᓄᖅ ᐲᖅᓯᑎᑎᕐᓂᐊᓕᕐᓂᑦ

J Is further spillage possible? ᑯᐃᓐᓇ ᖃᓄᖅᓂᑐᐃᓐᓇᕆᔨᑦᓯᑦ?
___ yes/Δ ✓ no/ᐊᖏᓗ

K Extent of contaminated area (in square metres if possible) ᖃᓄᖅ ᐊᑦᑕᓂᖃᖅᑎᑦᓯᓂᖅ ᑯᐃᓐᓇ ᐊᑦᑕᓂᖃᖅᑎᑦᓯᓂᖅ (ᐅᑭᐅᓂᖃᕐᓗᒍ ᐊᓯᔾᔨᖏᑦᑐᑦ)
UNKNOWN.

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᐱᓇᑦ ᐱᓕᕆᑕᐅᓂᖅ ᑯᐃᓐᓇᒧᑦ ᐅᑭᐅᓂᖅ ᐊᑦᑕᓂᖃᖅᓂᕐᓂᑦ ᐱᓕ ᖃᓄᐃᓕᖅᓂᖅᓂᓕᒃ, ᓄᓇ ᖃᓄᐃᓕᖅᓂᖅᓂᓕᒃ ᐊᑐᓵᑉᓕᓂᖅᓂᓕᒃ, ᐊᑦᑕᓂᖃᖅᓂᖅᓂᓕᒃ)
SAND AND TIDE.

M Containment (natural depression, dykes, etc.) ᐅᖃᓕᒫᓂᖅ ᑲᓇᑕᒥᑦ ᐃᓕᓴᕐᓂᐊᕐᓂᖅ (ᓄᓇᒥ ᐃᒪᓐᓇᐃᑦ, ᐊᑭᐊᓗᑎᑦᓯᓂᖅ)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᖅᑐᑦ, ᖃᓄᐃᓕᖅᑐᖅᑎᑦᓯᓂᖅ ᐅᑭᐅᓂᖅ ᖃᓄᐃᓕᖅᑐᖅᑎᑦᓯᓂᖅᓂᑦ ᐊᑕᐅᓯᒥᑎᑎᕐᓂᐊᖅ, ᓄᖅᑲᖅᑎᑎᕐᓂᐊᖅ, ᓴᓇᔨᓴᖅᑎᑎᕐᓂᐊᖅ ᐅᑭᐅᓂᖅ ᐃᒥᑎᕐᓂᐊᖅᑎᑦᓯᓂᖅ ᑯᐃᓐᓇ (ᑯᐃᓐᓇᒧᑦ ᓄᑖᒃᑎᑦᓯᓂᖅ) ᐊᑦᑕᓂᖃᖅᑎᑦᓯᓂᖅ
UNABLE. BY TIME A LOADER WAS ON SITE SPILL HAD BEEN STOPPED (LESS THAN 30 MINS)

O Do you require assistance? ᐃᑲᔪᖅᑕᐅᑉᓴᓇᓕᖅᑎᑦᓯᔪᖅ?
✓ no ᐊᖏᓗ
___ yes, describe: Δ - ᓄᓇᓄᐃᓕᖅᑎᑦᓯᓄᑦ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife ᐊᑦᑕᓇᒃᑲᐃᓐᓇᖅᑎᑦᓯᓂᖅ ᐃᓄᖅᑎᑦᓯᓂᖅ ᐅᑭᐅᓂᖅ ᐊᑎᓕᕐᓂᖅ ᐱᓇᑦ - ᐃᑭᓐᓇᓂᓕ, ᐃᒥᑦᓯᓄᑦ ᓄᑖᒃᑎᑦᓯᑕᐅᓂᖅᓂᑦ, ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᐅᑭᐅᓂᖅ ᐅᓪᓗᑎᑦᓯᓂᖅ
UNKNOWN.

Q Comments and/or recommendations ᐅᖃᐅᓯᖏᓐᓄᑦ ᐊᑦᑕᓂᖅ ᐅᑭᐅᓂᖅ ᖃᓄᐃᓕᖅᑐᑦᑎᐊᕐᓂᖅ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓯᒪᔪᖅ ᑯᐃᓐᓇᑦ ᐅᖃᓕᓂᐊᕐᓂᐅᓂᐊᑦᑎᓐᓄᑦ

Lead Agency
ᐃᑉᖃᓄᐃᓕᖅᑐᓂᒃᑯᑦ ᑯᐃᓐᓇᒥᑦ ᐊᒻᒪᓗᓂᒃᑯᑦ

Spill significance
ᑯᐃᓐᓇᑦ ᖃᓄᐃᓕᖅᑎᑦᓯᓂᖅ

Lead Agency contact and time
ᐃᑉᖃᓄᐃᓕᖅᑐᓂᒃᑯᑦ ᑯᐃᓐᓇᒥᑦ ᐊᒻᒪᓗᓂᒃᑯᑦ ᑲᑎᒪᔨᖅᑎᑦᓯᓂᖅᓂᑦ ᐅᖃᐅᓯᖏᓐᓄᑦ ᐊᑦᑕᓂᖅ ᑲᑎᒪᔨᖅᑎᑦᓯᓂᖅᓂᑦ

Is this file now closed?
ᑕᐃᓇ ᐅᓂᒃᑲᓕᐅᔪᖅ ᒪᑐᐅᑦ?

Reported by ᐅᓂᒃᑳᖅᑐᖅ	Position, Employer, Location ᖃᓄᐃᓕᖅᑐᑦ ᐃᑉᖃᓄᐃᓕᖅᑐᑦ, ᐃᑉᖃᓄᐃᓕᖅᑎᑦᓯᓂᖅ, ᓄᓇ	Telephone ᑎᓕᐅᑦ
CHRIS FREDA	UTILIDOR FOREMAN CITY OF IQALUIT	979-5648
Reported to ᐱᓕᕆᓂᑦ ᐅᓂᒃᑳᑎᑎᕐᓂᐊᖅ	Position, Employer, Location ᖃᓄᐃᓕᖅᑐᑦ ᐃᑉᖃᓄᐃᓕᖅᑐᑦ, ᐃᑉᖃᓄᐃᓕᖅᑎᑦᓯᓂᖅ,	Telephone ᑎᓕᐅᑦ

NWT 1752:0593

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓱᓄ ᐅᓂᒃᑳᖅ (ᐅᖃᓗᐊᓂᐅᑦ, ᒪᓕᑦ, ᐊᑦᑕᓐᓇᖅᑐᑦ ᐃᓕᓴᐃᑦ ᐅᖃᓗᐊᓂᐅᑦ ᐊᓯᖏᓐᓂᖅ)

24-Hour Report Line
24-ᓄᑦ ᐃᑲᖏᓐᓄᑦ ᐅᓂᒃᑲᕐᓂᐊᕐᓇᖅᑐᑦ ᐅᖃᓕᒫᖅ
Phone/ᐅᖃᒧᑦ (403) 920-8130
Fax/ᓱᒃᑐᐃᓄᑦ ~~867~~ 873-6924

A Report date and time
ᐅᑎᕐᖓ ᐊᐅᓚᑦᑎᓯᓂᖅ ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᖅ ᐅᓂᒃᑲᑎᑎᓂᖅᓴᐃᑦ
JULY 20/03 9:30 AM

B Date and time of spill (if known)
ᐅᑎᕐᓗᒃ ᑯᐃᑎᓂᓗ ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᓗᓪᓗ ᒥᑲᑕᓴᕐᓗᑎᒃᑐᑦ
JULY 20/03 9:20 AM

C ✓ Original report ᐊᑐᓕᖅᑕᐅᓂᖅ ᐅᓂᒃᑲᑎᑎᓂᖅ
___ Update no. ᐅᓂᒃᑲᑎᑎᓂᒃᑐᖅᑕᐅᓂᖅ ᓄᑦᑎᑦ
Spill number ᑯᐃᓐᑦ ᓄᑦᑎᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓂ ᑯᐃᓐᑦ ᑐᒪᓗ ᓄᓇᕗᑦᓯᐊᓂᑦ ᓄᓇᕗᑎᑦ (ᖃᑲᓕᒪᓂᐅᑦᑐᒥᓂᖅ) ᑐᒪᓗ ᓇᒧᓐᓇᐅᓪᓚᕐᑐᒪᓐᓇᑦ (ᐃᓕᑎᒥᖅᑐᑦ)
LIFT STATION #2 (SEWAGE) OVERFLOW TO OCEAN.

E Party responsible for spill
ᑭᓇᐅᑦ ᑯᐃᒪᒋᑦ
MUNICIPALITY OF IQALUIT

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
ᑭᓱᑦ ᑭᓱᓕᕆᓂᑦ ᑯᐃᓐᑦ ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᖅ (ᐊᑐᓕᖅᑕᐅᓂᖅ ᐅᑭᐅᓕᕆᓂᖅᓴᓂᑦ ᐊᓯᖏᓐᓂᖅᑐᑦ)
1000 L
SEWAGE

G Cause of spill ᑭᑦ ᑯᐃᓱᒋᐊᖅ
NUNAVUT POWER CORP. WHILE CHANGING LINES NEAR HOSPITAL HOOKED ONE LINE UP WRONG. THIS RESULTED IN A CHANGE OF PHASE CAUSING PUMPS TO RUN IN REVERSE

H Is spill terminated? ᑯᐃᓱᓪ ᓄᓇᕗᒻᒥᐅᑕᐅᓂᖅ?
✓ yes/ᐃ ___ no/ᐊᑐᓂ

I If spill is continuing, give estimated rate ᓱᓕ ᑯᐃᓱᑦ ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᖅ ᓱᓕᑎᒥᖅᑐᑦ
—

J Is further spillage possible? ᑯᐃᓴᖅᓱᓕᐃᓐᓇᓕᖅᑐᒃᑐᑦ?
___ yes/ᐃ ✓ no/ᐊᑐᓂ

K Extent of contaminated area (in square metres if possible) ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᖅ ᐊᑐᓕᖅᑕᐅᓂᖅ (ᐅᓪᓗᑎᓯᓂᖅᓴᓂᑦ ᑯᐃᓐᑦ ᓄᑦᑎᑦ)
UNKNOWN

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
ᑭᓱᑦ ᐱᓕᕆᓂᑦ ᑯᐃᓐᑦ ᐅᑭᐅᓕᕆᓂᖅᓴᓂᑦ ᐱᓪᓚᑦ ᖃᓄᐃᓕᐅᕈᓐᓇᖅᓴᓂᑦ, ᓄᓇ ᖃᓄᐃᓕᐅᕈᓐᓇᖅᓴᓂᑦ ᐊᑐᓕᖅᑕᐅᓂᖅᓴᓂᑦ, ᐊᓯᖏᓐᓂᖅᑐᑦ
SAND AND TIDE

M Containment (natural depression, dykes, etc.) ᐅᖃᓗᐊᓂᐅᑦᑐᒥᓂᖅ ᑭᓪᓕᐊᔪᑦ ᐃᓱᓕᔪᓐᓇᖅᓴᓂᑦ (ᓄᓇᒥ ᐃᓱᓕᔪᓐᓇᖅᑐᑦ, ᐊᓯᖏᓐᓂᖅᑐᑦ)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᐅᕈᑎᒃ, ᖃᓄᐃᓕᐅᕈᑎᒋᔭᐅᓂᖅᓴᓂᑦ ᐅᖃᓄᖅ ᖃᓄᐃᓕᐅᕈᑎᒋᔭᐅᓂᖅᓴᓂᑦ ᐊᑕᐅᓯᒪᓂᕐᒥᔪᓂᑦ, ᓄᓇᖃᖅᑎᑕᐅᓂᖅᓴᓂᑦ, ᓴᓇᒪᓂᖅᑕᐅᓂᖅ ᐅᑎᓄᑦ ᐃᒪᓕᒫᓂᖅᓴᓂᑦ ᐊᑐᓕᖅᑕᐅᓂᖅᓴᓂᑦ (ᑯᐃᓐᑦ ᐊᑐᓕᖅᑕᐅᓂᖅᓴᓂᑦ) ᑭᒪᓗ ᑯᐃᓐᑦᑕᐃᑦ
BY TIME LOADER HAD ARRIVED ON SITE SPILL HAD BEEN STOPPED (LESS THAN 30 MINS)

O Do you require assistance? ᐃᑲᓂᒃᑕᐅᓂᖅᓴᓕᖅᑐᒃᑐᑦ?
✓ no ᐊᑐᓂ ___ yes, describe: ᐃ - ᓄᓇᕗᒻᒥᔪᓂᑦ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife ᐊᑕᑦᓇᐃᓐᓇᑲᓂᖅᓴᓂᑦ ᐃᓄᖓᓂᑦ, ᐱᖓᑎᒃᓴᐅᓂᖅᓴᓂᑦ - ᐃᑭᑦᓄᓂ, ᐃᒥᑦᔪᑦ ᓄᑎᒃᑲᒥᐅᓂᖅᓴᓂᑦ, ᐃᑲᓗᓂᓄᑦ ᐅᖃᓄᖅ ᐊᑐᓕᖅᑕᐅᓂᖅ
UNKNOWN.

Q Comments and/or recommendations ᐅᖃᐅᓯᓂᖅᓴᓂᑦ ᑭᒪᓗ ᐅᑦᑐᓐᓂᑦ ᖃᓄᐃᓕᐅᕈᑎᒋᔭᐅᓂᖅ

FOR SPILL LINE USE ONLY
ᐊᑐᓂᑕᐅᓂᖅ ᑯᐃᓐᑦ ᐅᖃᓕᓂᐊᕐᓂᖅᑐᑎᒃ

Lead Agency
ᐃᓂᒃᓴᐃᔨᒃᑲᓂᕐᒥᐊᓂᑦ ᑯᐃᓐᓂᑦ ᖃᒪᓂᑉᖃᓂᒃᑐᓂᑦ

Spill significance
ᑯᐃᓐᑦ ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᖅ

Lead Agency contact and time
ᐃᓂᒃᓴᐃᔨᒃᑲᓂᕐᒥᐊᓂᑦ ᑯᐃᓐᓂᑦ ᖃᒪᓂᑉᖃᓂᒃᑐᓂᑦ ᖃᐅᔨᓴᖃᑎᒌᓂᖅ ᑐᒪᓗ ᖃᓄᐃᓕᐅᕈᑎᒋᔭᐅᓂᖅ

Is this file now closed?
ᑕᐃᓇ ᐅᖃᓂᒃᓴᕐᓂᖅ ᒪᑐᐅᑦᑐᒥᖅ?

Reported by ᐅᖃᓂᒃᑐᑦ	Position, Employer, Location ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᑦ, ᐃᓂᒃᓴᐃᔨᒃᑲᓂᕐᒥᐊᓂᑦ, ᐊᒥ	Telephone ᐅᒃᑲᑦ
CHRIS FREDA	UTILIDOR FOREMAN CITY OF IQALUIT	979-5648
Reported to ᑭᓇᐅᑦ ᐅᓂᒃᑲᐅᑕᐅᓂᖅ	Position, Employer, Location ᖃᓄᐃᓕᐅᕈᑎᒃᓴᓂᑦ, ᐃᓂᒃᓴᐃᔨᒃᑲᓂᕐᒥᐊᓂᑦ, ᐊᒥ	Telephone ᐅᒃᑲᑦ

NWT 1752:0593

SEPT.

Northwest Territories

N.W.T. SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᕗᑦ ᑯᐃᓕᒥ ᐅᓂᒃᑳᖅ (ᑲᓇᑕᒥ, ᓴᓇᓕᒃ, ᐊᑕᐅᓇᖅᑐᑦ ᐃᓕᓴᐃᑦ ᐅᑉᓯᓚᐅᖅᑎᑦ)

24-Hour Report Line
24-ᓄᑦ ᐃᒃᑐᖅᓄᑦ ᐅᓂᒃᑳᕐᓇᕐᓂᖅᑐᑦ ᐅᖅᑭᑦᑕᕐᓂᖅ
Phone ᐅᖅᑭᒃᓴᑦ (403) 920-8130
Fax ᐱᒃᑕᑐᖅᑯᑦ (403) 873-6924

A Report date and time
ᐅᑦᓚᖅ ᓯᑭᓐᓴᐃᔨᓚ ᖃᓄᐃᓕᖅᑎᑦᓚᔪ ᐅᓂᒃᑎᑎᕐᓂᖅᐸᑦ
09/04/03 8:15 AM

B Date and time of spill (if known)
ᐅᑦᓚᖅ ᐊᑎᑦᓚᔪ ᖃᓄᐃᓕᖅᑎᑦᓚᔪ ᑭᐅᔾᔨᒪᔭᐅᓂᖅᐸᑦ
09/03/03 8:15 PM

C ✓ Original report ᓯᕗᓪᓕᖅᕕᒃ ᐅᓂᒃᑎᐅᑎᖅ
___ Update no. ___ ᐅᓂᒃᑎᐅᓯᖃᓄᐃᓕᖅᑐᑦ ᐊᒻᒪᓗ

Spill number
ᐊᐃᑦᑐᑦ ᓇᓴᐅᑦ

D Location and map coordinates (if known) and direction (if moving)
ᓄᓂ ᐊᐃᓕᒃ ᑭᒡᓕᔪ ᓄᓇᕗᓐᓄᑦ ᓇᓴᐅᑎᓯᒪᓂᖅ ᑭᐅᔾᔨᒪᔭᐅᓂᖅᐸᑦ) ᑭᒡᓕᔪ ᓇᒥᖅᓴᐅᓂᒃᓵᓄᖅᓴᖅᑕ (ᐃᓕᓴᕐᓂᖅᐸᑦ)
Lift Station # 1

E Party responsible for spill
Pᖅᑯᑦ ᐊᐃᑎᑎᑦᓯᑦ
City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)
Pᐊᑦ Pᐊᓪᓚᓐᓂᑦ ᐊᐃᓕᒃ ᖃᓄᑎᓚ ᐊᑎᓂᓐᓂᑦ (ᐊᑎᓂᓐᓇᖅ ᐅᑭᐱᑎᓂᓐᓂᓪᓚᓐᓂᑦ ᑮᓇᐅᔭᖅᑎᑦ)
Raw Sewage 500 Lt.

G Cause of spill
Pᐊ ᐊᐃᔨᓴᑕᐅᑦ
Power failure NPC

H Is spill terminated?
ᐊᐃᓇᖅ ᓄᖅᖃᖅᑎᑕᐅᑦ?
✓ yes/ Δ ___ no/ ᐊᖅ

I If spill is continuing, give estimated rate
ᓱᓂ ᐊᐃᔨᑦ ᖃᓄᑎᒥ ᓯᖃᓂᑎᓂᓐᓂᑦᓯᔨᑦ

J Is further spillage possible?
ᐊᐃᔨᖅᓂᑐᐃᓇᓂᕐᒪᖅᑕᒃᑯᑦ?
___ yes/ Δ ✓ no/ ᐊᖅ

K Extent of contaminated area (in square metres if possible)
ᖃᓄᖅ ᐊᑎᒥᑎᓂᑦ ᐊᐃᓇᐃᑉᐸᓂ (ᐅᓂᑐᖅᓴᓕᓚᔪ ᑮᓇᐅᔭᖅᑎᑦ)
10 m²

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
Pᐊᑦ ᐱᓇᑕᑦᓯᑦ ᐊᐃᓕᔪᑦ ᐅᓪᓛᔭᐅ ᐊᑎᖅᑕᑕᐃᓇᑎᓂᓚᔪ (ᓱᓕ ᖃᓄᐃᓕᖅᓴᓕᖅᓴᖅᑐᓄᑦ, ᓂᕆ ᖃᓄᐃᓕᖅᓴᓕᖅᓴᖅᑐᓄᑦ ᐊᑐᖅᐳᓕᖅᓴᖅᑐᓄᑦ, ᐊᓯᐸᖅᑐᓄᑦ)
the lift station overflow spills into Kugaaruk inlet

M Containment (natural depression, dykes, etc.)
ᐅᖅᓯᐊᓚᖅᑐᖅᓴᐃᑦ Pᑦᓯᐊᔪᑦ ᐃᓱᓐᓴᐃᓚᖅᑐᖅᓴᓕᒪᓂᖅ (ᓄᓇᒥ ᐃᓱᓐᓴᐃᓚᖅᑐᖅᓴᓕᒪᓂᖅ, ᐊᓱᐸᓗᓴᑦᓯᓚᔪ)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials
ᖃᓄᐃᓕᖅᐳᑎᑦ, ᖃᓄᐃᓕᖅᐳᑎᑦᓯᐊᓂᖅᐸᑦ ᐅᓪᓛᔭᐅ ᖃᓄᐃᓕᖅᐳᑎᑦᓯᐊᓂᖅᐸᑦ ᐊᑕᐅᓯᒥᒥᑕᐅᓇᓂᖅᑕ, ᓇᓗᓇᖅᓂᑕᐅᓇᓂᖅᐸᑦ, ᐅᓂᖅᓂᑕᐅᓇᓂᖅᐸᑦ, ᐃᒪᓐᓇᖅᑐᑦ ᐊᐃᓕᖅᑐᖅ (ᐊᐃᓕᖅᓴᓐᓂᑦ) ᑭᒡᓕᔪ ᐊᐃᑎᐃᑉᐸᓂ.
Hydrated lime Spread on effected area

O Do you require assistance?
ᐃᖃᓕᖅᑕᑕᐅᓴᖃᑎᖃᑦᑎᐊᑦ?
✓ no ᑭᖅ ___ yes, describe: Δ - ᓄᓇᓕᐃᓕᖅᓴᓚᔪ

P Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife
ᐊᑕᑦᓇᐃᐃᓇᓂᐊᖅᑐᑦ ᐃᓇᓐᓂᑦ, ᐱᐊᑎᑎᕐᓂᐊᕐᓇᑦ ᐅᓪᓛᔭᐅ ᐊᑕᑎᒧᑦ ᓴᓇ - ᐃᑭᓐᓂ, ᐃᒥᑦᓚᔪ ᓄᑎᕐᓂᐊᕐᓇᑕᑦᓯᓂ, ᐃᓕᖅᓴᓐᓂᑦ ᐅᓪᓛᔭᐅ ᓂᕐᔪᑎᓂᖅᐸᑦ
(Pᐊᓴᕐᓂᐊᕐᓇᑦ)

Q Comments and/or recommendations ᐅᖃᐅᓯᔪᓐᓇᑦ ᑭᒡᓕᔪ ᐅᓪᓛᔭᐅᓂᑦ ᖃᓄᐃᓕᖅᑕᑕᐅᓴᖅᐳᐅᑦ

FOR SPILL LINE USE ONLY
ᐊᑐᖅᑕᐅᓴᖅᓴᖅᑐᓄᑦ ᐊᐃᓇᓂᑦ ᐅᖃᓕᓂᐊᕐᓂᖅᐳᐅᓚᐅᖅᑐᓄᑦ

Lead Agency
ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᕐᒧᑦ ᐊᐃᓇᒥᑦ ᖃᒪᓕᖅᖃᖅᑐᑦ-

Spill significance
ᐊᐃᓇᑦ ᖃᓄᐃᓕᖅᓴᓕᖅᓴᒃ-

Lead Agency contact and time
ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᕐᒧᑦ ᐊᐃᓇᒥᑦ ᖃᒪᓕᖅᖃᖅᑐᑦ ᖃᐅᔨᓴᖅᑕᑕᐅᓴᖅᑐᑦ ᑭᒡᓕᔪ ᖃᓄᐃᓕᖅᑎᑎᕐᓂᖅᐸᑦ

Is this file now closed?
Cᐃᓇ ᐅᓂᖃᓴᐅᔨᓴᖅ ᒪᑐᐅᓴᖅ?

Reported by ᐅᓂᒃᑎᑐᑦ	Position, Employer, Location ᖃᓄᐃᓕᖅᑐᑦ ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᕐᒧᑦ, ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᖅᓯᒪᓂᖅ, ᓄᓇ	Telephone ᐅᖃᓕᐅᑦ
Robert Brouillet	Utilidor Foreman City of Iqaluit	867 979 5648
Reported to ᐱᓕᕆᓂᖅ ᐅᓂᒃᑲᐅᑎᓪᓗᒍ	**Position, Employer, Location** ᖃᓄᐃᓕᖅᑐᑦ ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᕐᒧᑦ, ᐃᓕᖅᖃᓇᐃᓕᖅᐳᓂᖅᓯᒪᓂᖅ, ᓄᓇ	**Telephone** ᐅᖃᓕᐅᑦ
Jim Cavilgac	Director of Public Work City of Iqa	867 975 1774

NWT 1752.0593

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