Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE
TEL: (867) 920-8130
FAX: (867) 873-6924
EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR: JAN 4 2008	REPORT TIME: 1000	☒ ORIGINAL SPILL REPORT OR ☐ UPDATE TO THE ORIGINAL SPILL REPORT	REPORT NUMBER: 08.003
B	OCCURRENCE DATE: MONTH - DAY - YEAR: JAN 2 & 3 2008	OCCURRENCE TIME: N/A		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION: IQALUIT	REGION: ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE: DEGREES N/A MINUTES SECONDS	LONGITUDE: DEGREES N/A MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME: CITY OF IQALUIT	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: IQALUIT NV		
G	ANY CONTRACTOR INVOLVED: NO	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED: RAW SEWAGE	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: APROX 100L	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE: CITY SEWAGE TRUCK	SPILL CAUSE: OVER FILLING TRUCK / IMPROPER HOOK UP	AREA OF CONTAMINATION IN SQUARE METRES: 5 M²	
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS

MY WIFE WITNESSED THE FIRST INCIDENT ON JAN 2 2008 AFTER PUMPING OUT OUR HOUSE (2514 IQALUIT) SEWAGE WAS SPILLED FROM THE TRUCKS HOSE ON OUR DRIVEWAY. THE WORKER RAN THE HOSE INTO THE DITCH NEAR OUR DRIVEWAY AND LET IT DRAIN

SECOND INCIDENT ON JAN 3 2008 WAS NOT WITNESSED. SPILL AREA WAS BIGGER THAN FIRST. SPILLED ONTO GAS CANS, SNOWMOBILE PARTS, DRIVEWAY AND DITCH

	REPORTED TO SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLING FROM	TELEPHONE
L	LUKE WILMAN	APPRENTICE MECH	NUNAVUT POWER	IQALUIT	867 979 7500
M	ANY ALTERNATE CONTACT: JENNIFER WILMAN	POSITION: INSTUCTOR	EMPLOYER: ARCTIC COLLEGE	ALTERNATE CONTACT LOCATION: IQALUIT	ALTERNATE TELEPHONE: 867 979 7236

REPORT LINE USE ONLY

N	RECEIVED BY SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLED	REPORT LINE NUMBER
		STATION OPERATOR		YELLOWKNIFE, NT	(867) 920-8130

LEAD AGENCY ☐ EC ☐ DFO ☐ GNWT ☐ GN ☐ IA ☐ INAC ☐ NEB ☐ TC | SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN | FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY	Robert END	01/04/08 08:28	
PORT/SUPPORT AGENCY	Craig Broome	01/04/08 08:07	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

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FAX: (867) 873-6924
EMAIL: spills@gov.nt.ca
OUTSIDE LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR Jan/17/2008	REPORT TIME 5:25am	☒ ORIGINAL SPILL REPORT, OR ☐ UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 08.015
B	OCCURRENCE DATE: MONTH – DAY – YEAR Jan/17/2008	OCCURRENCE TIME 5:05am		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION White Row Housing	REGION ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES MINUTES SECONDS	LONGITUDE DEGREES MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION Po-Box 460 Iqaluit, Nunavut,x0a0h0		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 2000 Liters	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Sewer Line	SPILL CAUSE Rags in Catch Basin	AREA OF CONTAMINATION IN SQUARE METRES 3500 sq.. feet	
J	FACTORS AFFECTING SPILL OR RECOVERY none	DESCRIBE ANY ASSISTANCE REQUIRED none	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT none	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS

I was contacted by dispatch at 5:05am saying there was water in front of White row housing. When I arrived it was apparent that it was sewage spilling from the catch basin. I contacted the on call sewer truck driver to assist in controlling the spill. I then contacted the on call Road crew lead hand to contain the sewer spill. When he arrived he brimmed the area so the sewage would be contained to the one area and began putting fresh snow on the spill for further removal. I proceeded to get our sewer blaster to blast the sewer line to try and free the blockage. I was able to get the sewer flowing but it took two of our vacuum trucks to clear the catch basin of rags. Once the rags were removed the sewer line flowed freely and we had no more problems. The road crew cleaned all of the sewer spill and disposed of it at our sewer lagoon site.

L	REPORTED TO SPILL LINE BY Ray Shipman	POSITION Utilidor Foreman	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Iqaluit	TELEPHONE 867-975-8509
M	ANY ALTERNATE CONTACT Steven Iyago	POSITION Superintendent	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION Iqaluit	ALTERNATE TELEPHONE 867-979-5653

REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130

LEAD AGENCY ☐ EC ☐ CCG ☐ GNWT ☐ GN ☐ ILA ☐ INAC ☐ NEB ☐ TC | SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN | FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY GN	Robert Eno	01/18/08, 07:59	
FIRST SUPPORT AGENCY EP	Magnus Bourque	01/18/08, 07:57	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

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A	REPORT DATE: MONTH – DAY – YEAR: Jan/17/2008	REPORT TIME: 5:25am	☒ ORIGINAL SPILL REPORT, OR ☐ UPDATE # ____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER: 08.015
B	OCCURRENCE DATE: MONTH – DAY – YEAR: Jan/17/2008	OCCURRENCE TIME: 5:05am		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION: White Row Housing	REGION: ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE: DEGREES ____ MINUTES ____ SECONDS ____	LONGITUDE: DEGREES ____ MINUTES ____ SECONDS ____		
F	RESPONSIBLE PARTY OR VESSEL NAME: City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: Po-Box 460 Iqaluit, Nunavut,x0a0h0		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED: Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: 2000 Liters	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE: Sewer Line	SPILL CAUSE: Rags in Catch Basin	AREA OF CONTAMINATION IN SQUARE METRES: 3500 sq.. feet	
J	FACTORS AFFECTING SPILL OR RECOVERY: none	DESCRIBE ANY ASSISTANCE REQUIRED: none	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT: none	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS

I was contacted by dispatch at 5:05am saying there was water in front of White row housing. When I arrived it was apparent that it was sewage spilling from the catch basin. I contacted the on call sewer truck driver to assist in controlling the spill. I then contacted the on call Road crew lead hand to contain the sewer spill. When he arrived he brimmed the area so the sewage would be contained to the one area and began putting fresh snow on the spill for further removal. I proceeded to get our sewer blaster to blast the sewer line to try and free the blockage. I was able to get the sewer flowing but it took two of our vacuum trucks to clear the catch basin of rags. Once the rags were removed the sewer line flowed freely and we had no more problems. The road crew cleaned all of the sewer spill and disposed of it at our sewer lagoon site.

L	REPORTED TO SPILL LINE BY: Ray Shipman	POSITION: Utilidor Foreman	EMPLOYER: City of Iqaluit	LOCATION CALLING FROM: Iqaluit	TELEPHONE: 867-975-8509
M	ANY ALTERNATE CONTACT: Steven Iyago	POSITION: Superintendent	EMPLOYER: City of Iqaluit	ALTERNATE CONTACT LOCATION: Iqaluit	ALTERNATE TELEPHONE: 867-979-5653

REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY	POSITION: STATION OPERATOR	EMPLOYER	LOCATION CALLED: YELLOWKNIFE, NT	REPORT LINE NUMBER: (867) 920-8130

LEAD AGENCY ☐ EC ☐ CCG ☐ GNWT ☐ GN ☐ ILA ☐ INAC ☐ NEB ☐ C ☐ SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY GN	Robert Eno	01/18/08, 07:59	
FIRST SUPPORT AGENCY EP	Magnus Bourque	01/18/08, 07:57	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

PAGE 1 OF ____

NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

Northwest Territories

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

A Report Date and Time: APRIL 8 2008	B Date and Time of spill (if known): APRIL 8, 2008	C ☒ Original Report ☐ Update no. ____	Spill Number: 08-123

D Location and map coordinates (if known) and direction (if moving): IQALUIT WEST HD SEWAGE DUMP POINT

E Party responsible for spill: YES

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible): RAW SEWAGE 500 GALLON APPROX.

G Cause of spill: BROKEN CAMLOCK UNDER PRESSURE, BLEW OFF

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	NIL	☐ yes ☒ no	800 SQ FEET.

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)	M Containment (natural depression, dikes, etc.)
NIL	NATURAL.

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials: SCRAPE & SAND

O Do you require assistance?	P Possible hazards to person, property, or environment; eg: fire, drink water, fish or wildlife
☒ no ☐ yes, describe:	NIL.

Q Comments or recommendations:

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Lead agency: (IN)

Spill significance:

Lead Agency contact and time: EI: MAGNUS BOURQUE
CW: COULD NOT BE REACHED

Is this file now closed? ☐ yes ☐ no

Reported by	Position, Employer, Location	Telephone
KEITH BAINES	FOREMAN, WATER & SEWER	867-975-1473
Reported to	**Position, Employer, Location**	**Telephone**
STEVE TYAGU	OPERATIONAL SUPERINTENDENT	867-979-5653

NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

Northwest Territories

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

A Report Date and Time: April 16/08 1130 Am	B Date and Time of spill (if known): April 14/08 920 Pm	C ☐ Original Report ☑ Update no. 1	Spill Number: 08-139

D Location and map coordinates (if known) and direction (if moving): Access Valt. 400 (Across from Northwestte| Building) ring road

E Party responsible for spill: City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible): Raw Sewage 2000 Ltrs (This is a secondary report followup)

G Cause of spill: Sewer main blockage

H Is spill contained?	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	NO	☐ yes ☑ no	

L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.): Clean up is finish

M Containment (natural depression, dikes, etc.)

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials: Inspection of sight, in daylight hours of April 15/08 was to the cities satisfation. I.N.A.C. Employee was at the site April 16/08 100 PM

O Do you require assistance?	P Possible hazards to person, property, or environment; eg: fire, drank water, fish or wildlife
☑ no ☐ yes, describe:	NO

Q Comments or recommendations: Final Report

FOR SPILL LINE USE ONLY

Lead agency: INAC

Spill significance:

Lead Agency contact and time: INAC: [illegible] 04/16/08 12:16

Is this file now closed? ☐ yes ☐ no

Reported by	Position, Employer, Location	Telephone
Pat Wolfe	Sewer Plant opperator on call staff utilidor	867 979 5648
Reported to: Bob Bromilow	Position, Employer, Location: Acting utilidor forman	Telephone: 867 975 1443

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: April 15 2008 11AM	B Date and Time of spill (if known): April 14 2008 930 PM	C ☑ Original Report ☐ Update no ____	Spill Number: 08-139

D Location and map coordinates (if known) and direction (if moving): AV 400 ring road Iqaluit (near Northwesttel Building)

E Party responsible for spill: City of Iqaluit

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible): Raw Sewage 2000 Ltr.

G Cause of spill: Sewer main blockage

H Is spill controlled?	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	

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

M Containment (natural depression, dikes, etc.):

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials: Spill was fixed by blasting sewer main with sewer blaster. 2 sewer trucks flushed av. for access. Spill was removed to the lagoon by dump truck and loader mixed with snow in area.

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

Q Comments or recommendations: City crew will check this AV. on a weekly basics from now on.

FOR SPILL LINE USE ONLY

Lead agency: INAC

Spill significance:

Lead Agency contact and time: INAC: Mike Palmer 04/15/08 10:46 EO: Drew Kaufman

Is this file now closed? ☐ yes ☐ no

Reported by	Position, Employer, Location	Telephone
Pat Wolfe	Sewer Plant opperator ON Call staff Utilidor	867 979 5648
Reported to	Position, Employer, Location	Telephone
Bob Brouillet	Acting Utilidor Forman	CELL 867 975 1443

NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

Northwest Territories

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

A Report Date and Time: JULY 8, 2008	B Date and Time of spill (if known): JULY 7 TO 8 OVERNIGHT	C ☒ Original Report ☐ Update no. ____	Spill Number: 08-324

D Location and map coordinates (if known) and direction (if moving): IQALUIT, APEX, CITY OF IQALUIT GARAGE

E Party responsible for spill:

F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible): FURNACE OIL APPROX 40 GALLON

G Cause of spill: WATER TRUCK BACKED INTO OVER HEAD FURNACE

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	280 SQ FT

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

M Containment (natural depression, dikes, etc.): SPILL ON CEMENT FLOOR

N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials: SPREAD ABSORBAL TO SOAK UP FUEL PUT ABSORBAL IN BARRELS

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

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

Q Comments or recommendations:

FOR SPILL LINE USE ONLY

Lead agency: GN

Spill significance:

Lead Agency contact and time:

GN: Could not be Reached

EY: Cyals Blooms

07/08/08 11:34

Is this file now closed? ☐ yes ☐ no

Reported by	Position, Employer, Location	Telephone
KEITH BAINES	FOREMAN CITY OF IQALUIT, IQALUIT	867-979-5612
Reporting to	**Position, Employer, Location**	**Telephone**
S. IYAGO	OPERATIONAL SUPERINTENDANT CITY OF IQALUIT	867-979-5653

Northwest Territories | Nunavut | Canada

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EMAIL: spillreport@gov.nt.ca

A	REPORT DATE: MONTH – DAY – YEAR: August,03,08	REPORT TIME: 10:00 am	SUPPLEMENTAL SPILL REPORT OR UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER: 08-374
B	OCCURRENCE DATE: MONTH – DAY – YEAR: August,03,08	OCCURRENCE TIME: 8:00 am		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	SPECIFIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION: Lower Iqaluit Lift Station #1	REGION: ☐ INUIT ☐ DENESULINE ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE: DEGREES MINUTES SECONDS	LONGITUDE: DEGREES MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME: City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: Po- Box- 460, Iqaluit, Nunavut, x0a0h0		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED: Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: 2000 liters	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE: Manhole # 2	SPILL CAUSE: Rags blocking the outlet	AREA OF CONTAMINATION IN SQUARE METRES: 2000 square feet	
J	FACTORS AFFECTING SPILL OR RECOVERY	OPERATOR ANY ASSISTANCE REQUIRED: Two sewer trucks	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS (PREVENTION OR MITIGATION), DISPOSAL OR CLEAN-UP OF SPILLED PRODUCT, WILDLIFE AFFECTED, RECOMMENDATIONS:

I went to lift station # 1 at 8:00am to do my checks. When I checked everything it seemed to be normal. When I was driving around the bay side of the building I noticed sewage coming from the overflow. I then contacted the sewer and water foreman and advised him that I needed two sewer trucks at Lift Station #1. When they arrived we proceeded to pump the manhole and found a buildup of rags on the outlet line. I went into the manhole and removed the blockage and then the outlet was fine.

L	REPORTED TO SPILL LINE BY: Ray Shipman	POSITION: Utilidor Foreman	EMPLOYER: City of Iqaluit	LOCATION CALLING FROM: Iqaluit	TELEPHONE: 867-975-8509
M	ANY ALTERNATE CONTACT: Steven Iyago	POSITION: Operation Super	EMPLOYER: City of Iqaluit	ALTERNATE CONTACT LOCATION: Iqaluit	ALTERNATE TELEPHONE: 867-979-5653

REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY: Carol	POSITION: STATION OPERATOR	EMPLOYER	LOCATION CALLED: YELLOWKNIFE, NT	REPORT LINE NUMBER: (867) 920-8130

LEAD AGENCY ☐ DC ☐ DOG ☐ GNWT ☐ GN ☐ ILA ☑ INAC ☐ NER ☐ TC | SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN | FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY	INAC - DAVID VERSIMMAN	9:30	faxed
FIRST SUPPORT AGENCY	ENVP - DREW	9:10	faxed
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

PAGE 1 OF _____

Chronology Report for Sewage Spill at Lift Station #1 Aug/03/08

On, August 3, 2008 I arrived at lift station #1 to do my daily checks. When I was going around the bay side of the building I noticed sewage coming from the overflow. I then contacted the sewer and water foreman and requested two sewer trucks at lift station #1. When they arrived I removed the lid from the manhole which was full and they started pumping. Once they reached the bottom of the manhole it was apparent that rags were blocking the outlet which terminates at Lift Station #1. I proceeded to remove the rags which cleared the line and allowed the flow to continue. I then contacted Steven Iyago and notified him of the spill and he requested that we remove the contaminated soil to our sewage lagoon site and replace the material with new. We removed 12 cubic meters of sand and replaced it with the same. If there are any more questions please call me.

Ray Shipman
Utilidor Foreman
City of Iqaluit
Office # 867-975-8509
Cell # 867-975-1443

Chronology report for sewage spill at manhole #9

On September/23/2008 I received a phone call from Dispatch stating that there was water flowing in front of Artic Ventures. When I arrived I found that it was sewage and dispatched two sewer trucks. When they arrived I set them up to prevent any more spillage and proceeded to our shop to pick up our sewer jetter. When I arrived back the sewer trucks had the flow of sewage under control and myself and Pat Wolfe proceeded to jet the sewer line. There ended up being a combination of grease and rags blocking the sewer catch basin. I had also contacted the road crew to come to the site to berm and contain the spill to prevent further cleanup and contamination. When we were finished jetting and the sewer line was clear and flowing I sent the sewer trucks away and started cleaning up the effected area. All the material we removed was taken to our sewage lagoon site for disposal and new material will be put in its place. We took a total of 54 yards of material to the lagoon site.

Ray Shipman

Canada

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR: Sept/24/2008	REPORT TIME: 8:47 am	ORIGINAL SPILL REPORT OR UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER: 08-965
B	OCCURRENCE DATE: MONTH – DAY – YEAR: Sept/23/08	OCCURRENCE TIME: 5:30 pm		
C	LAND/SCPSR87 NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION: Artic Ventures heading North East	REGION: ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE: DEGREES / MINUTES / SECONDS	LONGITUDE: DEGREES / MINUTES / SECONDS		
F	RESPONSIBLE ENTITY OR VESSEL NAME: City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: Po-Box469 Iqaluit, Nunavut		
G	ANY CONSIGNOR NAMED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED: Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: 1360 to 2800 liters	UN NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	UN NUMBER	
I	SPILL SOURCE: manhole #9	SPILL CAUSE: Rags and Grease	AREA OF CONTAMINATION IN SQUARE METRES: About 2000 square feet	
J	FACTORS AFFECTING SPILL OR RECOVERY: none	DESCRIBE ANY ASSISTANCE REQUIRED: Two sewer trucks	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT: none	

K — LOCATION (E.G., INFORMATION, FORECASTS, ACTIONS PERFORMED OR BEING DONE TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS):

I recieved the call at 5:30 pm and dispatched two sewer trucks. They arrived within 15 minutes and were able to keep up with the flow of sewage and prevented any other sewage from spilling. I also contacted the road crew to begin the cleanup and to berm the spill from moving any further. All the material that was removed from the site was taken to our sewage lagoon site.

L	REPORTED TO SPILL LINE BY: Ray Shipman	POSITION: Utilidor Foreman	EMPLOYER: City of Iqaluit	LOCATION CALLING FROM: Iqaluit	TELEPHONE: 867-975-8509
M	ANY ALTERNATE CONTACT: Paul Barrieau	POSITION: Roads Foreman	EMPLOYER: City of Iqaluit	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE: 867-975-1774

REPORT LINE USE ONLY

N	RECEIVED AT SPILLSIM BY: C.S.	POSITION: SDA TECH OPERATOR	EMPLOYER	LOCATION CALLED: YK1: CRANBERRY, NT	REPORT LINE NUMBER: (867) 920-8130

LEAD AGENCY: ☐ CCG ☐ EMMS ☒ GN ☐ INA ☐ MAC ☐ NEB ☐ TC — SIGNIFICANCE: ☐ MINOR ☐ MAJOR CLASSIFICATION — FILE STATUS: ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY: GN	Earle Baddaloo	09/24/08, 07:58	
FIRST SUPPORT AGENCY: EP	Wade Romanko	09/24/08, 07:55	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

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NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE
TEL: (867) 920-8130
FAX: (867) 873-6924
EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR: October 3, 2008	REPORT TIME: 3:00pm	☒ ORIGINAL SPILL REPORT, OR	REPORT NUMBER: 08-419
B	OCCURRENCE DATE: MONTH – DAY – YEAR: October 2, 2008	OCCURRENCE TIME: 3:00 pm	☐ UPDATE # TO THE ORIGINAL SPILL REPORT	
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION: Iqaluit Bldg 1342	REGION: ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR		
E	LATITUDE: DEGREES MINUTES SECONDS	LONGITUDE: DEGREES MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME: City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: Box 460 Iqaluit, NU X0A 0H0		
G	ANY CONTRACTOR INVOLVED: None	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED: Heating oil	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: Approximately 40 litres	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE: Fuel tank	SPILL CAUSE: Tank Leak underside	AREA OF CONTAMINATION IN SQUARE METRES: Approx 1 Square metre	
J	FACTORS AFFECTING SPILL OR RECOVERY: None foreseen	DESCRIBE ANY ASSISTANCE REQUIRED: Normal Plumbing / City Public Works	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT: None identified	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS

Tanks being drained, removed & new tanks. City of Iqaluit will excavate soaked area and dispose accordingly.
New gravel fill will be put in.

Any other action deemed necessary by the Environmental division will be completed.

L	REPORTED TO SPILL LINE BY: Rod MacFarlane	POSITION: Chief Enforcement Offic	EMPLOYER: City of Iqaluit	LOCATION CALLING FROM: City of Iqaluit	TELEPHONE: 867-979-5670
M	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE

REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY	POSITION: Station operator	EMPLOYER	LOCATION CALLED: Yellowknife, NT	REPORT LINE NUMBER: (867) 920-8130

LEAD AGENCY ☐ EC ☐ COG ☐ GNWT ☑ GN ☐ ILA ☐ INAC ☐ NEB ☐ TC — SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN — FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY	Earl Kerslake	10/03/08 13:34	
FIRST SUPPORT AGENCY	Brian Hatton	10/03/08 13:45	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE
TEL: (867) 920-8130
FAX: (867) 873-6924
EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

REPORT NUMBER: 08.594

A	REPORT DATE: MONTH - DAY - YEAR: December 23,2008	REPORT TIME: 4.pm	☒ ORIGINAL SPILL REPORT OR ☐ UPDATE # ____ TO THE ORIGINAL SPILL REPORT	
B	OCCURRENCE DATE: MONTH - DAY - YEAR: December 19,2008	OCCURRENCE TIME: Approx 3P.M		
C	LAND USE PERMIT NUMBER (IF APPLICABLE): N/A	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION: Iqaluit Nunavut	REGION: ☐ NWT ☒ NUNAVUT ☐ ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE: DEGREES ____ MINUTES ____ SECONDS ____	LONGITUDE: DEGREES ____ MINUTES ____ SECONDS ____		
F	RESPONSIBLE PARTY OR VESSEL NAME: City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION: Box 460 Iqaluit Nunavut		
G	ANY CONTRACTOR INVOLVED: N/A	CONTRACTOR ADDRESS OR OFFICE LOCATION: N/A		
H	PRODUCT SPILLED: Automatic Transmission Fluid	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES: Approximatly 23 litres	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE): N/A	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE: Trackless Sidewalk Groomer	SPILL CAUSE: Ruptured Hose	AREA OF CONTAMINATION IN SQUARE METRES: 5	
J	FACTORS AFFECTING SPILL OR RECOVERY: Snow	DESCRIBE ANY ASSISTANCE REQUIRED: N/A	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT: None	

K — ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS

The contaminated snow was removed with a front end loader and by person with shovel and put into 45 gallon drum. The drum is stored in the backyard of City of Iqaluit garage on Federal Road.

L	REPORTED TO SPILL LINE BY: Paul Barrieau	POSITION: Roads Foreman	EMPLOYER: City of Iqaluit	LOCATION CALLING FROM: City Garage	TELEPHONE: 867-979-5638
M	ANY ALTERNATE CONTACT: Pits Alainga	POSITION: Lead hand Roads	EMPLOYER: City of Iqaluit	ALTERNATE CONTACT LOCATION: City Garage	ALTERNATE TELEPHONE: 867-222-2944

REPORT LINE USE ONLY

N — RECEIVED AT SPILL LINE BY	POSITION: STATION OPERATOR	EMPLOYER	LOCATION CALLED: YELLOWKNIFE, NT	REPORT LINE NUMBER: (867) 920-8130

LEAD AGENCY ☐ EC ☐ CCG ☐ GNWT ☐ GN ☐ LA ☐ INAC ☐ NEB ☐ TC — SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN — FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY	COULD not be Reached	12/23/08 14:36	
FIRST SUPPORT AGENCY	Wade Romanko	12/23/08 14:37	
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			