

Feb 15 2009 5:27PM City of Iqaluit

8679795910

P.1

FEB 17 2009



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 FEB 15, 2009 2:30 PM		B Date and Time of spill (if known) FEB 15, 2009 1:30 PM		C <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Update no. _____		Spill Number 09-071	
D Location and map coordinates (if known) and situation (if moving) Iqaluit HSE 459 A4B							
E Party responsible for spill CITY OF Iqaluit							
F Description of spill and estimated quantity (provide as much detail as possible) (see 8736924) RAW SEWAGE 100 LITRES							
G Cause of spill OVERFILLING OF TRUCK							
H Is spill terminated? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		I If spill is continuing, give estimated rate		J Is further spillage possible? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		K Extent of contaminated area (in square meters if possible) 3 SQ METERS	
L Surface affecting spill or recovery (weather conditions, terrain, snow cover, etc.) HARD PACKED SNOW & ICE				M Containment (natural depression, dikes, etc.) SPILLED ON THE SNOW			
N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials EXCAVATED SNOW & ICE - REMOVED TO LANDFILL.							
O On your receipt assignment? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes, describe:				P Possible hazards to person, property, or environment, eg. fire, drink water, fish or wildlife NONE.			
Q Comments or recommendations ADVISED HELPER TO KEEP AN EYE ON FLOAT LEVEL ON SEWAGE TRUCK.						FOR SPILL LINE USE ONLY	
						Lead agency 602-221-1111	
						Lead Agency contact and time 602-221-1111 NO ANSWERS.	
						Is this file now closed? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Reported by LEVI JEFFREY		Position, Employer, Location DRIVER, CITY OF Iqaluit		Telephone 979-5612			
Reported to KEITH BAINES		Position, Employer, Location FOREMAN, CITY OF Iqaluit, N.Y.		Telephone 867-222-2947			

Feb 26 2009 3:39PM City of Iqaluit

RECEIVED

867-975-5510

FEB 27 2009



Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

 REPORT LINE USE ONLY
 TEL: (867) 920-8130
 FAX: (867) 873-6924
 EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR 02/28/09	REPORT TIME 3:50 P.M.	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 01-082
B	OCCURRENCE DATE: MONTH - DAY - YEAR 02/24/09	OCCURRENCE TIME Approx. 5 P.M.		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)	
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Iqaluit House 5135		REGION <input type="checkbox"/> NWT <input type="checkbox"/> Nunavut <input type="checkbox"/> 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 400		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES Approximately 400 litres	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Open sewer service under house	SPILL CAUSE Sewer back up into access vault	AREA OF CONTAMINATION IN SQUARE METRES 9 square metres	
J	FACTORS AFFECTING SPILL OR RECOVERY Frozen Ground	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 <p>The contaminated area will be dug up and disposed of when the ground thaws to enable the clean-up crew to do a more thorough job. The reason for the delay in reporting the spill is the Access Vault is located approximately 20-25 metres from the end of the sewer service and darkness had set in so it was not visible. Three Sewage Vacuum Trucks were called to the scene immediately when the situation occurred to minimize the amount of spillage.</p>			
L	REPORTED TO SPILL LINE BY Rob Hogan	POSITION Acting Utilidor Foreman	EMPLOYER City of Iqaluit	LOCATION CALLING FROM 867-975-8509
M	ANY ALTERNATE CONTACT Steven Iyago	POSITION Ops. Superintendent	EMPLOYER City of Iqaluit	ALTERNATE CONTACT Federal Garage ALTERNATE TELEPHONE 867-979-5653
REPORT LINE USE ONLY				
N	REPORTED AT SPILL TIME BY STATION OPERATOR	POSITION STATION OPERATOR	EMPLOYER YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130
LEAD AGENCY <input type="checkbox"/> DEC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input checked="" type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> DMAC <input type="checkbox"/> NES <input type="checkbox"/> DTC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN	
AGENCY			FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY		Robert END	02/26/09 15:07	
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				

Apr 30 2009 9:49AM City of Iqaluit

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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) 873-6624

EMAIL: spill@gn.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR 04/30/09	REPORT TIME 9:45 A.M	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 09.174
B	OCCURRENCE DATE: MONTH - DAY - YEAR 04/29/09	OCCURRENCE TIME 7:15 P.M		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Iqaluit Nunavut		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 P.O Box 460 Iqaluit Nunavut		
G	ANY CONTRACTOR INVOLVED N/A	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES Approx 2000Litres	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE) N/A	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Access Vault 500	SPILL CAUSE Partial Collapse of Sewer Main	AREA OF CONTAMINATION IN SQUARE METRES Approx.40 square metres	
J	FACTORS AFFECTING SPILL OR RECOVERY	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 Rob Hogan with Utilidor Dept. received a call from dispatch notifying him of a sewer spill from A.V 500 at 7:15 p.m April 29. Rob immediately asked dispatch to page sewer truck driver on call to pump out the access vault and also called the road crew to clean the spill site. Rob then called Pat Wolfe to assist with the blasting of the sewer main to clear it of blockage. The road crew then cleaned up the contaminated materials to the sewage lagoon. Suspect that the sewer main is partially collapsed and will be blasted 3 times a week to prevent any more spills till line can be dug up and repaired.			
L	REPORTED TO SPILL LINE BY Rob Hogan	POSITION Utilidor Maintainer	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Utilidor Shop
M	ANY ALTERNATE CONTACT Steven Iyago	POSITION Operations Super.	EMPLOYER City of Iqaluit	ALTERNATE CONTACT Federal Garage
REPORT LINE USE ONLY				
N	RECEIVED AT SPILL LINE BY STATION OPERATOR	POSITION STATION OPERATOR	EMPLOYER STATION OPERATOR	LOCATION CALLED YELLOWKNIFE, NT
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CC <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NBS <input type="checkbox"/> TC		SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY	CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY	COULD NOT BE REACHED	05/01/09 10:35		
FIRST SUPPORT AGENCY				
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) 920-6130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR 06-04-2009	REPORT TIME 5:00 PM	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 09.264
B	OCCURRENCE DATE: MONTH - DAY - YEAR 06-04-2009	OCCURRENCE TIME 2:00 PM		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE) 3AM-1QAD611	09-264	
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION City of Iqaluit	REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 P.O. Box 460, Iqaluit, NU, X0A 1H0		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Wastewater	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES Estimate to be Provided	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Landfill Retention Lagoon	SPILL CAUSE Berm Breach	AREA OF CONTAMINATION IN SQUARE METRES	
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED None	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT None	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS At 2:00 PM on June 4, 2009 our landfill operator notified me that the berm in the City Landfill Retention Pond breached and was discharging to the ditching system outside the landfill. The breach was caused by unanticipated snowmelt flowing into the pond. The affected area of the berm is inaccessible to equipment. Pumps are being setup to draw down the pond and transfer the water to an emergency detention pond across the road from the landfill. Samples are being taken and will be sent out for analysis. Visual inspection of the water indicates that it is primarily snowmelt and presents no health hazard. <i>X-LEAD CHANGED AS PER ROBERT GARD</i>			
L	REPORTED TO SPILL LINE BY Bruce Rines	POSITION Director Engineering	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Iqaluit
M	ANY ALTERNATE CONTACT Stephen Iyago	POSITION Operations Manager	EMPLOYER City of Iqaluit	ALTERNATE CONTACT Iqaluit
REPORT LINE USE ONLY				
N	RECEIVED AT SPILL LINE BY STA OPERATOR	POSITION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT
LEAD AGENCY <input type="checkbox"/> EO <input type="checkbox"/> COG <input type="checkbox"/> GNWT <input type="checkbox"/> BBN <input type="checkbox"/> ILA <input checked="" type="checkbox"/> MAC <input type="checkbox"/> NEB <input type="checkbox"/> TO			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN	
AGENCY			FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
CONTACT NAME Nathan Richer		CONTACT TIME 06/05/09 12:05		
LEAD AGENCY				
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				

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Iqaluit



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 X0A 0H0
 ᐱᓖᓂᐱᓂ (867) 979-5600
 ᐱᓖᓂᐱᓂ (867) 979-5922

City of Iqaluit
 Box 460
 Iqaluit, Nunavut
 X0A 0H0
 Phone (867) 979-5600
 Fax (867) 979-5922

Ville d'Iqaluit
 C.P. 460
 Iqaluit, Nunavut
 X0A 0H0
 Tél. (867) 979-5600
 Télécop. (867) 979-5922

adrain@city.iqaluit.nu.ca
 www.iqaluit.nu.ca

June 5, 2009

Spill Report Update
 Water Licence No. 3AM-IQA0611

Original Report filed June 4, 2009

Re: Update on Landfill Lagoon Retention Pond Berm Breach

Further to our report filed on June 4, 2009 the following steps have been taken. As of 3:00 Pm on June 5, 2009 the breach in the Retention Pond has been sealed. (we were able to get a loader down the back side of the landfill to seal the breach with Pitrun material. The four inch pump has been set up and running all day pumping to the detention pond across the road to draw down the landfill retention pond. The detention pond currently has approximately four feet of freeboard and the pumping operation only increased water levels by about two inches. Samples were taken from the Retention Pond and forwarded to a laboratory in Yellowknife for testing. We will forward test results upon receipt. The levels in both pond will be monitored regularly with pumping to the Detention Pond as required.

Sincerely

Bruce Rines
 Director of Engineering and Public Works
 City of Iqaluit
 867-979-6363 ext. 226
 967-222-2968

09-264

UPDATE 1

NATHAN KICHA

09-264



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 06-04-2009	REPORT TIME 5:00 PM	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 09.264
B	OCCURRENCE DATE: MONTH - DAY - YEAR 06-04-2009	OCCURRENCE TIME 2:00 PM		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE) 3AM-IQA0611	109-264	
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION City of Iqaluit	REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 P.O. Box 460, Iqaluit, NU, X0A 1H0		
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Wastewater	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES Estimate to be Provided	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Landfill Retention Lagoon	SPILL CAUSE Berm Breach	AREA OF CONTAMINATION IN SQUARE METRES	
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED None	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT None	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS At 2:00 PM on June 4, 2009 our landfill operator notified me that the berm in the City Landfill Retention Pond breached and was discharging to the ditching system outside the landfill. The breach was caused by unanticipated snowmelt flowing into the pond. The affected area of the berm is inaccessible to equipment. Pumps are being setup to draw down the pond and transfer the water to an emergency detention pond across the road from the landfill. Samples are being taken and will be sent out for analysis. Visual inspection of the water indicates that it is primarily snowmelt and presents no health hazard.			
L	REPORTED TO SPILL LINE BY Bruce Rines	POSITION Director Engineering	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Iqaluit
M	ANY ALTERNATE CONTACT Stephen Iyago	POSITION Operations Manager	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION Iqaluit
REPORT LINE USE ONLY				
N	RECEIVED AT SPILL LINE BY STATION OPERATOR	POSITION	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT
LEAD AGENCY <input type="checkbox"/> CC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> LA <input type="checkbox"/> INAC <input type="checkbox"/> NES <input type="checkbox"/> TC		SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY	CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY	Could not be reached	06/04/09 15:32		
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				

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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 September-10-2009	REPORT TIME 10:00AM	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
B	OCCURRENCE DATE MONTH - DAY - YEAR Between Sept-4-2009 and Sept-9-2009		OCCURRENCE TIME		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION West 40 Landfill		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 P.O. Box 460 Iqaluit, Nu X0A 0H0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Landfill runoff	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES Approximately 80,000 liters	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE Culvert	SPILL CAUSE Break in culvert	AREA OF CONTAMINATION IN SQUARE METRES 371.6 m^2		
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT		
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS The spill is contained and is being pumped to our retention pond. INAC and Department of Environment were contacted and made aware of the spill. The spill was called in September 9, 2009 at 4:00PM.				
L	REPORTED TO SPILL LINE BY Paul Clow	POSITION Project Officer	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Building 2425	TELEPHONE 867-979-6363
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 <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					



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 September-18-2009	REPORT TIME 11:30 AM ET.	<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
	B	OCCURRENCE DATE: MONTH - DAY - YEAR September-15-2009	OCCURRENCE TIME 2:30PM		
C	LAND USE PERMIT NUMBER (IF APPLICABLE):		WATER LICENCE NUMBER (IF APPLICABLE):		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Iqaluit Crushing Site		REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> 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			
G	ANY CONTRACTOR INVOLVED Gestion Logistique A.C. Inc	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Diesel	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 120 liters	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE):	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE Old home heating tank	SPILL CAUSE Crushing	AREA OF CONTAMINATION IN SQUARE METRES		
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT		
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS The site that was affected was a previously contaminated site. The soil in the area of the spill is going to be removed by Nunetta Environmental and soil samples have been conducted. The tanks that are leaking are being wrapped in a liner and the contractor is to remove the crushed tanks. The Department of environment was notified as well.				
L	REPORTED TO SPILL LINE BY Paul Clow	POSITION Project Officer	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Building 2425	TELEPHONE 876-979-6363
M	ANY ALTERNATE CONTACT Chris Callahan	POSITION Public Works Director	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION Building 2425	ALTERNATE TELEPHONE 867-222-2863
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 <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					