



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 February 15, 2010 | | REPORT TIME 3:00 pm | | <input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT | REPORT NUMBER _____ |
| B | OCCURRENCE DATE: MONTH - DAY - YEAR February 13, 2010 | | OCCURRENCE TIME 10:00pm | | | |
| C | LAND USE PERMIT NUMBER (IF APPLICABLE) na | | | WATER LICENCE NUMBER (IF APPLICABLE) na | | |
| D | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Lift Station #1 Iqaluit NU. | | | | 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 460 Iqaluit NU. X0A 0H0 | | | |
| G | ANY CONTRACTOR INVOLVED none | | CONTRACTOR ADDRESS OR OFFICE LOCATION none | | | |
| H | PRODUCT SPILLED Sewage | | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES est. 1000 liters | | U.N. NUMBER | |
| | SECOND PRODUCT SPILLED (IF APPLICABLE) na | | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES na | | U.N. NUMBER | |
| I | SPILL SOURCE Pump Failure | | SPILL CAUSE Blown fuse on main panel | | AREA OF CONTAMINATION IN SQUARE METRES 40 square meters | |
| J | FACTORS AFFECTING SPILL OR RECOVERY On shore | | DESCRIBE ANY ASSISTANCE REQUIRED Backhoe - Dump Truck | | 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 approx. 10:00 pm I received a page from dispatch on a high level alarm for Lift Station #1. I arrived on site and noticed that sewage had discharged through the overflow. I then replaced the blown fuse on the pump 101 & reset the pump bringing down the level. The spill is contained to the outside of the building around the overflow. Clean up will be done with a backhoe and a dump truck. It will be disposed at the lagoon. I will be in close contact as the cleanup continues & will inform when done for inspection. Any questions please call. | | | | | |
| L | REPORTED TO SPILL LINE BY Robert Hogan | POSITION Utilidor Foreman | EMPLOYER City of Iqaluit | LOCATION CALLING FROM Iqaluit | TELEPHONE 867-222-2941 | |
| M | ANY ALTERNATE CONTACT Frank Ford | POSITION Operations Super. | EMPLOYER City of Iqaluit | ALTERNATE CONTACT 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 <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 | | | | | | |