



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 March 5, 2010		REPORT TIME 2:00PM		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR March 5, 2010		OCCURRENCE TIME 9:00AM			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Sewage Lift Station #1			REGION		
				<input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE		LONGITUDE			
	DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS
F	RESPONSIBLE PARTY OR VESSEL NAME City of Iqaluit		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION P.O. Box 460 Iqaluit, Nunavut X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 1000 Liters		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE Overflow pipe		SPILL CAUSE High tide in the Koojesse Inlet		AREA OF CONTAMINATION IN SQUARE METRES 40 square meters	
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 was contained in the Koojesse Inlet on snow and ice. An excavator and tandem truck were used to remove the contaminated snow. The contaminated snow was deposited at the sewage lagoon.					
L	REPORTED TO SPILL LINE BY Paul Clow	POSITION Project Officer	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Iqaluit	TELEPHONE 867-979-6363	
M	ANY ALTERNATE CONTACT Pat Wolfe	POSITION WWTP Operator	EMPLOYER City of Iqaluit	ALTERNATE CONTACT Iqaluit	ALTERNATE TELEPHONE 867-222-2941	
REPORT LINE USE ONLY						
N	RECEIVED AT SPILL LINE BY		POSITION		LOCATION CALLED	
			STATION OPERATOR		YELLOWKNIFE, NT	
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						