



Canada NT-NU SPILL REPORT

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130 FAX: (867) 873-6924

Ter	ritories Nunavut		OIL, GASOLINE	, CHEMICALS	S AND OTHER HA	ZARDO	US MATERIALS			EMAIL: spills@gov.nt.ca
	Γ								REF	PORT LINE USE ONLY
Α	REPORT DATE: MONTH – DAY – YEAR 10-13-13				REPORT TIME 10:00am		☐ UPDATE # TO THE ORIGINAL SPILL REPORT		REPORT NUMBER	
В	OCCURRENCE DATE: MONTH – DAY – YEAR 10-12-13				OCCURRENCE TIME 5:00pm					
С	LAND USE PERMIT NUMBER (IF APPLICABLE)				WATER LICENCE NUMBER (IF APPLICABLE)					
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FRO Lift Station #1			M THE NAMED LOCATION			REGION ☐ NWT ☑ NUNAVUT ☐ ADJACENT JURISDICTION OR			
Е	LATITUDE DEGREES MINUTES SECONDS			LONGITUDE DEGREES MINUTES			ES SEC	SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME City of laaluit			RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION P.O. Box 460 Igaluit. NU X0A 0H0						
G	ANY CONTRACTOR IN	CONTRACTOR ADDRESS OR OFFICE LOCATION								
Н	PRODUCT SPILLED Raw Sewage			QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown				U.N. NUMBER		
••	SECOND PRODUCT SPILLED (IF APPLICABLE) n/a		E)	QUANTITY IN LITRES, KILOGRAMS OR CU			BIC METRES	METRES U.N. NUMBE		
I	SPILL SOURCE Well well overflow			SPILL CAUSE Pump loss prime				REA OF CONTAMINATION IN SQUARE METRES nknown		
J	FACTORS AFFECTING SPILL OR RECOVERY			DESCRIBE ANY ASSISTANCE REQUIRED Sewer trucks pumping out on wet				HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT unknown		
K										
L	REPORTED TO SPILL LINE BY Paul Keenainak		POSITION Foreman		EMPLOYER City of Igaluit	LOCATION CALLIN		NG FROM		TELEPHONE 867-979-3206
M	ANY ALTERNATE CONTACT Joseph Brown		POSITION Superintendent		EMPLOYER City of Igaluit	A	ALTERNATE CONT	TERNATE CONTACT LOCATION 17-979-5653		ALTERNATE TELEPHONE 867-222-2956
REPOR	RT 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] ILA 🗌 INAC 🗌 NE	NEB TC SIGNIFICANCE MIN		IINOR 🗆	OR LIMAJOR LIUNKNOWN I		FILE STATUS OPEN CLOSED	
AGENCY CONTACT NAME				CONTACT TIME	F	REMARKS				
LEAD AGENCY										
FIRST	SUPPORT AGENCY									
SECON	ND SUPPORT AGENCY									
THIRD	SUPPORT AGENCY									