

City of Iqaluit 2016 Annual Water Licence Report Executive Summary

Under Water Licence 3AM-IQA1626 (the Licence), the City of Iqaluit (the City):

-) Extracts water from Lake Geraldine for municipal use,
-) Discharges Landfill run-off from the West 40 Landfill, and
-) Discharges wastewater from the West 40 Wastewater Treatment Plant and backup Sewage Lagoon.

This Licence was issued by the Nunavut Water Board (NWB) in 2016 and expires on June 16, 2026. In compliance with requirements of Schedule B of the Licence, this Annual Water Licence Report summarizes the activities conducted by the City in 2016.

Monitoring Program

New monitoring conditions were provided as a part of the new Type 'A' Water Licence issued in 2016. The City is currently developing a monitoring program to meet these conditions.

Water Supply

In 2016, the City estimates that it used 1,249,150 m³ of water from the Lake Geraldine, which is slightly over the allowable quantity of water as specified under the Licence (1,100,000 m³). This can be attributed to the following factors:

1. Construction of the Aquatic Centre
2. Construction of the Iqaluit Airport
3. Water main breaks and leaks

In November 2015, a Dam Safety Inspection (DSI) was completed for the Lake Geraldine Dam. The City is currently developing a Dam Safety Management Plan (in 2018).

City Council approved the Supplementary Water Supply Plan in 2015 to extract water from Niaqunguk (Apex) River. In 2016, the City retained Nunami-Stantec to complete a Fish and Fish Habitat Assessment of the Niaqunguk (Apex) River, Lake Geraldine, and the Lake Geraldine Drainage Channel Fish and Fish Habitat Study of the Apex River. At the time of the assessment in the late summer of 2016, Arctic Char were found in both the Apex River and the Lake Geraldine Drainage Channel.

It was determined that it would not be possible to withdraw sufficient water from the Apex River to meet the City's supplemental water requirements while also meeting Department of Fisheries and Oceans guidelines. Further study was conducted in 2017 to assess the potential of the Sylvia Grinnell River to meet the supplementation needs.

In 2017, the City of Iqaluit began developing a drinking water management plan to ensure the City is using the available drinking water as efficiently as possible and potentially provide overall reductions in the water demand.

Wastewater Treatment

The City has completed the Wastewater Treatment Plant Upgrade/Expansion Feasibility Study. Detailed Design was completed in 2016; however, the cost estimate was significantly over budget. A Value Engineering session was completed in 2017 and a re-design of the Plant commenced.

Solid Waste Management

The City continues to manage its solid waste at the West 40 Landfill, which is nearing capacity. Landfill run-off continues to be managed through on-site detention ponds and an off-site retention pond.

The Landfill run-off originating from the landfill fire in 2014 started treatment in 2015. The on-site pond has completed the first phase of treatment and transferred to the new off-site pond for secondary treatment. In 2016, all run-off originating from the landfill fire was treated, tested and discharged into Koojesse Inlet.

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Water Licence No. 3AM-IQA0611
2016 Annual Report
 City of Iqaluit

In June 2016, the City of Iqaluit (City) was issued Water Licence number 3AM-IQA1626 (the Licence) by the Nunavut Water Board. This licence was issued for a ten-year period concluding in June 2026. A requirement of the Licence is an annual report due March 31 of each year summarizing activities governed by the Licence for the previous calendar year. In accordance with Schedule B of the Water Licence, this Annual Water Licence Report summarizes the activities conducted by the City of Iqaluit in 2016.

A. The monthly and annual quantities in cubic metres of fresh water withdrawn from the Lake Geraldine Reservoir (Monitoring Station No. IQA-01).

Table 1 summarizes the estimated monthly and annual quantities of water drawn from Lake Geraldine, the City of Iqaluit's raw water source. The total water usage for 2016 was 1,249,150 m³, which slightly exceeds the maximum allowable usage of 1,100,000 m³.

As there are no records for the water taking from Lake Geraldine in 2016, the values shown below for the months of August to December are estimations based on the average usage of identical months in 2015 and 2017.

**Table 1. Raw Water Drawn
from Lake Geraldine Reservoir (2016)**

Month	Volume (m ³)
January	109,700
February	114,100
March	117,600
April	107,000
May	110,000
June	112,400
July	109,200
August	94,000
September	95,000
October	93,650
November	90,650
December	95,850
Total 2016	1,249,150

B. The monthly and annual quantities in cubic metres of any discharges from the Wastewater Treatment Facility (Monitoring Stations No. IQA-02, IQA-04, IQA-08).

Table 2 summarizes the monthly and annual quantities of discharge from the City of Iqaluit's Wastewater Treatment Plant (WWTP) in 2016.

Table 2. Discharge from the Wastewater Treatment Plant (2016)

Month	Volume (m³)
January	88,041
February	99,518
March	103,182
April	93,670
May	108,755
June	105,039
July	109,162
August	99,800
September	87,271
October	81,757
November	98,445
December	101,867
Total 2016	1,176,506

During periods when the WWTP was shut down for maintenance, raw sewage was diverted to the backup sewage lagoon. The knife gate valve that diverts the sewage to the sewage lagoon is not equipped with a monitoring device; therefore, there were no measurements taken to determine the amount of discharge for the days that the WWTP was not operational. As a result, the amount of discharge for the duration of each shutdown was calculated using average daily discharge rates. The average daily total was determined by averaging the totals from two days before and two days after the shutdown. The dates of each shutdown can be found in Section G.

In January, June, July and October of 2016, repairs and maintenance were required on the Salsnes Filter or other areas. This resulted in the City diverting sewage to the sewage lagoon for 23 days while the City made the necessary repairs.

C. Report generated from Dam Safety Inspections and Dam Safety Reviews and proposed actions to address issues identified and/or updates on continuing actions to address issues.

To address outstanding recommendations related to the Lake Geraldine Dam, the City is currently undertaking the following:

Lake Geraldine Dam Safety

The City is currently developing a Dam Safety Management Plan, which includes:

- Development of an Operation, Management and Surveillance (OMS) Manual;
- Completion of a 2018 Dam Safety Review;
- Completion of a Risk Assessment; and,
- Finalization of an Emergency Preparedness Plan that was initiated in 2012.

This work is expected to be completed by the end of March 2019.

Lake Geraldine Dam Repairs

A Lake Geraldine Dam Repair Project was tendered in late summer 2016. The work was not able to be completed as the tendering process was delayed. The above-water line work was completed during the 2017 construction season.

A separate project to repair the below-water line facilities is currently being tendered, for completion in the summer of 2018.

D. The monthly and annual quantities in cubic metres of sludge removed from the Wastewater Treatment Facility.

Table 3 summarizes the estimated monthly and annual quantities of sewage sludge removed from the City of Iqaluit's WWTP and deposited at a designated area in the West 40 Landfill.

Table 3. Sewage Sludge Removed from the Wastewater Treatment Facility and Deposited at the West 40 Landfill (2016)

Month	Total (m³)
January	47.6
February	47.6
March	51.0
April	51.0
May	51.0
June	44.2
July	34.0
August	51.0
September	51.0
October	47.6
November	51.0
December	51.0
Total 2016	578.0

The sludge that is removed by the Salsnes Filter in the WWTP falls into a trailer in a room below the primary treatment room. The trailer that is used to catch the sludge from the Salsnes Filter has 3.4 cubic meters of storage and is approximately 100% full each time it is unloaded. The trailer is unloaded at the West 40 Landfill every second day including weekends and holidays. The difference in volume from month to month is due to two different factors: 1) every month doesn't have the same number of days, and 2) during the shutdowns there is no sludge produced because the raw sewage was diverted to the lagoon.

E. The monthly and annual quantities of wastes disposed of at the West 40 Landfill.

Table 4 summarizes the estimated monthly and annual quantities of waste disposed of at the West 40 Landfill.

Table 4. Waste disposed of at the West 40 Landfill (2016)

Month	Total (m ³)
January	423
February	612
March	516
April	517
May	731
June	494
July	525
August	1,229
September	1,165
October	803
November	730
December	353
Total 2016	8,098

F. A summary report which includes all data and information generated under the Monitoring Program, including the QA/QC program, in an electronic and printed formats acceptable to the Board.

In 2016, the City was able to complete limited testing in due to a staffing shortage (outlined below in Table 5). The monitoring results are provided in Appendix A.

Table 5. Summary of 2016 Sampling Conducted

Date	Station	Test	Sample Name	Lab Sample ID
June ??, 2016	IQA-02	F	Sewage Lagoon	B16-17339
September 14, 2016	IQA-02	F	Sewage Lagoon	B16-27659
December 21, 2016	IQA-01	A	Test A – WTP	B17-01198
December 21, 2016	IQA-04	C	Test C – WWTP EFF	B17-01199
December 21, 2016	IQA-06	D	Test D – WWTP SS	B17-01200

In September of 2017, the City implemented a more rigorous testing procedure as required by their water licence.

G. A summary of all construction activities carried out for the facilities.

There were no construction activities conducted with respect to the water licence in 2016.

H. A summary of any modifications and/or major maintenance work carried out at the facilities and any associated structures.

Wastewater Treatment Plant

The following maintenance work was carried out at the WWTP in 2016:

January 13-15:	Filter in the Salsnes Filter was replaced.
June 9-12:	General maintenance was noted at the facility. Details are not available.
July 4-14:	Filter in the Salsnes Filter was replaced.
October 10-14:	General maintenance was noted at the facility. Details are not available.

During the above listed maintenance work, the WWTP was shut down and the sewage was diverted to the sewage lagoon.

Sewage Receiving Station

In 2016, the sewage receiving area located adjacent to the WWTP at the south-east end of the Iqaluit Airport runway was repaired. The work included rehabilitating the berm surrounding the station, replacing the pipes, and installing a new access vault.

I. A progress report and revisions (if applicable) to any studies requested by the Board that relate to waste management, water use or reclamation and a brief description of any future studies planned by the Licensee including, a non-technical executive summary for the general public, translated into Inuktitut.

Fish and Fish Habitat Assessment

Nunami Stantec was retained to complete a Fish and Fish Habitat Assessment of the Niaqunguk (Apex) River, Lake Geraldine, and the Lake Geraldine Drainage Channel. At the time of the assessment in the late summer of 2016, Arctic Char were found in both the Apex River and the Lake Geraldine Drainage Channel. Further discussions with the Department of Fisheries and Oceans (DFO) identified that it was not possible to withdraw sufficient water from the Niaqunguk (Apex) River to meet the City's supplemental water supply while also meeting DFO's guidelines for water withdrawals in waters supporting fish and fish habitat.

In 2017, the City retained Nunami Stantec to assess the potential of the Sylvia Grinnell River to meet the City's water supplementation needs.

Drinking Water Management Plan

In 2017, the City of Iqaluit initiated a drinking water management plan to ensure the City is using the available drinking water as efficiently as possible. It will not impact the supplementary water supply requirement but may provide overall reductions in the water demand.

J. Any revisions required, in the form of addenda, to Plans, Manuals and Reported approved under the Licence.

There are no revisions to the approved Contingency Plans and Operation and Maintenance Manuals.

K. A list and description, including volumes and Spill Report Line Identification Numbers, of all un-authorized discharges, spills and summaries of follow-up action taken.

Table 6 provides a summary of all spills and un-authorized discharges that occurred in 2016, including volumes, Spill Report Line Identification Number (if available) and summaries of the follow-up actions taken. Copies of the spill reports can be found in Appendix B.

L. A summary of any closure and reclamation work undertaken and an outline of any work anticipated for the next year, including any changes to implementation and scheduling.

In 2016, no closure and reclamation work was undertaken. No closure or reclamation work was anticipated for 2017.

M. A summary of actions taken to address concerns or deficiencies listed in the inspection reports and/or compliance reports filed by an Inspector.

No actions were taken to address the concerns and deficiencies listed in the previous inspection reports.

N. A brief update on the implementation plan of all facilities within the scope of this Licence including projected implementation and status of the Upgraded Wastewater Treatment Plant.

Wastewater Treatment Plant Upgrade

The City issued an RFP for detailed design in 2016 and Nunami-Stantec proceeded with the design effort. Following completion of the design in 2017, the cost estimate was significantly over budget. A Value Engineering session was undertaken in July 2017 to bring the scope of the project within budget. Re-design was commenced in late 2017 and completed in early 2018. The project went to tender in April 2018 and was awarded in May 2018. Construction began in June 2018 and is expected to be completed in December 2019.

O. A summary of any studies, reports and plans requested by the Board that related to waste disposal, water use or reclamation and a brief description of any future studies planned.

See Section I above.

P. Any other details on the use of water or waste disposal requested by the Board by November 1st of the year being reported.

There were no requests made by the Board after November 1, 2015.

Table 6: Spill Repor

Spill Report ID Number	Date (m/d/y)	Location	Description	Volume (m ³)	Cause	Follow-up Actions
16-086	03/19/2016	Ivaviik Bldg.	Sewage	Unknown	Broken valve	Frozen sewage was scraped and removed to lagoon. The broken ball valve was replaced.
16-087	03/21/2016	Sewage Lagoon Dump Station	Sewage	Unknown	Sewer trucks unloading too quickly	Frozen sewage was moved to trucks and disposed of at lagoon.
16-088	03/19/2016	Apex Quickstop	Sewage	Unknown	Sewer main clogged with grease and debris	Frozen sewage was moved to trucks and unloaded disposed of at lagoon. Line was blasted and cleared.
16-089	03/18/2016	Northmart	Sewage	Unknown	Broken valve	Frozen sewage was scraped and removed to lagoon. The broken ball valve was replaced.
16-093	03/28/2016	House 588	Sewage	Unknown	Clogged/collapsed line	A/V was cleaned out and a camera was used to determine cause of backflow. The line was cleaned out. The sewage was removed and disposed of at the lagoon.
16-115	12/04/2016	Northmart/ House 643	Sewage	Unknown	Sewer line plugged/manhole overflowed behind House 643	Location of the spill at 643 was unable to accessed with equipment for clean up right away. Sewer lines were flushed and spill areas were temporarily bermed with snow. Sewage at both locations was allowed to freeze and then cleaned up and disposed of at the sewage lagoon.
Unknown	01/13/2016	Nipisa Street (MH 37)	Sewage/ Water	Unknown	Water main break in MH 37	Sewer trucks were used to pump flow that lift station #2 could not handle. Lines were blasted between lift stations #1 and #2 to remove obstructions. The sewage was removed and disposed of at the lagoon. Water main was then closed for repair.
Unknown	01/19/2016	Sinaa Street (MH 13)	Sewage	Unknown	Sewer main clogged with rags and grease	Sewer main was blasted between MHs 12 and 13. The sewage was removed and disposed of at the lagoon.
Unknown	07/13/16	Lift Station 1	Sewage	Unknown	Power failure to lift pump	The lift pump was unable to be brought back online for 2 hours. The sewage was discharged to the bay.
Unknown	07/23/2016	Northmart	Sewage	30L	Sewer line clogged with rags	Manhole was cleaned out. All of the debris and sewage was removed and disposed of at the lagoon.
Unknown	11/08/2016	Bldg. 541	Sewage	50L	Debris in A/V	Manhole was cleaned out. All of the debris and sewage was removed and disposed of at the lagoon.
Unknown	08/06/2016	Sewage Lagoon Dump Station	Sewage	10L	Frozen pipe	Sewage pumping was stopped until the pipe was thawed.

Appendix A – Monitoring Results



TESTING REQUIREMENTS

REPORT NUMBER (Lab Use)

REPORT NUMBER (Last)

June 21, 1964

B16-17339

- ☐ O.Reg 153 Table _____ ☐ MISA Guidelines
☐ Surface Soil ☐ Sub Surface Soil (O.Reg 153) ☐ O.Reg 558 Leachate Analysis
☐ Yes ☐ No Record of Site Condition (O.Reg 153) Disposal Site: _____
☐ Provincial Water Quality Objectives ☐ Landfill Monitoring
☐ Sewer Use By-Law: _____ ☐ Other: _____

Are any samples to be submitted intended for Human Consumption under any Drinking Water Regulations? ☐ Yes ☐ No (If yes, submit all Drinking Water Samples on a Drinking Water Chain of Custody)

Indicate Laboratory Samples are submitted to: ☐ Kingston ☐ Ottawa ☐ Richmond Hill ☐ Windsor ☐ London

Organization:	Address and Invoicing Address (if different)
City of Iqaluit	P.O. Box 460
Contact:	Iqaluit, NU.
Pat Wolfe	

Tel: 967 979 5648

Fax:	Quote No.: YD16-Iqaluit-F	Project Name:
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Email:	P. O. No.:	Additional Info:
Publicat. Italiana	469	

ANALYSES REQUESTED (Print Test in Boxes)

**TURNAROUND SERVICE
REQUESTED (see back page)**

- | | | |
|-------------------------------------|----------------|------------------|
| <input type="checkbox"/> | Platinum | 200% Surcharge** |
| <input type="checkbox"/> | Gold | 100% Surcharge |
| <input type="checkbox"/> | Silver | 50% Surcharge |
| <input type="checkbox"/> | Bronze | 25% Surcharge |
| <input checked="" type="checkbox"/> | Standard | 5-7 days |
| <input type="checkbox"/> | Specific Date: | |

As per Quote	attached. g
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Suspected Highly Contaminated

* Sample Matrix Legend: WW=Waste Water, SW=Surface Water, GW=Groundwater, LS=Liquid Sludge, SS=Solid Sludge, S=Soil, Sed=Sediment, PC=Paint Chips, F=Filter, Oil = Oil

[illegible]

SAMPLE SUBMISSION INFORMATION

SHIPPING INFORMATION

REPORTING / INVOICING

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

Print:	Sign:	Sampled by: _____ Submitted by: _____ Client's Courier <input checked="" type="checkbox"/> _____ Caduceon's Courier <input type="checkbox"/> _____ Drop Off <input type="checkbox"/> _____ Caduceon (Pick-up) <input type="checkbox"/> _____ Date (vv-mm-dd)/Time: _____ Date (vv-mm-dd)/Time: _____	Invoice <input type="checkbox"/> _____ # of Pieces _____ Report by Fax <input type="checkbox"/> _____ Report by Email <input checked="" type="checkbox"/> _____ Invoice by Email <input type="checkbox"/> _____ Invoice by Mail <input type="checkbox"/> _____	Received By (print): <u>John</u> Signature: <u>JP</u> Date Received (yy-mm-dd): <u>2/10/16</u> Time Received: <u>11:15</u> Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sample Temperature °C: <u>10.5</u> Labeled by: <u>[Signature]</u>
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Comments:

1P 1PET 1M 1D/P	1600	Page _____ of _____
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QUOTATION FOR ANALYTICAL SERVICES

Quote # :	YD16_Iqaluit_F
Organization:	City of Iqaluit
Contact:	Paul Clow
Telephone:	867-979-6363 Ex233
Facsimile:	
Email:	p.clow@city.iqaluit.nu.ca
Project #:	TEST F(Sewage Lagoon)
Address:	City Of Iqaluit Box 460 Iqaluit, NU
Additional Info:	<u>QUOTE # ('S) MUST BE ON C OF C TO APPLY if not listed, General pricing will be applied.</u>
Additional Info:	
Date:	2-Mar-16
Valid Until:	31-Dec-16

Item #	Quantity	Analysis Request	Matrix	Unit Cost, \$	Amount, \$
1	1	BOD	WW	27.00	27.00
2	1	Total Coliforms/Fecal Coliforms	WW	28.00	28.00
3	1	Ammonia Nitrogen, N02/N03	WW	27.00	27.00
4	1	Total Phosphorus	WW	16.00	16.00
5	1	Conductivity	WW	8.50	8.50
6	1	Orthophosphate	WW	16.00	16.00
7	1	TSS	WW	16.00	16.00
8	1	Full Metals	WW	53.50	53.50
9	1	pH	WW	8.50	8.50
9	1	Ottawa Airport Pick up		25.00	25.00
				Subtotal	225.50
				HST	29.32
				Total Cost	254.82

Prices do not include shipping unless otherwise stated.

Environmental Surcharge of \$1.50 per sample set



Kim Byers
Customer Service Representative
Caduceon Environmental Laboratories
kbyers@caduceonlabs.com
Cell: 613-453-0964
Office 544-2001 Ex 222

Laboratory Locations

Kingston - 285 Dalton Ave. Kingston, ON K7K 6Z1 Tel: (613) 544-2001 Fax: (613) 544-2770
Ottawa - 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244
Richmond Hill - 110 West Beaver Creek Road (Unit 14), Richmond Hill, ON L4B 1J9 Tel: (289) 475-5442 Fax: (866) 562-1963
Windsor - #5-3201 Marentette Ave. Windsor, ON N8X 4G3 Tel: (519) 966-9541 Fax: (519) 966-9567

C.O.C.: G64366

REPORT No. B16-17339

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Pat Wolfe

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 21-Jun-16

JOB/PROJECT NO.: Test F

DATE REPORTED: 04-Jul-16

P.O. NUMBER: 460

SAMPLE MATRIX: Waste Water

WATERWORKS NO.

			Client I.D.	Sewage Lagoon			
			Sample I.D.	B16-17339-1			
			Date Collected				
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
BOD	mg/L	3	SM 5210B	27-Jun-16/O	27		
pH @25°C	pH Units		SM 4500H	21-Jun-16/O	7.37		
Conductivity @25°C	µmho/cm	1	SM 2510B	14-Jun-16/O	243		
Total Suspended Solids	mg/L	3	SM 2540D	22-Jun-16/O	23		
Nitrite (N)	mg/L	0.1	SM4110C	21-Jun-16/O	< 0.1		
Nitrate (N)	mg/L	0.1	SM4110C	21-Jun-16/O	< 0.1		
Ammonia (N)-Total	mg/L	0.01	MOEE 3364	23-Jun-16/O	13.4		
o-Phosphate (P)	mg/L	0.01	MOEE 3366	23-Jun-16/O	1.12		
Phosphorus-Total	mg/L	0.01	MOEE 3367	24-Jun-16/O	1.84		
Aluminum	mg/L	0.01	SM 3120	22-Jun-16/O	0.13		
Antimony	mg/L	0.0005	EPA 200.8	22-Jun-16/O	< 0.0005		
Arsenic	mg/L	0.0005	EPA 200.8	22-Jun-16/O	< 0.0005		
Barium	mg/L	0.001	SM 3120	22-Jun-16/O	0.011		
Beryllium	mg/L	0.002	SM 3120	22-Jun-16/O	< 0.002		
Bismuth	mg/L	0.02	SM 3120	22-Jun-16/O	< 0.02		
Boron	mg/L	0.005	SM 3120	22-Jun-16/O	0.032		
Cadmium	mg/L	0.005	SM 3120	22-Jun-16/O	< 0.005		
Calcium	mg/L	0.02	SM 3120	22-Jun-16/O	11.8		
Chromium	mg/L	0.002	SM 3120	22-Jun-16/O	< 0.002		
Cobalt	mg/L	0.005	SM 3120	22-Jun-16/O	< 0.005		
Copper	mg/L	0.002	SM 3120	22-Jun-16/O	0.078		
Iron	mg/L	0.005	SM 3120	22-Jun-16/O	0.873		
Lead	mg/L	0.02	SM 3120	22-Jun-16/O	< 0.02		
Lithium	mg/L	0.01	SM 3120	22-Jun-16/O	< 0.01		
Magnesium	mg/L	0.01	SM 3120	22-Jun-16/O	2.44		
Manganese	mg/L	0.001	SM 3120	22-Jun-16/O	0.065		
Molybdenum	mg/L	0.01	SM 3120	22-Jun-16/O	< 0.01		

NOTE: Date collected not provided by client on submission form.



Greg Clarkin, BSc., C. Chem
Lab Manager - Ottawa District

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G64366

REPORT No. B16-17339

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Pat Wolfe

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1

Tel: 613-526-0123

Fax: 613-526-1244

DATE RECEIVED: 21-Jun-16

JOB/PROJECT NO.: Test F

DATE REPORTED: 04-Jul-16

P.O. NUMBER: 460

SAMPLE MATRIX: Waste Water

WATERWORKS NO.

			Client I.D.	Sewage Lagoon			
			Sample I.D.	B16-17339-1			
			Date Collected				
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Nickel	mg/L	0.01	SM 3120	22-Jun-16/O	< 0.01		
Potassium	mg/L	0.1	SM 3120	22-Jun-16/O	4.5		
Silicon	mg/L	0.01	SM 3120	22-Jun-16/O	0.81		
Silver	mg/L	0.005	SM 3120	22-Jun-16/O	< 0.005		
Sodium	mg/L	0.2	SM 3120	22-Jun-16/O	12.3		
Strontium	mg/L	0.001	SM 3120	22-Jun-16/O	0.038		
Tin	mg/L	0.05	SM 3120	22-Jun-16/O	< 0.05		
Titanium	mg/L	0.005	SM 3120	22-Jun-16/O	0.005		
Uranium	mg/L	0.0003	EPA 200.8	22-Jun-16/O	0.0004		
Vanadium	mg/L	0.005	SM 3120	22-Jun-16/O	< 0.005		
Zinc	mg/L	0.005	SM 3120	22-Jun-16/O	0.056		
Total Coliform	cfu/100mL	1	MOE E3371	21-Jun-16/O	2700000		
Fecal Coliform	cfu/100mL	1	MOE E3371	21-Jun-16/O	15000		

NOTE: Date collected not provided by client on submission form.

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill



Greg Clarkin, BSc., C. Chem
Lab Manager - Ottawa District

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

Indicate Laboratory Samples are submitted to: ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor ☐ London

Address and Invoicing Address (if different)	
PO Box 460 Igarka, RU	
Quote No.:	Project Name:
YD16, Igarka	TEST - F
P.O. No.:	Additional Info:
460	

ANALYSES REQUESTED (Print Test in Boxes)

**TURNAROUND SERVICE
REQUESTED (see back page)**

<input type="checkbox"/>	Platinum	200% Surcharge**
<input type="checkbox"/>	Gold	100% Surcharge
<input type="checkbox"/>	Silver	50% Surcharge
<input type="checkbox"/>	Bronze	25% Surcharge
<input type="checkbox"/>	Standard	5-7 days
<input type="checkbox"/>	Specific Date:	

* Sample Matrix Legend: WW=Waste Water, SW=Surface Water, GW=Groundwater, LS=Liquid Sludge, SS=Solid Sludge, S=Soil, Sed=Sediment, PC=Paint Chips, F=Filter, Oil = Oil

[illegible]

SAMPLE SUBMISSION INFORMATION			SHIPPING INFORMATION		REPORTING / INVOICING	SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)	
	Sampled by:	Submitted by:	Client's Courier <input checked="" type="checkbox"/>	Invoice <input type="checkbox"/>	Report by Fax <input type="checkbox"/>	Received By (print): <u>206</u>	Signature: <u>2B</u>
Print:	<u>Pat Wolfe</u>	<u>Pat Wolfe</u>	Caduceon's Courier <input type="checkbox"/>	<input type="checkbox"/>	Report by Email <input checked="" type="checkbox"/>	Date Received (yy-mm-dd): <u>14/08/16</u>	Time Received: <u>12:00</u>
Sign:	<u>Pat Wolfe</u>	<u>Pat Wolfe</u>	Drop Off <input type="checkbox"/>	# of Pieces	Invoice by Email <input type="checkbox"/>	Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>16 09 13 9 AM</u>	<u>16 09 13 9 AM</u>	Caduceon (Pick-up) <input type="checkbox"/>		Invoice by Mail <input type="checkbox"/>	Sample Temperature °C: <u>10.5</u>	Labeled by:
	Date (vv-mm-dd)/Time:	Date (vv-mm-dd)/Time:					

Comments:

Page 64932 of 64932
G

QUOTATION FOR ANALYTICAL SERVICES

Quote # :	YD16_Iqaluit_F
Organization:	City of Iqaluit
Contact:	Paul Clow
Telephone:	867-979-6363 Ex233
Facsimile:	
Email:	p.clow@city.iqaluit.nu.ca
Project #:	TEST F(Sewage Lagoon)
Address:	City Of Iqaluit Box 460 Iqaluit, NU
Additional Info:	QUOTE # ('S) MUST BE ON C OF C TO APPLY if not listed. General pricing will be applied.
Additional Info:	
Date:	2-Mar-16
Valid Until: 31-Dec-16	

Item #	Quantity	Analysis Request	Matrix	Unit Cost, \$	Amount, \$
1	1	BOD	WW	27.00	27.00
2	1	Total Coliforms/Fecal Coliforms	WW	28.00	28.00
3	1	Ammonia Nitrogen, N02/N03	WW	27.00	27.00
4	1	Total Phosphorus	WW	16.00	16.00
5	1	Conductivity	WW	8.50	8.50
6	1	Orthophosphate	WW	16.00	16.00
7	1	TSS	WW	16.00	16.00
8	1	Full Metals	WW	53.50	53.50
9	1	pH	WW	8.50	8.50
9	1	Ottawa Airport Pick up		25.00	25.00
Prices do not include shipping unless otherwise stated. Environmental Surcharge of \$1.50 per sample set				Subtotal	225.50
				HST	29.32
				Total Cost	254.82



Kim Byers
 Customer Service Representative
 Caduceon Environmental Laboratories
kbyers@caduceonlabs.com
 Cell: 613-453-0964
 Office 544-2001 Ex 222

Laboratory Locations

Kingston - 285 Dalton Ave. Kingston, ON K7K 6Z1 Tel: (613) 544-2001 Fax: (613) 544-2770
 Ottawa - 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244
 Richmond Hill - 110 West Beaver Creek Road (Unit 14), Richmond Hill, ON L4B 1J9 Tel: (289) 475-5442 Fax: (866) 562-1963
 Windsor - #5-3201 Marentette Ave. Windsor, ON N8X 4G3 Tel: (519) 966-9541 Fax: (519) 966-9567

C.O.C.: G64932

REPORT No. B16-27659

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Pat Wolfe

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 14-Sep-16

JOB/PROJECT NO.: Test F

DATE REPORTED: 20-Sep-16

P.O. NUMBER: 460

SAMPLE MATRIX: Waste Water

WATERWORKS NO.

			Client I.D.	Sewage Lagoon			
			Sample I.D.	B16-27659-1			
			Date Collected	13-Sep-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
BOD	mg/L	3	SM 5210B	15-Sep-16/O	36		
pH @25°C	pH Units		SM 4500H	15-Sep-16/O	7.47		
Conductivity @25°C	µmho/cm	1	SM 2510B	15-Sep-16/O	307		
Total Suspended Solids	mg/L	3	SM 2540D	19-Sep-16/O	44		
Nitrite (N)	mg/L	0.1	SM4110C	14-Sep-16/O	< 0.1		
Nitrate (N)	mg/L	0.1	SM4110C	14-Sep-16/O	0.1		
Ammonia (N)-Total	mg/L	0.01	MOEE 3364	15-Sep-16/O	12.7		
o-Phosphate (P)	mg/L	0.01	MOEE 3366	15-Sep-16/O	0.98		
Phosphorus-Total	mg/L	0.01	MOEE 3367	16-Sep-16/O	1.94		
Aluminum	mg/L	0.01	SM 3120	15-Sep-16/O	0.07		
Antimony	mg/L	0.0005	EPA 200.8	15-Sep-16/O	< 0.0005		
Arsenic	mg/L	0.0005	EPA 200.8	15-Sep-16/O	< 0.0005		
Barium	mg/L	0.001	SM 3120	15-Sep-16/O	0.012		
Beryllium	mg/L	0.002	SM 3120	15-Sep-16/O	< 0.002		
Bismuth	mg/L	0.02	SM 3120	15-Sep-16/O	< 0.02		
Boron	mg/L	0.005	SM 3120	15-Sep-16/O	0.063		
Cadmium	mg/L	0.005	SM 3120	15-Sep-16/O	< 0.005		
Calcium	mg/L	0.02	SM 3120	15-Sep-16/O	22.7		
Chromium	mg/L	0.002	SM 3120	15-Sep-16/O	< 0.002		
Cobalt	mg/L	0.005	SM 3120	15-Sep-16/O	< 0.005		
Copper	mg/L	0.002	SM 3120	15-Sep-16/O	0.075		
Iron	mg/L	0.005	SM 3120	15-Sep-16/O	1.02		
Lead	mg/L	0.02	SM 3120	15-Sep-16/O	< 0.02		
Lithium	mg/L	0.01	SM 3120	15-Sep-16/O	< 0.01		
Magnesium	mg/L	0.01	SM 3120	15-Sep-16/O	4.18		
Manganese	mg/L	0.001	SM 3120	15-Sep-16/O	0.146		
Molybdenum	mg/L	0.01	SM 3120	15-Sep-16/O	< 0.01		



Greg Clarkin, BSc., C. Chem
Lab Manager - Ottawa District

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G64932

REPORT No. B16-27659

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Pat Wolfe

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 14-Sep-16

JOB/PROJECT NO.: Test F

DATE REPORTED: 20-Sep-16

P.O. NUMBER: 460

SAMPLE MATRIX: Waste Water

WATERWORKS NO.

			Client I.D.	Sewage Lagoon			
			Sample I.D.	B16-27659-1			
			Date Collected	13-Sep-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Nickel	mg/L	0.01	SM 3120	15-Sep-16/O	< 0.01		
Potassium	mg/L	0.1	SM 3120	15-Sep-16/O	7.6		
Silicon	mg/L	0.01	SM 3120	15-Sep-16/O	0.75		
Silver	mg/L	0.005	SM 3120	15-Sep-16/O	< 0.005		
Sodium	mg/L	0.2	SM 3120	15-Sep-16/O	21.1		
Strontium	mg/L	0.001	SM 3120	15-Sep-16/O	0.066		
Tin	mg/L	0.05	SM 3120	15-Sep-16/O	< 0.05		
Titanium	mg/L	0.005	SM 3120	15-Sep-16/O	< 0.005		
Uranium	mg/L	0.0003	EPA 200.8	15-Sep-16/O	0.0003		
Vanadium	mg/L	0.005	SM 3120	15-Sep-16/O	< 0.005		
Zinc	mg/L	0.005	SM 3120	15-Sep-16/O	0.033		
Total Coliform	cfu/100mL	1	MOE E3371	14-Sep-16/O	39000		
Fecal Coliform	cfu/100mL	1	MOE E3371	14-Sep-16/O	2100		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill



Greg Clarkin, BSc., C. Chem
Lab Manager - Ottawa District

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TESTING REQUIREMENTS

- ☒ O.Reg 153
☐ Surface Soil
☐ Yes ☐ No
☐ Provincial Water Quality Objectives
☐ Sewer Use By-Law:
- Table _____
☐ Sub Surface Soil (O.Reg 153)
Record of Site Condition (O.Reg 153)
- ☐ MISA Guidelines
☐ O.Reg 558 Leachate Analysis
Disposal Site: _____
☐ Landfill Monitoring
☐ Other: _____

REPORT NUMBER (Lab No.)

Jan 13.17

Are any samples to be submitted intended for Human Consumption under any Drinking Water Regulations? ☐ Yes ☐ No (If yes, submit all Drinking Water Samples on a Drinking Water Chain of Custody)

Indicate Laboratory Samples are submitted to: ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor ☐ London

Organization: X CITY OF IGAULT	Address and Invoicing Address (if different) X PO BOX 460 IGAULT NU X04040		ANALYSES REQUESTED (Print Test in Boxes)										TURNAROUND SERVICE X REQUESTED (see back page)			
Contact: X RICHARD SPARHAM			<div style="display: flex; justify-content: space-around;"> <div>TEST A</div> <div>TEST C</div> <div>TEST D</div> </div>										<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Suspected Highly Contaminated</div>		<input type="checkbox"/> Platinum 200% Surcharge** <input type="checkbox"/> Gold 100% Surcharge <input type="checkbox"/> Silver 50% Surcharge <input type="checkbox"/> Bronze 25% Surcharge <input checked="" type="checkbox"/> Standard 5-7 days <input type="checkbox"/> Specific Date: _____	
Tel: X 867 979 6363 x259																
Fax: X	Quote No.: X	Project Name: MONITORING TEST														
Email: X r.sparham@city.igawit.nu.ca	P.O. No.: X	Additional Info:														

Sample Matrix Legend: WW=Waste Water, SW=Surface Water, GW=Groundwater, LS=Liquid Sludge, SS=Solid Sludge, S=Soil, Sed=Sediment, PC=Paint Chips, F=Filter, Oil=Oil

Lab No.	Sample Identification	S.P.L.	Sample Matrix *	Date Collected (yy-mm-dd)	Time Collected	Indicate Test For Each Sample By Using A Check Mark In The Box Provided										Field		# Bottles/ Sample	Field Filtered(Y/N)
																pH	Temp.		
1.	TEST A - WTP.		DW	16-12-21	0820	X												6	N
	TEST C - WWTP EFF		WW	16-12-21	0945		X											5	N
	TEST D - WWTP SS		SS	16-12-21	0900			X										2	N
	CLIENT NOTIFIED BACTERIA WILL NOT BE RUN. PASSED HOLDING time Rm Jan 13.17 16:05																		

B17-01198

X SAMPLE SUBMISSION INFORMATION		X SHIPPING INFORMATION		X REPORTING / INVOICING		SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)			
Print: R. SPARHAM	Submitted by: R. SPARHAM	Client's Courier <input type="checkbox"/>	Invoice <input type="checkbox"/>	Report by Fax <input type="checkbox"/>	Received By (print): JOL	Signature: JB			
Sign: R	Date (yy-mm-dd): 16-12-21	Caduceon's Courier <input type="checkbox"/>	# of Pieces <input type="checkbox"/>	Report by Email <input type="checkbox"/>	Date Received (yy-mm-dd): 13/01/17	Time Received: 15:00			
	Date (yy-mm-dd)/Time: 16-12-21	Drop Off <input type="checkbox"/>	<input checked="" type="checkbox"/>	Invoice by Email <input type="checkbox"/>	Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Date (yy-mm-dd)/Time: 16-12-21	Caduceon (Pick-up) <input checked="" type="checkbox"/>	1	Invoice by Mail <input type="checkbox"/>	Sample Temperature °C: 19.8	Labeled by: _____			

Comments: **CALL FOR PICK UP.**

SPET
12
3M
2N1P
26204

Page **1** of **1**
G **63691**

QUOTATION FOR ANALYTICAL SERVICES

Quote # :	YD16_Iqaluit_A
Organization:	City of Iqaluit
Contact:	Paul Clow
Telephone:	867-979-6363 Ex233
Facsimile:	
Email:	p.clow@city.iqaluit.nu.ca
Project #:	TEST A (WTP)
Address:	City Of Iqaluit Box 460 Iqaluit, NU
Additional Info:	QUOTE # ('S) MUST BE ON C OF C TO APPLY if not listed. General pricing will be applied.
Additional Info:	
Date:	2-Mar-16
	Valid Until: 31-Dec-16

Item #	Quantity	Analysis Request	Matrix	Unit Cost, \$	Amount, \$
1	1	Acidity (Subcontracted)	DW	30.50	30.50
2	1	Alkalinity	DW	13.00	13.00
3	1	Bicarbonate/ Carbonate	DW	16.00	16.00
4	1	Chloride/Sulphate	DW	21.50	21.50
5	1	Conductivity	DW	8.50	8.50
6	1	Total Hardness	DW	16.00	16.00
7	1	Hydroxide	DW	13.50	13.50
8	1	Redox Potential (Subcontracted)	DW	8.50	8.50
9	1	TDS	DW	16.00	16.00
10	1	TSS	DW	16.00	16.00
11	1	TOC	DW	21.50	21.50
12	1	TIC	DW	21.50	21.50
13	1	Total ICP Metals	DW	53.50	53.50
14	1	Dissolved ICP Metals	DW	53.50	53.50
15	1	Fecal Coliforms	DW	14.00	14.00
16	1	pH	DW	8.50	8.50
17	1	Turbidity	DW	13.00	13.00
18	1	Ottawa Airport Pick Up		25.00	25.00
				Subtotal	370.00
				HST	48.10
				Total Cost	418.10

Prices do not include shipping unless otherwise stated.

Environmental Surcharge of \$1.50 per sample set



Kim Byers
 Customer Service Representative
Caduceon Environmental Laboratories
kbyers@caduceonlabs.com
 Cell: 613-453-0964
 Office 544-2001 Ex 222

Laboratory Locations

Kingston - 285 Dalton Ave. Kingston, ON K7K 6Z1 Tel: (613) 544-2001 Fax: (613) 544-2770
 Ottawa - 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244
 Richmond Hill - 110 West Beaver Creek Road (Unit 14), Richmond Hill, ON L4B 1J9 Tel: (289) 475-5442 Fax: (866) 562-1963
 Windsor - #5-3201 Marentette Ave. Windsor, ON N8X 4G3 Tel: (519) 966-9541 Fax: (519) 966-9567

C.O.C.: G63691

REPORT No. B17-01198

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test A (WTP)

DATE REPORTED: 27-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.

			Client I.D.	WTP Test A			
			Sample I.D.	B17-01198-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Hardness (as CaCO ₃)	mg/L	1	SM 3120	16-Jan-17/O	11		
Acidity (as CaCO ₃)	mg/L	1	Subcontract	27-Jan-17	5	1	
Alkalinity(CaCO ₃) to pH4.5	mg/L	5	SM 2320B	16-Jan-17/O	9		
Carbonate (as CaCO ₃)	mg/L	5	SM 2320B	16-Jan-17/O	< 5		
Bicarbonate(as CaCO ₃)	mg/L	5	SM 2320B	16-Jan-17/O	9		
Hydroxide	mg/L	5	EPA 310.2	16-Jan-17/O	< 5		
pH @25°C	pH Units		SM 4500H	16-Jan-17/O	6.60		
Chloride	mg/L	0.5	SM4110C	13-Jan-17/O	0.6		
Sulphate	mg/L	1	SM4110C	13-Jan-17/O	2		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Jan-17/O	29		
Total Suspended Solids	mg/L	3	SM 2540D	19-Jan-17/O	< 3		
TDS (Calc. from Cond.)	mg/L		Calc.	17-Jan-17	19		
Turbidity	NTU	0.1	SM 2130	18-Jan-17/O	0.4		
REDOX potential	mV		Subcontract	27-Jan-17	239	1	
Calcium	mg/L	0.02	SM 3120	16-Jan-17/O	3.21		
Magnesium	mg/L	0.01	SM 3120	16-Jan-17/O	0.70		
Sodium	mg/L	0.2	SM 3120	16-Jan-17/O	0.7		
Potassium	mg/L	0.1	SM 3120	16-Jan-17/O	0.1		
Aluminum	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Antimony	mg/L	0.0001	EPA 200.8	17-Jan-17/O	0.0001		
Arsenic	mg/L	0.0001	EPA 200.8	17-Jan-17/O	< 0.0001		
Barium	mg/L	0.001	SM 3120	16-Jan-17/O	0.001		
Beryllium	mg/L	0.002	SM 3120	16-Jan-17/O	< 0.002		
Bismuth	mg/L	0.02	SM 3120	16-Jan-17/O	< 0.02		
Boron	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Cadmium	mg/L	0.00002	EPA 200.8	17-Jan-17/O	< 0.00002		
Chromium	mg/L	0.002	SM 3120	16-Jan-17/O	< 0.002		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.



Gord Murphy
Lab Supervisor

C.O.C.: G63691

REPORT No. B17-01198

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test A (WTP)

DATE REPORTED: 27-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.

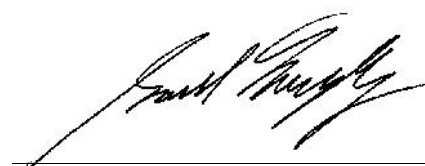
			Client I.D.	WTP Test A			
			Sample I.D.	B17-01198-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Cobalt	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Copper	mg/L	0.002	SM 3120	16-Jan-17/O	0.005		
Iron	mg/L	0.005	SM 3120	16-Jan-17/O	0.014		
Lead	mg/L	0.00002	EPA 200.8	17-Jan-17/O	< 0.00002		
Lithium	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Manganese	mg/L	0.001	SM 3120	16-Jan-17/O	0.007		
Molybdenum	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Nickel	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Silicon	mg/L	0.01	SM 3120	16-Jan-17/O	0.47		
Silver	mg/L	0.00002	EPA 200.8	17-Jan-17/O	< 0.00002		
Strontium	mg/L	0.001	SM 3120	16-Jan-17/O	0.008		
Tin	mg/L	0.05	SM 3120	16-Jan-17/O	< 0.05		
Titanium	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Uranium	mg/L	0.00005	EPA 200.8	17-Jan-17/O	< 0.00005		
Vanadium	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Zinc	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Total Organic Carbon	mg/L	0.2	EPA 415.1	16-Jan-17/O	1.6		
TIC	mg/L	0.5	EPA 415.1	16-Jan-17/O	2.3		
Anion Sum	meq/L		Calc.	16-Jan-17/O	0.242		
Cation Sum	meq/L		Calc.	16-Jan-17/O	0.252		
% Difference	%		Calc.	16-Jan-17/O	2.08		
Ion Ratio	AS/CS		Calc.	16-Jan-17/O	0.959		
Sodium Adsorption Ratio	-		Calc.	16-Jan-17/O	0.092		
TDS(ion sum calc.)	mg/L		Calc.	16-Jan-17/O	13		
Conductivity (calc.)	µmho/cm		Calc.	16-Jan-17/O	26		
TDS(calc.)/EC(actual)	-		Calc.	16-Jan-17/O	0.454		
EC(calc.)/EC(actual)	-		Calc.	16-Jan-17/O	0.921		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.



Gord Murphy
Lab Supervisor

C.O.C.: G63691

REPORT No. B17-01198

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test A (WTP)

DATE REPORTED: 27-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.

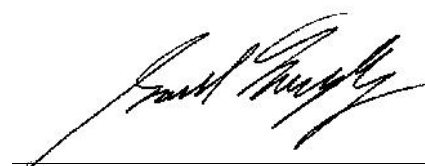
			Client I.D.	WTP Test A			
			Sample I.D.	B17-01198-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Langelier Index(25°C)	S.I.		Calc.	16-Jan-17/O	-3.24		

1 subcontracted to Testmark Labs.

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill



Gord Murphy
Lab Supervisor

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

REPORT NUMBER (Lab No) Jan 13.17

- ☐ O.Reg 153 Table _____ ☐ MISA Guidelines
☐ Surface Soil ☐ Sub Surface Soil (O.Reg 153) ☐ O.Reg 558 Leachate Analysis
☐ Yes ☐ No Record of Site Condition (O.Reg 153) Disposal Site: _____
☐ Provincial Water Quality Objectives ☐ Landfill Monitoring
☐ Sewer Use By-Law: _____ ☐ Other: _____

Are any samples to be submitted intended for Human Consumption under any Drinking Water Regulations? ☐ Yes ☐ No (If yes, submit all Drinking Water Samples on a Drinking Water Chain of Custody)

Indicate Laboratory Samples are submitted to: ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor ☐ London

Organization:	Address and Invoicing Address (if different)	
x CITY OF IGAULT	x PO BOX 460	
Contact:	16ALUT NUN	
x RICHARD SPARKMAN	X04040	
Tel:		
x 867 979 6363 x 259		
Fax:	Quote No.:	Project Name:
x	x	MONITORING TEST
Email:	P.O. No.:	Additional Info:
x R.SPARKMAN@IGAULT.NU		

ANALYSES REQUESTED (Print Test in Boxes)

TURNAROUND SERVICE
REQUESTED (see back page)

- | | | |
|-------------------------------------|----------------|------------------|
| <input type="checkbox"/> | Platinum | 200% Surcharge** |
| <input type="checkbox"/> | Gold | 100% Surcharge |
| <input type="checkbox"/> | Silver | 50% Surcharge |
| <input type="checkbox"/> | Bronze | 25% Surcharge |
| <input checked="" type="checkbox"/> | Standard | 5-7 days |
| <input type="checkbox"/> | Specific Date: | |

* Sample Matrix Legend: WW=Waste Water, SW=Surface Water, GW=Groundwater, LS=Liquid Sludge, SS=Solid Sludge, S=Soil, Sed=Sediment, PC=Paint Chips, F=Filter, Oil = Oil

[illegible]

CLIENT NOTIFIED BACTERIA
WILL NOT BE RUN. PASSED
HOLDING TIME

Rin Jan 13. 17 16:05

317-01198
317-01199

SAMPLE SUBMISSION INFORMATION

SHIPPING INFORMATION

☒ REPORTING / INVOICING

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

	Sampled by:	Submitted by:	Client's Courier	<input type="checkbox"/>	Invoice	Report by Fax	<input type="checkbox"/>	Received By (print):	JOL	Signature:	JOB
Print:	R. SPARHAM.	R. SPARHAM	Caduceon's Courier	<input type="checkbox"/>	<input type="checkbox"/>	Report by Email	<input type="checkbox"/>	Date Received (yy-mm-dd):	13/01/17	Time Received:	15:00
Sign:	[Signature]	[Signature]	Drop Off	<input type="checkbox"/>	# of Pieces	Invoice by Email	<input type="checkbox"/>	Laboratory Prepared Bottles:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	16-12-21	16-12-21	Caduceon (Pick-up)	<input checked="" type="checkbox"/>	1	Invoice by Mail	<input type="checkbox"/>	Sample Temperature °C:	198	Labeled by:	
	Date (yy-mm-dd)/Time:	Date (vy-mm-dd)/Time:									

Comments:

CALL FOR PICK UP.

Sample Temperature °C: 19.8

Labeled by:

Page 1 of 1
G 63691

QUOTATION FOR ANALYTICAL SERVICES

Quote # :	YD16_Iqaluit_C
Organization:	City of Iqaluit
Contact:	Paul Clow
Telephone:	867-979-6363 Ex233
Facsimile:	
Email:	p.clow@city.iqaluit.nu.ca
Project #:	TEST C (WWTP Eff)
Address:	City Of Iqaluit Box 460 Iqaluit, NU
Additional Info:	QUOTE # ('S) MUST BE ON C OF C TO APPLY if not listed, General pricing will be applied.
Additional Info:	
Date:	2-Mar-16
	Valid Until: 31-Dec-16

Item #	Quantity	Analysis Request	Matrix	Unit Cost, \$	Amount, \$
1	1	BOD	WW	27.00	27.00
2	1	Total Coliforms/Fecal Coliforms	WW	28.00	28.00
3	1	Ammonia Nitrogen, N02/N03	WW	27.00	27.00
4	1	Total Phosphorus	WW	16.00	16.00
5	1	Conductivity	WW	8.50	8.50
6	1	Orthophosphate	WW	16.00	16.00
7	1	TSS	WW	16.00	16.00
8	1	Full Metals	WW	53.50	53.50
9	1	pH	WW	8.50	8.50
9	1	Ottawa Airport Pick Up		25.00	25.00
				Subtotal	225.50
				HST	29.32
				Total Cost	254.82

Prices do not include shipping unless otherwise stated.

Environmental Surcharge of \$1.50 per sample set



Kim Byers
Customer Service Representative
Caduceon Environmental Laboratories
kbyers@caduceonlabs.com
Cell: 613-453-0964
Office 544-2001 Ex 222

Laboratory Locations

Kingston - 285 Dalton Ave. Kingston, ON K7K 6Z1 Tel: (613) 544-2001 Fax: (613) 544-2770
Ottawa - 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244
Richmond Hill - 110 West Beaver Creek Road (Unit 14), Richmond Hill, ON L4B 1J9 Tel: (289) 475-5442 Fax: (866) 562-1963
Windsor - #5-3201 Marentette Ave. Windsor, ON N8X 4G3 Tel: (519) 966-9541 Fax: (519) 966-9567

C.O.C.: G63691

REPORT No. B17-01199

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test C (WWTP Eff)

DATE REPORTED: 23-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Waste Water

WATERWORKS NO.

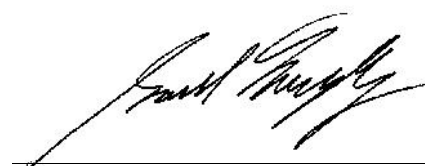
			Client I.D.	Test C - WWTP EFF			
			Sample I.D.	B17-01199-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
BOD	mg/L	3	SM 5210B	18-Jan-17/O	189		
Total Suspended Solids	mg/L	3	SM 2540D	19-Jan-17/O	144		
Hardness (as CaCO ₃)	mg/L	1	SM 3120	16-Jan-17/O	35		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Jan-17/O	453		
pH @25°C	pH Units		SM 4500H	16-Jan-17/O	7.01		
Nitrite (N)	mg/L	0.1	SM4110C	13-Jan-17/O	< 0.1		
Nitrate (N)	mg/L	0.1	SM4110C	13-Jan-17/O	0.1		
Ammonia (N)-Total	mg/L	0.01	MOEE 3364	16-Jan-17/O	39.7		
o-Phosphate (P)	mg/L	0.01	MOEE 3366	16-Jan-17/O	4.29		
Phosphorus-Total	mg/L	0.01	MOEE 3367	19-Jan-17/O	6.42		
Aluminum	mg/L	0.01	SM 3120	16-Jan-17/O	0.26		
Antimony	mg/L	0.0005	EPA 200.8	17-Jan-17/O	< 0.0005		
Arsenic	mg/L	0.0005	EPA 200.8	17-Jan-17/O	< 0.0005		
Barium	mg/L	0.001	SM 3120	16-Jan-17/O	0.012		
Beryllium	mg/L	0.002	SM 3120	16-Jan-17/O	< 0.002		
Bismuth	mg/L	0.02	SM 3120	16-Jan-17/O	< 0.02		
Boron	mg/L	0.005	SM 3120	16-Jan-17/O	0.025		
Cadmium	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Calcium	mg/L	0.02	SM 3120	16-Jan-17/O	9.37		
Chromium	mg/L	0.002	SM 3120	16-Jan-17/O	< 0.002		
Cobalt	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Copper	mg/L	0.002	SM 3120	16-Jan-17/O	0.349		
Iron	mg/L	0.005	SM 3120	16-Jan-17/O	0.587		
Lead	mg/L	0.02	SM 3120	16-Jan-17/O	< 0.02		
Lithium	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Magnesium	mg/L	0.01	SM 3120	16-Jan-17/O	2.71		
Manganese	mg/L	0.001	SM 3120	16-Jan-17/O	0.041		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.



Gord Murphy
Lab Supervisor

C.O.C.: G63691

REPORT No. B17-01199

Report To:

City of Iqaluit

PO Box 460,
 Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
 Ottawa Ontario K1V 7P1
 Tel: 613-526-0123
 Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test C (WWTP Eff)

DATE REPORTED: 23-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Waste Water

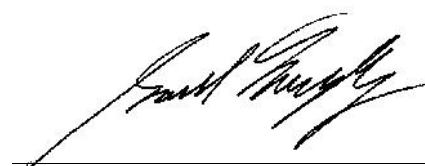
WATERWORKS NO.

			Client I.D.	Test C - WWTP EFF			
			Sample I.D.	B17-01199-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Molybdenum	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Nickel	mg/L	0.01	SM 3120	16-Jan-17/O	< 0.01		
Potassium	mg/L	0.1	SM 3120	16-Jan-17/O	7.8		
Silicon	mg/L	0.01	SM 3120	16-Jan-17/O	0.85		
Silver	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Sodium	mg/L	0.2	SM 3120	16-Jan-17/O	16.1		
Strontium	mg/L	0.001	SM 3120	16-Jan-17/O	0.037		
Tin	mg/L	0.05	SM 3120	16-Jan-17/O	< 0.05		
Titanium	mg/L	0.005	SM 3120	16-Jan-17/O	0.006		
Uranium	mg/L	0.0003	EPA 200.8	17-Jan-17/O	0.0012		
Vanadium	mg/L	0.005	SM 3120	16-Jan-17/O	< 0.005		
Zinc	mg/L	0.005	SM 3120	16-Jan-17/O	0.129		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill



Gord Murphy
 Lab Supervisor

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

TESTING REQUIREMENTS

- ☐ O.Reg 153
☐ Surface Soil
☐ Yes ☐ No
☐ Provincial Water Quality Objectives
☐ Sewer Use By-Law:
- Table
☐ Sub Surface Soil (O.Reg 153)
Record of Site Condition (O.Reg 153)
- ☐ MISA Guidelines
☐ O.Reg 558 Leachate Analysis
Disposal Site:
☐ Landfill Monitoring
☐ Other:

REPORT NUMBER (Lab No.)

Jan 13.17

Are any samples to be submitted intended for Human Consumption under any Drinking Water Regulations? ☐ Yes ☐ No (If yes, submit all Drinking Water Samples on a Drinking Water Chain of Custody)

Indicate Laboratory Samples are submitted to: ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor ☐ London

Organization: ☒ CITY OF IGAUAT
Contact: ☒ RICHARD SPARHAM
Tel: ☒ 867 974 6363 x259
Fax: ☒
Email: ☒ r.sparham@city.igauat.nu

Address and Invoicing Address (if different)
☒ PO BOX 460
16ALUT NUN
X0A0H0

Quote No.:
Project Name: MONITORING TEST
Additional Info:

ANALYSES REQUESTED (Print Test in Boxes)

☒ TURNAROUND SERVICE REQUESTED (see back page)

- ☐ Platinum 200% Surcharge**
☐ Gold 100% Surcharge
☐ Silver 50% Surcharge
☐ Bronze 25% Surcharge
☒ Standard 5-7 days
☐ Specific Date:

Suspected Highly Contaminated

TEST A
TEST B
TEST C

Sample Matrix Legend: WW=Waste Water, SW=Surface Water, GW=Groundwater, LS=Liquid Sludge, SS=Solid Sludge, S=Soil, Sed=Sediment, PC=Paint Chips, F=Filter, Oil = Oil

Lab No.	Sample Identification	S.P.L.	Sample Matrix *	Date Collected (yy-mm-dd)	Time Collected	Indicate Test For Each Sample By Using A Check Mark In The Box Provided										Field		# Bottles/ Sample	Field Filtered (Y/N)
																pH	Temp.		
1.	TEST A - WTP		DW	16-12-21	0820	X												6	N
1.	TEST C - WWTP EFF		WW	16-12-21	0945		X											5	N
1.	TEST D - WWTP SS		SS	16-12-21	0900			X										2	N
CLIENT NOTIFIED BACTERIA WILL NOT BE RUN. PASSED HOLDING time																			
Rm Jan 13.17 16:05																			

B17-01198
B17-01199

B17-01200

SAMPLE SUBMISSION INFORMATION

SHIPPING INFORMATION

REPORTING / INVOICING

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

Print: R. SPARHAM	Submitted by: R. SPARHAM	Client's Courier <input type="checkbox"/>	Invoice <input type="checkbox"/>	Report by Fax <input type="checkbox"/>	Received By (print): JOL	Signature: JB
Sign: [Signature]	16-12-21	Caduceon's Courier <input type="checkbox"/>	# of Pieces 1	Report by Email <input type="checkbox"/>	Date Received (yy-mm-dd): 13/01/17	Time Received: 15:00
		Drop Off <input type="checkbox"/>		Invoice by Email <input type="checkbox"/>	Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Caduceon (Pick-up) <input checked="" type="checkbox"/>		Invoice by Mail <input type="checkbox"/>	Sample Temperature °C: 19.8	Labeled by:

Comments: CALL FOR PICK UP.

Page 1 of 1
G 63691

SPET
IR
3M
2NIP
26004

QUOTATION FOR ANALYTICAL SERVICES

Quote # :	YD16_Iqaluit_D
Organization:	City of Iqaluit
Contact:	Paul Clow
Telephone:	867-979-6363 Ex233
Facsimile:	
Email:	p.clow@city.iqaluit.nu.ca
Project #:	TEST D (Sludge)
Address:	City Of Iqaluit Box 460 Iqaluit, NU
Additional Info:	QUOTE # ('S) MUST BE ON C OF C TO APPLY if not listed. General pricing will be applied.
Additional Info:	
Date:	2-Mar-16
	Valid Until: 31-Dec-16

Item #	Quantity	Analysis Request	Matrix	Unit Cost, \$	Amount, \$
1	1	Temperature(in the field)	SS	0.00	0.00
2	1	Conductivity	SS	8.50	8.50
3	1	pH	SS	8.50	8.50
4	1	Ammonia Nitrogen, N02/N03	SS	27.00	27.00
5	1	BOD	SS	27.00	27.00
6	1	Total Coliform/Fecal Coliform	SS	28.00	28.00
7	1	TS	SS	16.00	16.00
8	1	Total Phosphorus	SS	16.00	16.00
9	1	ICP Metals Scan	SS	53.50	53.50
10	1	Orthophosphate	SS	16.00	16.00
11	1	Ottawa Airport Pick Up		25.00	25.00
				Subtotal	225.50
				HST	29.32
				Total Cost	254.82

Prices do not include shipping unless otherwise stated.

Environmental Surcharge of \$1.50 per sample set



Kim Byers
 Customer Service Representative
 Caduceon Environmental Laboratories
kbyers@caduceonlabs.com
 Cell: 613-453-0964
 Office 544-2001 Ex 222

Laboratory Locations

Kingston - 285 Dalton Ave. Kingston, ON K7K 6Z1 Tel: (613) 544-2001 Fax: (613) 544-2770
 Ottawa - 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244
 Richmond Hill - 110 West Beaver Creek Road (Unit 14), Richmond Hill, ON L4B 1J9 Tel: (289) 475-5442 Fax: (866) 562-1963
 Windsor - #5-3201 Marentette Ave. Windsor, ON N8X 4G3 Tel: (519) 966-9541 Fax: (519) 966-9567

C.O.C.: G63691

REPORT No. B17-01200

Report To:

City of Iqaluit

PO Box 460,

Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 613-526-0123

Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test D (Solid Sludge)

DATE REPORTED: 31-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Solid Sludge

WATERWORKS NO.

			Client I.D.	Test D - WWTP SS			
			Sample I.D.	B17-01200-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
BOD(5 day)	µg/g	5	SM 5210B	19-Jan-17/O	>210000		
Total Solids	% by wt	0.1	SM 2540	20-Jan-17/O	30.6		
Conductivity @25°C	µmho/cm	1	SM 2510B	17-Jan-17/O	2760		
pH @25°C	pH Units		SM 4500H	16-Jan-17/O	4.80		
Nitrite (N)	µg/g	1	SM4110C	18-Jan-17/O	< 1		
Nitrate (N)	µg/g	1	SM4110C	18-Jan-17/O	< 1		
Ammonia (N)-Total	µg/g	0.01	MOEE 3364	19-Jan-17/O	1140		
o-Phosphate (P)	µg/g	0.01	MOEE 3366	19-Jan-17/O	452		
Phosphorus-Total	µg/g	0.01	MOEE 3367	19-Jan-17/O	2840		
Aluminum	µg/g	10	EPA 6010	16-Jan-17/O	950		
Arsenic	µg/g	2	EPA 6020	17-Jan-17/O	< 2		
Barium	µg/g	1	EPA 6010	16-Jan-17/O	22		
Beryllium	µg/g	0.2	EPA 6010	16-Jan-17/O	< 0.2		
Bismuth	µg/g	5	EPA 6010	16-Jan-17/O	< 5		
Boron	µg/g	0.5	EPA 6010	16-Jan-17/O	5.2		
Cadmium	µg/g	0.5	EPA 6010	16-Jan-17/O	< 0.5		
Calcium	µg/g	10	EPA 6010	16-Jan-17/O	11500		
Chromium	µg/g	1	EPA 6010	16-Jan-17/O	28		
Cobalt	µg/g	1	EPA 6010	16-Jan-17/O	< 1		
Copper	µg/g	1	EPA 6010	16-Jan-17/O	171		
Iron	µg/g	10	EPA 6010	16-Jan-17/O	9150		
Lead	µg/g	5	EPA 6010	16-Jan-17/O	15		
Lithium	µg/g	0.1	EPA 6010	16-Jan-17/O	< 0.1		
Magnesium	µg/g	10	EPA 6010	16-Jan-17/O	1620		
Manganese	µg/g	1	EPA 6010	16-Jan-17/O	69		
Molybdenum	µg/g	1	EPA 6010	16-Jan-17/O	2		
Nickel	µg/g	1	EPA 6010	16-Jan-17/O	23		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.



Gord Murphy
Lab Supervisor

C.O.C.: G63691

REPORT No. B17-01200

Report To:

City of Iqaluit

PO Box 460,
Iqaluit NU X0A 0H0

Attention: Richard Sparham

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax: 613-526-1244

DATE RECEIVED: 13-Jan-17

JOB/PROJECT NO.: Test D (Solid Sludge)

DATE REPORTED: 31-Jan-17

P.O. NUMBER:

SAMPLE MATRIX: Solid Sludge

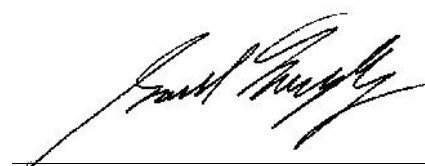
WATERWORKS NO.

			Client I.D.	Test D - WWTP SS			
			Sample I.D.	B17-01200-1			
			Date Collected	21-Dec-16			
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Potassium	µg/g	30	EPA 6010	16-Jan-17/O	390		
Selenium	µg/g	2	EPA 6020	17-Jan-17/O	< 2		
Silicon	µg/g	1	EPA 6010	16-Jan-17/O	187		
Silver	µg/g	0.2	EPA 6010	16-Jan-17/O	0.3		
Sodium	µg/g	20	EPA 6010	16-Jan-17/O	300		
Strontium	µg/g	1	EPA 6010	16-Jan-17/O	28		
Tin	µg/g	5	EPA 6010	16-Jan-17/O	9		
Titanium	µg/g	1	EPA 6010	16-Jan-17/O	17		
Uranium	µg/g	0.4	EPA 6020	17-Jan-17/O	< 0.4		
Vanadium	µg/g	1	EPA 6010	16-Jan-17/O	3		
Zinc	µg/g	3	EPA 6010	16-Jan-17/O	172		

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill



Gord Murphy
Lab Supervisor

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

Appendix B – Spill Reports



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 21 2016		REPORT TIME 14:45		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16-086
	OCCURRENCE DATE: MONTH - DAY - YEAR MARCH 19 2016		OCCURRENCE TIME 11:15			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION IVAVIIK BLDG			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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE/WATER		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE BROKEN VALVE		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 SEWAGE WAS FROZEN AND SCRAPED UP AND DUMPED INTO LAGOON. A BROKEN BALL VALVE DUE TO FREEZING CAUSED EXCESS WATER INTO SEWER LINE AND SOME OVER FLOW REACHED THE SURFACE BEFORE VALVE COULD BE REPLACED.					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT LOCATION 1554D	ALTERNATE TELEPHONE 867-979-5631	
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 MARCH 21 2016		REPORT TIME 14:45		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16 - 086
B	OCCURRENCE DATE: MONTH – DAY – YEAR MARCH 19 2016		OCCURRENCE TIME 11:15			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION IVAVIIK BLDG				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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE/WATER		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE BROKEN VALVE		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 SEWAGE WAS FROZEN AND SCRAPED UP AND DUMPED INTO LAGOON. a BROKEN BALL VALVE DUE TO FREEZING CAUSED EXCESS WATER INTO SEWER LINE AND SOME OVER FLOW REACHED THE SURFACE BEFORE VALVE COULD BE REPLACED.					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD		POSITION MANAGER UTILIDOR		EMPLOYER CITY OF IQALUIT LOCATION CALLING FROM 1554D	
M	ANY ALTERNATE CONTACT JOSEPH BROWN		POSITION SUPERINTENDANT		EMPLOYER CITY OF IQALUIT ALTERNATE CONTACT 1554D LOCATION	
REPORT LINE USE ONLY						
N	RECEIVED AT SPILL LINE BY		POSITION STATION OPERATOR		EMPLOYER LOCATION CALLED 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						



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 21 2016		REPORT TIME 11:00		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER 16087	
B	OCCURRENCE DATE: MONTH - DAY - YEAR MARCH 21 2016		OCCURRENCE TIME 08:12					
C	LAND USE PERMIT NUMBER (IF APPLICABLE)				WATER LICENCE NUMBER (IF APPLICABLE)			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION SEWAGE LAGOON DUMP STN				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 PO BOX 460 IQALUIT NU X0A 0H0					
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION					
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN			U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES			U.N. NUMBER		
I	SPILL SOURCE SEWER TRUCK		SPILL CAUSE UNLOADING TO FAST			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 SEWAGE WAS FROZEN AND SCAPED INTO LAGOON. TO MANY TRUCKS UNLOADED TO FAST AND SYSTEM COULD NOT HANDLE THE DISCHARGE RATE A SMALL QUANTITY OF SEWAGE OVERFLOWED ONTO THE GROUND. IT WAS QUICKLY REMOVED TO THE LAGOON							
L	REPORTED TO SPILL LINE BY MIKE HATFIELD		POSITION MANAGER UTILIDOR		EMPLOYER CITY OF IQALUIT		LOCATION CALLING FROM 1554D	
							TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN		POSITION SUPERINTENDANT		EMPLOYER CITY OF IQALUIT		ALTERNATE CONTACT 1554D	
							ALTERNATE TELEPHONE 867-979-5631	
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

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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR MARCH 21 2016		REPORT TIME 11:00		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16 - 087
	OCCURRENCE DATE: MONTH - DAY - YEAR MARCH 21 2016		OCCURRENCE TIME 08:12			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION SEWAGE LAGOON DUMP STN				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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE SEWER TRUCK		SPILL CAUSE UNLOADING TO FAST		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 SEWAGE WAS FROZEN AND SCAPED INTO LAGOON. TO MANY TRUCKS UNLOADED TO FAST AND SYSTEM COULD NOT HANDLE THE DISCHARGE RATE A SMALL QUANTITY OF SEWAGE OVERFLOWED ONTO THE GROUND. IT WAS QUICKLY REMOVED TO THE LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT LOCATION 1554D	ALTERNATE TELEPHONE 867-979-5631	
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

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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR MARCH 21 2016		REPORT TIME 14:50		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16-088
B	OCCURRENCE DATE: MONTH - DAY - YEAR MARCH 19 2016		OCCURRENCE TIME 06:30			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION BEHIND APEX QUICK STOP				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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE plugged sewer line		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 SEWAGE FROZEN AND SCAPED UP AND DUMPED IN LAGOON. SEWER LINE WAS PLUGGED WITH GREASE AND DEBRIS WHICH CAUSED A SMALL AMOUNT OF SEWAGE TO BACK FLOW TO SURFACE. IINE WAS BASTED AND CLEARED, SEWAGE WAS REMOVED TO LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD		POSITION MANAGER UTILIDOR		EMPLOYER CITY OF IQALUIT	
					LOCATION CALLING FROM 1554D	
					TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN		POSITION SUPERINTENDANT		EMPLOYER CITY OF IQALUIT	
					ALTERNATE CONTACT 1554D	
					ALTERNATE TELEPHONE 867-979-5631	
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

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FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR MARCH 21 2016		REPORT TIME 14:50		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16 - 088
B	OCCURRENCE DATE: MONTH – DAY – YEAR MARCH 19 2016		OCCURRENCE TIME 06:30			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION BEHIND APEX QUICK STOP			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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE plugged sewer line		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 SEWAGE FROZEN AND SCAPED UP AND DUMPED IN LAGOON. SEWER LINE WAS PLUGGED WITH GREASE AND DEBRIS WHICH CAUSED A SMALL AMOUNT OF SEWAGE TO BACK FLOW TO SURFACE. IINE WAS BASTED AND CLEARED, SEWAGE WAS REMOVED TO LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT LOCATION 1554D	ALTERNATE TELEPHONE 867-979-5631	
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

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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR MARCH 22 2016		REPORT TIME 14:40		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16-089
	OCCURRENCE DATE: MONTH - DAY - YEAR MARCH 18 2016		OCCURRENCE TIME 01:15 AM			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION NORTHMART				REGION	
					<input type="checkbox"/> NWT <input checked="" 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 PO BOX 460 IQALUIT, NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE/WATER		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE BROKEN BALL VALVE		SPILL CAUSE LEAK FROM BROKEN VALVE		AREA OF CONTAMINATION IN SQUARE METRES UNKNOWN	
J	FACTORS AFFECTING SPILL OR RECOVERY HAPPENED EARLY IN THE MORN		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 SPILL WAS FROZEN AND SCRAPED UP AND DUMPED INTO LAGOON FRIDAY MORNING AT 09:45 A.M. BALL VALVE FROZE AND SPLIT A SMALL AMOUNT OF SEWAGE LEAKED AS A RESULT, VALVE WAS IMMEDIATELY REPLACED AND AREA CLEANED ALL WASTE REMOVED AND PLACED IN LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT 1554D LOCATION	ALTERNATE TELEPHONE 867-979-5631	
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

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR MARCH 22 2016		REPORT TIME 14:40		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16 - 089
	OCCURRENCE DATE: MONTH – DAY – YEAR MARCH 18 2016		OCCURRENCE TIME 01:15 AM			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION NORTHMART			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 PO BOX 460 IQALUIT, NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE/WATER		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE BROKEN BALL VALVE		SPILL CAUSE LEAK FROM BROKEN VALVE		AREA OF CONTAMINATION IN SQUARE METRES UNKNOWN	
J	FACTORS AFFECTING SPILL OR RECOVERY HAPPENED EARLY IN THE MORN		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 SPILL WAS FROZEN AND SCRAPED UP AND DUMPED INTO LAGOON FRIDAY MORNING AT 09:45 A.M. BALL VALVE FROZE AND SPLIT A SMALL AMOUNT OF SEWAGE LEAKED AS A RESULT, VALVE WAS IMMEDIATELY REPLACED AND AREA CLEANED ALL WASTE REMOVED AND PLACED IN LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOSEPH BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT 1554D LOCATION	ALTERNATE TELEPHONE 867-979-5631	
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 March 29 2016		REPORT TIME 08:15		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16-093
B	OCCURRENCE DATE: MONTH - DAY - YEAR March 28 2016		OCCURRENCE TIME 09:11			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION House 588				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 PO Box 460 Iqaluit, NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE AV		SPILL CAUSE Clogged/Collapsed line		AREA OF CONTAMINATION IN SQUARE METRES	
J	FACTORS AFFECTING SPILL OR RECOVERY Snow removal		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 A call was received from home owner on March 24th 2016 stating there was water running under her house from a near by A/V. Our technician went and reviewed the area and reported back that the water had stopped and we will address the issue after the long weekend. On March 27 more water was flowing we went to see and again it had stopped i told the home owner we would address the issue on March 29th. On Sunday we sent roads crew to make the vault and hydrant accessible for work on Tuesday and our operator noticed sewage flowing out. The cement cover to the A/V was damaged during snow removal and some grass and cement fell in the A/V so a sewer truck and blaster were called in to clean the A/V. Sewage was removed to Lagoon and a plan is being made to inspect the line with a camera to determine the cause of back flow.					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632	
M	ANY ALTERNATE CONTACT JOE BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT 1554D LOCATION	ALTERNATE TELEPHONE 867-979-5631	
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						



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NT-NU SPILL REPORT

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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR March 29 2016	REPORT TIME 08:15	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER 16 - 093
B	OCCURRENCE DATE: MONTH – DAY – YEAR March 28 2016	OCCURRENCE TIME 09:11			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION House 588		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 PO Box 460 Iqaluit, NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE AV	SPILL CAUSE Clogged/Collapsed line	AREA OF CONTAMINATION IN SQUARE METRES		
J	FACTORS AFFECTING SPILL OR RECOVERY Snow removal	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 A call was received from home owner on March 24th 2016 stating there was water running under her house from a near by A/V. Our technician went and reviewed the area and reported back that the water had stopped and we will address the issue after the long weekend. On March 27 more water was flowing we went to see and again it had stopped i told the home owner we would address the issue on March 29th. On Sunday we sent roads crew to make the vault and hydrant accessible for work on Tuesday and our operator noticed sewage flowing out. The cement cover to the A/V was damaged during snow removal and some grass and cement fell in the A/V so a sewer truck and blaster were called in to clean the A/V. Sewage was removed to Lagoon and a plan is being made to inspect the line with a camera to determine the cause of back flow.				
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MANAGER	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-5632
M	ANY ALTERNATE CONTACT JOE BROWN	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT LOCATION 1554D	ALTERNATE TELEPHONE 867-979-5631
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

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TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 12-04-2016		REPORT TIME 3.30 pm	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16-115
B	OCCURRENCE DATE: MONTH – DAY – YEAR unknown		OCCURRENCE TIME unknown		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION Manhole overflowed behind unit # 643			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 PO Box 460 Iqaluit. NU X0A0H0		
G	ANY CONTRACTOR INVOLVED n/a		CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE) n/a		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE manhole over flowed		SPILL CAUSE sewer line plugged	AREA OF CONTAMINATION IN SQUARE METRES unknown	
J	FACTORS AFFECTING SPILL OR RECOVERY Cleat up hard to complete due to the location		DESCRIBE ANY ASSISTANCE REQUIRED Public works road crew	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 At approximately 8am. On 12-04-2016 a substance was seen on or near the Northwest Companies property , the city of Iqaluits utilidor department resposned and realized it was sewage. The utilidor department started there investigation to find the actual cause, it took sometime for this to happen due to the amount of snow that has accumulatted. The crew worked through lunch and found the cause was a plugged sewer behind 643. The clean up at that location has made it impossible for us to get equipment there to do the clean up, but at the nortmart location the sewage will be trucked to the sewage lagoon for disposal.				
L	REPORTED TO SPILL LINE BY Joseph Brown	POSITION	EMPLOYER City of Iqaluit	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-3206
M	ANY ALTERNATE CONTACT Joseph Brown	POSITION	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION 1554D	ALTERNATE TELEPHONE 867-9795631
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

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OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

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FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 12-04-16		REPORT TIME 13:30		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER 16 - 115
	OCCURRENCE DATE: MONTH – DAY – YEAR 12-04-16		OCCURRENCE TIME 0600			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION manhole over flowed unit 643				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		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE man hole overflowed		SPILL CAUSE plugged line		AREA OF CONTAMINATION IN SQUARE METRES unknown	
J	FACTORS AFFECTING SPILL OR RECOVERY location accessibility		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 At early morning a pool of brown water was spotted near Northmart parking lot upon inspection by city staff it was determined to be sewage water with no solids. We traced and flushed lines entering into the area to determine loss of flow or blockage and at approx 1430 hrs we found an overflowed manhole to be the cause. All contaminated areas have been burned with snow and allowed to freeze tomorrow we will excavate it all out to the lagoon for disposal once frozen.					
L	REPORTED TO SPILL LINE BY Mike Hatfield	POSITION Manager	EMPLOYER City of Iqaluit	LOCATION CALLING FROM 1554D	TELEPHONE 867-222-2966	
M	ANY ALTERNATE CONTACT Joe Brown	POSITION Superintendent	EMPLOYER City of Iqaluit	ALTERNATE CONTACT 1554D LOCATION	ALTERNATE TELEPHONE 867-222-2956	
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 01-14-16		REPORT TIME 10:30am	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER -
	B	OCCURRENCE DATE: MONTH – DAY – YEAR 01-13-16			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION Nipisa Street, M.H.37			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 X0A0H0		
G	ANY CONTRACTOR INVOLVED N/A		CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage with water main break.		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE) Water from water main break		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown	U.N. NUMBER	
I	SPILL SOURCE part water. part sewage		SPILL CAUSE water main break	AREA OF CONTAMINATION IN SQUARE METRES unknown	
J	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED sewage trucks. seware blaster	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				
	<p>This was caused by a water main break inside a manhole (M.H.37) along Nipisa Street with an open sewage basin, causing an over flow of water from the water main, over flowing the sewage pipes and causing the lift station #2 unable to keep up with the flow through the sewage main. All 3 seware trucks were called to pump out from certain locations to help keep up with the flow, at 8:30am until 3:30pm. While a seware blaster kept blasting through locations from lift station #1 towards lift station #2 to clear up any possible obstructions towards M.H.37 along Nipisa Street.</p> <p>The water main was closed to stop the over flow of water into the sewage system to repair the break by 3:30pm. That is when the seware trucks stopped pumping from certain locations for prevention of sewage spill as the lift station #2 was than able to keep up with the sewage flow.</p>				
L	REPORTED TO SPILL LINE BY Paul Keenainak	POSITION Utility Foreman	EMPLOYER City of Iqaluit	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-3206
M	ANY ALTERNATE CONTACT Matthew Hamp	POSITION Director of PW	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION City Hall	ALTERNATE TELEPHONE 867-9795653
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

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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 01-20-16		REPORT TIME 10:28am	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER -
	B	OCCURRENCE DATE: MONTH – DAY – YEAR 01-19-16			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION Sinaa Street, M.H.13			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> 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 X0A0H0		
G	ANY CONTRACTOR INVOLVED N/A		CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE) N/A		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE M.H.13		SPILL CAUSE Rags, grease.	AREA OF CONTAMINATION IN SQUARE METRES Unknown	
J	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED Road crew clean.	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				
	<p>The utilidor on call crew received call from dispatch at 7:50pm, set out with a coworker with the sewer blaster to the area. Blasted the sewer main from M.H.12 towards M.H.13. By the time the blasting went through the clogged section, it was approximately 8:35pm. Afterwards, the roads crew of the city was called to clean up the area of M.H.13 along Sinaa Street.</p>				
L	REPORTED TO SPILL LINE BY Paul Keenainak	POSITION Utilidor Foreman	EMPLOYER City of Iqaluit	LOCATION CALLING FROM 1554D	TELEPHONE 867-979-3206
M	ANY ALTERNATE CONTACT Matthew Hamo	POSITION Director of PW	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION City Hall	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					

Canada¹

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR		REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER ____ - _____
	OCCURRENCE DATE: MONTH – DAY – YEAR		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			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		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE		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					
L	REPORTED TO SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLING FROM	TELEPHONE	
	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE	
REPORT LINE USE ONLY						
N	RECEIVED AT SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLED	REPORT LINE NUMBER	
		STATION OPERATOR		YELLOWKNIFE, NT	(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 july/23/16		REPORT TIME 1823		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR july/23/16		OCCURRENCE TIME 1430			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION northmart parking lot east side manhole				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		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 30 LITRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE MANHOLE		SPILL CAUSE PLUGGED AND OVERFLOWED		AREA OF CONTAMINATION IN SQUARE METRES 4-6	
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 MANHOLE GOT PLUGGED WITH RAGS AND OVERFLOWED APPROX 30 LITRES THE RAGS WERE REMOVED AND AREA CLEANED WITH BACK HOE AND FRESH GRAVEL APPLIED TO AFFECTED AREA AND RESIDUALS WERE TAKEN TO LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MGR UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 1554D	TELEPHONE 8679795632	
M	ANY ALTERNATE CONTACT MATT HAMP	POSITION DIRECTOR	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT 1554D LOCATION	ALTERNATE TELEPHONE 8679795631	
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						



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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR November 08/2016		REPORT TIME 10:00 am		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR November 08/2016		OCCURRENCE TIME 07:30 am			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Bldg 541			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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 50 LITRES APPREOX		U.N. NUMBER	
I	SPILL SOURCE over flow from manhole		SPILL CAUSE BLOCKAGE IN SEWER LINE		AREA OF CONTAMINATION IN SQUARE METRES 6-8	
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 MANHOLE WAS PLUGGED WITH FORIEGN SOLIDS AND OVERFLOWED APPROX 50 LITERS. THE DEBRIS WAS REMOVED AND AREA CLEANED BY CITY ROADS CREW, ALL DERIS AND OVERFLOW WAS ON TOP OF ICE SO CLEAN UP WAS VERY EFFECTIVE AND ALL CONTAMINATION WAS TAKEN TO LAGOON					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD	POSITION MGR UTILIDOR	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM 2425	TELEPHONE 867 222 2966	
M	ANY ALTERNATE CONTACT MATT HAMP	POSITION DIRECTOR	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT CITY HALL LOCATION	ALTERNATE TELEPHONE 8679795631	
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						



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TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 09/06/2016		REPORT TIME 08:15		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 08/06/2016		OCCURRENCE TIME 16:38			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Sewage lagoon dump station			REGION		
				<input type="checkbox"/> NWT <input checked="" 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 PO BOX 460 IQALUIT NU X0A 0H0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES UNKNOWN		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 FROZEN PIPE		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					
	FROZEN PIPE CAUSED SEWAGE TO EXIT FROM TOP OF DUMP STATION IT WAS IMMEDIATELY REMOVED WITH FRONT END LOADER AND DUMPED TO LAGOON. LESS THAN 1 BUCKET IN QUANTITY					
L	REPORTED TO SPILL LINE BY MIKE HATFIELD		POSITION MGR UTILIDOR		EMPLOYER CITY OF IQALUIT	
	LOCATION CALLING FROM 1554D		TELEPHONE 8679795632			
M	ANY ALTERNATE CONTACT JOE BROWN		POSITION SUPERINTENDANT		EMPLOYER CITY OF IQALUIT	
	ALTERNATE CONTACT LOCATION 1554D		ALTERNATE TELEPHONE 9798675631			
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						