



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 <b>Jan 28 / 2023</b>		REPORT TIME <b>12:45 pm</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT. OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20-23 026</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>Jan 28 / 2023</b>		OCCURRENCE TIME <b>8:30 am</b>			
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 checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>56</b>		LONGITUDE DEGREES <b>68</b> MINUTES <b>30</b> SECONDS <b>28</b>			
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>MH 69</b>		SPILL CAUSE <b>plugged sewer main</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>unknown</b>	
J	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED <b>Road crew to do a clean up</b>		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 <b>Sewer main blockage between MH 68 and AV 308 causing an overflow at MH 68 sewer truck called in to pump out MH, Utilidor crew called in to blast sewer main and road crew was called to do a clean up</b>					
L	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendant</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>	
M	ANY ALTERNATE CONTACT <b>PAT WOLFE</b>	POSITION <b>ACTING FORMEN</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>	
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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 REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR <b>April / 05 / 2023</b>		REPORT TIME <b>2:55 pm</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT. OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>LO-23135</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>April / 05 / 2023</b>		OCCURRENCE TIME <b>12:15 pm</b>			
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 checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>56</b>			LONGITUDE DEGREES <b>68</b> MINUTES <b>31</b> SECONDS <b>21</b>		
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>Old service connection</b>		SPILL CAUSE <b>blocked sewer main</b>		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 <b>Public Works / Utilidor crew called to blast sewer main road crew called in to do a clean up will send a follow up report of how many truck loads that will be taken to the dump</b>					
L	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendant</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>	
M	ANY ALTERNATE CONTACT <b>Pat Wolfe</b>	POSITION <b>Acting Foreman</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>	
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 <b>April / 05 / 2023</b>		REPORT TIME <b>11:15 am</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20-23133</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>April / 05 / 2023</b>		OCCURRENCE TIME <b>10:15</b>			
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 checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>24</b>			LONGITUDE DEGREES <b>68</b> MINUTES <b>30</b> SECONDS <b>18</b>		
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>MH 63a</b>		SPILL CAUSE <b>blocked sewer main</b>		AREA OF CONTAMINATION IN SQUARE METRES	
J	FACTORS AFFECTING SPILL OR RECOVERY <b>location</b>		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 <b>Public Works / Utilidor crew called to blast sewer main</b>					
L	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendant</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>	
M	ANY ALTERNATE CONTACT <b>Pat Wolfe</b>	POSITION <b>Acting Foreman</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>	
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 <b>April / 27 / 2023</b>		REPORT TIME <b>11:30 am</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20-23167</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>April / 27 / 2023</b>		OCCURRENCE TIME <b>9am</b>			
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 checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS			LONGITUDE DEGREES _____ MINUTES _____ SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>MH 36</b>		SPILL CAUSE <b>Plugged sewer main</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>unknown</b>	
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  <b>A plugged sewer main between MH 35 and MH 36 caused sewer to back up at MH 36 a sewer truck was called in to pump down the MH. The utilidor crew called in to blast sewer main</b>					
L	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendent</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>	
M	ANY ALTERNATE CONTACT <b>PAT WOLFE</b>	POSITION <b>ACTING FORMEN</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>	
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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REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR <b>May / 4 / 2023</b>		REPORT TIME <b>5:30pmM</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20.23192</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>MAY / 4 / 2023</b>		OCCURRENCE TIME <b>11pm</b>			
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 checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>45</b> SECONDS <b>18</b>		LONGITUDE DEGREES <b>68</b> MINUTES <b>32</b> SECONDS <b>15</b>			
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>Old pipe chace</b>		SPILL CAUSE <b>Plugged sewer main</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>unknown</b>	
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 <b>A plugged sewer main between AV 259 and AV 260 caused sewer to back up from a old abandoned sewer Service line</b>					
L	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendant</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>	
M	ANY ALTERNATE CONTACT <b>Pat Wolfe</b>	POSITION <b>Foreman</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>	
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 <b>15/05/2023</b>		REPORT TIME <b>11:30am</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20.23199</b>
	OCCURRENCE DATE: MONTH - DAY - YEAR <b>14/05/2023</b>		OCCURRENCE TIME <b>17:30 pm</b>			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>MH 36</b>				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>29</b>			LONGITUDE DEGREES <b>68</b> MINUTES <b>30</b> SECONDS <b>19</b>		
F	RESPONSIBLE PARTY OR VESSEL NAME		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>sewage</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>unknown</b>		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>MH 36</b>		SPILL CAUSE <b>blocked sewer main</b>		AREA OF CONTAMINATION IN SQUARE METRES	
J	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED <b>contractor blasted main</b>		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  <b>A blockage between MH 35 and MH 36 caused a spill from MH 36 sewer truck was called in to pump down MH 36 , contractor called to blast sewer main</b>					
L	REPORTED TO SPILL LINE BY <b>pat wolfe</b>	POSITION <b>utilities foreman</b>	EMPLOYER <b>city of iqaluit</b>	LOCATION CALLING FROM <b>dispatch</b>	TELEPHONE <b>867 979 5650</b>	
M	ANY ALTERNATE CONTACT <b>shane turner</b>	POSITION <b>superintendent</b>	EMPLOYER <b>city of iqaluit</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2165</b>	
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 checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED	
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS		
LEAD AGENCY						
FIRST SUPPORT AGENCY						
SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						





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REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR <b>23/05/2023</b>	REPORT TIME <b>12:00pm</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER <b>20.23214</b>
B	OCCURRENCE DATE: MONTH - DAY - YEAR <b>23/05/2023</b>	OCCURRENCE TIME <b>8:50am</b>			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>MH 36</b>		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>29</b>		LONGITUDE DEGREES <b>68</b> MINUTES <b>30</b> SECONDS <b>19</b>		
F	RESPONSIBLE PARTY OR VESSEL NAME	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>sewage</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>unknow</b>	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE <b>MH 36</b>	SPILL CAUSE <b>blocked sewer main</b>	AREA OF CONTAMINATION IN SQUARE METRES		
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED <b>contractor blasted main</b>	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 <b>A blockage between MH 35 and MH 36 caused a spill from MH 36 sewer truck was called in to pump down MH 36, contractor called to blast sewer main</b>				
L	REPORTED TO SPILL LINE BY <b>pat wolfe</b>	POSITION <b>utilities foreman</b>	EMPLOYER <b>city of iqaluit</b>	LOCATION CALLING FROM <b>dispatch</b>	TELEPHONE <b>867 979 5650</b>
M	ANY ALTERNATE CONTACT <b>shane turner</b>	POSITION <b>superintendent</b>	EMPLOYER <b>city of iqaluit</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2165</b>
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 checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input checked="" 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 <b>06 / 20 / 2023</b>		REPORT TIME <b>6:35pm</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER <b>20-23270</b>		
	B	OCCURRENCE DATE: MONTH - DAY - YEAR <b>06 / 20 / 2023</b>		OCCURRENCE TIME <b>5:30pm</b>				
C		LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)			
	D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>MH 72</b>			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN			
E		LATITUDE DEGREES <b>68</b> MINUTES <b>44</b> SECONDS <b>51</b>		LONGITUDE DEGREES <b>68</b> MINUTES <b>30</b> SECONDS <b>04</b>				
	F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>				
G		ANY CONTRACTOR INVOLVED <b>none</b>		CONTRACTOR ADDRESS OR OFFICE LOCATION				
	H	PRODUCT SPILLED <b>SEWAGE</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>UNKNOWN</b>		U.N. NUMBER		
I		SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER		
	J	SPILL SOURCE <b>MH 72</b>		SPILL CAUSE <b>blockage in sewer basin</b>		AREA OF CONTAMINATION IN SQUARE METRES		
K		FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED		HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT <b>none</b>		
	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS <b>The sewer basin was plugged in MH 70 causing it to overflow at MH 72 a sewer truck was called in to pump down MH Public Works Crew called in to remove blockage</b>							
L	REPORTED TO SPILL LINE BY <b>Pat wolfe</b>		POSITION <b>Foreman</b>		EMPLOYER <b>CITY OF IQALUIT</b>		LOCATION CALLING FROM <b>dispatch</b>	TELEPHONE <b>867 222 5650</b>
	M	ANY ALTERNATE CONTACT <b>Shane turner</b>		POSITION <b>superintendent</b>		EMPLOYER <b>CITY OF IQALUIT</b>		ALTERNATE CONTACT <b>2425</b> LOCATION
REPORT LINE USE ONLY								
N	RECEIVED AT SPILL LINE BY		POSITION STATION OPERATOR		EMPLOYER		LOCATION CALLED <b>YELLOWKNIFE, NT</b>	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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TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

<b>A</b>	REPORT DATE: MONTH - DAY - YEAR <b>OCT / 06 / 2023</b>	REPORT TIME <b>3:30pm</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER <b>20.23429</b>
<b>B</b>	OCCURRENCE DATE: MONTH - DAY - YEAR <b>OCT / 06 / 2022</b>	OCCURRENCE TIME <b>1pm</b>			
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
<b>E</b>	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>53</b>		LONGITUDE DEGREES <b>68</b> MINUTES <b>31</b> SECONDS <b>14</b>		
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
<b>G</b>	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
<b>H</b>	PRODUCT SPILLED <b>SEWAGE</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
<b>I</b>	SPILL SOURCE <b>AV 53</b>	SPILL CAUSE <b>sewer main plugged</b>	AREA OF CONTAMINATION IN SQUARE METRES		
<b>J</b>	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED <b>Nunavut Excavating {blasting}</b>	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT		
<b>K</b>	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS <b>A plugged sewer main between AV 52 and AV 53 caused the sewer to back up at AV 52 a sewer truck was called in to pump down AV 53 and nunavut Excavating called in to blast the sewer main</b>				
<b>L</b>	REPORTED TO SPILL LINE BY <b>Shane Turner</b>	POSITION <b>Superintendent</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>
<b>M</b>	ANY ALTERNATE CONTACT <b>PAT WOLFE</b>	POSITION <b>FORMEN</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>
REPORT LINE USE ONLY					
<b>N</b>	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 <b>12/03/2023</b>	REPORT TIME <b>11am</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER <b>20.23512</b>
B	OCCURRENCE DATE: MONTH - DAY - YEAR <b>12/03/2023</b>	OCCURRENCE TIME <b>9am</b>			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE) <b>3AM-IQA1626</b>			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES <b>63</b> MINUTES <b>44</b> SECONDS <b>44</b>	LONGITUDE DEGREES <b>68</b> MINUTES <b>32</b> SECONDS <b>20</b>			
F	RESPONSIBLE PARTY OR VESSEL NAME <b>CITY OF IQALUIT</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>PO BOX 460 IQALUIT NU X0A 0H0</b>			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>Sewage</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>Unknown</b>	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE <b>Spilling out garage door WWTP</b>	SPILL CAUSE <b>Automated valve failed to close</b>	AREA OF CONTAMINATION IN SQUARE METRES <b>Unknown</b>		
J	FACTORS AFFECTING SPILL OR RECOVERY	DESCRIBE ANY ASSISTANCE REQUIRED <b>Road crew call to do a clean up</b>	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 <b>Automated valve failed to close behind MMBR tanks causing the tanks to over flow and run out the trailer room doors behind the plant, Road crew has been called in to do a clean up and tech support will be looking into why valve failed .</b>				
L	REPORTED TO SPILL LINE BY <b>SHANE TURNER</b>	POSITION <b>SUPERINTENDENT</b>	EMPLOYER <b>CITY OF IQALUIT</b>	LOCATION CALLING FROM	TELEPHONE <b>867 222 2165</b>
M	ANY ALTERNATE CONTACT <b>PAT WOLFE</b>	POSITION <b>FORMEN</b>	EMPLOYER <b>CITY OF IQALUIT</b>	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE <b>867 222 2424</b>
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	
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FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					