



# 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		
	REPORT DATE: MONTH - DAY - YEAR				REPORT		T <sub>ree</sub> ,	ORIGINAL SPILL REI	POPT			
Α	Warch - 10 - 2024				1100	hrs		OR		REPORT NUMBER		
Б		OCCURRENCE DATE: MONTH - DAY - YEAR				RENCE TIME		JPDATE # THE ORIGINAL SPIL	1 DEDOM	<u>-   </u>		
В	March - 17 - 2024				1200	hrs '		THE UNIGINAL SPIL	L REPURI	<u> </u>		
С	LAND USE PERMIT NUMBER	(IF A	PPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)							
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION  REGION  NWT MINUNAVUT - ADJACENT JURISDICTION OR OCEAN											
Ε	DEGREES 63	MIN	NUTES 44	SECONDS 52	LONGITUDE 2 DEGREES 68 MINUTES 30 SECONDS 10							
F	RESPONSIBLE PARTY OR VE	IBLE PARTY OR VESSEL NAME RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION										
G	ANY CONTRACTOR INVOLVE Nuna-Mechanica			CONTRACTOR	ADDRESS	OR OFFICE LOCATION						
	PRODUCT SPILLED Sewage			QUANTITY IN LI	TRES, KIL	OGRAMS OR CUBIC METE	RES	U.N. NUMBER				
Н	SECOND PRODUCT SPILLED	(IF A	PPLICABLE)	QUANTITY IN LI		OGRAMS OR CUBIC METE	RES	U.N. NUMBER		<del>-</del>		
I	SPILL SOURCE MH 70			SPILL CAUSE Frozen S	anitar	y Line		AREA OF CONTAM	IINATION II	N SQUARE METRES		
J	FACTORS AFFECTING SPILL	OR R	ECOVERY	DESCRIBE ANY	ASSISTA	NCE REQUIRED		HAZAROS 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 Sanitary line Caused sewer backup out of Manhole 70. Frost Fighter installed in said manhole and sanitary line sewer blasted from manhole 70 - manhole 71. Sewer is now flowing and frost fighter is still in use.											
1	REPORTED TO SPILL LINE BY	1	POSITION water Operato	EMPLO		1		LOCATION CALLING FROM		867 979 5650		
_	ANY ALTERNATE CONTACT		POSITION				+-	Dispatch		00. 0.0 000		
M	Shane Turner		Superintenda	ant Public City		Of Iqaluit	1	CATION		867 222 2165		
				REPORT LIN								
N	RECEIVED AT SPILL LINE BY POSITION			EMPLOY	ER	LOC	CATION CALLED		REPORT LINE NUMBER			
I A			STATION OPERATOR				YEL	LOWKNIFE, NT		(867) 920-8130		
LEAD AGENCY DEC DCCG DGNWT DGN DILA DINAC DNEB DTC					SIGNIFICANCE MINOR MAJOR							
AGE	AGENCY CONTACT NAME				CON	TACT TIME	REMARKS					
LEAD AGENCY					_		_					
-	T SUPPORT AGENCY  OND SUPPORT AGENCY		<u> </u>		<u>.</u>	$\dashv$						
	Site GOLLOTT AGENCY				+		_					
THIS	D SUPPORT AGENCY											





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									***************************************			
Α	April - 08 - 2024	-YEAR		REPORT T	IME		▼ORIGINAL SPILL	L REPORT,	REPORT NUMBER			
В	OCCURRENCE DATE: MONTH April - 07 - 2024	- DAY - YEAR	I	OCCURRE	ENCE TIME		UPDATE #TO THE ORIGINAL	. SPILL REPORT	·			
	LAND USE PERMIT NUMBER (	(IF APPLICABLE)		<del></del> _		ICE NUMBER	(IF APPLICABLE)					
С	THE PART OF MANE (	TOTAL OF AND DIRECTIC	TO MENTAL STANKED 1		Taroloki							
D	GEOGRAPHIC PLACE NAME O	)R DISTANCE AND DIRECTED	N FROM NAMED CO	DCATION	REGION REGION ADJACENT JURISDICTION OR OCEAN							
Ε	LATITUDE		- 42	.	LONGITUDE			20	40			
H	DEGREES 63 RESPONSIBLE PARTY OR VES	MINUTES 44	SECONDS 43		DEGNELO	68 FICE LOCATION	MINOTES	<b>30</b> s	ECONDS 16			
F	City Of Iqaluit											
G	ANY CONTRACTOR INVOLVED	)	CONTRACTOR A									
-	PRODUCT SPILLED Sewage		QUANTITY IN LIT		GRAMS OR C	UBIC METRE	ES U.N. NUMBER	1				
Н	SECOND PRODUCT SPILLED (	(IF APPLICABLE)	QUANTITY IN LIT		OGRAMS OR C	CUBIC METRE	ES U.N. NUMBER	₹				
	SPILL SOURCE Service Line		Block In S	Sewer		-	AREA OF COM	TAMINATION IN	I SQUARE METRES			
<del> </del>	FACTORS AFFECTING SPILL C	OR RECOVERY	DESCRIBE ANY A			2	HAZARDS TO	PERSONS, PRO	PERTY OR ENVIRONMENT			
J	ADDITIONAL INFORMATION, C	ACTIONS PROD	OCT OR TAKEN TO		CESCUED C	- nonoce (	***************************************	TACO CONT	THE MATERIAL C			
K												
L	REPORTED TO SPILL LINE BY Peter Martel	Water Operate	I	EMPLOYER City O	R Of Iqaluit		LOCATION CALLING		TELEPHONE 867 979 5650			
М	ANY ALTERNATE CONTACT Shane Turner	POSITION Superintenda	E	EMPLOYER	•	, /	ALTERNATE CONTA	ACT A	ALTERNATE TELEPHONE 867 222 2165			
			REPORT LINE									
N	RECEIVED AT SPILL LINE BY	- 1	E	EMPLOYER	а		LOCATION CALLED		REPORT LINE NUMBER			
	]	STATION OPERATOR		- ALEGANY			YELLOWKNIFE, NT		867) 920-8130			
H	DAGENCY DEC DCCG DG		□ NEB □ TC	-		INOR I MAJ	JOR UNKNOWN	FILE STATE	US OPEN CLOSED			
AGE	D AGENCY	CONTACT NAME		CONTA	ACT TIME		REMARKS					
H				+-								
H	ST SUPPORT AGENCY			-								
SEC	OND SUPPORT AGENCY											
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Α	April - 09 - 2024	-YE	AR			1500			1.5	CORIGINAL SPI	L REPORT,	REP	ORT NUMBER	
В	OCCURRENCE DATE; MONTH - DAY - YEAR  April - 08 - 2024				1700	ENCE TIM	E		UPDATE #TO THE ORIGINAL SPILL REPORT					
С	LAND USE PERMIT NUMBER (IF APPLICABLE)				WATE			CENCE	NUMBER (I	F APPLICABLE)				
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LO												-	
<u>                                     </u>	LATITUDE						□ NW		NUNAVUT	LI ADJACEI	IT JURISDICTIC	N UH UCE	AN	
E	DEGREES 63		UTES	44		LONGITUDE DEGREES 68			MINUTES	29	SECONDS	39		
F	RESPONSIBLE PARTY OR VESSEL NAME City Of Iqaluit  RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION													
G	ANY CONTRACTOR INVOLVE	)			CONTRACTOR	ADDRESS	OR OFFIC	E LOCA	TION					
	PRODUCT SPILLED Sewage				QUANTITY IN LI		OGRAMS (	OR CUB	IC METRES	U.N. NUMBE	R			
Н	SECOND PRODUCT SPILLED	(IF AF	PPLICAB	LE)	QUANTITY IN LI	ITRES, KIL	OGRAMS (	OR CUB	IC METRES	U.N. NUMBE	A			
1	SPILL SOURCE AV 332				SPILL CAUSE Block in	Sewer	,			AREA OF CO	INTAMINATION (	N SQUARE	METRES	
J	FACTORS AFFECTING SPILL	OR RE	COVER	Y	DESCRIBE ANY	'ASSISTAN	ICE REQU	RED		HAZARDS TO	HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT			
	ADDITIONAL INFORMATION, O	OMN	ENTS, A	CTIONS PROPO	SED OR TAKEN T	O CONTAI	N. RECOVE	ER OR D	DISPOSE OF	SPILLED PROD	DUCT AND CON	AMINATED	MATERIALS	
K	**													
L	REPORTED TO SPILL LINE BY Peter Martel		Posmo	ж er Operate	or	e Of Igali	uit	LC	OCATION CALLII	NG FROM	TELEPHO	NE <b>79 5650</b>		
M	ANY ALTERNATE CONTACT Shane Turner		POSITIO	<u> </u>		EMPLOYE				LTERNATE CON	TACT	ALTERNAT	TE TELEPHONE 22 2165	
									Į LC	OCATION				
<u> </u>					REPORT LIN									
N	RECEIVED AT SPILL LINE BY POSITION STATION OPERATOR					EMPLOYER				DCATION CALLE ELLOWKNIFE, N		(867) 920-8130		
LEAD	LEAD AGENCY DEC DCCG DGNWT DGN DILA DINAC DNEB DTC					SIGNI	SIGNIFICANCE MINOR - MAJOR				PR □ UNKNOWN FILE STATUS □ OPEN 🙀 CLOSED			
AGE	AGENCY CONTACT NAME				CONT	ACT TIME	CT TIME (			REMARKS				
LEAD	LEAD AGENCY													
FIRS	T SUPPORT AGENCY													
SEC	SECOND SUPPORT AGENCY													
тыв	D SUPPORT AGENCY													





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											HEPORT LINE USE ONLY	
Α	REPORT DATE: MONTH - DAY - YEAR  Nov / 07 /2024				IINE		DE C	PRIGINAL SPILL REF	PORT,	REPORT NUMBER		
В	OCCURRENCE DATE: MONTH - DAY - YEAR Nov / 06 / 2024				OCCURRE 10pm		E	O UPDATE #TO THE ORIGINAL SPILL REPORT				
С	LAND USE PERMIT NUMBER	WATER LICENCE NUMBER			(IF APPLICABLE)							
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION REGION											
	LATITUDE			LONGITUDE INWT			UT ADJACENT JURISDICTION OR OCEAN					
E	DEGREES 63	MINUTES	44	SECONDS 32 DEGREES 68					MINUTES 30	ECONDS 37		
F	RESPONSIBLE PARTY OR VE			PO BOX			NU XOA		0			
G	ANY CONTRACTOR INVOLVED	)	-	CONTRACTOR	ADDRESS (	OR OFFIC	E LOCATION					
_	PRODUCT SPILLED SEWAGE			QUANTITY IN LI		GRAMS (	OR CUBIC METR	ES	U.N. NUMBÉR			
Η	SECOND PRODUCT SPILLED	(IF APPLICA	BLE)	QUANTITY IN LI	TRES, KILC	GRAMS (	OR CUBIC METR	ES	U.N. NUMBER			
1	SPILL SOURCE AV 30			SPILL CAUSE  By pass	pumps	s faile	d at lift #1		AREA OF CONTAM unknown	INATION IN	SQUARE METRES	
J	FACTORS AFFECTING SPILL O	OR RECOVE	RY	DESCRIBE ANY	_	CE REQU	RED		HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT			
ĸ	The bypass pumps that were being used at Nunavut Excavating's job site at lift station # 1 failed causing sewage to back up from AV 30 . A sewer truck was called in to suck up what they could get Road crew will go in and scrape up the rest											
L	SHANE TURNER		10N PERINTENI	DANT	CITY (	OF IQALUIT					TELEPHONE 867 222 2165	
M	ANY ALTERNATE CONTACT PAT WOLFE	POSIT	RMEN	EMPLOYER  CITY OF IQALUIT		ALUIT	ALTERNATE CONTACT		,	867 222 2424		
		F	_	REPORT LIN		_						
	RECEIVED AT SPILL LINE BY	POSIT	ION	7	EMPLOYE				OCATION CALLED F		REPORT LINE NUMBER	
N						YEL			(867) 920-8130			
LEAD	AGENCY DEC DCCG DC	□ NEB □TC	□ NEB □TC SIGNIFICANCE □ MINOR □ MA			JOR □ UNKNOWN FILE STATUS □ OPEN □ CLOSED						
AGE	AGENCY CONTACT NAME				CONTA	TACT TIME			REMARKS			
LEAD	AGENCY							$\perp$				
FIRST SUPPORT AGENCY												
SEC	OND SUPPORT AGENCY	18.488.1										
THIR	D SUPPORT AGENCY											