



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 - 18 - 2024	REPORT TIME 1100 hrs	<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 March - 17 - 2024	OCCURRENCE TIME 1200 hrs			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MH 70		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 63 MINUTES 44 SECONDS 52		LONGITUDE DEGREES 68 MINUTES 30 SECONDS 10		
F	RESPONSIBLE PARTY OR VESSEL NAME City Of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
G	ANY CONTRACTOR INVOLVED Nuna-Mechanical	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 Unknown	U.N. NUMBER		
I	SPILL SOURCE MH 70	SPILL CAUSE Frozen Sanitary 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 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.				
L	REPORTED TO SPILL LINE BY Peter	POSITION water Operator	EMPLOYER City Of Iqaluit	LOCATION CALLING FROM Dispatch	TELEPHONE 867 979 5650
M	ANY ALTERNATE CONTACT Shane Turner	POSITION Superintendent Public	EMPLOYER City Of Iqaluit	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE 867 222 2165
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 April - 08 - 2024	REPORT TIME 0900	<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 April - 07 - 2024	OCCURRENCE TIME 1800 hrs		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)	
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Iqaluit		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 63 MINUTES 44 SECONDS 43		LONGITUDE DEGREES 68 MINUTES 30 SECONDS 16	
F	RESPONSIBLE PARTY OR VESSEL NAME City Of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION		
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 service Line	SPILL CAUSE Block In Sewer	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 Peter Martel	POSITION Water Operator	EMPLOYER City Of Iqaluit	TELEPHONE 867 979 5650
M	ANY ALTERNATE CONTACT Shane Turner	POSITION Superintendent	EMPLOYER City Of Iqaluit	ALTERNATE TELEPHONE 867 222 2165
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 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 April - 09 - 2024	REPORT TIME 1500	<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 April - 08 - 2024	OCCURRENCE TIME 1700			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Iqaluit		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 63 MINUTES 44 SECONDS 40		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 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 332	SPILL CAUSE Block In Sewer	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 Peter Martel	POSITION Water Operator	EMPLOYER City Of Iqaluit	LOCATION CALLING FROM	TELEPHONE 867 979 5650
M	ANY ALTERNATE CONTACT Shane Turner	POSITION Superintendent	EMPLOYER City Of Iqaluit	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE 867 222 2165
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	
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SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR Nov / 07 / 2024		REPORT TIME 2:10pm		<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 Nov / 06 / 2024		OCCURRENCE TIME 10pm			
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 63 MINUTES 44 SECONDS 32			LONGITUDE DEGREES 68 MINUTES 30 SECONDS 37		
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 2000 LITRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE AV 30		SPILL CAUSE By pass pumps failed at lift #1		AREA OF CONTAMINATION IN SQUARE METRES unknown	
J	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED sewer truck		HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS The 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	REPORTED TO SPILL LINE BY SHANE TURNER	POSITION SUPERINTENDANT	EMPLOYER CITY OF IQALUIT	LOCATION CALLING FROM	TELEPHONE 867 222 2165	
M	ANY ALTERNATE CONTACT PAT WOLFE	POSITION FORMEN	EMPLOYER CITY OF IQALUIT	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE 867 222 2424	
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	
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SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						