

Appendix A: Spill Contingency Plan

APEX RIVER WATER WITHDRAWAL: SITE-SPECIFIC SPILL CONTINGENCY PLAN

1. INTRODUCTION

1.1 PURPOSE

The purpose of this Site-Specific Spill Contingency Plan is to identify measures to reduce the possibility of occurrence of spills of contaminants associated specifically with City's withdrawal of water from the Apex (Niaqunguk) River for the purpose of supplementing the City's drinking water supply at Lake Geraldine, and to identify measures to be taken should a spill occur, in order to minimize impacts to the environment. This ESCP is complementary to the City's Spill Contingency Plan.

1.2 REVISIONS

The ESCP is to be reviewed annually prior to implementation of supplementary withdrawal with input from the contractor(s) conducting site activities for the City.

1.3 RESPONSIBILITIES

This Spill Contingency Plan Applies to the Prime contractor and its subcontractors during installation, operation and removal associated with water withdrawal at the Apex River.

Primary Contacts

Name	Role	Phone / Email
	City Project Manager	
	Alternate City Project Manager	
	Contractor Project Manager	
	Site Foreman	
	Media	

2.1 TRAINING

All project personnel will receive training on the purpose and procedures provided in this Spill Contingency Plan.

All personnel will receive training in safe work procedures related to handling of petroleum products and refueling equipment.

2. SPILL PREVENTION

2.1 MATERIALS AND EQUIPMENT STORAGE

The following substances/materials may be present at work sites:

- Diesel
- Engine Oil
- Lubricants

MSDS for substances to be stored on site are to be included with this Spill Contingency Plan.

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Equipment containing fuels and oils/lubricants must be located or stored more than 50 m from the bank of the Apex River. No fuels are to be stored on site. Fuel-fired equipment such as generators and pumps will have secondary containment installed capable of retaining 110% of the capacity of the tanks and fuel drips or leaks during operations and refueling.

Mobile equipment will be refueled at least 50 m away from the bank of a watercourse or waterbody.

2.2 MONITORING

Vehicles and equipment will be checked daily prior to operation for evidence of leaking hoses or tanks, and leaks will be repaired promptly.

Observations and actions taken will be recorded as part of daily pre-op check.

3. SPILL RESPONSE

3.1 RESPONSE EQUIPMENT

Emergency spill kits will be maintained at the following locations:

- Generator
- Designated refueling areas

Each kit contains the following items stored into a 55 gallon plastic drums:

- • 5 Tyvek coveralls
- • 10 pairs of disposable gloves
- • 2 x 100 absorbent pad packs
- • 1 x 20kg granular absorbent bag
- • 4 x 2" diam. Floating absorbent booms
- • 10 yellow storage bags
- • One shovel

Additionally, each vehicle will be equipped with a spill kit, to include:

- 4 pairs disposable gloves
- 20 absorbent pads
- 2 clear or yellow storage bags

3.2 GENERAL PROCEDURES IN CASE OF SPILL

The following are general procedures that apply immediately in the case of a spill of any size. Steps are listed in the order of importance; however, depending on the circumstances, conditions, and potential injuries, this order may need to be altered to meet specific needs. :

- Stop, look, assess and control site hazards and risks to personnel.
 - Is there a fire or explosion hazard?
 - Are there people nearby?
 - What is the spilled material? Is additional PPE needed?

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- Eliminate all sources of ignition
- Stop the source of the spill if safe to do so
- Use material in spill kit or other available materials to contain spill
- Notify site foreman

3.3 SPECIFIC PROCEDURES IN CASE OF SPILL

Spill on Land

- Determine the likely movement of the spill overland and into the ground.
- Prevent spilled material from entering water using booms, creating berms or using absorbents
- Use absorbents to collect free product
- Excavate affected soil into empty drum or lined container, while minimizing destruction of root zone

Spill on or Near Water

- Block entry into water using booms and absorbent pads or other barriers
- Contain a spill in water with absorbent boom or other barrier.
- Remove minor spills with sorbent pads.
- Major spill in water will require pumping and disposal of contaminated water and other actions as determined in discussion with regulatory authorities.

Spill on Ice

- Evaluate ice conditions before proceeding
- Use snow or ice berms to prevent spill from spreading
- Use booms to contain free product
- Manually remove contaminated snow and ice from surface

3.4 REPORTING

All spills must be reported to the Site Foreman, and to the Designated Representative for the City. Additional reporting may be required.

For every spill exceeding the quantity specified in Table 3-1, the form “NWT-NU Spill Report” (Appendix A) must be completed and transmitted within 12 h of the incident to spills@gov.nt.ca. Pictures must be taken during and after the cleanup progress. The GPS coordinates of the spill location must be recorded. All information and pictures will be used for the spill report.

The person preparing the spill report shall give as much of the following information as possible. Reportable information includes but is not limited to the following:

- Date and time of spill
- Direction spill is moving (or if it has stopped)
- Name and phone number of persons close to the location of the spill
- Type of contaminant spilled and quantity spilled
- Cause of spill
- Whether the spill is continuing or has stopped

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- Description of the existing containment
- Actions taken to recover, clean-up and dispose of spilled contaminant
- Name, address and phone number of person reporting the spill
- Name of person in charge of management or control at time of spill

Table 3-1: Reportable Spill Quantities

Substance	Reportable Quantity
Fuel	≥100 L
Toxic substances (for example, cleaners, solvents, glycol)	≥ 5 L or 5 kg
Releases or potential releases of deleterious substances, of any size that: <ul style="list-style-type: none">• are near or in an open water body• Pose an imminent threat to human health or safety	Any amount

4. EMERGENCY CONTACT CALL-DOWN LIST IN CASE OF SPILL

Name	Company	Emergency Phone
tbd	Contractor Site Foreman	
Tbd	City Representative	
<i>Above to confirm if spill is reportable prior to continuing with call-down</i>		
Tbd	City Project Manager	
NWT/NU Spill Reporting Line		867-920-8130
tbd	Environmental Inspector	

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND
OTHER HAZARDOUS MATERIALS



Canada



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: MM DD YY	Report Time:	<input type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report		Report Number:
	Occurrence Date: MM DD YY	Occurrence Time:			
C	Land Use Permit Number (if applicable):		Water Licence Number (if applicable):		
D	Geographic Place Name or Distance and Direction from the Named Location:			Region: <input type="checkbox"/> NT <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:		Responsible Party Address or Office Location:		
G	Any Contractor Involved:		Contractor Address or Office Location:		
H	Product Spilled: <input type="checkbox"/> Potential Spill	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:
M	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:
Lead Agency: <input type="checkbox"/> EC <input type="checkbox"/> CCG/TCMSS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other: _____			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:					