APPENDIX D

O&M LOG SHEETS & SPILL REPORT FORM

Daily Maintenance Log Sheet

ITEM	TASK	DATE CHECKED						
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	Volume of sewage collected from holding tanks been recorded?							
2	Have spills been cleaned up and if appicable, been reported to 24 Hour Spill Line?							
3	Snow clearing of road, truck pad and disposal area (if required)							
4	Daily temperature readings taken for the four thermistors?							
5	Any other comments, observations and/or concerns noted?							
6								
7								
8								
9								
10								
INITIALS/SIGNATURE								

FROM: TO:

THERMISTORS MEASUREMENTS												
Date and Time				Borehole #1 N 64013,239' W76033.971'		Borehole #2 N 64013.335' W76033.965'		Borehole #3 N64013.203' W76033.954'		Borehole #4 N64013.283' W76033.763'		INITIALS
DD	MM	YY	TIME	Depth (m)	Temp (^{0}C)	Depth (m)	Temp (^{0}C)	Depth (m)	Temp(^{0}C)	Depth (m)	Temp(^{0}C)	
				1.00		1.00		1.00		1.00		
Notes and observations				-1.60		-1.60		-1.60		-1.60		
				-4.20		-4.20		-4.20		-4.20		
				-6.80		-6.80		-6.80		-6.80		
				-9.40		-9.40		-9.40		-9.40		
				-11.00		-11.00		-11.00		-11.00		
				-14.60		-14.60		-14.60		-14.60		
				-18.80		-18.80		-18.80		-18.80		
Notes and observations				1.00		1.00		1.00		1.00		
				-1.60		-1.60		-1.60		-1.60		
				-4.20		-4.20		-4.20		-4.20		
				-6.80		-6.80		-6.80		-6.80		
				-9.40		-9.40		-9.40		-9.40		
				-11.00		-11.00		-11.00		-11.00		
				-14.60		-14.60		-14.60		-14.60		
				-18.80		-18.80		-18.80		-18.80		
Notes and observations				1.00		1.00		1.00		1.00		
				-1.60		-1.60		-1.60		-1.60		
				-4.20		-4.20		-4.20		-4.20		
				-6.80		-6.80		-6.80		-6.80		
				-9.40		-9.40		-9.40		-9.40		
				-11.00		-11.00		-11.00		-11.00		
				-14.60		-14.60		-14.60		-14.60		
				-18.80		-18.80		-18.80		-18.80		

Signature:

Weekly Maintenance Log Sheet

ITEM	TASK	DATE CHECKED								
		WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9
1	Completed weekly wastewater sampling for samping stations CAP-3 to CAP-15 during annual decant?									
2	Berms, dykes and drainage courses been inspected?									
3	Non-sewage floating materials been removed from lagoon cell?									
4	Truck and cell discharge locations inspected for significant erosion?									
5	Have thermistors temperature measurements been read and recorded?									
6	Have thermistors strings been visually checked for maintenance problems?									
7	Any other comments, observations and/or concerns noted?									
8										
9										
10										
INITIALS/SIGNATURE										

Monthly Maintenance Log Sheet

ITEM	TASK	DATE CHECKED											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1	Has access road been graded and maintained (if required)?												
2	Signs present and in readable condition?												
3	Monthly monitoring program (if required) been performed?												
4	Have thermistors readings been taken (quarterly) for geothermal monitoring program?												
5	Any other comments, observations and/or concerns noted?												
6													
7													
8													
9													
10													
INITIALS/SIGNATURE													

Annual Maintenance Log Sheet

ITEM	TASK	DATE CHECKED											
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1	Has sampling of the monitoring wells (CAP-16, CAP-17, CAP-18) of the Annual Monitoring Program been conducted?												
2	Has annual sampling and acute lethality analysis been performed for sampling stations CAP-3, CAP-4 and CAP-14?												
3	Has annual decanting of the lagoon cell been peformed?												
4	Has geotechnical review of geothermal monitoring program been performed?												
5	Has the access road and truck pad been graded and reshaped?												
6	Has there been a review of O&M records?												
7	Any other comments, observations and/or concerns noted?												
8													
9													
10													
INITIALS/SIGNATURE													

Monthly Sewage Volume Logsheet

MONTH: _____ YEAR: _____

DAY	VOLUME OF SEWAGE COLLECTED & OFFLOADED TO 2001 SEWAGE DISPOSAL FACILITY & EMERGENCY SEWAGE DISPOSAL FACILITY			VOLUME OF SEWAGE COLLECTED & OFFLOADED TO 2007 SEWAGE DISPOSAL FACILITY			COMMENTS
	NO. OF TRIPS	AMOUNT	UNITS (L or gallons or m^3)	NO. OF TRIPS	AMOUNT	UNITS (L or gallons or m^3)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

INITIALS/SIGNATURE: _____

Annual Sewage Volume Logsheet

YEAR: _____

MONTH	VOLUME OF SEWAGE COLLECTED & OFFLOADED TO 2001 SEWAGE DISPOSAL FACILITY & EMERGENCY SEWAGE DISPOSAL FACILITY			VOLUME OF SEWAGE COLLECTED & OFFLOADED TO 2007 SEWAGE DISPOSAL FACILITY			COMMENTS
	NO. OF TRIPS	AMOUNT	UNITS (L or gallons or m^3)	NO. OF TRIPS	AMOUNT	UNITS (L or gallons or m^3)	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Total							

INITIALS/SIGNATURE: _____

Spill Logsheet

DATE			NO. OF SPILLS	VOLUME OF SPILL		CORRECTIVE ACTIONS	INITIALS
DD	MM	YY		AMOUNT	UNITS (L or gallons or m^3)		

Northwest Territories | Nunavut | 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	REPORT TIME	☐ ORIGINAL SPILL REPORT OR	REPORT NUMBER
B	OCCURRENCE DATE: MONTH – DAY – YEAR	OCCURRENCE TIME	☐ UPDATE # _____ TO THE ORIGINAL SPILL REPORT	
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION	REGION ☐ NWT ☐ NUNAVUT ☐ 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	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 EQUIPMENT	
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 STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130

LEAD AGENCY ☐ EC ☐ CCG ☐ GNWT ☐ GN ☐ ILA ☐ INAC ☐ NEB ☐ TC | SIGNIFICANCE ☐ MINOR ☐ MAJOR ☐ UNKNOWN | FILE STATUS ☐ OPEN ☐ CLOSED

AGENCY	CONTACT NAME	CONTACT TIME	REMARKS
LEAD AGENCY			
IT SUPPORT AGENCY			
SECOND SUPPORT AGENCY			
THIRD SUPPORT AGENCY			

Instructions for Completing the NT-NU Spill Report Form

This form can be filled out electronically and e-mailed as an attachment to spills@gov.nt.ca. Until further notice, please verify receipt of e-mail transmissions with a follow-up telephone call to the spill line. Forms can also be printed and faxed to the spill line at 867-873-6924. Spills can still be phoned in by calling collect at 867-920-8130.

A. Report Date/Time	The actual date and time that the spill was reported to the spill line. If the spill is phoned in, the Spill Line will fill this out. **Please do not fill in the Report Number**: the spill line will assign a number after the spill is reported.
B. Occurrence Date/Time	Indicate, to the best of your knowledge, the exact date and time that the spill occurred. Not to be confused with the report date and time (see above).
C. Land Use Permit Number /Water Licence Number	This only needs to be filled in if the activity has been licenced by the Nunavut Water Board and/or if a Land Use Permit has been issued. Applies primarily to mines and mineral exploration sites.
D. Geographic Place Name	In most cases, this will be the name of the city or town in which the spill occurred. For remote locations – outside of human habitations – identify the most prominent geographic feature, such as a lake or mountain and/or the distance and direction from the nearest population center. **You must include the geographic coordinates** (Refer to Section E).
E. Geographic Coordinates	This only needs to be filled out if the spill occurred outside of an established community such as a mine site. Please note that the location should be stated in degrees, minutes and seconds of Latitude and Longitude.
F. Responsible Party Or Vessel Name	This is the person who was in management/control/ownership of the substance at the time that it was spilled. In the case of a spill from a ship/vessel, include the name of the ship/vessel. Please include full address, telephone number and e-mail. Use box K if there is insufficient space. **Please note that, the owner of the spilled substance is ultimately responsible for any spills of that substance, regardless of who may have actually caused the spill.**
G. Contractor involved?	Were there any other parties/contractors involved? An example would be a construction company who is undertaking work on behalf of the owner of the spilled substance and who may have contributed to, or directly caused the spill and/or is responding to the spill.
H. Product Spilled	Identify the product spilled; most commonly, it is gasoline, diesel fuel or sewage. For other substances, avoid trade names. Wherever possible, use the chemical name of the substance and further, identify the product using the four digit UN number (eg: UN1203 for gasoline; UN1202 for diesel fuel; UN1863 for Jet A & B)
I. Spill Source	Identify the source of the spill: truck, ship, home heating fuel tank and, if known, the cause (eg: fuel tank overfill, leaking tank; ship ran aground; traffic accident, vandalism, storm, etc.). Provide an estimate of the extent of the contaminated/impacted area (eg: 10 m^2)
J. Factors Affecting Spill	Any factors which might make it difficult to clean up the spill: rough terrain, bad weather, remote location, lack of equipment. Do you require advice and/or assistance with the cleanup operation? Identify any hazards to persons, property or environment: for example, a gasoline spill beside a daycare centre would pose a safety hazard to children. Use box K if there is insufficient space.
K. Additional Information	Provide any additional, pertinent details about the spill, such as any peculiar/unique hazards associated with the spilled material. State what action is being taken towards cleaning up the spill; disposal of spilled material; notification of affected parties. If necessary, append additional sheets to the spill report. Number the pages in the same format found in the lower right hand corner of the spill form: eg. "Page 1 of 2", "Page 2 of 2" etc. **Please number the pages to ensure that recipients can be certain that they received all pertinent documents.** If only the spill report form was filled out, number the form as "Page 1 of 1".
L. Reported to Spill Line by	Include your full name, employer, contact number and the location from which you are reporting the spill. Use box K if there is insufficient space.
M. Alternate Contact	Identify any alternate contacts. This information assists regulatory agencies to obtain additional information if they cannot reach the individual who reported the spill.
N. Report Line Use Only	**Leave Blank.** This box is for the **Spill Line's use only.**