



## **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	
Α	REPORT DATE: MONTH - DAY - YE July 9, 2007	AR	14:00		TORIGINAL SPILL REPORT.	RÉPORT NUMBER	
В	OCCURRENCE DATE: MONTH - DA	Y-YEAR	00GURF 9:00	ENCE TIME	OR  DUPPATE # TO THE ORIGINAL SPILL REPORT	· · · · · · · · · · · · · · · · · · ·	
С	LAND USE PERMIT NUMBER (IF APPLICABLE) N2005X0041			WATER LICENCE NUMBER (IF APPLICABLE)  NWB5HAL0308			
D	GEOGRAPHIC PLACE NAME OF DI FOX-Main DEW Line	STANCE AND DIRECTION FROM NAMED  Site	LOCATION	DOCATION REGION  MINWT   NUNAVUT   ADJACENT JURISDICTION OR OCEAN			
E	DEGREES 68 MINUTES 45 SECONDS 5			LONGITUDE  DEGREES 81 MINUTES 13 SECONDS 25			
F	RESPONSIBLE PARTY OR VESSEL NAME RESPONSIBLE PARTY ADDRESS ON OFFICE LOCATION 350 Albert Street, Suite 1720, Ottawa, ON K1A 0K3						
G	ANY CONTRACTOR INVOLVED  CONTRACTOR ADDRESS OR OFFICE LOCATION  1519 Federal Road, P.O. box 727, Igalult, NT X0A 0H0						
	PRODUCT SPILLED QUAN		O litres				
Н	SECOND PRODUCT SPILLED (IF APPLICABLE)  QUANTITY IN			LITRES, KILOGRAMS OR CUBIC METRES U.N. NUMBER			
I	Storage Tank		SPILL CAUSE Impact to tank valve			AREA OF CONTAMINATION IN SQUARE METRES 25 square metres (max)	
J	none known none		Y ASSISTANCE REQUIRED		none known	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT  NONE KNOWN  SPILLED PRODUCT AND CONTAMINATED MATERIALS	
K	As part of the emergency response, a container was placed under the damaged valve, and absorbent material placed around the discharge area.  The impacted soils will be excavated and transported to the TIER if landfill, and confirmatory samples taken to ensure no contamination remains from this incident.						
	REPORTED TO SPILL LINE BY	POSITION	EMPLOY	ED	LOCATION CALLING FROM		
L	Douglas Craig	Environmental Officer	DCC		Ottawa	ELEPHONE (613) 998-7288	
М	Nahed Farah	POSITION ASSOC. Proj. Manager	DCC	EA		(613) 998-7917	
REPORT LINE USE ONLY							
N	RECEIVED AT SPILL LINE BY	POSITION	EMPLOY	ER	LOCATION CALLED	REPORT LINE NUMBER	
LEAI	DAGENCY DEC DCCG DGNW	STATION OPERATOR  TOGN OFFILE DINAC ONES LITC	SIGN	FICANCE DIMINOR DA		867) 920-8130	
AGENCY CONTACT NAME				SIGNIFICANCE   MINOR   MAJOR   UNKNOWN   FILE STATUS   OPEN   CLOS  CONTACT TIME   REMARKS		JS L'OPEN [] CLOSED	
LEAI	D AGENCY			-			
FIRST SUPPORT ACENCY							
SECOND SUPPORT AGENCY							
THIRO SUPPORT AGENCY							