



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 03/26/14	REPORT TIME 11:00	<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 On going	OCCURRENCE TIME			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)	WATER LICENCE NUMBER (IF APPLICABLE)			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION 2km north of the Resolute Bay Airport		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 74 MINUTES 44 SECONDS 22		LONGITUDE DEGREES 95 MINUTES 00 SECONDS 16		
F	RESPONSIBLE PARTY OR VESSEL NAME C, G S - Government of Nunavut	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION P.O. Box 379 Pond Inlet, NU			
G	ANY CONTRACTOR INVOLVED ATCO Structures & Logistics	CONTRACTOR ADDRESS OR OFFICE LOCATION P.O. Box 88 Resolute Bay, NU			
H	PRODUCT SPILLED Untreated Sewage	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES + 14,000 Liters per day	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE Sewage Lagoon	SPILL CAUSE Lagoon size is insufficient	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 Notified C,G & S that the sewage lagoon was over flowing. Filed a Nunavut Airports Event Report. Report # 604 Filed this spill report.				
L	REPORTED TO SPILL LINE BY Steve Piercey	POSITION Airport Manager	EMPLOYER Gov. of Nunavut	LOCATION CALLING FROM	TELEPHONE 867-252-3923
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 <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
AGENCY	CONTACT NAME		CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					