

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: 01 23 19	Report Time: 10:30 am	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 01 22 19	Occurrence Time: 2:45 pm	OR <input type="checkbox"/> Update # _____ to the Original Spill Report		
C	Land Use Permit Number (if applicable):		Water Licence Number (if applicable): S18L3-003		
D	Geographic Place Name or Distance and Direction from the Named Location: Cleanout Behind Town Office			Region: <input checked="" 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: Town of Norman Wells		Responsible Party Address or Office Location: 3 Mackenzie Dr, PO Box 5, Norman Wells		
G	Any Contractor Involved: Northridge Contracting Ltd.		Contractor Address or Office Location:		
H	Product Spilled: <input type="checkbox"/> Potential Spill Greywater/Wastewater	Quantity in Litres, Kilograms or Cubic Metres: 1 cubic meter	U.N. Number:		
I	Spill Source: Sewer Main	Spill Cause: Blocked Sewer Main	Area of Contamination in Square Metres: 10 cubic meters		
J	Factors Affecting Spill or Recovery: Cold Weather	Describe Any Assistance Required:	Hazards to Persons, Property or Environment: Possible Pathogenic Organisms		
K	Additional Information, Comments, Actions Proposed or Taken to Contain, Recover or Dispose of Spilled Product and Contaminated Materials: -Blocked Sewer Main backed up sewer behind town office -Soda Ash will be applied on the spill site to neutralize chance of bacterial growth				
L	Reported to Spill Line by: Hugo Pabke	Position: Utilities Manager	Employer: Town of Norman Wells	Location Calling From: WTP	Telephone: (867) 688-0669
M	Any Alternate Contact: Greg McDonald	Position: Utilities Operator	Employer: Town of Norman Wells	Alternate Contact Location: WTP	Alternate Telephone: (867) 688-0680

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		Significance: <input type="checkbox"/> Minor		File Status: <input type="checkbox"/> Open	
<input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other: _____		<input type="checkbox"/> Major <input type="checkbox"/> Unknown		<input type="checkbox"/> Closed	
Agency:	Contact Name:	Contact Time:	Remarks:		
Lead Agency:					
First Support Agency:					
Second Support Agency:					
Third Support Agency:					