

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:	01 30 20	Report Time:	4:00 pm	<input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report	Report Number:
	B	Occurrence Date:	01 29 20	Occurrence Time:		
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:				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 Drive			
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: 1000 Litres		U.N. Number:	
I	Spill Source: Sewer Main Cleanout		Spill Cause: Rags in Sewer Main Caused Blockage		Area of Contamination in Square Metres: 5 cubic meters	
J	Factors Affecting Spill or Recovery: Cold Temperature		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: -Sewer Truck sucked up backed up sewer in line as well as any sewer on ground -Steamer used to help steam blockage and sewer truck used to help suck rags out of main -Soda Ash to be applied to spill site to neutralize bacterial growth					
L	Reported to Spill Line by: Hugo Pabke	Position: Utilities Manager	Employer: Town of Norman Wells	Location Calling From:	Telephone: (867) 688-0669	
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:					

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REPORT LINE USE ONLY

A	Report Date: 02 27 20	Report Time: 3:30 pm	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 02 27 20	Occurrence Time: 3:00 pm	OR <input type="checkbox"/> 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 the Named Location: Carcajou/falcon Utilidor easement		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 Drive		
G	Any Contractor Involved: North Ridge contracting LTD		Contractor Address or Office Location:		
H	Product Spilled: <input checked="" type="checkbox"/> Potential Spill Waste water	Quantity in Litres, Kilograms or Cubic Metres: 3000 liters	U.N. Number:		
I	Spill Source: sewer main clean out	Spill Cause: sewer blockage	Area of Contamination in Square Metres: 3 cubic meters		
J	Factors Affecting Spill or Recovery: cold temperatures	Describe Any Assistance Required: vacuum truck	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: Sewer truck sucked up backed up sewer in line as well on ground Soda ash to be applied to spill to neutralize bacterial growth				
L	Reported to Spill Line by: Jerrold Kummer	Position: Utilities	Employer: Town of Norman Wells	Location Calling From:	Telephone: 587-3700
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:					

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REPORT LINE USE ONLY

A	Report Date: 05 14 20	Report Time: 1:00 pm	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	B	Occurrence Date: MM DD YY	Occurrence Time:	<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: Town of Norman Wells Sewer Lagoon		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 Drive		
G	Any Contractor Involved: HRN		Contractor Address or Office Location: 65 Mackenzie Drive		
H	Product Spilled: <input type="checkbox"/> Potential Spill Water passing through Secondary Cell of Lagoon	Quantity in Litres, Kilograms or Cubic Metres: Unknown	U.N. Number:		
I	Spill Source: Back Berm of Lagoon	Spill Cause: High water level this spring	Area of Contamination in Square Metres: Unknown		
J	Factors Affecting Spill or Recovery: High water levels	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: Water passing over back berm of lagoon identified May 14th at 9 am. Town is working with contractor to mitigate water flowing into lagoon from breach on front side of secondary cell of the sewer lagoon. Once that is done will work to add material to back berm of lagoon to prevent further flow through sewer lagoon.				
L	Reported to Spill Line by: Hugo Pabke	Position: Utilities Manager	Employer: Town of Norman Wells	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:		
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REPORT LINE USE ONLY

A	Report Date: 12/04/20	Report Time: 10 AM	<input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report	Report Number:
B	Occurrence Date: 12/03/20	Occurrence Time: 1:30 PM		
C	Land Use Permit Number (if applicable):	Water Licence Number (if applicable): 51863-003		
D	Geographic Place Name or Distance and Direction from the Named Location: Mackenzie Drive Utility easement		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 Drive		
G	Any Contractor Involved: Northridge Contractor	Contractor Address or Office Location: 12 Mackenzie Drive		
H	Product Spilled: <input type="checkbox"/> Potential Spill Grey Water	Quantity in Litres, Kilograms or Cubic Metres: 3000 Litres	U.N. Number:	
I	Spill Source: Sewer Collection System	Spill Cause: Sewer Blockage	Area of Contamination in Square Metres: 15	
J	Factors Affecting Spill or Recovery: Ice & snow	Describe Any Assistance Required: Vacuum truck	Hazards to Persons, Property or Environment: Pathogenic Organisms	
K	Additional Information, Comments, Actions Proposed or Taken to Contain, Recover or Dispose of Spilled Product and Contaminated Materials: Vacuumed up spilled liquids Soda Ash to be applied to neutralize Bacterial Growth			
L	Reported to Spill Line by: Chris Buist	Position: wateroperator	Employer: Town of NW	Location Calling From: Norman Wells Telephone: 867 987 3700
M	Any Alternate Contact: Hugo Pakke	Position: Utility Manager	Employer: Town of Norman Wells	Alternate Contact Location: NA Alternate Telephone: 867 980 6619

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
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A	Report Date: 12 23 20	Report Time: 9:00 am	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 12 22 20	Occurrence Time: 4:00 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 in Front of Arena		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 Drive		
G	Any Contractor Involved: Northridge		Contractor Address or Office Location: 12 Mackenzie Drive		
H	Product Spilled: <input type="checkbox"/> Potential Spill Greywater	Quantity in Litres, Kilograms or Cubic Metres: 200 Litres	U.N. Number:		
I	Spill Source: Sewer Cleanout	Spill Cause: Partial Blockage in Sewer Main	Area of Contamination in Square Metres: 3		
J	Factors Affecting Spill or Recovery: Cold Weather	Describe Any Assistance Required: Vacuum and Steamer Truck	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: Sewer truck sucked up backed up sewer in line as well on ground, steamer assisted in clearing blocakge Soda ash to be applied to spill to neutralize bacterial growth				
L	Reported to Spill Line by: Jerrod Kummer	Position: Water Utility Trainee	Employer: Town of Norman Wells	Location Calling From:	Telephone: (867) 446-1525
M	Any Alternate Contact: Hugo Pabke	Position: Utilities Manager	Employer: Town of Norman Wells	Alternate Contact Location:	Alternate Telephone: (867) 688-0669

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Third Support Agency:					