

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: 02 26 21	Report Time: 10:00 am	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 02 25 21	Occurrence Time: 1:00 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: Sewer Cleanout on Easment between Marten and Ptarmigan		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: 1000 liters	U.N. Number:		
I	Spill Source: sewer main clean out	Spill Cause: sewer blockage	Area of Contamination in Square Metres: 4 cubic meters		
J	Factors Affecting Spill or Recovery: cold temperatures	Describe Any Assistance Required: vacuum truck/steam 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: Hugo Pabke	Position: Utilities Manager	Employer: Town of Norman Wells	Location Calling From: Norman Wells	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: 04 14 21	Report Time: 9:00 am	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 04 13 21	Occurrence Time: 10:30 am	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 south 100 m of sewer lift station			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: norman wells x0e0v0 nt box 3 mackenzie drive		
G	Any Contractor Involved: northridge contracting		Contractor Address or Office Location: 12 mackenzie drive norman wells nt		
H	Product Spilled: <input checked="" type="checkbox"/> Potential Spill grey water	Quantity in Litres, Kilograms or Cubic Metres: 3000 liters	U.N. Number:		
I	Spill Source: clean out access	Spill Cause: rags in sewer pipe	Area of Contamination in Square Metres: 15 square meters		
J	Factors Affecting Spill or Recovery: ice and snow	Describe Any Assistance Required: vaccum truck and steamer	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: vaccumed up spill and steamed area of spill spread soda ash to neutralize bacterial growth				
L	Reported to Spill Line by: jerrod kummer	Position: water trainee	Employer: town of norman wells	Location Calling From: norman wells nt	Telephone: (867) 688-0669
M	Any Alternate Contact: hugo pabke	Position: manager	Employer: town of norman wells	Alternate Contact Location: norman wells nt	Alternate Telephone: (867) 688-0669

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:					
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REPORT LINE USE ONLY

A	Report Date: 04 30 21	Report Time: 11:00 am	<input checked="" type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 04 30 21	Occurrence Time: 2:30 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: norman wells x0e0v0 nt box 3 mackenzie drive		
G	Any Contractor Involved: northridge contracting		Contractor Address or Office Location: 12 mackenzie drive norman wells nt		
H	Product Spilled: <input checked="" type="checkbox"/> Potential Spill grey water	Quantity in Litres, Kilograms or Cubic Metres: 10 Liters	U.N. Number:		
I	Spill Source: clean out access	Spill Cause: rags in sewer pipe	Area of Contamination in Square Metres: 1 square meter		
J	Factors Affecting Spill or Recovery:	Describe Any Assistance Required: vaccum 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: vaccumed up small amount of spilled sewage, sewer truck sucking rags out of sewer pipe which caused leak				
L	Reported to Spill Line by: jerrod kummer	Position: water trainee	Employer: town of norman wells	Location Calling From: norman wells nt	Telephone: (867) 688-0669
M	Any Alternate Contact: hugo pabke	Position: manager	Employer: town of norman wells	Alternate Contact Location: norman wells nt	Alternate Telephone: (867) 688-0669

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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First Support Agency:					
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REPORT LINE USE ONLY

A	Report Date: 05 03 21	Report Time: 6:00 am	<input type="checkbox"/> Original Spill Report		Report Number:
	Occurrence Date: 05 02 21	Occurrence Time: 3:00 pm	<input checked="" type="checkbox"/> Update # 2 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: 50 meters south of sewer lift station		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: Norman wells NT		
H	Product Spilled: <input 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: 20 cubic meters		
J	Factors Affecting Spill or Recovery: Foreign objects flushed into sewer	Describe Any Assistance Required: Vacum 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 sewer blockages cleared clog as well sucked up on the ground Added soda ash to affected area of spill to neutralize bacterial growth				
L	Reported to Spill Line by: Jerrod Kummer	Position: Operator	Employer: Town of norman wells	Location Calling From: Norman Wells	Telephone: (867) 587-3700
M	Any Alternate Contact: Hugo Pabke	Position: Manager	Employer: Town of norman wells	Alternate Contact Location: N/A	Alternate Telephone: (867) 688-0669

REPORT LINE USE ONLY

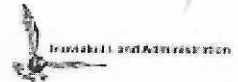
N	Received at Spill Line by:	Position:	Employer:	Location Called:	Report Line Number:
Lead Agency: <input type="checkbox"/> EC <input type="checkbox"/> CCG/TCMSS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> AANDC <input type="checkbox"/> 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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REPORT LINE USE ONLY

A	Report Date: 12/09/21	Report Time: 2:00 PM	<input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report	Report Number:
B	Occurrence Date: 12/08/21	Occurrence Time: 10:00 PM		
C	Land Use Permit Number (if applicable):	Water Licence Number (if applicable): 518L3-003		
D	Geographic Place Name or Distance and Direction from the Named Location: 22 PTARMIGAN NORMAN WELLS N.T.	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	Contractor Address or Office Location:		
H	Product Spilled: <input type="checkbox"/> Potential Spill WASTE WATER	Quantity in Litres, Kilograms or Cubic Metres: 2000 liters	U.N. Number:	
I	Spill Source: Utility date connection	Spill Cause: SEWER BLOCKAGE	Area of Contamination in Square Metres: 6 00 SQUARE METERS	
J	Factors Affecting Spill or Recovery: FOREIGN OBJECTS FLUSHED INTO SEWER	Describe Any Assistance Required: STEAM 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: STEAM TRUCK MELTED THROUGH BLOCKAGE AND WASHED CLOG DEBRIS DOWN THE SEWER MAIN ADDED SODA ASH TO EFFECTED AREA TO NEUTRALIZE BACTERIAL GROWTH			
L	Reported to Spill Line by: JERROD KUMMER	Position: WATER OPERATOR TRAINEE	Employer: TOWN OF NORMAN WELLS	Location Calling From: NORMAN WELLS N.T. Telephone: 867 996 1525
M	Any Alternate Contact: HUGO PABKE	Position: MANAGER	Employer: TOWN OF NORMAN WELLS	Alternate Contact Location: NORMAN WELLS N.T. (867) 688 0669

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"/> CC/B/CMS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA		Significance: <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Unknown		File Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
<input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other _____					
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Third Support Agency:					