

From: dave.drwgcl.com
To: Spills@gov.nt.ca
Cc: [Angela Love](#); [Rodney McKay](#)
Subject: Reportable spill
Date: Friday, August 9, 2024 10:49:52 AM
Attachments: [spill_report_form_e_MonAug8.pdf](#)

Please find attached a spill report form submitted after calling your center at 867 920-8130.

Routine SNP sampling has returned elevated zinc in a sump at SNP-09 on our site, MV2020L2-0002.

Our maximum grab sample allowance is 1.0 mg/L and we obtained a 1.4 mg/L from a small puddle downslope from our waste piles. Our site where these waters are sampled again reported 0.0034 mg/L suggesting that the waters are contained.

We had elevated zinc reported here in 2021, likely due to galvanized nails in pallets used as sampling station support.

Sixty North Gold Mines Ltd.
Dave Webb, President
604 818-1400

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND
OTHER HAZARDOUS MATERIALS



NT-NU 24-HOUR SPILL REPORT LINE

Tel: (867) 920-8130 • Email: spills@gov.nt.ca

REPORT LINE USE ONLY

A	Report Date: MM DD YY	Report Time:	<input type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report	Report Number:	
	Occurrence Date: MM DD YY	Occurrence Time:			
C	Land Use Permit Number (if applicable):	Water Licence Number (if applicable):			
D	Geographic Place Name or Distance and Direction from the Named Location:		Region: <input 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:		Responsible Party Address or Office Location:		
G	Any Contractor Involved:		Contractor Address or Office Location:		
H	Product Spilled: <input type="checkbox"/> Potential Spill	Quantity in Litres, Kilograms or Cubic Metres:	U.N. Number:		
I	Spill Source:	Spill Cause:	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:				
L	Reported to Spill Line by:	Position:	Employer:	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:	
Lead Agency:					
First Support Agency:					
Second Support Agency:					
Third Support Agency:					
Remarks:					