

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 05 22 | Report Time: 1:00 pm | <input checked="" type="checkbox"/> Original Spill Report: OR <input type="checkbox"/> Update # _____ to the Original Spill Report. | | Report Number: |
| B | Occurrence Date: 01 04 22 | Occurrence Time: 8:00 am | | | |
| C | Land Use Permit Number (if applicable): | | Water Licence Number (if applicable): S1BL3-003 | | |
| D | Geographic Place Name or Distance and Direction from the Named Location: 23 martin ave | | | 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 | | Contractor Address or Office Location: | | |
| H | Product Spilled: <input type="checkbox"/> Potential Spill Waste water | Quantity in Litres, Kilograms or Cubic Metres: 200 litres | U.N. Number: | | |
| I | Spill Source: sewer main access | Spill Cause: sewer blockage | Area of Contamination in Square Metres: 1 cubic meter | | |
| J | Factors Affecting Spill or Recovery: Ice and snow | Describe Any Assistance Required: Steam truck and Vac 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 vac truck to hold back sewage 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: Town of Norman Wells | Telephone: (867) 446-1525 |
| M | Any Alternate Contact: Cris Buist | Position: Water Operator | Employer: Town of Norman Wells | Alternate Contact Location: Town of norman Wells | Alternate Telephone: (867) 688-0619 |

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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|----------|--|--|--|--|--|
| A | Report Date: 03 16 22 | Report Time: 3:00 pm | <input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | | Report Number: |
| B | Occurrence Date: 03 15 22 | Occurrence Time: 11:00 am | | | |
| 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: Riverview Utilidor Easement, Norman Wells | | 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 Waste water | Quantity in Litres, Kilograms or Cubic Metres: 2000 liters | U.N. Number: | | |
| I | Spill Source: sewer main clean out | Spill Cause: sewer blockage | Area of Contamination in Square Metres: 10 cubic meters | | |
| J | Factors Affecting Spill or Recovery: snow/ ice | Describe Any Assistance Required: Vacuum truck and Steam unit | 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 with mole to clear blockage in pipes Sewer truck sucked up gray water on the ground Added soda ash to affected area to spill to neutralize bacterial growth | | | | |
| L | Reported to Spill Line by: Chris Buist | Position: Water Operator | Employer: Town of Norman Wells | Location Calling From: Norman Wells | Telephone: (867) 688-0619 |
| M | Any Alternate Contact: Jerrold Kummer | Position: Wastewater operator | Employer: Town of Norman Wells | Alternate Contact Location: | Alternate Telephone: (867) 587-3700 |

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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|----------|--|--|---|--|
| A | Report Date: 11 04 22 | Report Time: 7:30 pm | <input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number: |
| B | Occurrence Date: 11 10 22 | Occurrence Time: 4:00 pm | | |
| 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: Plamigan #27 Utilidor Easement, Norman Wells | | | 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 Waste water | Quantity in Litres, Kilograms or Cubic Metres: 500 Liters | U.N. Number: | |
| I | Spill Source: sewer main clean out | Spill Cause: sewer blockage | Area of Contamination in Square Metres: 1 cubic meters | |
| J | Factors Affecting Spill or Recovery: snow/ ice | Describe Any Assistance Required: Vacuum truck and Steam unit | 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 with mole to clear blockage in pipes Sewer truck sucked up gray water on the ground Added soda ash to affected area to spill to neutralize bacterial growth | | | |
| L | Reported to Spill Line by: Jerrod Kummer | Position: Water Operator | Employer: Town of Norman Wells | Location Calling From: Norman Wells Telephone: (867) 689-0619 |
| M | Any Alternate Contact: Jerrod Kummer | Position: Wastewater operator | Employer: Town of Norman Wells | Alternate Contact Location: Alternate Telephone: (867) 687-3700 |

REPORT LINE USE ONLY

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|---|----------------------------|---------------|---|---|---------------------|
| 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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Inuvialuit Land Administration

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REPORT LINE USE ONLY

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|---|--|------------------|---------------------|----|--|------------------|--|----------------|
| A | Report Date: | 11 | 25 | 22 | Report Time: | 8:00 am | <input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number: |
| | B | Occurrence Date: | 11 | 24 | 22 | 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: | |
| | Martin avenue Utilidor Easement, Norman Wells | | | | | | <input checked="" type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Adjacent Jurisdiction or Ocean | |
| E | Latitude: | | | | Longitude: | | | |
| | _____ Degrees _____ Minutes _____ Seconds | | | | _____ Degrees _____ Minutes _____ Seconds | | | |
| F | Responsible Party or Vessel Name: | | | | Responsible Party Address or Office Location: | | | |
| | TOWN OF NORMAN WELLS | | | | 21 Martin ave | | | |
| G | Any Contractor Involved: | | | | Contractor Address or Office Location: | | | |
| | Northridge Contracting Ltd | | | | | | | |
| H | Product Spilled: <input type="checkbox"/> Potential Spill | | | | Quantity in Litres, Kilograms or Cubic Metres: | | U.N. Number: | |
| | Waste water | | | | 500 liters | | | |
| I | Spill Source: | | | | Spill Cause: | | Area of Contamination in Square Metres: | |
| | sewer main clean out | | | | sewer blockage | | 1cubic meter | |
| J | Factors Affecting Spill or Recovery: | | | | Describe Any Assistance Required: | | Hazards to Persons, Property or Environment: | |
| | snow/ ice | | | | Vacuum truck and Steam unit | | possible pathogenic organisms | |
| K | Additional Information, Comments, Actions Proposed or Taken to Contain, Recover or Dispose of Spilled Product and Contaminated Materials: Steam truck with mole to clear blockage in pipes Sewer truck sucked up gray water on the ground Added soda ash to affected area to spill to neutralize bacterial growth | | | | | | | |
| L | Reported to Spill Line by: | | Position: | | Employer: | | Location Calling From: | |
| | Jerrod Kummer | | Water Operator | | Town of Norman Wells | | Norman Wells | |
| M | Any Alternate Contact: | | Position: | | Employer: | | Alternate Contact Location: | |
| | Jerrod Kummer | | Wastewater operator | | Town of Norman Wells | | Alternate Telephone: (867) 587-3700 | |

REPORT LINE USE ONLY

| | | | | | |
|--|----------------------------|---------------|---|------------------|--|
| N | Received at Spill Line by: | Position: | Employer: | Location Called: | Report Line Number: |
| | | | | | |
| Lead Agency: | | | Significance: | | File Status: |
| <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: _____ | | | <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Unknown | | <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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|---|--|------------------|-----------------------|----|--|------------------|--|----------------|
| A | Report Date: | 03 | 12 | 22 | Report Time: | 9:00 am | <input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number: |
| | B | Occurrence Date: | 03 | 12 | 22 | 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: 12 carcajou norman wells nt | | | | | | Region: <input checked="" type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Adjacent Jurisdiction or Ocean | |
| E | Latitude: | | | | Longitude: | | | |
| | _____ Degrees _____ Minutes _____ Seconds | | | | _____ 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: 300 liters | | U.N. Number: | |
| I | Spill Source: sewer main clean out | | | | Spill Cause: sewer blockage | | Area of Contamination in Square Metres: 1 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 | |
| Agency: | | Contact Name: | Contact Time: | Remarks: | |
| Lead Agency: | | | | | |
| First Support Agency: | | | | | |
| Second Support Agency: | | | | | |
| Third Support Agency: | | | | | |

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|---|---|------------------|----------------------------------|----|--|------------------|--|----------------|
| A | Report Date: | 12 | 14 | 22 | Report Time: | 5:00 pm | <input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number: |
| | B | Occurrence Date: | 12 | 14 | 22 | 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: Riverview Utilidor Easement, Norman Wells | | | | | | 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 Waste water | | | | Quantity in Litres, Kilograms or Cubic Metres: 100 liters | | U.N. Number: | |
| I | Spill Source: sewer main clean out | | | | Spill Cause: sewer blockage | | Area of Contamination in Square Metres: 6 cubic meters | |
| J | Factors Affecting Spill or Recovery: snow/ ice | | | | Describe Any Assistance Required: Vacuum truck and Steam unit | | 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 with mole to clear blockage in pipes Sewer truck sucked up gray water on the ground Soda ash to be applied to affected area following completion of spill cleanup, to neutralize bacterial growth. | | | | | | | |
| L | Reported to Spill Line by: Chris Buist | | Position: Water Operator | | Employer: Town of Norman Wells | | Location Calling From: Norman Wells | |
| M | Any Alternate Contact: Jerrold Kummer | | Position: Wastewater operator | | Employer: Town of Norman Wells | | Alternate Contact Location: Alternate Telephone: (867) 587-3700 | |

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: | | | | | |