

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: <u>12/21/18</u>	Report Time: <u>2 PM.</u>	<input checked="" type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report	Report Number:
B	Occurrence Date: <u>12/21/18</u>	Occurrence Time: <u>10:00 AM</u>		
C	Land Use Permit Number (if applicable):	Water Licence Number (if applicable): <u>S18L3-003</u>		
D	Geographic Place Name or Distance and Direction from the Named Location: <u>Norman Wells.</u>	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: <u>Town of Norman Wells</u>	Responsible Party Address or Office Location: <u>5 Mackenzie Drive, Norman Wells</u>		
G	Any Contractor Involved: <u>Northridge Contracting</u>	Contractor Address or Office Location: <u>Mackenzie Drive Norman Wells.</u>		
H	Product Spilled: <input type="checkbox"/> Potential Spill <u>Grey Water</u>	Quantity in Litres, Kilograms or Cubic Metres: <u>20 Litres.</u>	U.N. Number:	
I	Spill Source: <u>Wastewater Collection Mainline</u>	Spill Cause: <u>Ice Frozen Pipe</u>	Area of Contamination in Square Metres: <u>1 Sq Metre.</u>	
J	Factors Affecting Spill or Recovery: <u>Snow, Ice</u>	Describe Any Assistance Required:	Hazards to Persons, Property or Environment: <u>Possible Bacteriological Contamination.</u>	
K	Additional Information, Comments, Actions Proposed or Taken to Contain, Recover or Dispose of Spilled Product and Contaminated Materials: <u>Vacuum truck + Steamer used to Thaw + Remove Liquids. Bobcat to Remove solid (Ice + Snow). Soda Ash to neutralize Bacteriological Condition</u>			
L	Reported to Spill Line by: <u>GREG McDONALD</u>	Position: <u>Utility operator</u>	Employer: <u>Town of Norman Wells</u>	Location Calling From: <u>(867) 507-3700</u>
M	Any Alternate Contact: <u>CHRIS BUIST</u>	Position: <u>Utility operator</u>	Employer: <u>Town of Norman Wells</u>	Alternate Contact Location: Alternate Telephone:

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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:					