



P.O. Box 119
GJOA HAVEN, NU X0B 1J0
TEL: (867) 360-6338
FAX: (867) 360-6369

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NUNAVUT IMALIRIYIN KATIMAYINGI
NUNAVUT WATER BOARD
OFFICE DES EAUX DU NUNAVUT

WATER LICENCE APPLICATION FORM

Application for: (check one)

☐ New
 ☒ **Renewal**
☐ Amendment
 ☐ Assignment
 ☐ Cancellation

LICENCE NO:

(for NWB use only)

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE Natalie Plato Director, Contaminated Sites Indian and Northern Affairs Canada P.O. Box 2200 Iqaluit, NU X0A 0H0 Phone: <u>867-975-4730</u> Fax: <u>876-975-4736</u> e-mail: <u>platon@inac-ainc.gc.ca</u>	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable) <u>Same</u> Phone: <u>n/a</u> Fax: <u>n/a</u> e-mail: <u>n/a</u>		
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking) Resolution Island, Nunavut (1BR-RES0308) Latitude: (61°35'48" N) Longitude: (64°38'20" W) NTS Map Sheet No. <u>025H10</u> Scale: <u>1/50,000</u>			
4. DESCRIPTION OF UNDERTAKING (attach plans and drawings) See attached Long Term Monitoring Plan, previously reviewed and approved by the Board in 2004.			
5. TYPE OF PRIMARY UNDERTAKING (A supplementary questionnaire <u>must</u> be submitted with the application for undertakings listed in " bold ") <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below): </td> </tr> </table> <p>Long-term monitoring of the Resolution Island remediation project.</p> <p style="text-align: center;">See Schedule II of <i>Northwest Territories Waters Regulations</i> for Description of Undertakings</p>		<input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power	<input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below):
<input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power	<input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below):		

6. WATER USE

- ☐ To obtain water
 ☐ Flood control
☐ To cross a watercourse
 ☐ To divert a watercourse
☐ To modify the bed or bank of a watercourse
 ☐ To alter the flow of , or store, water
☒ Other (describe): Sampling of water from monitoring wells

7. QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be returned to source)

- Water use** ☒ 100m³/day or less
☐ Greater than 100m³/day; if greater, indicate quantities to be used for each purpose (camp, drilling, etc.)

Monitoring wells will be purged and then a 3 Litre sample will be taken from each well (maximum of 25 Litres)

Water returned to source

___0___ m³/day

8. WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)

- ☐ Sewage
 ☐ Waste oil
☒ Solid Waste
 ☐ Greywater
☐ Hazardous
 ☐ Sludges
☐ Bulky Items/Scrap Metal
 ☐ Other describe):

A small amount of domestic waste may be generated during the on-site monitoring work. All waste will be removed from the site and disposed of in Iqaluit.

9. OTHER PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)**Land Use Permit**

DIAND ☐ Yes ☒ No If no, date expected _____

Regional Inuit Association ☐ Yes ☒ No If no, date expected _____

Commissioner ☐ Yes ☒ No If no, date expected _____

10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)

None

NIRB Screening ☒ Yes ☐ No If no, date expected _____

11. INUIT WATER RIGHTS

Will the project or activity substantially affect the quality, quantity, or flow of water flowing through Inuit Owned Lands and the rights of Inuit under Article 20 of the Nunavut Land Claims Agreement?

No.

If yes, has the applicant entered into an agreement with the Designated Inuit organization to pay compensation for any loss or damage that may be caused by the alteration. If no compensation agreement has been made, how will compensation be determined? _____

12. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions)

Various contractors may be used over the 25-yr span of the monitoring period.

13. STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.)

Copies of all studies completed to-date have been forwarded to the Nunavut Water Board as part of the existing licence.

14. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN

Supplementary Questionnaire (where applicable: see section 5) ☐ Yes ☒ No If no, date expected _____

Inuktitut and/or Inuinnaqtun/English Summary of Project ☐ Yes ☒ No If no, date expected _____

Application fee of \$30.00 (Payee Receiver General for Canada) ☐ Yes ☒ No If no, date expected n/a

Water Use fee of \$30.00 (unless otherwise indicated in Section 9 of the *NWT Waters Regulations*; Payee Receiver General for Canada)

☐ Yes ☒ No If no, date expected n/a

15. PROPOSED TIME SCHEDULE (unless otherwise indicated, the NWB will consider the application for a five (5) year term)

☐ one year or less (or) ☒ Multi Year

Start Date: August 31, 2008 Completion Date: March 30, 2031

Natalie Plato

Director, Contaminated
Sites

Name (Print)

Title (Print)

Signature

Date

For Nunavut Water Board office use only

APPLICATION FEE Amount: \$_____ Pay ID No.: _____

WATER USE DEPOSIT Amount: \$_____ Pay ID No.: _____