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NUNAVUT WATER BOARD NUNAVUT IMALIRIYIN

WATER LICENCE APPLICATION FORM

Application for: (check one)		
New Amendment	Renewal	Assignment
LICENCE NO: (for NWB use only)		
1. NAME AND MAILING ADDRESS APPLICANT/LICENSEE	OF 2.	ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)
BHP Billiton Diamonds Inc		OFFICE IN CANADA (II applicable)
PO Box 49223		
Van Stn Bentall Centre		
Vancouver, BC V7X 1L2		
V/X 162	Phone:	·
Phone:_604 632-1450	Fax:	
Fax: _604 683-4125	e-maii:	
e-mail: _jeremy.j.howe@bhpbilliton.com		
3. LOCATION OF UNDERTAKING the Undertaking) See attached map Max latitude: 71° Min Latitude: 67° Max Long: 80° Min Long: 72° NTS Map No 37A,C D, E, F, G, H	Scale_1:250,00	
See attached executive summary		
5. TYPE OF PRIMARY UNDERTAK for undertakings listed in "bold")	ING (A supplementa	ry questionnaire must be submitted with the application
Industrial	Agricu	ıltural
Mining and Milling	Conse	
Municipal (includes camps/lodges)	Recrea	
Power		cellaneous (includes exploration/drilling) ribe): regional sampling
See Schedule II of Northwest Territories Wate		

6. WATER USE				
X To obtain water To divert a watercourse To modify the bed or bank of a watercourse Flood control To alter the flow of , or store, water Other (describe): To cross a watercourse				
7. QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be				
returned to source)				
Camp use = < 150 litres/day				
8. WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and				
disposal, etc.) _X_ Sewage latrine pit; bury _X_ Waste oil fly out				
X_ Solid Waste incinerateX_ Greywater passive sump; < 150 litres/day				
Hazardous Sludges				
X Bulky Items/Scrap Metal fly out fuel drums Other (describe):				
9. PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)				
Land Use Permit				
DIAND Yes _X_ No If no, date expected _Before June 15				
Regional Inuit Association Yes _X_ No If no, date expectedbefore June 15				
Commissioner Yes No If no, date expected _NA				
10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)				
NIRB Screening YesX_ No If no, date expectedbefore June 15_				
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 adverse impacts are expected from such a small scale operation				
The adverse impacts and dispected from each a small court operation.				

(Continued)	Voca
If yes, has the applicant entered into an agreement with the Designated Inuit organization to pay compensation for ar or damage that may be caused by the alteration. If no compensation agreement has been made, how will compensati determined?	
12. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions)	
Helicopter – contractor unknown at this time	
13. STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.) The program is a first-pass examination of the region. No studies have been made outside of preliminary geological assessment	
14. THE FOLLOWING DOCUMENTS <u>MUST</u> BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN	
Preliminary Abandonment and Restoration PlanX_ Yes No If no, date expected	
Supplementary Questionnaire (where applicable: see section 5) _X_ Yes No If no, date expected	
Inuktitut/English Summary of ProjectXYes No If no, date expected	
Application fee \$30.00 (Payee Receiver General for Canada) Yes _X_ No If no, date expected _already	paid_
Water Use fee (see Section 9 of the NWT Waters Regulations; Payee Receiver General for Canada) _X_ Yes No If no, date expected	
15. PROPOSED TIME SCHEDULE	i
X Annual (or) Multi Year	
Date: June 15 2006 Completion Date: June 15 2007	
Name (Print) Vice - President Title (Print) Signature Date	<u> 36</u>
For Nunavut Water Board use only APPLICATION FEE Amount: \$ Pay ID No.:	
WATER USE DEPOSIT Amount: \$ Pay ID No.:	