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TEL: (867) 360-6338 FAX: (867) 360-6369 KNK5 wmoEp5 vtmpq NUNAVUT IMALIRIYIN KATIMAYINGI NUNAVUT WATER BUARD OFFICE DES EAUX DU NUNAVUT

WATER LICENCE APPLICATION FORM

Application for: (check one)			
☐ New ☐ Renewal ☐ Ame	endment		
LICENCE NO: (for NWB use only)			
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE Existing Licena # JBE-PER0610 DIAMONDEX RESOURCES LTD. P.O. Box 11584 1410 - 650 West Georgia Street Vancouver, BC V6B 4N8	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable) ———————————————————————————————————		
Phone: <u>(604) 687-6644</u> Fax: <u>(604) 687-1448</u> e-mail: <u>anorth@diamondex.net</u>	e-mail: Public Registry		
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking) Peregrine Property This project was located in the Kikerk Lake area, located approximately 99.5 km SE of Kugluktuk. Min. Latitude: 67 degrees 4' Min. Longitude: 113° 21' Max. Latitude: 67 degrees 25' Max. Longitude: 113° 51' Latitude: (° ' "N) Longitude: (° ' "W) NTS Map Sheet No. 86P03/04/05/06 Scale: 1:50,000			
4. DESCRIPTION OF UNDERTAKING (attach			
application for undertakings listed in "bold") Industrial Mining and Milling(includes exploration/dr Municipal (includes camps/lodges) Power	Agricultural Conservation Recreational Miscellaneous (describe below):		
See Schedule II of Northwest Territories Waters	Regulations for Description of Undertakings		

6.	WATER USE		
	☐ To obtain water ☐ Flood control ☐ To cross a watercourse ☐ To divert a watercourse ☐ To alter the flow of, or store, water ☐ Other (describe): n/a		
	Uther (describe): n/a		
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.)		
	Vater returned to source <u>0</u> 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):drill water		
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		
	Commissioner		
10.	PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)		
	NIRB Screening		
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?		
	n/a		
	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)		
n/a			
13. STUDIES UNDERTAKEN TO DATE (list and attach co	ppies of studies, reports, research, etc.)		
n/a			
14. THE FOLLOWING DOCUMENTS <u>MUST</u> BE INCLUREGULATORY PROCESS TO BEGIN	DED WITH THE APPLICATION FOR THE		
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		
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		
15. PROPOSED TIME SCHEDULE (unless otherwise indicated, the NWB will consider the application for a five (5) year term)			
	Multi Year		
Start Date:Completion Da	ate:		
Anna North Name (Print) Land Manager Title (Print) Signature Date			
For Nunavut Water Board office use only			
APPLICATION FEE Amount: \$ Pay ID No.:			
WATER USE DEPOSIT Amount: \$ Pay ID No.:			