

P.O. Box 119 GJOA HAVEN, NU XOE 1JO

Tel: (867) 360-6338 Fax: (867) 360-6369 kNK5 wmoEp5 vtmpq NUNAVUT WATER BOARD NUNAVUT IMALIRIYIN KATIMAYINGI

WATER LICENCE APPLICATION FORM

Application for: (check one)		
4 New Amendment	Renewal	Assignment
LICENCE NO: (for NWB use only) NWB MEA		
1. NAME AND MAILING ADDRESS (APPLICANT/LICENSEE	OF 2.	ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)
Cumberland Resources Ltd. Suite #950 – One Bentall Centre Box 72 - 505 Burrard Street Vancouver, B.C., V7X 1M4	See p	revious
Phone:604-608-2557 Fax:604-608-2559 e-mail:cumberland@telus.net	Phone Fax: e-mai);
the Undertaking) Please refer to Project Described The project site is located in the District of F project straddles four NTS sheets: 66 A/16, 6	cription Report. Kivalliq, Nunavut, : 66 H/1, 56 E/4 and	a topographical map, indicating the main components of approximately 70 km north of Baker Lake. The 56 D/13. NTS Map No. See above Scale: 1:50,000
4. DESCRIPTION OF UNDERTAKING Please refer to Project Description Report.	${f G}$ (attach plans and	drawings)
5. TYPE OF UNDERTAKING (A suppundertakings listed in "bold")	lementary questions	naire must be submitted with the application for
4 Mine Development Muni Advanced Exploration Power	r	

_4 To obtain water _4 To modify the bed or bank of a watercourse _4 To alter the flow of, or store, water _4 To cross a watercourse					
7. QUANTITY OF WATER INVOLVED (litres per s including both quantity to be used and quality to be re					
Please refer to Project Description Report. Details will be provided on conclusion of the feasibility study and documented within the project EIS.					
8. WASTE (for each type of waste describe: composition	n, quantity, methods of treatment and disposal, etc.)				
Please refer to Project Description Report. Details will be provided on conclusion of the feasibility study and documented within the project EIS.					
4 Sewage 4 Waste oil 4 Solid Waste 4 Greywater					
4 Hazardous 4 Sludges					
_4 Bulky Items/Scrap Metal Other (describe):					
PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary) Land Use Permit Kivalliq Inuit Association					
DIAND Yes No If no	, date expected				
Regional Inuit Association 4 Yes No If no,	date expected				
Commissioner Yes No If no	o, date expected				
10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)					
See Project Description Report. Details will be provided in the Project EIS.					
NIRB Screening Yes _4 N	o If no, date expected March 2003				
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?					
Yes.					

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? Compensation will be negotiated within the IIBA and through other mechanisms in due course. 12. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions) AMEC, Calgary, Alberta – Feasibility study, Climate, Hydrology ANYS, Calgary, BC – Wildlife, Eeological Land Classification Azimuth Consulting Group, Vancouver, BC – Environmental Coordination Golder, Vancouver, BC – ARD, Air Quality, Bathymetry, Noise, Soil Contamination, Terrain and Soils Outcrop Communications, Yellowknife, NWT – Vegetation Robert Hornal, Vancouver, BC – Baseline Socio-Economic Study, Land Use, Traditional Knowledge 13. STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.) Please refer to Project Description Report. 14. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN Supplementary Questionnaire (where applicable: see section 5) 4 Yes No					
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APPLICATION FEE	Amount: \$	Receipt No.:	
WATER USE DEPOSIT	Amount: \$	Receipt No.:	