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TEL: (867) 360-6338 FAX: (867) 360-6369 KATIMAYINGI

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WATER LICENCE APPLICATION FORM

Application for: (check one)					
X New Amendment Renew	alAssignment				
LICENCE NO: (for NWB use only)					
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)				
Paulo Pereira De Beers Canada Inc. – Exploration Division One William Morgan Drive Toronto, Ontario M4H 1N6 Phone: (416) 645-1710 Fax: (416) 423-9944 e-mail: paulo.pereira@ca.debeersgroup.com	De Beers Canada Inc. 65 Overlea Blvd, Ste 400 Toronto, Ontario M4H 1P1 Phone: (416) 645-1710 Fax: (416) 429-2462 e-mail:				
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking) De Beers Canada Inc Exploration division has 30 active permits centered ~120km southwest of the community of Baker Lake (see map attached). Localized sampling, prospecting, mapping and ground geophysics will be conducted around high interest geophysical targets. Drilling of selected geophysical targets will follow in September					
Latitude: Longitude:	NTS Map No Scale				
4. DESCRIPTION OF UNDERTAKING (attach pinkefer to Appendix 4.					
5. TYPE OF PRIMARY UNDERTAKING (A supplementary questionnaire <u>must</u> be submitted with the application for undertakings listed in " bold ")					
Industrial Mining and Milling Municipal (includes camps/lodges)	_ Agricultural _ Conservation _ Recreational				
PowerX	X Miscellaneous (includes exploration/drilling) (describe):				

See Schedule II of Northwest Territories Waters Regulations for Description of Undertakings				
6. WATER USE				
7. QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be returned to source)				
A total of 1250 liters per day will be used for drilling operations. Most water will be recirculated into the drill hole but some water will be expelled onto the ground at the drill collar location. On site supervisors will ensure drill holes and related activities are at least 31 meters from the high level water mark of the lake.				
8. WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)				
_ Sewage				
 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 AssociationX_ Yes No If no, date expected				
Kivalliq Inuit Association, Box 340, Rankin Inlet, NU, X0C 0G0 Commissioner Yes No If no, date expected				
10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)				
NIRB Screening Yes No If no, date expected n/a				

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					
11. (Continued)					
If yes, has the applicant entered in or damage that may be caused by determined?					
12. CONTRACTORS AND	SUB-CONTRACTOR	RS (name, address and f	unctions)		
Drilling Summit Drilling Services Inc. 2 Jackpine Crescent Hamner, Ontario P3P 1R2 Phone: 1-705-693-0397 Fax: 1-705-693-9842 13. STUDIES UNDERTAK No studies taken to date 14. THE FOLLOWING DOREGULATORY PROCESS TO	OCUMENTS <u>MUST</u> F	ue 4232 uts.com.au d attach copies of studie			
Supplementary Questionnaire (who	nere applicable: see sect	ion 5) <u>X</u> Yes No	If no, date expected _		
Inuktitut/English Summary of Pro	oject	<u>X</u> Yes No	If no, date expected		
Application fee \$30.00 (Payee Receiver General for Canada) X Yes No If no, date expected					
Water Use fee (see Section 9 of the	ne NWT Waters Regulat		eneral for Canada) If no, date expected _		
15. PROPOSED TIME SCI	HEDULE				
Annual (or) <u>X</u> M	ulti Year				
Start Date: August 1, 2006	Completion Date: <u>Sept</u>	ember 30, 2007			
Name (Print)	Title (Print)	Signatur	·e	Date	
or Nunavut Water Board use only PPLICATION FEE A	mount: \$	Pav ID No.:			
	mount: \$	Pay ID No.:			