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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 De Beers Canada Inc. – Exploration Division 65 Overlea Blvd., Ste 300 Toronto, Ontario M4H 1P1 _____ Phone: (416) 645-1710 Fax: (416) 429-9944 e-mail: _____	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable) <u>Same</u> <u>Amendment to 2BE-BKL0609</u> Phone: _____ Fax: _____ e-mail: _____		
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking) No plans for camp at this time Latitude: (° ' " N) Longitude: (° ' " W) NTS Map Sheet No. _____ Scale: _____			
4. DESCRIPTION OF UNDERTAKING (attach plans and drawings) Diamond drilling activities as described in the previous application			
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 checked="" 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 type="checkbox"/> Miscellaneous (describe below): </td> </tr> </table> <p style="margin-top: 20px;">See Schedule II of <i>Northwest Territories Waters Regulations</i> for Description of Undertakings</p>		<input type="checkbox"/> Industrial <input checked="" 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 type="checkbox"/> Miscellaneous (describe below):
<input type="checkbox"/> Industrial <input checked="" 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 type="checkbox"/> Miscellaneous (describe below):		

6. WATER USE

- | | |
|---|---|
| <input checked="" type="checkbox"/> To obtain water | <input type="checkbox"/> Flood control |
| <input type="checkbox"/> To cross a watercourse | <input type="checkbox"/> To divert a watercourse |
| <input type="checkbox"/> To modify the bed or bank of a watercourse | <input type="checkbox"/> To alter the flow of , or store, water |
| <input type="checkbox"/> Other (describe): | |

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.) 20 m³/day for diamond drilling

Water returned to source
 _____ m³/day

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

- | | |
|--|---|
| <input type="checkbox"/> Sewage | <input type="checkbox"/> Waste oil |
| <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Greywater |
| <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sludges |
| <input type="checkbox"/> Bulky Items/Scrap Metal | <input type="checkbox"/> Other describe): |

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 _____
Kivalliq Inuit Association

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 _____

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)

Gateway Helicopters – Helicopter Services
P.O. Box 1111
North Bay, ON
P1B 8K4

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

None to date

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 _____
Please see previously submitted. Please note the plans for camp have been shelved

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 NWT will consider the application for a five (5) year term)

☐ one year or less (or) ☒ Multi Year

Start Date: October 30, 2007 Completion Date: August 31, 2009

Matthew Pickard

Safety, Health and
Environment Manager

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.: _____