

P.O. Box 119 GJOA HAVEN, NU XOB 1J0 TEL: (867) 360-6338 FAX: (867) 360-6369 בב" בב" החבר" NUNAVUT IMALIRIYIN KATIMAYINGI NUNAVUT WATER BOARD OFFICE DES EAUX DU NUNAVUT

## WATER LICENCE APPLICATION FORM

Application for: (check one)	
☐ New ☐ Renewal ☐ Amend	dment Assignment Cancellation
LICENCE NO: (for NWB use only)	
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)
Indicator Minerals Inc. Suite 275 - 1075 West Georgia Street Vancouver, BC V6E 3C9  Phone: 604-331-4605 Fax: 604-331-4654 e-mail: dennisd@indicatorminerals.com	Phone: Fax: e-mail:
3. LOCATION OF UNDERTAKING (describe and	d attach a topographical map, indicating the main
community of Kugaaruk, and 500 km north of Rankin I low relief tundra with bedrock exposure in the north, with property map is attached.  Latitude: (67°19'1" N) Longitude: (93°1'58" V NTS Map Sheet No. 56N/02-06, 10-14 and 56M/01,08 Sc	cale: 1:50,000
4. <b>DESCRIPTION OF UNDERTAKING</b> (attach p Mineral exploration activities associated with diar sampling, bedrock and surficial geology mapping surveys, and drilling. Water usage would include	mond exploration, including but not limited to: till and sampling, airborne and ground geophysical
5. TYPE OF PRIMARY UNDERTAKING (A supapplication for undertakings listed in "bold")	plementary questionnaire <u>must</u> be submitted with the
☐ Industrial ☐ Mining and Milling(includes exploration/drill ☐ Municipal (includes camps/lodges) ☐ Power	Agricultural Conservation Recreational Miscellaneous (describe below):
See Schedule II of <i>Northwest Territories Waters R</i>	degulations for Description of Undertakings

6.	WATER USE					
	<ul><li>☑ To obtain water</li><li>☐ To cross a watercourse</li><li>☐ To modify the bed or bank of a</li></ul>	. watercou	rse	☐ Flood control☐ To divert a watercourse☐ To alter the flow of, or store, water		
	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 \( \sum \frac{100m^3}{\text{day}}\) or less  Greater than \( \frac{100m^3}{\text{day}}\); if greater, indicate quantities to be used for each purpose (camp, drilling, etc.)					
,	Water returned to source 0 m <sup>3</sup> /day					
8.	WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)					
	<ul><li>∑ Sewage</li><li>∑ Solid Waste</li><li>☐ Hazardous</li><li>∑ Bulky Items/Scrap Metal</li></ul>		Waste     Greyw     Sludge     Other	vater		
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		
	Commissioner	☐ Yes	⊠ No	If no, date expected		
10.	0. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)					
	NIRB Screening Yes	☐ No	If no, da	ite expected		
11.	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.					
	compensation for any loss or dama	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?				

CONTROL CROPS (AND SUPER CONTROL OFFICES (And Advantage)						
12. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions) Great Slave Helicopters, 106 Dickens Street, Yellowknife NT X1A 2R3 - Helicopter Support						
M&T Expediting, Box 156, Rankin Inlet, NU - Expediting Support						
Park Ambulance, Box 55121, Temple P.O., Calgary, AB - Medical and First Aid Support						
Unaalik Aviation, P.O Box 1741, Iqaluit, NU - Twin Otter Service						
Ookpik Aviation, Box 239, Baker Lake, NU - Single Otter Service						
13. STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.)						
None.						
4.4 THE POLY ONLY OR DOCUMENTED MALIOT DE INICI LIDED WATER THE ADDITION FOR THE						
14. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE DECLI ATORY PROCESS TO RECIN						
REGULATORY PROCESS TO BEGIN						
Supplementary Questionnaire (where applicable: see section 5)						
Supplementary Questioniano (miero appriorate oct decision e)						
Inuktitut and/or Inuinnaqtun/English Summary of Project						
Application fee of \$30.00 (Payee Receiver General for Canada) Yes No If no, date expected						
The state of the s						
Water Use fee of \$30.00 (unless otherwise indicated in Section 9 of the <i>NWT Waters Regulations</i> ; Payee Receiver General for Canada)						
General for Canada)						
<u> </u>						
15. PROPOSED TIME SCHEDULE (unless otherwise indicated, the NWB will consider the application for						
a five (5) year term)						
one year or less (or) Multi Year						
Start Date: 09/09 Completion Date: 09/14						
e Ya Ala						
Karen-Jane Weir Senior Project Geologist 23 September 2009						
Name (Print)  Title (Print)  Semor Project Geologist  Signature  Date						
Name (rimit)						
For Nunavut Water Board office use only						
APPLICATION FEE Amount: \$ Pay ID No.:						
THE MALE TO ALL						
WATER USE DEPOSIT Amount: \$ Pay ID No.:						