

## COMMENT FORM FOR NIRB SCREENINGS

The Nunavut Impact Review Board (NIRB) has a mandate to protect the integrity of the ecosystem for the existing and future residents of Nunavut. To assess the environmental and socio-economic impacts of the project proposal, NIRB would like to hear your concerns, comments and suggestions about the following project proposal application:

<b>Project Proposal Title:</b> Quarry at Goose Lake for Camp					
<b>Proponent:</b> Dundee Precious Metals Inc.					
<b>Location:</b> Goose Lake					
<b>Comments Due By:</b> August 7 <sup>th</sup> , 2006			<b>NIRB #:</b> 06QN027		
<b>Indicate your concerns about the project proposal below:</b> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> no concerns</li> <li><input type="checkbox"/> water quality</li> <li><input type="checkbox"/> terrain</li> <li><input type="checkbox"/> air quality</li> <li><input type="checkbox"/> wildlife and their habitat</li> <li><input type="checkbox"/> marine mammals and their habitat</li> <li><input type="checkbox"/> birds and their habitat</li> <li><input type="checkbox"/> fish and their habitat</li> <li><input type="checkbox"/> heritage resources in area</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> traditional uses of land</li> <li><input type="checkbox"/> Inuit harvesting activities</li> <li><input type="checkbox"/> community involvement and consultation</li> <li><input type="checkbox"/> local development in the area</li> <li><input type="checkbox"/> tourism in the area</li> <li><input type="checkbox"/> human health issues</li> <li><input type="checkbox"/> other: _____</li> </ul> </div>					
<b>Please describe the concerns indicated above:</b>         					
<b>Do you have any suggestions or recommendations for this application?</b>         					
<b>Do you support the project proposal? Yes <input type="checkbox"/> No <input type="checkbox"/></b> Any additional comments?         					
<b>Name of person commenting:</b> _____ <b>of</b> _____ <b>Position:</b> _____ <b>Organization:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____					