

## 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:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
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| <b>Project Proposal Title:</b> <u>Beluga Sapphire Project</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Proponent:</b> <u>True North Gems Inc.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Location:</b> <u>Near Kimmirut</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Comments Due By:</b> <u>June 22, 2007</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NIRB #:</b> <u>05EN060</u>                                   |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Indicate your concerns about the project proposal below:</b><br><table border="0"><tr><td><input type="checkbox"/> no concerns</td><td><input type="checkbox"/> traditional uses of land</td></tr><tr><td><input type="checkbox"/> water quality</td><td><input type="checkbox"/> Inuit harvesting activities</td></tr><tr><td><input type="checkbox"/> terrain</td><td><input type="checkbox"/> community involvement and consultation</td></tr><tr><td><input type="checkbox"/> air quality</td><td><input type="checkbox"/> local development in the area</td></tr><tr><td><input type="checkbox"/> wildlife and their habitat</td><td><input type="checkbox"/> tourism in the area</td></tr><tr><td><input type="checkbox"/> marine mammals and their habitat</td><td><input type="checkbox"/> human health issues</td></tr><tr><td><input type="checkbox"/> birds and their habitat</td><td><input type="checkbox"/> other: _____</td></tr><tr><td><input type="checkbox"/> fish and their habitat</td><td>_____</td></tr><tr><td><input type="checkbox"/> heritage resources in area</td><td>_____</td></tr></table> |                                                                 | <input type="checkbox"/> no concerns | <input type="checkbox"/> traditional uses of land | <input type="checkbox"/> water quality | <input type="checkbox"/> Inuit harvesting activities | <input type="checkbox"/> terrain | <input type="checkbox"/> community involvement and consultation | <input type="checkbox"/> air quality | <input type="checkbox"/> local development in the area | <input type="checkbox"/> wildlife and their habitat | <input type="checkbox"/> tourism in the area | <input type="checkbox"/> marine mammals and their habitat | <input type="checkbox"/> human health issues | <input type="checkbox"/> birds and their habitat | <input type="checkbox"/> other: _____ | <input type="checkbox"/> fish and their habitat | _____ | <input type="checkbox"/> heritage resources in area | _____ |
| <input type="checkbox"/> no concerns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> traditional uses of land               |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> water quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Inuit harvesting activities            |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> terrain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> community involvement and consultation |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> air quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> local development in the area          |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> wildlife and their habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> tourism in the area                    |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> marine mammals and their habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> human health issues                    |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> birds and their habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> other: _____                           |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> fish and their habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                           |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <input type="checkbox"/> heritage resources in area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                           |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>If you have checked off a box in the above-section, please describe the nature of the concerns. Attach additional correspondence if required.</b><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Do you have any suggestions or recommendations for this application?</b><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Do you support the project proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> Any additional comments?</b><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Name of person commenting:</b> _____ <b>of</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Position:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Organization:</b> _____                                      |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |
| <b>Signature:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date:</b> _____                                              |                                      |                                                   |                                        |                                                      |                                  |                                                                 |                                      |                                                        |                                                     |                                              |                                                           |                                              |                                                  |                                       |                                                 |       |                                                     |       |

