## NUNAVUT WATER BOARD LICENCE APPLICATION FORM

	PLICATION/LICENCE NO:
	PLICATION/LICENCE NO: NWB 2 MONJ = monapros
1.	NAME AND MAILING ADDRESS OF APPLICANT Monopros Limited - Tould McKnlay P.O. Box 2520 Yellumknife, NT XIA 2PB  2. ADDRESS OF HEAD OFFICE IN CANADA IF INCORPORATED Monopros Limited Waterpark Place 10 Bay St Ste 1510 Toronto Ont M53 2 RB
	Phone: 873-4530 Fax: (403)873-4532 Phone: 46)363-2665 Fax: 363-4278
3.	LOCATION OF UNDERTAKING (describe and attach a map, indicating watercourse and location of any proposed waste deposits)
	7,317,300 N 466,000 E ~ NAD 27  Latitude: Longitude:
4.	DESCRIPTION OF UNDERTAKING (describe and attach plans)  Exploration camp on unnamed lake at above location.  Exploration core drilling on unnamed lake - location shown on sketches.
5.	TYPE OF UNDERTAKING  Industrial Power Agricultural Mining and Milling Conservation Recreation  Municipal Other (describe): Exploration
6.	WATER USE  ☐ To obtain water ☐ To cross a watercourse ☐ To divert water ☐ To modify the bed of bank of a water ☐ To water the flow of, or store, water ☐ Other (describe): pump mained water for use on wireline dails.

7.	QUANTITY OF WATER INVOLVED (litres per second, litres per day or cubic metres per year, including both quantity to be used and quality to be returned to source) Minimal - difficult to predict since we plan to recirculty water to supply much of our needs
8.	WASTE DEPOSIT (quantity, quality, treatment and disposal)  None into Water.
9.	OTHER PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)  N/A
10.	PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION  Draw water for exploration drilling. The whene is minimal because water will be re-circulated
11.	CONTRACTORS AND SUB-CONTRACTORS (name, address and functions) Bourt Longyear drilling.
12.	STUDIES UNDERTAKEN TO DATE (attach list if necessary) Preliminary impact study report by Golder Associates.
13.	PROPOSED TIME SCHEDULE Start Date: Feb 1 /1997 Completion Date: April 30 /1997
/UDD Name (F	
	ICATION FEE Amount: \$ 30° Receipt No.:  ER USE DEPOSIT Amount: \$ Receipt No.: