

P.O. Box 119 GJOA HAVEN, NU X0E 1J0

TEL: (867) 360-6338 FAX: (867) 360-6369 KATIMAYINGI

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WATER LICENCE APPLICATION FORM

Application for: (check one)		
New Amendment Renewal	Assignment	
LICENCE NO: (for NWB use only)		
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)	
City of Iqaluit P.O. Box 460 Iqaluit, Nunavut X0A 0H0	DI NVA	
Phone:_867-975-8500 Fax: _867-975-8505 e-mail: bsokach@city.iqaluit.nu.ca	Phone:N/A	
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking)		
Latitude: 63°45' N Longitude: 68°31' W NTS Map No. 25 N/9, 25 N/10, 25 N/15, 25 N/16 Scale 1/50000		
4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)		
The City of Iqaluit requires the taking of water from Lake Geraldine for Municipal purposes, both residential and commercial.		
Drawings attached.		
5. TYPE OF UNDERTAKING (A supplementary questionnaire <u>must</u> be submitted with the application for undertakings listed in " bold ")		
Industrial Remote/Tourism C Mine Development Municipal Advanced Exploration Power	damps	
Exploratory Drilling Other (describe):		

6. WATER USE	
$\sqrt{}$ To obtain water	To divert a watercourse
To modify the bed or bank of a watercourse	_ Flood control
To alter the flow of , or store, water	Other (describe):
To cross a watercourse	
7. QUANTITY OF WATER INVOLVED (litres per second	ond, litres per day or cubic metres per year.
including both quantity to be used and quality to be return	
The City of Iqaluit is requesting an annual water use volume not	to exceed 1,100,000 m ³ .
8. WASTE (for each type of waste describe: composition, or	quantity, methods of treatment and disposal, etc.)
$\underline{\hspace{0.1cm}}\sqrt{\hspace{0.1cm}}$ Sewage $\underline{\hspace{0.1cm}}\sqrt{\hspace{0.1cm}}$ Waste oil	
Solid Waste Greywater	
$\underline{\hspace{0.1cm}\sqrt{\hspace{0.1cm}}}$ Hazardous $\underline{\hspace{0.1cm}\sqrt{\hspace{0.1cm}}}$ Sludges	
Bulky Items/Scrap Metal Other (describe):	
9. PERSONS OR PROPERTIES AFFECTED BY THIS	LINDEDTAVING (give name, mailing address and
location; attach if necessary)	UNDERTAKING (give name, maining address and
T 17 B 4	
Land Use Permit	
DIAND Yes √ No If no.	date expected
1esv No II no,	date expected
Regional Inuit Association Yes No If no,	date expected
Commissioner YesV_ No If no,	date expected
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10. PREDICTED ENVIRONMENTAL IMPACTS OF U	NDEDTA KING AND DRODOSED MITICATION
	NDEKTAKING AND PROPOSED MITIGATION
MEASURES (direct, indirect, cumulative impacts, etc.)	
MEASURES (direct, indirect, cumulative impacts, etc.)	
	o If no, date expected
NIRB Screening Yes✓_ N 11. INUIT WATER RIGHTS	
NIRB ScreeningYes✓_ N	ty, or flow of water flowing through Inuit Owned Lands and

12. (Continued)		
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?		
N/A		
13. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions)		
14 STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.)		
City of Iqaluit Dam Safety Review For Lake Geraldine Dam, Trow Consulting Engineers Ltd, March 2002. Municipality of Iqaluit Water Treatment Plant Pre-Design Brief, Earth Tech (Canada) Inc., March 2002. Water and Sewer Study, Trow Consulting Engineers Ltd., May 2002.		
City of Iqaluit Dam Safety Review for Sewage Lagoon, Trow Consulting Engineers Ltd., October 2002.		
15. THE FOLLOWING DOCUMENTS <u>MUST</u> BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN		
Supplementary Questionnaire (where applicable: see section 5) Yes No If no, date expected		
Inuktitut/English Summary of Project Yes No If no, date expected		
Application fee \$30.00 (c/o of Receiver General for Canada) YesNo If no, date expected		
16. PROPOSED TIME SCHEDULE		
Annual (or) Multi Year		
Start Date: January 2004 Completion Date: December 2008		
Brad Sokach Director of Engineering Name (Print) Title (Print) Signature Date		
For Nunavut Water Board use only APPLICATION FEE Amount: \$ Receipt No.:		
WATER USE DEPOSIT Amount: \$ Receipt No.:		