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NUNAVUT IMALIRIYIN KATIMAYINGI
NUNAVUT WATER BOARD
OFFICE DES EAUX DU NUNAVUT

WATER LICENCE APPLICATION FORM

Application for: (check one)

☒ **New**
☐ **Renewal**
☐ **Amendment**
☐ **Assignment**
☐ **Cancellation**

LICENCE NO:

(for NWB use only)

<p>1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE</p> <p>Joyia Chakungal Canada - Nunavut Geoscience Office P.O. Box 2319 Iqaluit, NU X0A 0H0</p> <p>Phone: <u>867 979 3539 x28</u> Fax: <u>867 979 0708</u> e-mail: <u>jchakung@nrcan.gc.ca</u></p>	<p>2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)</p> <p>_____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>		
<p>3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking)</p> <p>Tentatively, we would like to set up camp along the Mathiessan River. In the event that the proposed location is not suitable, we will set up in an alternate location further inland for which co-ordinates have yet to be determined.</p> <p>Latitude: (64°46'59" N) Longitude: (82°55'43" W) NTS Map Sheet No. <u>46B</u> Scale: <u>1:250,000</u></p>			
<p>4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)</p> <p>Please see attached</p>			
<p>5. TYPE OF PRIMARY UNDERTAKING (A supplementary questionnaire <u>must</u> be submitted with the application for undertakings listed in "bold")</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below): </td> </tr> </table> <p>Base camp from which geological mapping crews will work.</p> <p>See Schedule II of <i>Northwest Territories Waters Regulations</i> for Description of Undertakings</p>		<input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power	<input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below):
<input type="checkbox"/> Industrial <input type="checkbox"/> Mining and Milling (includes exploration/drilling) <input type="checkbox"/> Municipal (includes camps/lodges) <input type="checkbox"/> Power	<input type="checkbox"/> Agricultural <input type="checkbox"/> Conservation <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Miscellaneous (describe below):		

6. WATER USE

- ☐ To obtain water
 ☐ Flood control
☐ To cross a watercourse
 ☐ To divert a watercourse
☐ To modify the bed or bank of a watercourse
 ☐ To alter the flow of , or store, water
☒ Other (describe): To obtain water for drinking and cooking purposes only.

7. QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be returned to source)

Water use ☒ 100m³/day or less
☐ Greater than 100m³/day; if greater, indicate quantities to be used for each purpose (camp, drilling, etc.)

Water returned to source
 _____ m³/day

8. WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)

- ☒ Sewage
 ☐ Waste oil
☒ Solid Waste
 ☒ Greywater
☐ Hazardous
 ☐ Sludges
☐ Bulky Items/Scrap Metal
 ☒ Other describe): Organic wastes (e.g. food scraps) will be burned. Sewage and greywater will be buried, solid wastes will be back hauled.

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. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)

Environmental impact will be minimal. All materials will be removed from the site upon departure.

NIRB Screening ☒ Yes ☐ No If no, date expected _____

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.

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?

12. CONTRACTORS AND SUB-CONTRACTORS (name, address and functions)

N/A

13. STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.)

See attached project description.

14. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGINSupplementary Questionnaire (where applicable: see section 5) ☒ Yes ☐ No If no, date expected _____Inuktitut and/or Inuinnaqtun/English Summary of Project ☒ Yes ☐ No If no, date expected _____Application fee of \$30.00 (Payee Receiver General for Canada) ☐ Yes ☒ No If no, date expected Please send an invoice to: Canada - Nunavut Geoscience Office, PO Box 2319, Iqaluit, Nunavut; Attention Donald JamesWater Use fee of \$30.00 (unless otherwise indicated in Section 9 of the *NWT Waters Regulations*; Payee Receiver General for Canada)☐ Yes ☐ No If no, date expected _____**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 YearStart Date: June 25, 2007 Completion Date: August 25, 2007Joyia Chakungal
Name (Print)Research Scientist
Title (Print)_____
SignatureMarch 30th, 2007
Date

For Nunavut Water Board office use only

APPLICATION FEE Amount: \$_____ Pay ID No.: _____

WATER USE DEPOSIT Amount: \$_____ Pay ID No.: _____