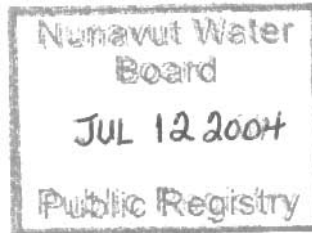




P.O. BOX 16
CAMBRIDGE BAY
NU X0B 0C0
Ph: 867-983-2337
Fax: 867-983-2193

29/06/04

Phyllis Beaulieu
Manager of Licensing
Nunavut Water Board
P.O. Box 119
Gjoa Haven, NU, X0B-1J0



INTERNAL	
PC	chp
MA	
FO	
LA	
BS	
ST	
TA1	
TA2	
RC	
ED	
CH	
BRD	
EXT.	

Re: Amendment to Water License NWB3CAM0207

Enclosed are the necessary applications, studies and fees to amend the above license. I have not included the entire Supplementary Questionnaire for Municipalities as you have that information on file.

I had Mr. Jim Wall, N.W.B. here in Cambridge Bay help me with this application. Should you require any further information concerning this amendment, please feel free to contact myself at 983-2337 or Mr. Wall.

I thank you in advance for your help in this matter.

Sincerely

Colin Dickie
Lands Officer
Hamlet of Cambridge Bay

Cc Mark Calliou
S.A.O.



GOVERNMENT OF NUNAVUT

Lands Technician (Kitikmeot)

Community Government & Transportation
P.O. Box 2376
CAMBRIDGE BAY, NU
X0B 0C0
Ph: (867) 983 4010 Fax: (867) 983 4003
E-mail: snovoligak@gov.nu.ca

August 7, 2003

Wilfred Wilcox
Vice-President
Kitluna Corporation
Box 92
Cambridge Bay, NU
X0B 0C0

**Re: Application to Lease
Unsurveyed Parcel
Cambridge Bay, NU**

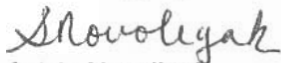
We acknowledge receipt of your application dated August 6, 2003 for the noted parcel. It has been numbered C03-011 and recorded in our filing system under number 410-SK-324. Further correspondence on this application should make reference to the mentioned application or file number.

Please be informed that submission of your application only indicates your interest in acquiring this land and does not imply that your application will automatically be approved.

By copy of this letter to the Cambridge Bay hamlet council we are seeking their recommendation on your application.

We will be in touch with you again soon, when we have received comments from the above party and when our review of your application has been completed.

Yours truly,


Sylvia Novoligak
Lands Technician

✓ Cc Colin Dickie
Lands Officer, Hamlet of Cambridge Bay
Cambridge Bay



Community Government and Transportation

Sketch number 410-SK-324 showing legal survey
required for the following Hamlet in the Kitikmeot Region:
CAMBRIDGE BAY

LEGEND

Survey boundary
Legal surveys



SCALE 1 : 2000



NOTES

Plan compiled by Sylvia Novoligak on 08/06/2003.

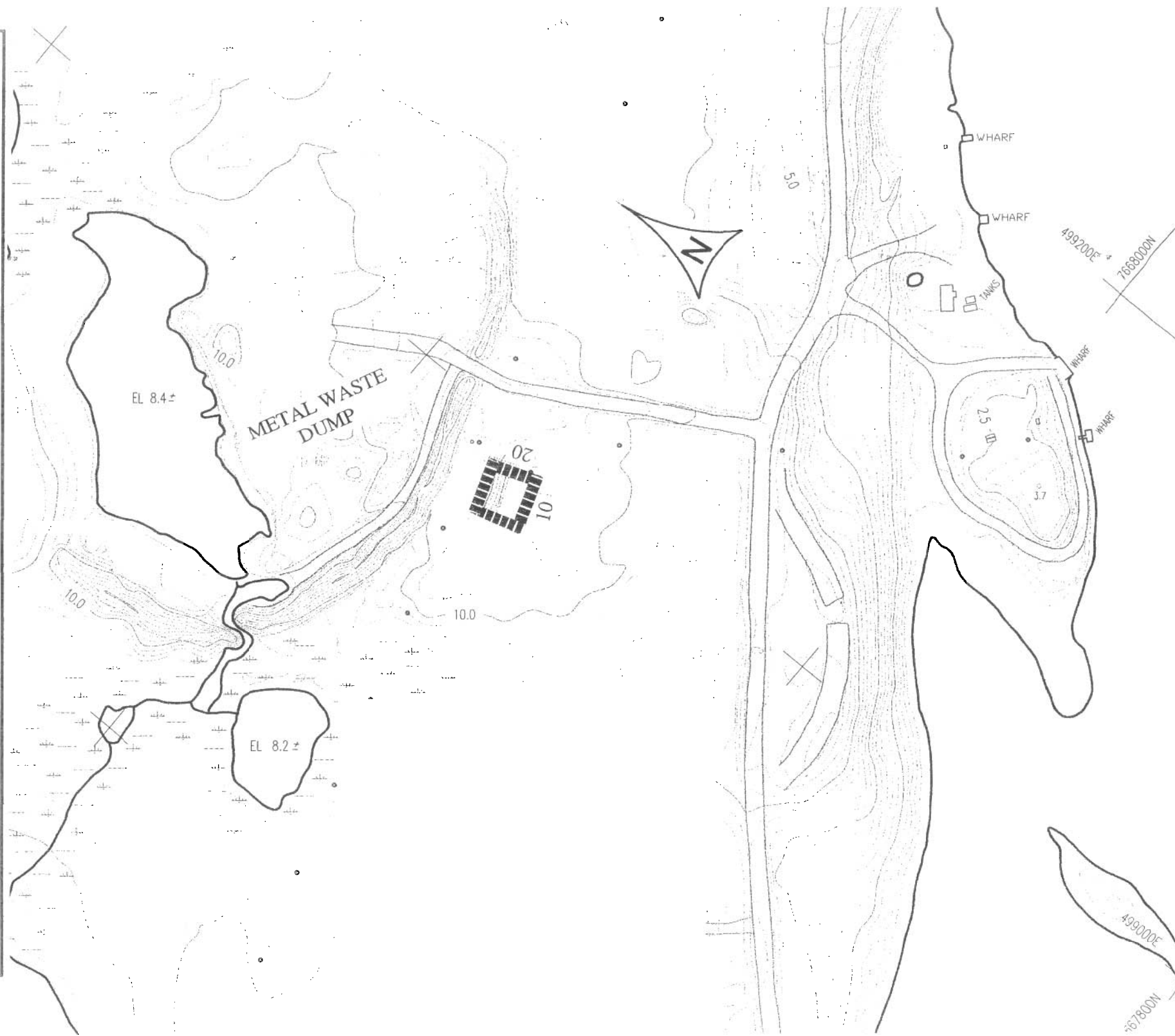
Purpose of the survey:

To create one lot for Environmental Tank Farm purposes.
(410-SK-324)

Information on the proposed lot: 410-SK-324 is owned by the Commissioner. According to the by-law #97, the lot is earmarked for "Open Space", next to the Metal Waste Dump and an amendment of the by-law will be needed to change the designed land-use of the proposed new parcel to "Industrial".

Survey instructions:

The creation of one new lot, if necessary the boundary indicated on the sketch must be adapted to fit on the proposed lot 10m² X 20m²





Effective January 1, 2004

P.O. Box 119
GJOA HAVEN, NU X0E 1J0
TEL: (867) 360-6338
FAX: (867) 360-6369

kNK5 wmoEp5 vtmpq
NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN KATIMAYINGI

WATER LICENCE APPLICATION FORM

Nunavut
BC
12 2004
Public Registry

INTERNAL	
PC	clp
MA	
FO	
LA	
BS	
ST	
TA1	
TA2	
RG	
ED	
CH	
BRD	
EXT.	

Application for: (check one)

☐ New ☒ Amendment ☐ Renewal ☐ Assignment

LICENCE NO:
(for NWB use only)

1. **NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE**
Hamlet of Cambridge Bay
P.O. Box 16
Cambridge Bay, Nunavut
XOB-OCO

Phone: (867) 983-2337
Fax: (867) 983-2193
e-mail: lands@cambridgebay.ca

2. **ADDRESS OF CORPORATE OFFICE IN CANADA** (if applicable)

Phone: _____
Fax: _____
e-mail: _____

3. **LOCATION OF UNDERTAKING** (describe and attach a topographical map, indicating the main components of the Undertaking) See attached Sketch Map 410-SK-324

SEE CURRENT LICENSE

Latitude: _____ Longitude: _____ NTS Map No. _____ Scale _____

4. **DESCRIPTION OF UNDERTAKING** (attach plans and drawings)
Amendment of Water License to include construction and operation of Land Farm to treat hydrocarbon contaminated soil.

5. **TYPE OF PRIMARY UNDERTAKING** (A supplementary questionnaire must be submitted with the application for undertakings listed in "bold")

☒ **Industrial**

☐ Agricultural

☐ Mining and Milling

☐ Conservation

☐ Municipal (includes camps/lodges)

☐ Recreational

☐ Power

☐ **Miscellaneous** (includes exploration/drilling)
(describe): _____

See Schedule II of *Northwest Territories Waters Regulations* for Description of Undertakings**6. WATER USE**

- ☒ To obtain water
☐ To modify the bed or bank of a watercourse
☐ To alter the flow of, or store, water
☐ To cross a watercourse
- ☐ To divert a watercourse
☐ Flood control
☒ Other (describe): _____

Release of treated water from site (Potential only)**7. QUANTITY OF WATER INVOLVED** (cubic metres per day including both quantity to be used and quality to be returned to source)**Minimal –less than 2 cubic meters per day (estimated) maximum.****8. WASTE** (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)

- ☐ Sewage
☐ Solid Waste
☐ Hazardous
☐ Bulky Items/Scrap Metal
- ☐ Waste oil
☐ Greywater
☐ Sludges
☒ Other (describe): **Treated water from site (potential) not normally expected**

9. 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.)

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

Type B Water License- Municipal Operation

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**

11. (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? **Not applicable- municipal organization**

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

Kitnuna Corporation
P.O. Box 92
Cambridge Bay, Nunavut
Ph. 983-7500

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

Preliminary Design – Komax International

Operational Plan –Komax International

14. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN

Supplementary Questionnaire (where applicable: see section 5) **X**Yes ___ No If no, date expected _____

Inuktitut/English Summary of Project **X**Yes ___ No If no, date expected _____

Application fee \$30.00 (Payee Receiver General for Canada) **X**Yes ___ No If no, date expected _____

Water Use fee (see Section 9 of the *NWT Waters Regulations*; Payee Receiver General for Canada)
 ___ Yes **X** No If no, date expected _____
Crown Funds

15. PROPOSED TIME SCHEDULE

___ Annual (or) **X** Multi Year

Start Date: **August 15, 2004 anticipated** Completion Date: **Ongoing Operation**

Mark Calliou _____
 Name (Print) Title (Print)

Senior Administration Officer
 Title (Print)

Signature

June 29th, 2004
 Date

For Nunavut Water Board use only
APPLICATION FEE

Amount: \$ _____ **Pay ID No.:** _____

WATER USE DEPOSIT

Amount: \$ _____ **Pay ID No.:** _____



P.O. Box 119
GJOA HAVEN, NT X0E 1J0
TEL: (867) 360-6338
FAX: (867) 360-6369

NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN KATIMAYINGI

**Water Licence Application
Supplementary Questionnaire
for Municipalities**

I. GENERAL

1. Date: **June 29th, 2004**
2. Applicant: **Hamlet of Cambridge Bay**
Municipality and Region
3. Contacts: **Colin Dickie**
Name of Contact

Lands Officer
Position

(867) 983-2337 **(867) 983-2193**
Telephone # Fax #
4. Community Status: ☐ Village ☐ Town ☐ City
☒ Hamlet ☐ Settlement Corporation
5. Indicate the status of the municipality's licence on the date of the application.
☐ New Application
☐ Renewal - Water Licence # **NWB 3 CAM**

X Amendment

II. ATTACHMENTS

Attach current or up-to-date detailed map(s) showing the locations of the:

- a. raw water intake;
- b. water storage and treatment facilities;
- c. fuel and chemical storage;
- d. sewage treatment facilities (lagoon, honey bag pit, wetland);
- e. wastewater treatment area and discharge outlets;
- f. solid waste disposal areas and drainage patterns;
- g. hazardous waste disposal area;
- h. transportation access routes;
- i. existing water bodies/courses and any changes to these water bodies/courses that have or may occur as a result of water use or waste disposal facilities, locations of environmental monitoring sites. (Outline drainage basin);
- j. Traditional use areas outlined on site map and areas around the community used for recreation, camping, fishing, etc.
- k. abandoned and/or restored water treatment, sewage, and solid waste disposal facilities.

Are maps attached? ☒ Yes ☐ No

If no, please indicate when they will be available.

Indicate which organization has provided the various maps or diagrams.

III. WATER SUPPLY

Water Source- See Previous Submission NWB 3 CAM

1. Type of source: ☐ Lake ☐ River ☐ Well ☐ Other

2. Name of water source and alternative, if any.

3.

Primary Source

Secondary Source

3. Usual break-up & freeze-up period: _____

Break-up

Freeze-up

Water Intake

1. Please provide short descriptions for the following:

- a. Freshwater intake facility

b. Operating capacity of pumps used

c. Intake screen size

Water Storage

1. Type of water storage facility. (check where applicable)

___ Reservoir/Pond ___ Storage tank ___ None ___

___ Other _____ Description:

2. If "reservoir" checked:

Is the reservoir lined? ___ Yes ___ No

What type of liner? _____ When was it installed?

Water Treatment

1. Indicate the quality of the water.

Summer:	___ good	___ fair	___ poor
Fall:	___ good	___ fair	___ poor
Winter:	___ good	___ fair	___ poor
Spring:	___ good	___ fair	___ poor

2. Describe.

3. Type of water treatment.

- ☐ Filtration and chlorination
☐ Chlorination only
☐ None
☐ Other

Description

Water Use And Distribution

1. Volume of water use:

Distribution	Estimated number of people on the system	Estimated average water consumption (Litres/capita/day)	Total water consumption (Litres/day)
	A	B	A x B
PIPED			
TRUCKED			
TOTAL			

General Condition of the water supply facilities

1. General condition of the:

- a. Water supply facility
☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, explain.

- b. Storage facility
☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, explain.

- c. Distribution system
☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, explain.

Modifications

1. Are there any changes *planned* for the water supply system?
☐ No ☐ Yes

If yes, please attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

2. Does the community believe changes needed to the water supply, storage or treatment facilities? Describe.

Identification

Are there signs identifying drinking water sources presently used by the municipality ?
☐ Yes ☐ No

IV. SEWAGE DISPOSAL – See Previous Submission NWB 3 CAM

1. What type(s) of sewage treatment does the community have?
☐ Lagoon
☐ Mechanical system
☐ Wetland
☐ Honey bag
☐ Combination/Other: describe

Lagoon (if applicable)

1. Has there been any operating problems with the lagoon?
☐ Yes ☐ No
If yes, describe

Mechanical System (if applicable)

1. Describe (type, specifications, operation and maintenance program for the mechanical wastewater treatment system).

2. Are sludges produced ?

☐ Yes ☐ No

If yes, describe how the sludges are disposed of:

Wetland(if applicable)

1. Describe the Wetland wastewater treatment system.

Honey Bag Pit

1. Does the municipality use a honey bag pit?

☐ Yes ☐ No

If yes, describe the location, drainage, and operation/maintenance of the site:

Commercial, Industrial and/or Hazardous Wastes

1. Are there any sources of commercial or industrial *liquid* waste being discharged or deposited to the wastewater treatment system that may affect the quality of the effluent or leachate produced?
(The municipality should be aware that any commercial or industrial discharge has to be approved by the municipality)

☒ Yes ☐ No

If yes, indicate sources, types and quantities.

Hydrocarbon contaminated soil- 1,100 m3

Sewage Discharge

1. Are fish, shell fish and other wildlife harvested in or near the discharge area ?
___ Yes ___ No

If yes, indicate species harvested, and level of harvest.

General Condition of the sewage treatment facilities

1. General condition of the:
- a. Sewage collection system
___ Satisfactory ___ Unsatisfactory
If unsatisfactory, explain.
- b. Discharge control system
___ Satisfactory ___ Unsatisfactory
If unsatisfactory, explain.
- c. Dams, diversion dykes, berms
___ Satisfactory ___ Unsatisfactory
If unsatisfactory, explain.

Modifications

1. Are there any changes *planned* in the sewage treatment facilities?
___ No ___ Yes

If yes, please attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

2. Does the municipality or residents believe changes are needed to the sewage treatment facilities? Describe.

Abandonment and Restoration

1. List and describe abandoned or restored sewage treatment facilities.
Refer to original attachment maps.

Identification

Are there signs identifying past and present sewage disposal sites ?
___ Yes ___ No

V. SOLID WASTE DISPOSAL

1. Briefly describe how solid wastes are collected and delivered to the disposal area.
2. Is the solid waste site fenced? ___ Yes ___ No
3. Is the fence adequate? ___ Yes ___ No

If no, describe

Waste Reduction

1. Does the municipality burn garbage ?

☐ Yes ☐ No

If yes, describe how and when this is done.

2. Has the municipality considered measures for waste reduction such as recycling or reuse?

☐ Yes ☐ No

If yes, describe

Animal Carcasses Pit

1. Does the municipality have an area for the disposal of animal carcasses ?

☐ Yes ☐ No

If yes, describe the location, drainage and operation/maintenance of the site

Waste Oil Pit

1. Describe the waste oil storage area.

Bulky Scrap Metal Waste Disposal Area

1. Does the municipality have a scrap metal or bulky waste disposal area?

☐ Yes ☐ No

If yes, briefly describe its location and operation plan.

Commercial, Industrial and/or Hazardous Wastes Disposal Area

- i. Are there any commercial or industrial waste being discharged or deposited in the solid waste disposal area? *(The municipality should be aware that any discharge of commercial or industrial waste has to be approved by the municipality)*

☐ Yes ☐ No

If yes, please indicate sources, types and quantity.

2. Will the municipality use a hazardous waste disposal area?

☐ Yes ☐ No

If yes, describe its:

a. Location

b. Structure

c. Operation and maintenance (describe special handling/disposal methods for these wastes)

General Condition of the Solid Waste Disposal Area

1. Comment on the general conditions of the:

a. Solid waste disposal area

☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, explain.

Modifications

1. Are there any changes planned for the solid waste disposal area?

☐ No ☐ Yes

If yes, attach a copy of the plan, or describe changes. Provide information on the implementation schedule.

2. Are changes needed to the solid waste disposal area? Describe.

Abandonment and Restoration

1. List and describe abandoned or restored solid waste facilities.
Indicate their location on a map.

Identification

Are there signs identifying past and present solid waste disposal sites ?

☐ Yes ☐ No

VI. INSPECTION AND MONITORING

- i. When were municipal facilities inspected by:

☐ Indian and Northern Affairs Inspector

Date: _____

☐ Municipal and Community Affairs

Date: _____

☐ Other:

Date: _____

2. Is there a system in place for reporting spills?

☐ Yes ☐ No

If yes, describe.

3. Is there a contingency plan for clean up of spills?

☐ Yes ☐ No

If yes, describe.

4. Have any spills occurred in the past five years?

☐ Yes ☐ No

If yes, describe and show on a map the locations of the spills. What action has been taken to clean the affected areas?

Monitoring Program

1. Is water sampling and analysis done ?

☒ Yes ☐ No

If Yes, answer the questions a to e

a. Briefly describe how samples are taken and sent to the laboratory.

b. Briefly describe any monitoring done for wastewater effluent and leachate.

Monitoring as per NWB 3 CAM, Land Farm to be included in monitoring as outlined in operational plan attached

c. Who is responsible for water sampling ?

Name: _____

Position: _____

Telephone #: _____

Fax # : _____

Level of training: _____

d. Recognized laboratory performing analysis of samples.

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

e. Are any changes planned in the water quality monitoring program?

☐ Yes ☐ No

If yes, describe.