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KATIMAYINGI

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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN

WATER LICENCE APPLICATION FORM

Application for: (check one)

☒ New ☐ Amendment ☐ Renewal ☐ Assignment

LICENCE NO:
(for NWB use only)

NWB3CAP

1. NAME AND MAILING ADDRESS OF
APPLICANT/LICENSEE

Phone: _____
Fax: _____
e-mail: _____

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)

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

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

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

<input type="checkbox"/> Industrial	<input type="checkbox"/> Remote/Tourism Camps
<input type="checkbox"/> Mine Development	<input type="checkbox"/> Municipal
<input type="checkbox"/> Advanced Exploration	<input type="checkbox"/> Power
<input type="checkbox"/> Exploratory Drilling	<input type="checkbox"/> Other (describe): _____

6. WATER USE

- | | |
|---|--|
| <input type="checkbox"/> To obtain water | <input type="checkbox"/> To divert a watercourse |
| <input type="checkbox"/> To modify the bed or bank of a watercourse | <input type="checkbox"/> Flood control |
| <input type="checkbox"/> To alter the flow of, or store, water | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> To cross a watercourse | |

7. QUANTITY OF WATER INVOLVED (litres per second, litres per day or cubic metres per year, including both quantity to be used and quantity to be returned to source)

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

- | | |
|--|--|
| <input type="checkbox"/> Sewage | <input type="checkbox"/> Waste oil |
| <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Greywater |
| <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sludges |
| <input type="checkbox"/> Bulky Items/Scrap Metal | <input type="checkbox"/> Other (describe): _____ |

9. PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)

Land Use Permit

- | | | |
|----------------------------|--|----------------------------|
| DIAND | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, date expected _____ |
| Regional Inuit Association | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, date expected _____ |
| Commissioner | <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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?

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?

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

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

14. THE FOLLOWING DOCUMENTS MUST 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) ☐ Yes ☐ No If no, date expected _____

15. PROPOSED TIME SCHEDULE

☐ Annual (or) ☐ Multi Year

Start Date: _____ Completion Date: _____

Name (Print)

Title (Print)

Signature

Date

For Nunavut Water Board use only

APPLICATION FEE

Amount: \$ _____ Receipt No.: _____

WATER USE DEPOSIT

Amount: \$ _____ Receipt No.: _____