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

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WATER LICENCE APPLICATION FORM

Application for: (check one)

__X__ **New** __X__ **Amendment** (QB) ___**Renewal** ___**Assignment**

LICENCE NO:
(for NWB use only) NWB3GRI0308

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE

Hamlet of Grise Fiord
Box 77
Grise Fiord, Nunavut
X0A 0J0

Phone: 867 980 9959
Fax: 867 980 9052
e-mail: pickle@nunanet.com

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

Phone:
Fax:
e-mail:

Nunavut Water Board
AUG 3 1 2004
Public Registry

3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking)

Hamlet of Grise Fiord

Latitude: 76 degrees 25.34 minutes North Longitude: 82 degrees 54.33 minutes West
NTS Map No. 49A Scale 1:250,000

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

Divert river back to original drainage path and repair erosion damage created by current drainage pattern

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

___ Industrial
___ **Mine Development**
___ **Advanced Exploration**
___ **Exploratory Drilling**
___ **Remote/Tourism Camps**
__X__ **Municipal**
___ Power
___ Other (describe): _____

6. **WATER USE**

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

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)

No water will be removed or returned from/to the source

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

___ Sewage
___ Solid Waste
___ Hazardous
___ Bulky Items/Scrap Metal
___ Waste oil
___ Greywater
___ Sludges
___ Other (describe):_____

No waste will be generated from this project

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

No other persons or properties will be affected.

Land Use Permit

DIAND ___ Yes __X__ No If no, date expected _unknown (Spencer Dewar - INAC)_

Regional Inuit Association ___ Yes __X__ No If no, date expected _N/A_____

Commissioner ___ Yes __X__ No If no, date expected _N/A_____

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

Current project is an effort to mitigate current environmental impacts (erosion damage) from occurring

NIRB Screening ___ Yes __X__ No If no, date expected __N/A_____

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

N/A

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

None

13. 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 (c/o of Receiver General for Canada) X Yes ___No If no, date expected

14. PROPOSED TIME SCHEDULE

X Annual (or) ___ Multi Year

Start Date: Aug 01, 2004 Completion Date: October 31, 2004

Don Pickle	Sr. Admin Officer		July 31, 2004
Name (Print)	Title (Print)	Signature	Date

For Nunavut Water Board use only

APPLICATION FEE **Amount: $_____** **Receipt No.:**

WATER USE DEPOSIT **Amount: $_____** **Receipt No.:**

EXECUTIVE SUMMARY
APPLICATION - WATER LICENSE
HAMLET OF GRISE FIORD

THE HAMLET OF GRISE FIORD HAS APPLIED FOR A WATER LICENSE. THE INTENT OF THIS APPLICATION IS TO DIVERT THE MAIN RIVER FLOWING THROUGH THE HAMLET BACK TO ITS ORIGINAL COURSE IN ORDER TO STOP THE EROSION OF THE SHORELINE/PENISULA CURRENTLY OCCURING AS A RESULT OF THE PRESENT COURSE OF THE RIVER. AFTER SUCCESSFULLY DIVERTING THE RIVER BACK TO ITS ORIGINAL COURSE WE INTEND TO REPAIR THE EROSION DAMAGE THAT HAS OCCURRED WITH FUTURE HOPES OF LOCATING A BREAKWATER/DOCKING FACILITY OFF THE SMALL PENISULA WHERE THE EROSION DAMAGE IS OCCURING.

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

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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN KATIMAYINGI

Water Licence Application Supplementary Questionnaire for Municipalities

I. GENERAL

1. Date: July 31, 2004

2. Applicant: Hamlet of Grise Fiord, Kitikmeot Region

3. Contacts Don Pickle
Name of Contact

Sr. Admin Officer
Position

867 980 9959
Telephone #

867 980 9052
Fax #

4. Community Status: __ Village __ Town __ City
_X_ Hamlet __ Settlement Corporation

5. Indicate the status of the municipality's licence on the date of the application.
_X_ New Application (current NWB Licence **NWB3GRI0308** for Water/Sewer/Dump Services)
___ Renewal

II. ATTACHMENTS

1. 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 _X_ No

If no, please indicate when they will be available.

Locations have not changed since initial application and maps are not available, as areas are not surveyed

Indicate which organisation has provided the various maps or diagrams.

Government of Nunavut (GN) – Department of Community and Government Services (CGS)

III. WATER SUPPLY

Water Source

1. Type of source: __ Lake _X_ River __Well __ Other

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

unnamed	unnamed
Primary Source	Secondary Source

3. Usual break-up & freeze-up period: July/Aug (Break-up) Oct/Nov (Freeze-up)

Water Intake

1. Please provide short descriptions for the following:

   a Freshwater intake facility

   Gravity fed

   b. Operating capacity of pumps used

   N/A – Gravity Fed

   c. Intake screen size

   No screens used

Water Storage

1. Type of water storage facility. (check where applicable)
   __ Reservoir/Pond _X_ 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:	_X_ good	___ fair	___ poor
Fall:	_X_ good	___ fair	___ poor
Winter:	_X_ good	___ fair	___ poor
Spring:	_X_ good	___ fair	___ poor

2. Describe.

We have excellent quality water from snow melt off

3. Type of water treatment.

___ Filtration and chlorination
_X_ Chlorination only
___ None
__ Other
Description

Water Use And Distribution

1. Volume of water use:

Distribution	Estimated number of people on the system **A**	Estimated average water consumption (Litres/capita/day) **B**	Total water consumption (Litres/day) **A x B**
PIPED	0	0	0
TRUCKED	145	70 L/capita/day	10,150 L /day
		TOTAL	

General Condition of the water supply facilities

1. General condition of the:

a. Water supply facility
_X_ Satisfactory __ Unsatisfactory

If unsatisfactory, explain.

b. Storage facility
_X_ Satisfactory __ Unsatisfactory

If unsatisfactory, explain.

c. Distribution system
_X_ Satisfactory __Unsatisfactory

If unsatisfactory, explain.

Modifications

1. Are there any changes *planned* for the water supply system?
___ No _**X**__ Yes

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

Fencing for dump and water intake
Deepening of water intake pond
Clean up and reorganization of hazardous wastes

Implementation schedule is based on funding availability from GN – CGS, currently no funds available to complete above work

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

Yes, more water storage tanks are required

Identification

Are there signs identifying drinking water sources presently used by the municipality?
__ Yes _**X**_ No

IV. SEWAGE DISPOSAL

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

Lagoon *(if applicable)*

1. Has there been any operating problems with the lagoon?
_**X**__ Yes ___ No
If yes, describe

No proper drain pipe and drain cock to decant lagoon, we use 4" hose and gravity to drain lagoon. Lagoon capacity is too small we have to prematurely decant lagoon in order to maintain lagoon wall integrity and prevent leakage.

Mechanical System *(if applicable)*

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

N/A

2. Are sludges produced ?
__ Yes __ No
If yes, describe how the sludges are disposed of:

N/A

Wetland*(if applicable)*

1 Describe the Wetland wastewater treatment system.

N/A

Honey Bag Pit

1. Does the municipality use a honey bag pit?
___ Yes _**X**__ 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 _**X**_ No

If yes, indicate sources, types and quantities.

Sewage Discharge

1. Are fish, shell fish and other wildlife harvested in or near the discharge area ?
___ Yes __**X**_ 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 _**X**_ Unsatisfactory
If unsatisfactory, explain.

Lagoon capacity too small

b. Discharge control system
__ Satisfactory _**X**_ Unsatisfactory

If unsatisfactory, explain.

Needs a proper drain pipe and drain cock installed

c. Dams, diversion dykes, berms

__ Satisfactory _X_ Unsatisfactory

If unsatisfactory, explain.

Too much water flowing through and beside the lagoon and dump

Modifications

1. Are there any changes *planned* in the sewage treatment facilities?

_X_ 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.

Yes, larger lagoon capacity and proper decant/drainage system

Abandonment and Restoration

1. List and describe abandoned or restored sewage treatment facilities.

Refer to original attachment maps.

It is believed the old honey bag pit and old lagoon is adjacent to the current lagoon

Identification

Are there signs identifying past and present sewage disposal sites?

__ Yes _X_ No

V. SOLID WASTE DISPOSAL

1. Briefly describe how solid wastes are collected and delivered to the disposal area.

Daily pick up by garbage truck, delivered to dump and burned daily.

2. Is the solid waste site fenced? __ Yes _X_ No

3. Is the fence adequate? __ Yes __ No

If no, describe

Waste Reduction

1. Does the municipality burn garbage ?

_X_ Yes __No

If yes, describe how and when this is done.

Burned daily at end of work day approximately 4 pm

2. Has the municipality considered measures for waste reduction such as recycling or reuse?
__ Yes _X_ No

If yes, describe

Animal Carcasses Pit

1. Does the municipality have an area for the disposal of animal carcasses?
__ Yes _X_ No
If yes, describe the location, drainage and operation/maintenance of the site

Waste Oil Pit

1. Describe the waste oil storage area.

Waste Oil is contained in drums at the dump and burnt off when possible.

Bulky Scrap Metal Waste Disposal Area

1. Does the municipality have a scrap metal or bulky waste disposal area?
_X_ Yes __ No
If yes, briefly describe its location and operation plan.

Located next to solid waste dump, bulky metals are deposited here.

Commercial, Industrial and/or Hazardous Wastes Disposal Area

1. 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)*
_X_ Yes ___ No
If yes, please indicate sources, types and quantity.

Batteries, paint, solvents, washers, dryers, fridges, freezers, snowmobiles, gylcol, boats, motors, old equipment, and animal carcasses.

2. Will the municipality use a hazardous waste disposal area?
_X_ Yes ___ No
If yes, describe its:

a. Location

Solid Waste Dump

b. Structure

20' Sea Can Shipping Container

c. Operation and maintenance (describe special handling/disposal methods for these wastes)
When container is full, we will sealift it out for disposal in a proper hazardous waste facility.

General Condition of the Solid Waste Disposal Area

1. Comment on the general conditions of the:

a. Solid waste disposal area

__ Satisfactory _X_ Unsatisfactory

If unsatisfactory, explain.

To much water flowing through and beside disposal areas
No segregation of different classes of waste
No fencing

Modifications

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

__ No _X_ Yes

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

Fencing when GN-CGS has funding available
Segregation of waste into different areas
Ditching and berms to keep water flow away from waste

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

Yes, ditching and berms, fencing, waste organization/segregation, covering and compaction

Abandonment and Restoration

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

unknown

Identification

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

__ Yes _X_ No

VI. INSPECTION AND MONITORING

1. When were municipal facilities inspected by:

_X_ Indian and Northern Affairs Inspector Date: _July 29, 2004_

___ Municipal and Community Affairs Date: _Unknown_

___ Other: Date: _____

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

_X__ Yes ___ No

If yes, describe.

Call 1 867 920 8130 spill line and report on case by case basis

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

___ Yes _X_ No

If yes, describe.

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

_X_ 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?

Outside Municipal Garage, Airport Runway, Next to FireHall, Tank Farm/Gasoline dispenser. All areas cleaned up to satisfaction of Wildlife Officer.

M***onitoring Program***

1. Is water sampling and analysis done ?

_X_ Yes ___No

If Yes, answer the questions a to e

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

Random Monthly Samples taken from water tank, water truck, a housing unit & a commercial unit. Samples are delivered to Health Centre and then sent to Iqaluit for testing.
Annual samples taken by INAC and sent to Yellowknife for testing as per INAC's requirements

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

Annual sample taken by INAC and sent out for analysis to Yellowknife as per INAC's requirements

c. Who is responsible for water sampling ?

Name: Kavavow Kiguktak_____

Position: __Water Truck Driver__

Telephone #: __867 980 9959___

Fax # : __867 980 9052__

Level of training: _On the Job Training_

d. Recognized laboratory performing analysis of samples.

Name: _Taiga Environmental Laboratory_

Address: 4601-52nd Ave, Yellowknife, NT X1A 2R3

Telephone #: 867 669 2788

Fax #: 867 669 2718

e. Are any changes planned in the water quality monitoring program?
___ Yes _X_ No
If yes, describe.

VII. PUBLIC CONCERNS

1. What concerns does the municipality or residents have regarding the municipal water supply or waste disposal facilities? List the concerns and describe what steps have been taken to address those concerns.

Water Storage Facilities too small
Lagoon Capacity too small
Too many hazardous goods improperly stored

Concerns noted and forwarded to GN - CGS

VIII. PUBLIC HEALTH *(To be filled by the Regional Environmental Health Officer)*

1. Date: _____

2. Municipality: Grise Fiord

3. Contact: (Environmental Health Officer Contact) Philip Reeve/Fred O'Brien

Telephone #: (867) 975 4815/645 2171

Fax #: (867) 975 4833/645 2409

4. Have there been any problems or health/environmental concerns with drinking water ?
___ Yes ___No

If yes, describe

5. Have there been any problems or health/environmental concerns with sewage disposal/treatment?
___ Yes ___ No

If yes, describe

6. Have there been any problems or health/environmental concerns with solid waste disposal?
___ Yes ___ No

If yes, describe

Monitoring Program

1. Does the Regional Health Board perform water quality sampling?
___No _X_ If Yes, answer questions (a) to (e)

a. Briefly describe the sampling methodology.

b. Briefly describe any monitoring of wastewater effluent and leachate.

c. Who is responsible for sampling?
Name: Pat Cross

Position: NIC

Telephone #: 867 980 9923

Fax #: 867 980 9067

Level of training: Registered Nurse

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.

IX. TECHNICAL INFORMATION *(Assistance from the Regional Community and Government Services Office)*

1. Date: _____

2. Municipality: Grise Fiord

3. Contact: Bruce Rines, Municipal Engineer
(Community and Government Services Representative)

Telephone # 867 983 4161

Fax # 867 983 4132

4. Population (according to most recent census results):

145

5. Estimated growth rate over next 5 years: 5 people/year estimated pop in 2009 - 170

6. Has any baseline data collection and evaluation been undertaken with respect to the physical, biological, and chemical characteristics of the main water bodies in the area?
__Yes __ No

If yes, provide a summary of program details or site title, authors, cities, and dates:

Prepared by Title Completion Date

If no, are such studies being planned?
___ No ___Yes (If yes, when and by whom):

7. Have Elders been consulted in the collection of baseline data on main water bodies in the area?

___ No __ Yes

If yes, specify.

8. Has any baseline data collection and evaluation been undertaken with respect to the various biophysical components of the environment potentially affected by the project?

___No ___Yes

If yes, provide details below.

Prepared by Title Completion Date

If no, are such studies being planned?

__ No __Yes.

If yes, specify:

Attachments

1. Attach detailed plan or drawing(s) of the present *solid waste disposal area*. Include the following information:

a. details of pond size and elevation;
b. details of all retaining structures (dimensions, materials of construction, etc.);
c. details of the drainage basin, and existing and proposed drainage modifications;
d. details of all decant, siphon mechanisms etc., including sewage treatment facilities;
e. details regarding direction and path of wastewater flow from the area;
f. distance from watercourses and fish bearing waters;
g. location and construction of liners;
h. leachate and groundwater collection systems; and
i. control structures.

2. Attach detailed plan or drawing(s) of the present *sewage treatment system*. The drawing(s) should include the following:

a. details of all retaining structures (dimensions, materials of construction, etc.);
b. details of the drainage basin, and existing and proposed drainage modifications;
c. details regarding direction and path of wastewater flow from the area;
d. indications of the distance from watercourses and fish bearing waters;
e. all sources of seepage presently encountered near these areas, including volumes (m^3/ day) and directions.
f. The volume of seepage flow (m^3 / day); and

g. The direction of each flow.

3. Are drawings for the solid waste disposal area and sewage treatment system attached?

___ Yes ___No

If Yes, who has provided them?

If no, indicate when they will be available.

Hydrology

1. Effects on surface water flow:
   Are any stream channels altered? __ Yes __ No
   Is the natural storage or water level of any lake or pond changed? __ Yes __ No
   Are there changes in water flow downstream of the project? __ Yes __ No
   Is a storage reservoir created in a natural channel? __ Yes __ No

   If yes to any of the above, briefly describe the expected change in flow or storage:

2. Drainage Area:
   What is the drainage area? _____ km^2
   What is the average elevation of the drainage basin? _____ metres
   Is the drainage basin outlined on an attached map? ___Yes ___No

   Describe the drainage basin characteristics, (vegetation, general soil type, lakes, swamps and permafrost areas, etc.)

3. Channel characteristics:
   Is the course of any channel changed? ___ Yes ___No

   If yes, describe measures to maintain stream bed and bank stability.

4. Will the cross-section of any watercourse be changed? __ Yes __ No
   If yes, describe the change and its effect on the flow capacity of the channel.

Water Supply

1. What is the rate of withdrawal from the source? _____ m^3/day.

2. Is water drawn from the source ___ intermittently ___continuously

3. If it is drawn intermittently, during what month(s) is it drawn?

4. For what period is it drawn (days/weeks/months)? ___/week _____weeks/month

5. What is the rate of flow of source (if river) or size (if lake)?

6. At the intended rate of water usage, describe the effects on the river or lake from which water will be drawn.

Water Intake

1. Please provide short descriptions of the following:

a. fresh water intake facility

a pond

b. operating capacity of the pumps

N/A – Gravity Feed

c. intake screen size

No Screen

Water Storage

1. Is a dam or dyke being used to store or alter the flow of water? ___Yes __No

2. What are the dimensions of the dam or dyke? N/A
Length:_____ Width: _____ Height:
U/S slope: _____ D/S slope:

3. Does the proposed dam create a reservoir in a natural watercourse?
___ Yes ___No
If yes, what is the storage capacity and surface area of the reservoir?
_____ m^3 _____ ha.

4. Will the dam or dyke affect fish migration or movement?
___ Yes ___ No
If yes, describe all measures for compensation of fish habitat lost due to the dam or dyke, and mitigation for fish migration or movement.

Water Treatment

1. Indicate the capacity of the treatment facility. _____ L/min

2. What is the capacity of the water storage facility._____ m^3

3. Describe the method of water treatment (i.e., backwash, flocculation, sedimentation, chemicals used), and provide the results of the most recent bacteriological and chemical analysis. Attach a diagram, if possible.

Chlorinating is the only water treatment

4. Are there any changes planned in the water treatment facilities?
___ No ___Yes
If yes, attach a copy of the plan or indicate changes and include an implementation schedule.

Include excerpt from GN – CGS 5 year Capital Plan if available.

Sewage Disposal

1. Indicate the level of sewage treatment:
__X__ primary ___ secondary ___ tertiary
Pre-treatment (if applicable): ___ screening ___ maceration
Lagoons (if applicable): ___ anaerobic ___ aerobic ___facultative

2. Indicate the capacity of the sewage treatment facility _____ m^3

3. Based on current population projections, the facility will meet the needs of the community until the year _____.

4. Average depth of the wastewater lagoon ____ m.

5. What is the design freeboard? _____ m.

6. Indicate the retention time of the sewage while in the treatment facility_____days.

7. Indicate the estimated rate of discharge of wastewater_____.

8. Indicate the location of the discharge point_____.

9. Is the discharge: ___ seasonal ___ continuous

If the discharge is seasonal, during what month(s) is it done?
What is the duration of the discharge (days/weeks/months) ?

10. Are there any changes planned in the sewage disposal facilities?
___ No ___Yes
If yes, attach a copy of the plan or indicate changes and include an implementation schedule.

Include excerpt from GN – CGS 5 year Capital Plan if available.

Solid Waste Disposal

1. Indicate the capacity of the disposal area _____ m^3.

2. The *average* depth of the solid waste disposal site _____ m.

3. The current facility will meet community needs until the year 2004.

4. Do any natural watercourse enter the solid waste disposal area? What methods are used to decrease the amount of runoff water entering these areas?

   Yes, berms

5. Indicate the volume of water that may enter these areas from any source(s) and attach all pertinent details of the diversions.

Source	Volume

6. Please describe any diversions of watercourses:

7. Are there any changes planned in the solid waste disposal facilities?
   ___ No ___Yes
   If yes, attach a copy of the plan or indicate changes and include an implementation schedule.
   Include excerpt from GN – CGS 5 year Capital Plan if available.

Other

1. Describe any additional details on the existing municipal facilities which should be considered by the Nunavut Water Board during it review.

Region4: Kitikmeot

Item Number	Region	Community	Project Number	Project Name	2004-05 Capital Estimates	2004-05 Capital Carryovers	2004-2005 Approved Budget Vouchers	Pending Budget Voucher	2004-05 Total Capital Estimates (E= A+B+C+D)	2004-05 Year to Date "Actual" Expenditures	Total Commitments and/or obligations To Date	Total Expenditures To Date (H = F+G)	Projected Additional Expenditures Expected To Yr. End	Total of all Expenditures Expected To Year End (J = H+I)	2004-05 Surplus or (deficit) At Year End (K = E-J)	Expected Completion Date	Notes / Explanations: i.e. Why project deferred. (Use separate sheet if necessary.)
					A	B	C	D	E	F	G	H	I	J	K		
26	2	Grise Fiord	500037	Grise Fiord Water Supply Improve	0	27,000	0	0	27,000	0	0	0	27,000	27,000	0		44k for fencing
27	2	Grise Fiord	507071	Solid Waste Assessment Grise F	40,000	0	0	0	40,000	0	0	0	40,000	40,000	0		
28	2	Grise Fiord	507072	Lagoon Capacity Investigation Gri	30,000	0	0	0	30,000	0	0	0	30,000	30,000	0		
29	2	Grise Fiord	514002	Grise Fiord Mobile Equipment	0	0	0	250,000	250,000	0	0	0	250,000	250,000	0		BV will be entered, 10k Change Order lat
					$ 70,000	$ 27,000	$ -	$ 250,000	$ 347,000	$ -	$ -	$ -	$ 347,000	$ 347,000	$ -		