

NUNAVUT WATER BOARD
LICENCE APPLICATION FORM

RECEIVED
DEC 10 1997

Application for licence, amendment to licence, or renewal of licence

APPLICATION/LICENCE NO: (Amendment or renewal only)	
1. NAME AND MAILING ADDRESS OF APPLICANT MUNICIPALITY OF HALL BEACH BAG 3 HALL BEACH, NT X0A0K0 Phone: (867) 928-8829 Fax: 928-8871	2. ADDRESS OF HEAD OFFICE IN CANADA IF INCORPORATED Phone: _____ Fax: _____
3. LOCATION OF UNDERTAKING (describe and attach a map, indicating watercourse and location of any proposed waste deposits) Latitude: _____ Longitude: _____	
4. DESCRIPTION OF UNDERTAKING (describe and attach plans) COMMUNITY WATER LAKE	
5. TYPE OF UNDERTAKING <input type="checkbox"/> Industrial <input type="checkbox"/> Power <input type="checkbox"/> Agricultural <input type="checkbox"/> Mining and Milling <input type="checkbox"/> Conservation <input type="checkbox"/> Recreation <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Other (describe): _____	
6. WATER USE <input checked="" type="checkbox"/> To obtain water <input type="checkbox"/> Flood control <input type="checkbox"/> To cross a watercourse <input type="checkbox"/> To divert water <input type="checkbox"/> To modify the bed or bank of a water <input type="checkbox"/> To alter the flow of, or store, water <input type="checkbox"/> 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.) APPROX 950,000 l month	
8. WASTE DEPOSIT (quantity, quality, treatment and disposal)	

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

10. **PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION**
NIL

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

12. **STUDIES UNDERTAKEN TO DATE** (list and attach copies)

13. **INSURE THE FOLLOWING INFORMATION IS ALSO INCLUDED**

Land Use Permit Yes No Date Expected _____

Supplementary Questionnaire Yes No Date Expected _____

Inuktitut Summary of Project Yes No Date Expected _____

MAP @ 1 : 250,000
(with camp, drill sites, etc.) Yes No Date Expected _____

14. **PROPOSED TIME SCHEDULE**

Start Date: _____ Completion Date: _____

SENIOR ADMINISTRATIVE
BRYAN MARTIN OFFICER *Bryan Martin* 13NOV97
Name (Print) Title (Print) Signature Date

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

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