Municipality of Kimmirut
Box 120, Kimmirut, NT X0A 0N0
Ph. (819) 939-2247 Fx. (819) 939-2045

FAXED
Pg 2 Date May 23/01

Facsimile Transmittal

INTERNAL

To: Rita Becker Fax: 360 - 6369

From: Tommy Akavak Date: May 23/2001

Re: Water Lic. Renewal Pages: 2
(Number of pages sending including cover)

CC:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Nunavut Water Board
2001
Public Registry

Comments:

Executive Summary & $30.00 application fee

We will forward to you the $30.00 fee payable to the Receiver General for Canada

CT

CONFIDENTIAL
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OUR TELEPHONE # (867) 939-2247 AND OUR FAX # (867) 939-2045

Municipality of Kimmirut
Box 120, Kimmirut, NT X0A 0N0
Ph. (819) 939-2247 Fx. (819) 939-2045

File No. NWB3Kim

May 23rd, 2001

Nunavut Water Board
Gjoa Haven, NU
X0B 1J0

Re: Water Licence N5L4-1441

Attn: Rita Becker

The Municipality of Kimmirut has to obtain water from Lake Fundo for our community water needs and the water would be discharged at our present sewage lagoon. Please process our water licence renewal. This would be a renewal from April 1st, 2001 to March 31st 2002.
Thank you for your time and attention.

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Sincerely,

ᑕr ᐊᒃᑦ

Tommy Akavak
A/SAO

P.O. Box 119
Gjoa Haven, NU X0E 1J0
Tel: (867) 360-6338
Fax: (867) 360-6369

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NUNAVUT WATER BOARD
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Nunavut Water Board
MAY 17 2001
Public Registry

WATER LICENCE APPLICATION FORM

n5L4-1441

Application for: (check one)

___ **New** ___ **Amendment** _✓_ **Renewal** ___ **Assignment**

LICENCE NO: (for NWB use only)	
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE Municipality of Kimmirut Kimmirut, NT X0A 0N0 Phone: (867) 939-2247 Fax: (867) 939-2045 e-mail: ________	**2. ADDRESS OF CORPORATE OFFICE IN CANADA** (if applicable) N/A Phone: ________ Fax: ________ e-mail: ________

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

Latitude: 62°50'45N Longitude: 69°52'09 NTS Map No. ________ Scale ________

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

Municipal water & Waste disposal

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**
_✓_ **Municipal**
___ Power
___ Other (describe): ________

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): _____

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)

65,783 litres per day (estimated)

60,000 litres per day returned to source (estimated)

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):_____

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 _____

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.)

Environmental Health Officer's report

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

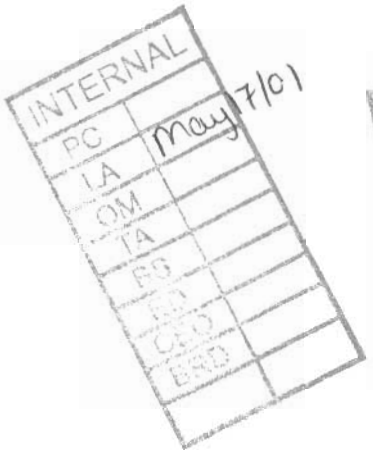
Start Date: Jan. 1/01 Completion Date: Dec. 31/05

Name (Print)	Title (Print)	Signature	Date

For Nunavut Water Board use only

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

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



Water Licence Application
Supplementary Questionnaire
for Municipalities

GENERAL

1. Date: October 26/00

2. Applicant: KimmiRuT
Municipality

3. Contacts: Tommy Akavak
Name of Contact
Acting SAO
Position
(867) 939-2247
Telephone #
(867) 939-2045
Fax #

4. Municipal Status: ☐ Village ☐ Town
☑ Hamlet ☐ Settlement Corporation

5. Is this a ?
☐ New Application
☑ Renewal -▸ Water Licence # NSL4-1441

II. ATTACHMENTS

1. Attach up- to- date detailed map(s) showing the locations of the:

a. 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. access roads;
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. 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.

Who has provided or prepared these maps ?
Municipal Lands Office, Kimmirut

III. WATER SUPPLY

Water Source

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

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

_____ Primary Source

_____ Secondary Source

3. Usual break-up & freeze-up period: June (Break-up) November (Freeze-up)

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. What is the quality of the water, and provide water quality results.

Summer:	☑ good	☐ fair	☐ poor
Fall:	☑ good	☐ fair	☐ poor
Winter:	☑ good	☐ fair	☐ poor
Spring:	☑ good	☐ fair	☐ poor

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 **A**	Estimated average water consumption (Litres/capita/day) **B**	Total water consumption (Litres/day) **A x B**
PIPED			
TRUCKED		780,000 L	780,000 L
		TOTAL	780,000 L

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. Are changes needed to the water supply, storage or treatment facilities? Describe. No .

Identification

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

IV. SEWAGE DISPOSAL

1. What type(s) of sewage treatment is used ?
   ☑ 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
   Sewage lagoon is being re-located and we will have a new sewage lagoon in the year 2001. Work underway.

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.

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: Satisfactory

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 NIL
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.
Relocation of sewage lagoon in the works

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

Abandonment and Restoration

1. List and describe abandoned or restored sewage treatment facilities.
Indicate their location on a map.
None.

Identification

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

V. SOLID WASTE DISPOSAL

1. Briefly describe how solid wastes are collected and delivered to the disposal area.
Stake truck collects garbage in town.

2. Is the solid waste site fenced? ☑ Yes ☐ No

3. Is the fence adequate? ☐ Yes ☑ No

If no, describe
fence not all around solid waste dump.

Waste Reduction

1. Does the municipality burn garbage ?
☑ Yes ☐ No
If yes, describe how and when this is done.
Garbage is collected three times a week and burned at the end of the day.

2. Has the municipality considered measures for waste reduction such as recycling or reuse?
☑ Yes ☐ No
If yes, describe
Municipality had a pop can recycling program but that is been discontinued.

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

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.
Scrap metal or bulky waste disposal area is on the eastern side of the dump about 150 feet away from the solid waste disposal site

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)*

☑ Yes ☐ No

If yes, please indicate sources, types and quantity.

Waste oil is dumped in open 45 drums & burned.

We are taking measures to store old batteries in metal storage containers.

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

☑ Yes ☐ No

If yes, describe its:

a. Location

Near the present scrap metal dump.

b. Structure

Metal storage container.

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

Once metal storage container is full, we would like to ship it down south to a proper hazardous waste disposal facility.

General Condition of the Solid Waste Disposal Area

1. General condition 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.
We need more fencing around disposal area.

Abandonment and Restoration

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

Identification

Are there signs identifying past and present solid waste disposal sites ?
☑ No ☐ Yes

VI. INSPECTION AND MONITORING

1. When were municipal facilities inspected by:
☑ Indian and Northern Affairs Inspector Date: Sept. 11/00
☐ Municipal and Community Affairs Date: _____
☐ Other: _____ Date: _____

2. Is there a system in place for reporting spills?
☑ Yes ☐ No
If yes, describe.
There is an 800 number to report skills or we deal with our local Wildlife Officer to report spills

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 ?

☐ No ☑ If Yes, answer the questions a to e

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

Samples are taken from the water truck and selected houses and the water samples are taken to the local nurse. She ships them to Iqaluit ? for analysis.

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

None.

c. Who is responsible for water sampling ?

Mikidjuk Lyta
Name

Acting Building Maintainer
Position

(867) 939-2256
Telephone #

(867) 939-2256
Fax #

He is taken water and sanitation courses
Level of training

d. Laboratory performing analysis of samples.

Bonnie Segal
Name

Iqaluit, NT
Address

(867) 979-7656
Telephone #

?
Fax #

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

☐ Yes ☑ 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.

There had been concerns about the location of the sewage lagoon and the Community Government department has now started ~~to~~ the relocation to a new site.

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

1. Date: Oct. 31/00

2. Municipality: Kimmirut, NT

3. Contact: Bonnie Segal
Environmental Health Officer Contact
(867) 979-7656
Telephone #
Fax #

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 Present sewage lagoon is located on a high elevation and there is a creek near the present sewage lagoon.

6. Have there been any problems or health/environmental concerns with solid waste disposal?
☑ Yes ☐ No
If yes, describe
Garbage and plastic bags have blown into the water lake.

Monitoring Program

1. Does the Regional Health Board perform water quality sampling?
☐ No ☑ If Yes, answer questions (a) to (e)

a. Briefly describe the sampling methodology.
Water samples are sent to the Iqaluit lab for analysis

b. Briefly describe any monitoring of wastewater effluent and leachate.
None.

c. Who is responsible for sampling ?

Mikidjuk Lyta
Name
A/ Building Maintainer
Position
(867) 939-2256
Telephone #
(867) 939-2256
Fax #
foreman's training completed
Level of training

d. Laboratory performing analysis of samples.

EHO / Shawn Mackie
Name
Iqaluit
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 Municipal and Community Affairs Office)*

1. Date: May 2/2001

2. Municipality: Kimmirut

3. Contact: Doug Sitland / Frank Pearce
MACA Representative/Position
(867) 975 - 5300
Telephone #
(867) 979 - 5811
Fax #

4. Population (according to most recent census results): 419

5. Estimated growth rate over next 5 years: 460

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?
☑ No ☐ Yes
If yes, provide details below:

Prepared by	Title	Completion Date
Tommy Akavak	A/SAO	May 7/2001

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.

Are drawings for the solid waste disposal area and sewage treatment system attached?
☑ Yes ☐ No
If Yes, who has provided them ? Water Board

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:

No expected change in flow

2. Drainage Area:

What is the drainage area? 1 km^2

What is the average elevation of the drainage basin? 500 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.)

Sand and soil

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? 5 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)? Monday to Saturday

5. What is the rate of flow of source (if river) or size (if lake)? 1 Km long (approx.)

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

Kimmirut is a small community and it has none or minimal effects on the lake.

Water Intake

1. Please provide short descriptions of the following:

a. freshwater intake facility

Water Fill Station

b. operating capacity of the pumps

good

c. intake screen size

small

Water Storage

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

☐ Reservoir/Pond ☐ Storage tank ☐ None

☑ Other Water Fill Station (pumps from lake)

Description

2. If "reservoir":

Is the reservoir lined? ☐ Yes ☐ No

What type of liner? _____ When was it installed? _____

3. Is a dam or dyke being used to store or alter the flow of water? ☐ Yes ☑ No

4. What are the dimensions of the dam or dyke?

Length: _____ Width: _____ Height: _____

U/S slope: _____ D/S slope: _____

5. 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.

6. 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.

_____

_____

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 MACA Capital Plan if available.

_____

_____

_____

Sewage Disposal

1. Indicate the level of sewage treatment:

☑ primary ☐ secondary ☐ tertiary

Pre-treatment (if applicable): ☐ screening ☐ maceration

Lagoons (if applicable): ☑ anaerobic ☐ aerobic ☐ facultative

2. Indicate the capacity of the sewage treatment facility 6 m^3

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

4. Average depth of the wastewater lagoon 5 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_____ L/sec.

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 MACA 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 _____.

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?

_____

_____

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

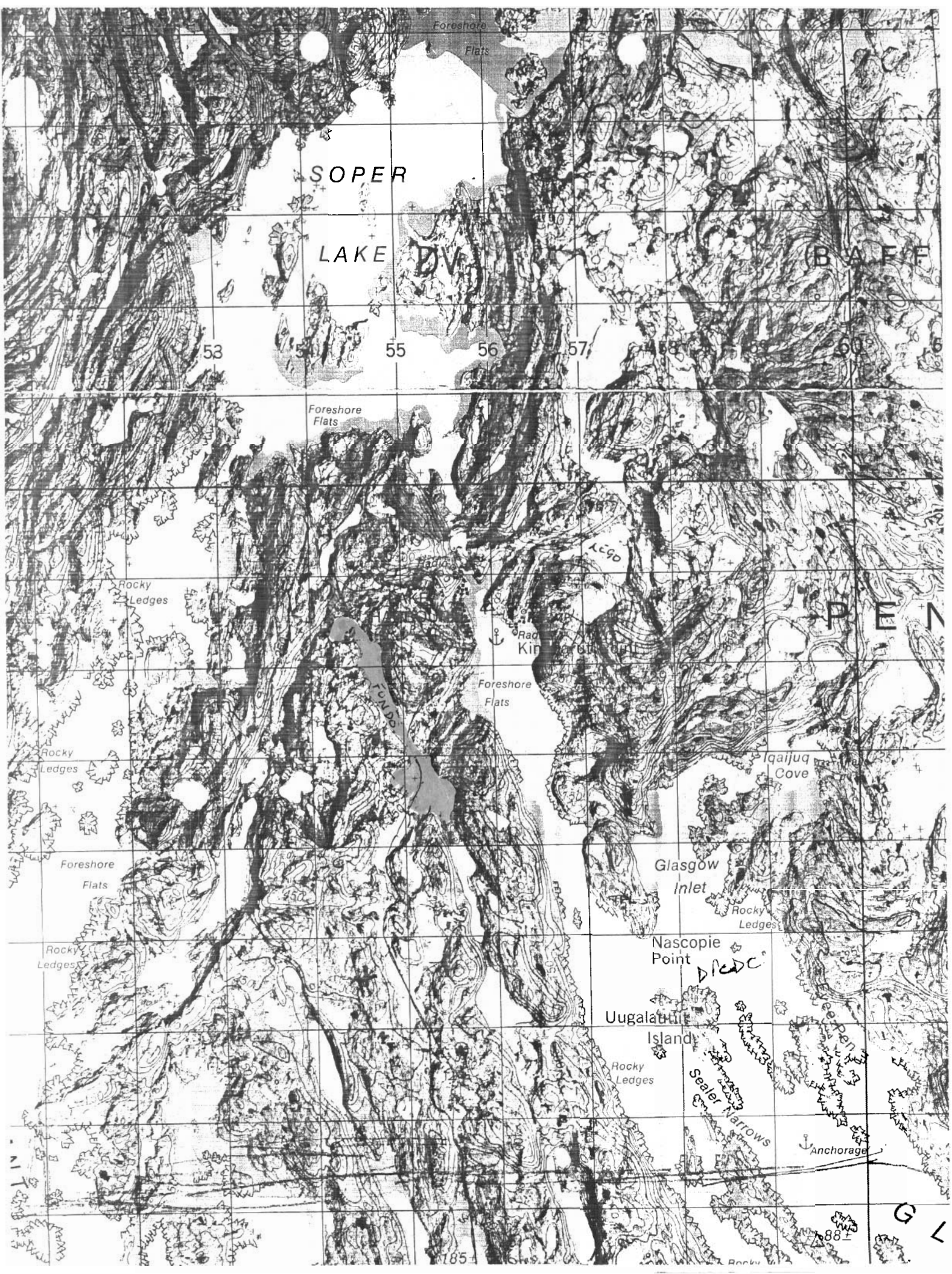
Source	Volume (m^3/day)
_____	_____
_____	_____
_____	_____

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 MACA 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.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Uugalaaluit Island
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Nunavut

Department of Health & Social Services: Baffin
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Okoa Kavamat Monakhikakvilikiot Olasilikiot
Ministère de la Santé et des Services Sociaux
P.O. Box 1000; ᑎᑎᖅᑲᒃᑯᕕᒃ 1000; C.P. 1000
Iqaluit, NU ᐃᖃᓗᐃᑦ. ᓄᓇᕗᑦ X0A 0H0
Phone: ᐅᖃᓘᑦ: Fonia (867)979-7600 Fax: ᓱᒃᑲᔪᒃᑯᑦ: Faxkot:(867)979-7609

October 6, 2000

RECEIVED
OCT 12 2000
HAMLET OF KIMMIRUT

Tommy Akavak – A/SAO
PO Box 120
Kimmirut, NU
XOA ONO

Dear Tommy,

On the afternoon of October 3rd, 2000 I conducted an environmental health assessment of the Kimmirut Hamlet's public services. Miki, from the Hamlet, accompanied me during the inspection.

Community Water System

During this inspection the pump supplying water from the reservoir was not functioning. Water tucks were being filled directly from the reservoir and then bulk-chlorinated with bleach. While not ideal, this situation is satisfactory until the pump is repaired. In the meantime, ensure that the correct amount of bleach is added to every load of water so that the free chlorine residual is kept at a minimum of 0.2 mg/l. Once the supply pump is repaired you must ensure that daily free chlorine measurements are taken and recorded at the pumphouse. This practice allows you to monitor the amount of chlorine present in the drinking water and make adjustments as necessary to deliver the highest quality of water to the residents of Kimmirut.

Warning signs should be posted at the reservoir prohibiting trespassing, fishing, snow machines, camping *etc* because this area is a public water supply.

Sewage Lagoon

The existing lagoon is inadequate. Plans have been received for a new lagoon, which should be constructed as soon as possible.

Landfill Site

This site is also inadequate. There is little or no segregation of waste, burned material is not being covered with fill material, there is no hazardous materials storage and a

lack of fencing allows garbage to blow around unchecked. Plans have been received for a new landfill site that should be constructed as soon as possible.

Akavak Centre

Both washrooms at this location require a fair amount of work to bring them up to an acceptable sanitary standard. Many of the stall doors are missing as well as the toilet paper dispensers. There are holes in the walls that must be repaired and painted. The state of these washrooms has not appreciably changed since the previous Environmental Health inspection five months ago; none of the deficiencies have been repaired.

In the basement below the centre there is a storage room in the corner of the basement, upon entering there was a strong odour of spilled pop and vomit. Access to this room, and the rest of the basement, should be limited to Hamlet employees only. There were numerous empty pop cans strewn across the basement and it seems obvious that this location is a hangout for youths.

If you have any questions about this report please feel free to contact me at (867) 979-7654.

Sincerely,

Shaun Mackie
Environmental Health Officer

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Baffin Regional Health Services

To: SAO
Kimmirut

Date: May 8, 2000
Sample Date: May 4, 2000
Lab Date: May 6, 2000

From: Environmental Health Officer
Baffin Regional Health & Social Services Board
PO Bag 200, Iqaluit, NT
X0A 0H0

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[illegible] 11 2000
HAMLET OF KIMMIRUT

SUBMITTED WATER SAMPLE RESULTS

The bacteriological water samples listed below were analyzed and the results are as indicated.

Location of Sample	Total Coliform	E. Coli	Acceptable Yes/No	Comments
85-7 P.H.	0	0	Yes	
Watertruck 105	0	0	Yes	

As you are aware, counts above zero require immediate re-sampling. If you have any problems or questions, please call us at (867)979-7655 (between 8:30AM - 5:00PM) or fax us at (867)979-7659.

Regards,

[signature]

Environmental Health Officer

Cc: NIC
Doug Sitland
Philippe Lavallee

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

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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN KATIMAYINGI

File No. N5L4-1441

August 3, 2000

Senior Administrative Officer
Hamlet of Kimmirut
General Delivery
Kimmirut, Nu X0A 0N0

Subject: Expiry of permit N5L4-1441

Dear Sir / Madam:

This is a reminder that your permit N5L4-1441 for water use and waste disposal associated with Municipal Purposes in Kimmirut expires on December 31, 2000.

As indicated in Part A Item 3 of the permit, a summary report, needs to be submitted to the Nunavut Water Board within 60 days of the expiry of the permit. This summary report would include information such as the monthly and annual quantity of water obtained from Lake Fundo, monthly and annual quantities of waste discharged to the sewage disposal facility, any major maintenance work carried out on the water supply and sewage disposal facilities, restoration or reclamation work carried out at areas where water supply or waste disposal facilities have been abandoned, data generated under the "Surveillance Network Program", unauthorized discharges, and any other relevant details on water use or waste disposal.

Please submit these reports to the Nunavut Water Board prior to March 1st, 2000.

An application form and supplementary questionnaire are attached to this letter. These can be requested electronically at rbecker@polarnet.ca . Please allow 3-4 months for the renewal process. For an application to be deemed complete the following are needed:

- completed application form
- completed supplementary questionnaire
- executive summary in both English and Inuktitut
- application fee of $30 payable to the Receiver General of Canada

We look forward to receiving your application and summary report. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Lorna Porter
A/ Licensing Administrator

Attachment (application form and supplementary questionnaire)

cc. Roxanne Beavers, DIAND-Water Resources
Anne Wilson, EC
Chris Nichols, DSD
Gladys Joudrey, NIRB
Jordan de Groot, DFO