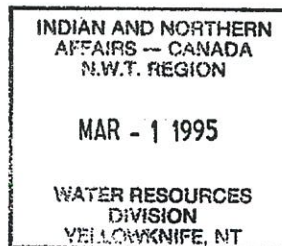


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MUNICIPALITY OF BROUGHTON
 BROUGHTON ISLAND, N.W.T.
 X0A 0B0
 Tel. (819) 927-8832 Fax (819) 927-8120



February 22, 1995

NWT Water Board
 Box 1500
 Yellowknife, NT
 X1A 2L9

Gentlemen:

Attached please find our annual report for 1994.

Yours very truly
 Municipality of Broughton Island


 H. Boychuk
 Senior Administrative Officer

Encl. (4)

0640-1
 Nunavut District

Hamlet of Broughton Island

Annual Report - 1994

The information contained within these pages is in response to requirements of the Water Licence N4L4-0640 held by the Hamlet of Broughton Island. This information is required to be submitted under Part A, Section 2 of the Water Licence.

Part A, 2

- (a) The monthly and annual quantity of water in cubic meters obtained from the water reservoir or the Tulugak River;
- (b) The monthly and annual quantity of waste in cubic meters discharged to the sewage disposal area;

	Water (a)	Waste (b)
January	<u>1060</u>	<u> </u>
February	<u>925</u>	<u> </u>
March	<u>1042</u>	<u> </u>
April	<u>967</u>	<u> </u>
May	<u>994</u>	<u> </u>
June	<u>889</u>	<u> </u>
July	<u>945</u>	<u> </u>
August	<u>1026</u>	<u> </u>
September	<u>998</u>	<u> </u>
October	<u>1017</u>	<u> </u>
November	<u>1085</u>	<u> </u>
December	<u>1063</u>	<u> </u>
TOTAL	<u>11,991</u>	<u>11,991 APPROX.</u>

OUR SEWAGE PUMP-OUTS
ARE NOT METERED BUT
IT IS ESTIMATED THAT
THEY APPROXIMATE
WATER DELIVERY.

Part A, 2 (c)

Please describe any major maintenance work carried out on the water supply and waste disposal facilities. If there were none, please indicate this.

RESERVOIR WAS DRAINED.

LINER WAS PATCHED.

RESERVOIR WAS REFILLED

Part A, 2 (d)

Please describe any restoration or reclamation work carried out on areas where the water supply or waste disposal facilities have been abandoned. If there were none, please indicate this.

NONE

Part A, ()

Please provide details on water use or waste disposal requested by the Water Board by November 1st of this past year. If there were none, please indicate this.

NONE

Surveillance Network Program

Flow Measurement and Recording Requirements

Part B, 1

Please indicate the monthly quantity of raw water in cubic meters pumped from SNP Station Number 0640-1.

11,991 m³

Part B, 2

Please indicate the monthly quantity of effluent in cubic meters discharged at the sewage disposal area.

Approx 11,991 m³

Note: This is the same information as given on page 1 (Part A, 2 (a) and (b)).

Part 3

Please indicate the monthly quantity of bagged sewage deposited at the bagged sewage disposal area:

Bagged Sewage Waste

January	<u>18</u>
February	<u>15</u>
March	<u>14</u> EST.
April	<u>17</u> EST.
May	<u>14</u>
June	<u>5</u>
July	<u>14</u>
August	<u>17</u>
September	<u>7</u>
October	<u>44</u>
November	<u>32</u>
December	<u>25</u>
TOTAL	<u>222</u>