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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN

Solid Waste

WATER LICENCE APPLICATION FORM

Application for: (check one)

☐ New ☐ Amendment ☒ Renewal ☐ Assignment

Public Registry

LICENCE NO:
(for NWB use only)

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE

The Hamlet of Rankin Inlet
Rankin Inlet, Nunavut
X0C 0G0

Phone: (867) 645-2895
Fax: (867) 645-2146
e-mail: MUNRI@QACTIC.CA

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

N/A

Phone: _____
Fax: _____
e-mail: _____

INTERNAL
PC
LA
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BRD
EXT

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

Latitude: 64° 49' W Longitude: 92° 05' W NTS Map No. _____ Scale _____

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

See attached additional information.

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

☐ Industrial ☐ Remote/Tourism Camps
☐ Mine Development ☒ Municipal
☐ Advanced Exploration ☐ Power
☐ Exploratory Drilling ☐ 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.)

See attached additional information.

- | | |
|---|--|
| <input type="checkbox"/> Sewage | <input type="checkbox"/> Waste oil |
| <input checked="" type="checkbox"/> Solid Waste | <input type="checkbox"/> Greywater |
| <input type="checkbox"/> Hazardous | <input checked="" type="checkbox"/> Sludges |
| <input checked="" 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)

None.

Land Use Permit

- | | | | |
|----------------------------|---|-----------------------------|----------------------------|
| DIAND | <input checked="" 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.)

See attached additional information.

- NIRB Screening ☐ Yes ☐ No If no, date expected _____

NIRB had not reviewed this project.

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?

No

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)

None

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

See attached additional information.

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 _____

cheque was deposited on Sept 06/02

15. PROPOSED TIME SCHEDULE

☐ Annual (or) ☒ Multi Year

Start Date: 2002

Completion Date: 2012

Ron Roach
Name (Print)

Senior Administrative Officer
Title (Print)

Ron Roach
Signature

Mar 07/02
Date

For Nunavut Water Board use only

APPLICATION FEE

Amount: \$ _____

Receipt No.: _____

WATER USE DEPOSIT

Amount: \$ _____

Receipt No.: _____