

SCHEDULE III
(Subsection 6(1))

APPLICATION FOR LICENCE, AMENDMENT OF LICENCE, OR RENEWAL OF LICENCE

BOARD	8
G.W.	1
E.A.	1
W. RES.	orig
File	1

APPLICATION/LICENCE NO.
(amendment or renewal only)

N7L3-1661

1. NAME AND MAILING ADDRESS OF APPLICANT

HAMLET OF TALOYOK
PO BOX 8
TALOYOK, NT XOE 1B0

TELEPHONE: 561 6341 FAX: 561 5057

2. ADDRESS OF HEAD OFFICE IN CANADA IF INCORPORATED

WATER RESOURCES
DIVISION
YELLOWKNIFE, NT

TELEPHONE: FAX:

3. LOCATION OF UNDERTAKING (describe and attach a map, indicating watercourses and location of any proposed waste deposits)

-no available maps with location

Latitude

Longitude

4. DESCRIPTION OF UNDERTAKING (describe and attach plans)

Municipal water use & waste disposal

5. TYPE OF UNDERTAKING

1. Industrial
2. Mining and milling
3. Municipal

4. Power
5. Agriculture

6. Conservation
7. Recreation

8. Miscellaneous (describe)

6. WATER USE

- To obtain water
To cross a watercourse
To modify the bed or bank of a watercourse

- Flood control
To divert water
To alter the flow of, or store, water

Other (describe)

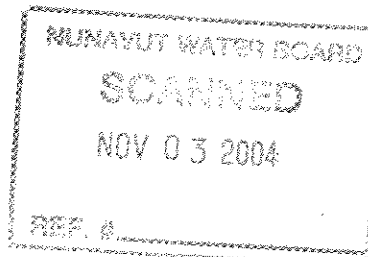
7. QUANTITY OF WATER INVOLVED (litres per second, litres per day or cubic metres per year, including both quantity to be used and quantity to be returned to source)

20,000,000 L / yr used.

no water will be returned to the source

2778

[9]



SCHEDULE III—Concluded

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4. WASTE DEPOSITED (quantity, quality, treatment and disposal) 20,000,000 L/yr Sewage deposited to a lagoon
Lagoon is

Solid Waste: 6300 m³/yr into a burn + landfill type dump

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

No other persons or properties will be affected.

10. PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION

Minimal, dump & lagoon already operational

11. CONTRACTOR AND SUB-CONTRACTORS (names, addresses and functions)

NONE

12. STUDIES UNDERTAKEN TO DATE (attach list if necessary)

NONE

13. PROPOSED TIME SCHEDULE

Start date N/A

Completion date N/A

DON PICKIE
NAME (Print)

SENIOR ADMIN OFFICER
TITLE (Print)

D. Pickie
SIGNATURE

Oct 3/95
DATE

FOR OFFICE USE ONLY

APPLICATION FEE Amount: \$ Receipt No.:

WATER USE DEPOSIT Amount: \$ Receipt No.: