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

ᓄᓇᕗᑦ ᐃᒪᓕᕆᔨᒃᑯᑦ ᑲᑎᒪᔨᖏᑦ
NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN

WATER LICENCE APPLICATION FORM

N4L3-1561

Application for: (check one)

___ New ___ Amendment X Renewal ___ Assignment

LICENCE NO: (for NWB use only)

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE

Resolute Bay Airport
PO Box ~~67~~ 330
Resolute Bay NU
X0A 0V0

Phone: 867 252 ~~3925~~ 3923
Fax: 867 252 ~~3644~~ 3684
e-mail: _____

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

Community Government & Transportation
PO Box 330
Cape Dorset NU.
X0A 0L0

Phone: 867 897 3606
Fax: 867 897 3633
e-mail: RMulhern@gov.nu.ca

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

Latitude: Aprox 74°43N Longitude: Aprox 94°58'W NTS Map No. _____ Scale _____

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

To renew water License at the Resolute Bay airport terminal building

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
X Other (describe): Airport

ID: SEP 27'01 14:07 No.004 P.02

6. **WATER USE**

X 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)

15,000
~~50,000~~ Cubic Meters per Year
444,000 Litres/year

8. **WASTE** (for each type of waste describe: composition, quantity, methods of treatment and disposal, etc.)

X Sewage
X Solid Waste
___ Hazardous
___ Bulky Items/Scrap Metal
___ Waste oil
X Greywater
___ Sludges
___ Other (describe): _____

no

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?

NO

SEP 27'01 14:07 No.004 P.03
ID:

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)

Narwhal Arctic Services
PO Box 88
Resolute Bay NU.
X0A 0V0

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

Indian and Northern Affairs Canada
P.O. Box 100
Iqaluit N.U.
X0A-0H0 Municipal Water Use Inspection 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) X Multi Year

Start Date: May 1, 2001 Completion Date: April 30, 2006

Bob Mulhern	Manager transportation Community Government & transportation	R Mulhern	Oct 1, 2001
Name (Print)	Title (Print)	Signature	Date

For Nunavut Water Board use only

APPLICATION FEE Amount: $_____ Receipt No.:

WATER USE DEPOSIT Amount: $_____ Receipt No.:

SEP 27'01 14:08 No.004 P.04
ID: