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TEL: (867) 360-6338 FAX: (867) 360-6369 kNK5 wmoEp5 vtmpq NUNAVUT !MALIRIYIN KATIMAYINGI NUNAVUT WATER BOARD OFFICE DES EAUX DU NUNAVUT

WATER LICENCE APPLICATION FORM

Application for: (check one)			
New Renewal Amen	dment		
LICENCE NO: (for NWB use only)			
1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE By Horst Inlet wag? Phone: 667 873 2596 Fax: 867 920 4267 E-mail: Mre Chufherstladge. Can	2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable) **XIB MCACY Red Y/= MT **YA 2MC Phone: Fax: Seme E-mail:		
3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the Undertaking) Latitude: (# % 13"N) Longitude: (108"02"05" W) NTS Map Sheet NoScale:			
4. DESCRIPTION OF UNDERTAKING (attach plans and drawings) TOWN STORY CONTYPORTS TOWN STORY TOWN ST			
 TYPE OF PRIMARY UNDERTAKING (A supplementary questionnaire must be submitted with the application for undertakings listed in "bold") 			
☐ Industrial ☐ Mining and Milling(includes exploration/drill ☑ Municipal (includes camps/lodges) ☐ Power	Ing) Agricultural Conservation Recreational Miscellaneous (describe below):		
See Schedule II of Northwest Territories Waters Regulations for Description of Undertakings			

Nunavut Water Board

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Public Registry

6.	WATER USE		
	To obtain water To cross a watercourse To modify the bed or bank of a watercourse To modify the bed or bank of a watercourse To alter the flow of, or store, water		
	Other (describe):		
7.	QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be returned to source) Water use 100m³/day or less Greater than 100m³/day; if greater, indicate quantities to be used for each purpose (camp, drilling, etc.)		
	Water returned to source m³/day		
8.	WASTE (for each type of waste describe: composition, quantity (cubic metres per day), methods of treatment and disposal, etc.)		
	Sewage □ Waste oil □ Solid Waste □ Greywater □ Hazardous □ Sludges □ Bulky Items/Scrap Metal □ Other describe):		
9.	OTHER 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 cus have		
	DIAND Yes No If no, date expected Commissioner Yes No If no, date expected The to the Commissioner Yes No If no, date expected I and		
	Commissioner		
10.	PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.) No environmental impacts		
3	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?		
	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?		

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12. CONTRACTORS AND SUB-CONTRACTORS (name	e, address and functions)		
All considir employee's			
13. STUDIES UNDERTAKEN TO DATE (list and attach	copies of studies, reports, research, etc.)		
Ala			
14. THE FOLLOWING DOCUMENTS MUST BE INCL REGULATORY PROCESS TO BEGIN	UDED WITH THE APPLICATION FOR THE		
Supplementary Questionnaire (where applicable: see section 5)	Yes No if no, date expected		
Inuktitut and/or Inuinnaqtun/English Summary of Project	Yes No If no, date expected		
Application fee of \$30.00 (Payee Receiver General for Canada)	Yes No If no, date expected		
Water Use fee of \$30.00 (unless otherwise indicated in Section 9 of the NWT Waters Regulations; Payee Receiver			
General for Canada)	Yes No If no, date expected		
15. PROPOSED TIME SCHEDULE (unless otherwise ind a five (5) year term)	icated, the NWB will consider the application for		
one year or less (or)	Multi Year		
Start Date:Completion	Date:		
Name (Print) Title (Print)	Signature Date		
For Nunavut Water Board office use only			
APPLICATION FEE Amount: S Pay ID No.:	<u> </u>		
WATER USE DEPOSIT Amount: S Pay ID No.:			