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NUNAVUT IMALIRIYIN KATIMAYINGI
NUNAVUT WATER BOARD
OFFICE DES EAUX DU NUNAVUT

WATER LICENCE APPLICATION FORM

Application for: (check one)

New

Renewal

Amendment

Assignment

Cancellation

LICENCE NO:

(for NWB use only)

**1. NAME AND MAILING ADDRESS OF
APPLICANT/LICENSEE**

*Tor Young
4904 TENTH LINE
TERRA COTTA ON LOPIANO*

Phone: *905-877-6177*

Fax: _____

e-mail: _____

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

*CANKER YOUNG OUTFITTING LTD.
4904 TENTH LINE
TERRA COTTA ON LOPIANO*

Phone: *905-877-9548*

Fax: *905-877-2460*

e-mail: *INFO@CANKERYOUNG.COM*

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

ENNADAI LAKE

Latitude: *400°46'42" N* Longitude: *401°21'36" W*

NTS Map Sheet No. _____ Scale: _____

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

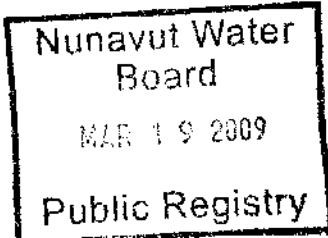
FISHING LODGE ON ENNADAI LAKE

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

Industrial
 Mining and Milling (includes exploration/drilling)
 Municipal (includes camps/lodges)
 Power

Agricultural
 Conservation
 Recreational
 Miscellaneous (describe below):

See Schedule II of *Northwest Territories Waters Regulations* for Description of Undertakings



6. WATER USE

To obtain water
 To cross a watercourse
 To modify the bed or bank of a watercourse
 Other (describe):

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

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
 Solid Waste
 Hazardous
 Bulky Items/Scrap Metal

Waste oil
 Greywater
 Sludges
 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 _____

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.)

N/A

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

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)

N/A

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

NONE

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 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 indicated, the NWB will consider the application for a five (5) year term)

one year or less (or) Multi Year

Start Date: _____ Completion Date: _____

Tori Young

Name (Print)

PRESIDENT

Title (Print)

Signature

MARCH 6/09

Date

For Nunavut Water Board office use only

APPLICATION FEE

Amount: \$ _____

Pay ID No.: _____

WATER USE DEPOSIT

Amount: \$ _____

Pay ID No.: _____