



P.O. Box 119
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Effective January 1, 2004

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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN
KATIMAYINGI

**WATER LICENCE
APPLICATION FORM**

Nunavut Water
Board

JUN 06 2005

Public Registry

Application for: (check one)

New Amendment Renewal Assignment

LICENCE NO:

(for NWB use only)

NWB4DIA

INTERNAL	NO
SC	10
LA	
BC	
ST	
TA1	
TA2	
RC	
ED	
CH	
BRD	
EXT.	

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

Hamlet of Rankin Inlet
P.O. Box 310
Rankin Inlet, NU X0C 0G0

Phone: (867) 645-2895
Fax: (867) 645-2146
e-mail: munri@arctic.ca

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

Licensing Administrator
Nunavut Water Board
P.O. Box 119
Gjoa Haven, NU X0B 1J0

Phone: (867) 360-6338
Fax: (867) 360-6369
e-mail: nwblic@polarnet.ca

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

Latitude: **N 62 50'** Longitude: **W 92 08'**
Latitude: **N 62 54'** Longitude: **W 92 31'** NTS Map No. **UTM 15 – NAD 83** Scale _____

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

Building a 30 km of Access ATV trail on a traditional Inuit trail.

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

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

Agricultural
 Conservation
 Recreational
 Miscellaneous (includes exploration/drilling)

(describe): _____

See Schedule II of *Northwest Territories Waters Regulations* for Description of Undertakings**6. WATER USE**

To obtain water To divert a watercourse
 To modify the bed or bank of a watercourse Flood control
 To alter the flow of, or store, water Other (describe): _____
 To cross a watercourse

7. QUANTITY OF WATER INVOLVED (cubic metres per day including both quantity to be used and quality to be returned to source)**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. 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: Already approvedCommissioner 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

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)

1. To be determined 2. Municipal Forces

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

Awarded contract for the Prospective Analysis and Preliminary Environmental Scan for the Diane River Access Trail to Jacques Whitford Limited for the amount of \$11,283.25.

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 (Payee Receiver General for Canada) * Yes No If no, date expected _____

Water Use fee (see Section 9 of the *NWT Waters Regulations*; Payee Receiver General for Canada)
 Yes * No If no, date expected _____

15. PROPOSED TIME SCHEDULE

Annual (or) * Multi Year

Start Date: 15 August 05 Completion Date: 1 Oct 06

Name (Print)

Title (Print)

Signature

Date

For Nunavut Water Board use only

APPLICATION FEE

Amount: \$ _____

Pay ID No.: _____

WATER USE DEPOSIT

Amount: \$ _____

Pay ID No.: _____

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