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KATIMAYINGI

Effective January 1, 2004

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NUNAVUT WATER BOARD
NUNAVUT IMALIRIYIN

WATER LICENCE APPLICATION FORM

Nunavut Water
Board
APR 11 2006
Public Registry

Application for: (check one)

New Amendment Renewal Assignment

LICENCE NO:

(for NWB use only)

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

Municipality of Sanikiluaq
General Delivery
Sanikiluaq, Nunavut
X0A 0W0

Phone: (867) 266-8874
Fax: (867) 266-8903
e-mail: sanicedo@yahoo.ca

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

Phone: _____
Fax: _____
e-mail: _____

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

Approximately 3.78 miles south east of the community of Sanikiluaq at Pullalik Stream (see attached print out of Keyhole map)

Latitude: 56°32'02.77N Longitude: 56°31'02.77N NTS Map No. _____ Scale _____

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

Improve and repair existing Honda ATV trail and construct new steel girder I beam single span bridge (see attached plans)

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): Construction of single span bridge

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)

None- we will not be using or retuning any water. This will be construction to cross over a small stream.

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

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

Land Use Permit

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 _____

(Application sent March 06,2006)

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?

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)
(Sole contractor)

Municipality of Sanikiluaq
General Delivery
Sanikiluaq, Nunavut
X0a 0w0

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

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: July 05, 2006

Completion Date: September 13, 2006

Robert McLean
Name (Print)

CEO
Title (Print)

Robert McLean
Signature

March 27/2006
Date

For Nunavut Water Board use only

APPLICATION FEE Amount: \$ _____ Pay ID No.: _____

WATER USE DEPOSIT

Amount: \$ _____ Pay ID No.: _____