	For a Power un	dertaking, any deposit of s	sewage to a sump						
	TOTAL OWOLAN	dertaking, any deposit or s	sewage to a sump.						
	For an Agricultu	ural undertaking, any depo	sit of sewage to a sump.						
	For a Recreation	on undertaking, any deposi	t of sewage to a sump.						
			3	a a					
X	For any Other type of undertaking not listed above, other than Municipal, any deposit of sewage to a sump.								
12. QUANTITY AND QUALITY OF WASTE INVOLVED – For each type of waste indicated in Block 11, describe the quantity in cubic metres/day, measures to avoid or mitigate adverse impacts, and periods of deposition.									
	pe of Waste ated in Block 11	Quantity to be deposited in cubic metres per day	Measures to avoid or mitigate any adverse impacts	Periods during which waste will be deposited					
Grey	water	Less than 1 m <sup>3</sup> per	Dig hole and	daily					
sewage		Less than 1 m <sup>3</sup> per	dispose  Dig hole and	daily					
		day	dispose						
		×							
13	. SIGNATURE .	allo !							
1.	Jack Orr	1/8/1/	(print name), certify that	the information given on this					
form is		knowledge, correct and cor	mplete.	and information given on this					
		V Yes	□No	*					
	OR								
l,	I, (print name), as an authorized								
representative of the Applicant,, certify that the information given on this form is, to the best of my knowledge, correct and complete.									
		☐ Yes	□No						
I certify that the Nunavut Planning Commission's land use planning requirements under Article 11 of the Nunavut Land Claims Agreement have been met.									
		X Yes	, No	-					
I certify of the I	that the Nunavut I NLCA have been m	mpact Review Board's dev	elopment impact review red	quirements under Article 12					

	sewage to a si		elated to exploratory work, a	any deposit of		
	For a Power undertaking, any deposit of sewage to a sump.					
	For an Agricultural undertaking, any deposit of sewage to a sump.					
	For a Recreati	on undertaking, any depos	it of sewage to a sump.			
X	For any Other sewage to a s		ed above, other than Munic	ipal, any deposit of		
	Block 11, describ impacts, and per oe of Waste	pe the quantity in cubic met riods of deposition.  Quantity to be	VOLVED – For each type of tres/day, measures to avoid	or mitigate adverse  Periods durin		
Indica	ated in Block 11	deposited in cubic metres per day	or mitigate any adverse impacts	which waste w		
ΔΓ٩ь	△ンブ <sub>で</sub> でてて。	ე∿სთ 1 m³	> \\\`\\`\\`\\`\\\\\\\\\\\\\\\\\\\\\\\\</td <td>¹b⊳CĽ¹</td>	¹b⊳CĽ¹		
0	A 5	D°_⊃CĽ°	<u>ς,υτυνο</u>	SI N Ci C		
ادــهٔ	7.0	⊃∿しσ 1 m³ トーンCL <sup>c</sup>	∠4√√20°° ∠0	56⊳CĽ°		
13.	SIGNATURE	Mal				
I,	Jack Orr	knowledge, correct and co	(print name), certify that	the information give		
I,	Jack Orr	knowledge, correct and co	(print name), certify that	· ·		
I,	Jack Orr	$\supset$	(print name), certify that omplete.	· ·		
I,	Jack Orr	$\supset$	(print name), certify that omplete.	· 30		
I, form is,	_Jack Orr to the best of my	X Yes	(print name), certify that omplete.  OR  (print name), a	s an authorized , certify that the		
I, form is,	_Jack Orr to the best of my	X Yes	(print name), certify that omplete.	s an authorized , certify that the		
I, form is,	_Jack Orr to the best of my	X Yes	(print name), certify that omplete.  OR  (print name), a	es an authorized , certify that the		
I, form is,	_Jack Orr to the best of my	X Yes  plicant, form is, to the best of my k	(print name), certify that omplete.  OR OR (print name), a	es an authorized , certify that the		
I, form is, I, represe informa	_Jack Orr to the best of my entative of the App ation given on this	X Yes  plicant, form is, to the best of my l	(print name), certify that omplete.  OR OR (print name), a	es an authorized, certify that the plete.		