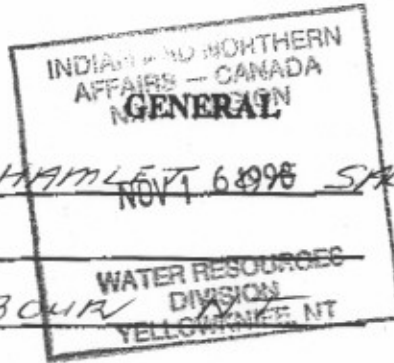


Section A.

1. Date 05 11 98
dd \ mm \ yy

2. Applicant INCORPORATED HAMLET 68998 SACHS HARBOUR
 municipality or district
Box 90
 postal address
SACHS HARBOUR
XOE-020

(867) 690-4351
telephone number(867) 690-4802
facsimile number

3. Contacts MERVYN G. RAY
 municipal contact
SENIOR ADMINISTRATIVE OFFICER
 position
(867) 690-4351 (867) 690-4802
 telephone number facsimile number

ADELLA RUBEN
 alternate contact
FINANCE OFFICER
 position
(867) 690-4351 (867) 690-4802
 telephone number 1 facsimile number
 ()
 telephone number 2

4. Community Status ☐ City ☐ Village ☐ Town
☒ Hamlet ☐ Settlement Corporation

5. Population (according to most recent census results)

130
census0 %
estimated growth rate over next 5 years

6. Indicate the status of the municipalities licence on the date of application.

☒ New Application
☐ Renewal → Water Licence # _____

FORMERLY OPERATED BY DEPARTMENT
 OF PUBLIC WORKS; PUBLIC WORKS MAY
 HAVE HAD A LICENCE.

7. Has any baseline data collection and evaluation been undertaken with respect to the physical, biological, and chemical characteristics of the main water bodies in the area?

☒ Yes ☐ No ☐ Unknown

If yes, please attach a summary of program details or cite titles, authors, cities, and dates.

Prepared by

Title

Completion Date

MUNICIPAL WATER USE INSPECTION FORM
INDIAN AND NORTHERN AFFAIRS CANADA
AS PREPARED BY SCOTT GALLUPE -
SEPT 2-1998 ATTACHED.

If no, are such studies being planned?

☒ Yes

☐ No

If yes, briefly describe the proposals.

TRUCKFILL STATION UPGRADE
\$10000 1999/00
70000 2000/01
430000 2001/02 } FIVE YEAR CAPITAL
PLAN - DEPARTMENT
OF MUNICIPAL AND
COMMUNITY AFFAIRS

8. Has any baseline data collection and evaluation been undertaken with respect to the various biophysical component of the environment potentially affected by the project (eg wildlife, soils, air quality), ie. in addition to water related information requested in this questionnaire?

☐ Yes☒ No☐ Unknown

If yes, please attach copies of reports or cite titles, authors and dates.

Prepared by

Title

Completion Date

N/A

If no, are such studies being planned?

☐ Yes☒ No

If yes, briefly describe the proposals.

N/A

9. Attach detailed maps which show the relative locations of the:

- (a) raw water intake,
- (b) water treatment facilities,
- (c) fuel & chemical storage,
- (d) sewage treatment facilities,
- (e) wastewater treatment area and discharge outlets,
- (f) solid waste disposal areas and drainage patterns,
- (g) hazardous waste disposal area,
- (h) transportation access routes,
- (i) existing waterbodies/courses and any changes to these water bodies/courses which have or may occur as a result of water use of waste disposal facilities, locations of environmental monitoring sites.

10. Attach detailed scale plan drawing(s) of the proposed (or present) sewage treatment system. The drawing(s) must be stamped by an engineer registered in NWT and include the following:
- (a) details of pond size and elevation;
 - (b) precise details of all retaining structures (dimensions, materials of construction, etc.);
 - (c) details of the drainage basin, and existing and proposed drainage modifications;
 - (d) details of all decant, siphon mechanisms etc, including sewage treatment facilities;
 - (e) details regarding direction and route followed by wastewater flow from the area;
 - (f) indications of the distance to nearby major watercourses, and fish bearing waters;
 - (g) location and construction of liners;
 - (h) leachate and groundwater collection systems; and
 - (i) control structures.
11. Attach detailed scale plan drawings of the proposed (or present) solid waste disposal area. The drawings must include the following:
- (a) precise details of all retaining structures (dimensions, materials of construction, etc.);
 - (b) details of the drainage basin, and existing and proposed drainage modifications;
 - (c) details regarding direction and route followed by wastewater flow from the area;
 - (d) indications of the distance to nearby major watercourses, and fish bearing waters;
 - (e) all sources of seepage presently encountered in the vicinity of these areas;
 - (f) the volume of each seepage flow (m^3/day); and
 - (g) the direction of each flow.
12. Attach the present or proposed contingency plan which will be used for each portion of the waste control system in the event it fails to operate properly.
13. Attach the present or proposed spill contingency plan which will be employed in case a spill of hazardous materials occurs. Describe course of action, mitigative methods and equipment available for use.

NOTE : Individual detailed large scale drawings of all facilities (dam, decant system, ditch, dike, water treatment plant, etc) constructed or proposed must be attached. Specific details with regard to the methods of construction materials used, etc. are required.

Section B

WATER SUPPLY

1. Volume of water use

System of distribution	Estimated Number of people on each system	Estimated average water use (L/c/d)	Total water use (L/d)
pipd			(L/d)
trucked	130	92.73	12055 (L/d)
other			(L/d)
other			(L/d)

Total: (L/d)

$$\frac{12055}{\text{Water usage (L/d)}} \times \frac{1 \text{ m}^3}{1000 \text{ L}} = \text{Water Usage: } 12.055 \text{ (m}^3\text{/d)}$$

$$\frac{12.055}{\text{Water usage (m}^3\text{/d)}} \times \frac{365 \text{ days}}{\text{year}} = \text{Water Usage: } 4400 \text{ (m}^3\text{/y)}$$

3. Type of source ☒ Lake ☐ River
☐ Well ☐ Other

4. Name of raw water source and alternative, if any.

WATER LAKE
 Primary Source

Alternative Source

5. Usual break-up & freeze-up months.

JUNE - OCTOBER
 break-up freeze-up

6. Please provide short descriptions for the following

- freshwater intake facility PUMP HOUSE WITH WATER PIPE
UNDER LAKE WATER.
- operating capacity of the pumps used APPROXIMATELY 200 GALLONS PER
MINUTE.
- intake screen size. 4" PIPE SCREENED.

7. Type of water storage facility. (check where applicable)

☐ Reservoir☐ Storage tank☒ None☐ Other

description

8. What is the capacity of the water storage facility. N/A m³9. What is the rate of withdrawal from the source? (m³/d)10. Is water drawn from the source ☐ intermittently☒ continuous

If it is drawn intermittently, during what month(s) is it drawn? _____

For what time period is it drawn (days/weeks/months)? _____

11. What is the rate of flow of source (if river) or size (if lake)? APPROXIMATELY
1/4 MILE BY 1/4 MILE.

12. At the intended rate of water usage, describe the effects on the river or lake from which water will be drawn

NO EFFECT

General conditions of:

- (a) Water supply facility ☒ Satisfactory
☐ Unsatisfactory

If unsatisfactory, explain. _____

- (b) Storage facility ☐ Satisfactory
☐ Unsatisfactory

NO STORAGE

If unsatisfactory, explain. _____

- (c) Distribution system ☒ Satisfactory
☐ Unsatisfactory

If unsatisfactory, explain. _____

13. Are there any changes planned in the water supply system? ☐ No ☒ Yes

If yes, please attach a copy of the plan, or describe changes.

SEE # 7

FUTURE UPGRADE IN CAPITAL PLAN.

NO BACK-UP FOR ELECTRICAL FAILURE.

Section C

WATER TREATMENT

1. Indicate the quality of the raw water prior to treatment & distribution.

☒ good ☐ fair ☐ poor

Describe. _____

2. Indicate the capacity of the treatment facility. 15 GALLON
TANK WITH min
PUMP

3. Type of water treatment facility.

☐ Filtration & Chlorination

☒ Chlorination only

☐ None

☐ Other

description _____

4. Describe in detail the method of water treatment (i.e. backwash, flocculation, sedimentation, chemicals used), and provide the results of the most recent bacteriological and chemical analysis. Attach a diagram if possible.

SEE MUNICIPAL WATER INSPECTION FORM

SCOTT GALLUP SEPT 2-98 ALL SAMPLES

TAKEN - NO RESULT RECEIVED

5. Have there been any problems or health and environmental concerns with the water treatment facilities?

☒ No

☐ Yes, describe

Are there any changes planned in the water treatment facilities? ☒ No ☐ Yes

If yes, please attach a copy of the plan or indicate changes. _____

Section D

SEWAGE DISPOSAL

1. Indicate the level of treatment the sewage will be receiving:

☒ primary ☐ secondary ☐ tertiary SELF TREATMENT

~~Pre-treatment (if applicable):~~ ☒ screening ☐ maceration

Lagoons (if applicable): ☐ anaerobic ☐ aerobic ☐ facultative SEWAGE LAKE

2. Indicate the capacity of the sewage treatment facility. m³ SEWAGE LAKE
CAPACITY UNKNOWN.

3. Indicate the retention time of the sewage while in the treatment facility. NO TREATMENT,
days

4. Indicate the estimated rate of discharge of wastewater. N/A L/sec

5. Indicate the location of the discharge point. N/A

6. Will the discharge be:

☐ seasonal
☒ continuous

NOT APPLICABLE
NO DISCHARGE

If the discharge is seasonal, during what month(s) is it done? N/A

What is the duration of the discharge (days/weeks/months)? N/A

7. Comment on the general condition of the:

(a) Sewage collection system GOOD

(b) Discharge control system SEWAGE TRUCK - EMPTIED INTO
SEWAGE LAKE LAGOON BY CHUTE (CULVERT

(c) Dams, diversion dykes, berms NIL TYPE

8. Have there been any problems or health and environmental concerns with the sewage disposal facilities?

☒ No

☐ Yes, describe. _____

The average depth of the wastewater lagoon is 6 FEET m.

10. What is the design freeboard? CHUTE m.

11. Is there any harvesting of fish or shell fish in the waters where waste is discharged?

☐ Yes ☒ No

If yes, please indicate species harvested, and estimate amounts.

N/A

12. Will the municipality be using a honey bag pit?

☐ Yes ☒ No

If yes, describe its:

Location

N/A

Drainage

N/A

Operation & Maintenance -

N/A

3. Are there any sources of commercial or industrial liquid waste being discharged or deposited to the municipal system which may affect the quality of the effluent or leachate produced?

☐ Yes ☒ No

If yes, please describe. _____

4. Have any spills occurred in the past five years? ☐ Yes ☒ No

If yes, describe. _____

15. Has there been any operating problems with the lagoon? ☐ Yes ☒ No

If yes, describe. _____

Are any changes planned in the sewage disposal facilities? ☒ No ☐ Yes

If yes, please describe and if possible, attach a copy of the plan.

Section E

SOLID WASTE DISPOSAL

1. Indicate the capacity of the disposal area. _____ m³ LARGE AREA
NOT KNOWN
2. The average depth of the solid waste disposal site is 1.5 m. NOT KNOWN
3. Are there any sources of commercial or industrial solid waste being deposited in the municipal system which may affect the quality of the effluent or leachate produced?
☐ Yes ☒ No

If yes, please describe. _____

4. Briefly describe how the solid waste will be picked up & delivered to the disposal area. _____
SEWER PUMP OUT - TRUCK AND
GARBAGE TRUCK - SANITARY LAND SITE
DIVIDED INTO CELLS FOR VARIOUS TYPES
OF SOLID WASTE.

5. Is the solid waste site fenced? ☒ Yes ☒ No
6. Will the municipality be using a dead animal pit? ☒ Yes ☒ No

If yes, describe its:

Location - AT DISPOSAL SITE <LIME PIT>

Drainage - NONE

Operation & Maintenance - WEEKLY

Will the municipality be using a hazardous waste disposal area?

☒ Yes ~~Yes~~

If yes, describe its:

Location

- STORAGE AT DUMP.

Structure

- NIL

Operation & Maintenance

- WEEKLY

8. Are there any hazardous commercial wastes entering the solid waste disposal system?

☐ Yes ☒ No

If yes, describe and note amounts and special handling/disposal methods for these wastes.

If any natural watercourse may gain access to the proposed solid waste disposal area, what methods will be used to decrease the amount of runoff water entering these areas? Indicate the volume of water which may enter these areas from the source(s) in question and attach all pertinent details of proposed diversions.

Source

Volume (m³/day)

DESIGNED TO DEVENT ALL WATER
AROUND THE DISPOSAL SITE.

10. Please describe the nature of any diversions of watercourses:

11. Have there been any problems or health and environmental concerns with the solid waste disposal facilities?

☒ No

☐ Yes, describe.

12. Are any changes planned in the solid waste disposal system?

☐ Yes ☒ No

If yes, please describe and, if possible, attach a copy of the plan.

ction F

ABANDONMENT AND RESTORATION PROGRAM

1. List and describe the locations of abandoned or restored water treatment facilities.

/

2. List and describe the locations of abandoned or restored sewage treatment facilities.

/

3. List and describe the locations of abandoned or restored solid waste disposal facilities.

*WEST END OF HAMLET PROPERTY SITE
RECLAIMED OVER PAST FIVE YEARS.*

4. Do you have an abandonment and restoration plan?

☐ Yes ☒ No

If yes, please attach a copy of the plan.

*NEW PODS DESIGNED FOR A FIVE YEAR
CAPACITY - 2004*

Section G.

WATER QUALITY MONITORING PROGRAM

1. Briefly describe the methodology that is presently used to sample. _____

HEALTH CENTRE AND
INDIAN AND NORTHERN AFFAIRS CANADA

2. Recognized laboratory performing analysis of samples.

HEALTH CENTRE

name

contact name

postal address

postal address

telephone number

facsimile number

3. Are any changes planned in the water quality monitoring program?

☐ Yes ☒ No

If yes, describe. _____

Section H.

ENVIRONMENTAL ASSESSMENT AND SCREENING

1. Has this project ever undergone an initial environmental review, including previous owners?

☐ Yes

By whom/when _____

☐ No☒ Unknown

2. Has approval been obtained or sought from the Department of Fisheries and Oceans for using any fish bearing waterbodies for containment or disposal of waste?

☐ Yes ☒ No

4. Are there any environmental studies ongoing or planned ?

☐ Yes ☒ No

If yes, list:

Prepared by

Title

Completion Date

MERYN G. RAY

SENIOR ADMINISTRATIVE

OFFICER

NOV 5/98