



# **INUVIALUIT WATER BOARD**

**WATER LICENCE APPLICATION QUESTIONNAIRE**

**FOR**

**OIL AND GAS EXPLORATION: DRILLING**

Prepared by:

Amended by Inuvialuit Water Board  
October 2014

## **INTRODUCTION**

The purpose of this questionnaire is to solicit supplemental information from an applicant to support their application for a Water Licence (or renewal). It is anticipated that the completion of this questionnaire will reduce delays arising from the Inuvialuit Water Board having to solicit additional information after an application has been submitted. This information will be used during the environmental assessment and screening of your application, which must be undertaken prior to the approval of a Water Licence.

The applicant should complete the questionnaire to the best of their ability, recognizing that some questions may not be relevant to the proposed project. For questions that do not relate to the operation, the applicant is requested to indicate "N/A" (not applicable). For information from other sources, please fully reference the material cited, including the title of the document and the page numbers referred to.

If any questions arise while completing the questionnaire, the applicant may wish to contact the Inuvialuit Water Board at (867) 678-2942.

Chairperson  
Inuvialuit Water Board

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**SECTION 1: APPLICANT INFORMATION**

1.1 Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.2 Project Name: \_\_\_\_\_  
Property Name: \_\_\_\_\_  
Exploration Licence Number: \_\_\_\_\_  
Closest Community (s): \_\_\_\_\_  
Min/Max Latitude of Project Area: \_\_\_\_\_  
Min/Max Longitude of Project Area: \_\_\_\_\_

1.3 Primary Company Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Alternate Contact Numbers: \_\_\_\_\_  
Fax: \_\_\_\_\_

1.4 Field Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Alternate Contact Numbers: \_\_\_\_\_  
Fax: \_\_\_\_\_

1.5 List the contractors (ie. Major, sewage, water) that will be involved in the project:

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Alternate Contact Numbers: \_\_\_\_\_  
Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Alternate Contact Numbers: \_\_\_\_\_  
Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Alternate Contact Numbers: \_\_\_\_\_  
Fax: \_\_\_\_\_

1.6 List all other permits or authorizations applied for:

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**SECTION 2: PRE-SITE ASSESSMENT**

1.1 Please complete the following chart for those items that currently exist in the project area - a snapshot of the area before your project commences. Attach a map depicting all of the indicated items in the project area, as well as the surface drainage patterns and elevation contours.

Description		Latitude:	Longitude:
<b>1. Well Sites</b>	YES		
	NO		
<b>2. Waste Dumps</b>	YES		
	NO		
<b>3. Fuel &amp; Chemical Storage Areas</b>	YES		
	NO		
<b>4. Sump Areas</b>	YES		
	NO		
<b>5. Wastewater Discharge Locations</b>	YES		
	NO		
<b>6. Camps</b>	YES		
	NO		
<b>7. Transportation Routes</b>	YES		
	NO		
<b>8. Pingos</b>	YES		
	NO		
<b>9. Staging Areas</b>	YES		
	NO		
<b>10. Seismic Lines</b>	YES		
	NO		
<b>11. Archaeological Areas</b>	YES		
	NO		
<b>12. Parks and/or Protected Areas</b>	YES		
	NO		
<b>13. Wildlife Management Areas</b>	YES		
	NO		
<b>14. Bird Sanctuaries</b>	YES		
	NO		
<b>15. Trap Lines</b>	YES		
	NO		
<b>16. Other</b>	YES		
	NO		



**3.2 Waste Disposal**

3.2.1 Will a camp(s) be provided?            Yes                            No

If yes, indicate the maximum number of people that will be accommodated

Capacity: \_\_\_\_\_

Maximum Accommodated: \_\_\_\_\_

3.2.2 Will the camp remain in one place for the duration of the project, or move around? Please describe the camp type (i.e. sleigh camp) and attach diagrams of the proposed layout.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.2.3 What is the proposed method of sewage and greywater treatment/disposal?

\_\_\_\_\_

Please describe the treatment process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the maximum capacity per day (in m<sup>3</sup> and people) of the treatment system?

\_\_\_\_\_

Please attach a diagram(s) of the treatment system labelling all of the major components.

3.2.4 Describe the manner in which the treated effluent will be disposed / discharged to the environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.2.5 What other back-up methods are available for sewage and greywater treatment/disposal (i.e. contingency)?

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3.2.6 What is the proposed method of solid waste disposal?

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3.2.7 List all hazardous materials that will be used during the project.

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3.2.8 Fuel storage

Type of Fuel	Amount (L)	Method of Storage/Containment	Location

3.2.9 What is the proposed method of hazardous waste disposal?

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**SECTION 4: DRILLING PROGRAM INFORMATION**

4.1 What is the time frame of this project? Will this project be carried out and completed during frozen ground conditions?

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4.2 Please describe the methods in which equipment will be brought to the project area and provide a list of heavy equipment that will be transported to the site.


4.3 Describe any access routes and their method of construction. How many streams will be crossed? Will any stream crossings greater than 5m be required?

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4.4 Please provide the name, latitude and longitude, and UTM numbers for all well sites.

Name	Latitude	Longitude	UTM

4.5 Indicate the total estimated volume of drilling wastes in cubic metres.

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4.6 Indicate methods for the disposal of drilling wastes and attach a management plan.

- Sump
- Remote Sump
- Down Hole (Requires NEB Approval)
- On-site Treatment (Provide Plan)
- Off-site (Give Location and Method of Disposal)
- Other \_\_\_\_\_

4.7 What is the capacity in cubic metres of the sump? Attach a drawing to scale of the layout of the proposed sump.

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How will the sump berms be protected from erosion?

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Provide information on the soil type, permeability and depth of the active layer at the proposed sump location.

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How will water used for drilling be recycled/reclaimed?

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What measures are contemplated for surface drainage controls?

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What are the planned abandonment procedures for sumps?

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4.8 Mud System Type(s): Check all that apply:

- Gelchem
- Invert
- KCL
- Other \_\_\_\_\_

Please provide a complete list of all planned drilling mud additives.

4.9 Indicate any potential for encountering artesian aquifers or lost circulation within the surface hole (to casing depth):

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4.10 Describe the surficial geologic and hydrogeologic conditions in the immediate vicinity of the well site.

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**SECTION 5: CONTINGENCY, ABANDONMENT AND RESTORATION PLANNING**

5.1 Attach the proposed or existing contingency plan which describes course of action, mitigative measures and equipment available for use in the event of system failures and spills of hazardous materials (in compliance with AANDC Guidelines for Contingency Planning, 2007).

5.2 Outline the planned abandonment and restoration procedures.

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**SECTION 6: ENVIRONMENTAL ASSESSMENT AND SCREENING**

6.1 Has this project ever undergone an initial environmental assessment, including previous owners? If yes, by whom/when:

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6.2 What baseline data has been collected for the water bodies you intend to cross, do seismic in, or draw water from in the area? Please attach data.

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6.3 What baseline data has been collected and evaluated with respect to the biophysical components of the environment potentially affected by the project (wildlife, soils, air quality, etc.)? Please attach data.

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6.4 What community consultation has been done regarding this project? Provide details of the program.

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