



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on-site.

Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*


Licence Number

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

For Office Use Only

SR# 

SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name **A** PAYLESS SELF STORAGE Corporation No.

Operator Name (if different from above) PAUL SHAW

Telephone No. 519-371-7759 Fax No. SAME E-mail lyn_paylessstorage@bellnet.ca

B Street No. Street Name / 911 Number / Address, if applicable 318655 GREY RD. #1

Town / City or Township / County GEORGIAN BLUFFS Province ONTARIO Postal Code N4K5N4

Mailing address if different from above.

C Street No. Street Name / 911 Number / Address, if applicable 505549 GREY RD. #1

Town / City or Township / County KEMBLE Province ONTARIO Postal Code N0H1S0

Information on Container Refill Centre or Filling Plant

Location of facility.


D Street No. 318655 Street Name / 911 Number / Address, if applicable GREY RD. #1 Nearest Major Intersection GREY RD. #1 & BALMY BEACH RD.

Town / City or Township / County GEORGIAN BLUFFS Province ONTARIO Postal Code N4K5N4

Name of Licence Holder PAYLESS SELF STORAGE

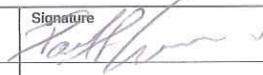
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). PAUL SHAW ROT type PPO - 3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) GEORGIAN BLUFFS

Hours of operation. 

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Printname	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder <u>PAYLESS SELF STORAGE</u>		<u>10/3/16</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>PAUL SHAW</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

1997 N/A

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	955-91
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 500USWG Portable: 30 Mobile: N/A

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Name of person completing this form (please print)	Official Title	
LYN BROWNE	MANAGER	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	519-371-7759	10/3/2016



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SPARLING'S PROPANE			For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable HWY 6 NORTH			
Town / City or Township / Country FLESHERTON		Province ONTARIO	Postal Code N0C1E0	
Telephone No. 519-924-3331	Fax No. 519-924-3823	Contact Name FIONA GOSETTO		
E-mail flg@sparlings.com				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.	
SAME AS ABOVE				
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	Postal Code	
Telephone No.	Fax No.	Contact Name		
E-mail				

Off-site Cylinder and/or Mobile Storage N/A		Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	Postal Code	
Telephone No.	Fax No.	Contact Name		

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print) LYN BROWNE		Official Title MANAGER	
Signature 	Telephone No. 519-371-7759	Date (dd-mmm-yyyy) 10/3/2016	



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

N/A

Description of fire and emergency equipment indicated on facility site map.

EMERGENCY SHUT OFF

FIRE EXTINGUISHER

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

FUSIBLE LINK @ DISPENSER

EMERGENCY SHUT OFF @ REMOTE POST

BREAKER SWITCH IN THE BUILDING

Maintenance and testing schedule for fire protection controls and devices.

ANNUAL INSPECTIONS ON PROPANE FACILITY BY SPARLINGS

IF THERE ARE ANY PROBLEMS SPARLINGS RESPONDS WITH IN 24 HRS OR LESS

ANNUAL EXTINGUISHER INSPECTION DONE BY GEORGIAN BAY FIRE & SAFETY

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Signature 	Telephone No. 519-371-7759
	Date (dd-mmm-yyyy) 10/3/2016



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name PAUL SHAW	For Office Use - Party No.	Name PAUL SHAW	For Office Use - Party No.
Official Title OWNER		Official Title OWNER	
Telephone No. 519-378-6388	Fax No. 519-371-7759	Cell No. 519-378-6388	Fax No. 519-371-7759
E-mail		E-mail	
Role and responsibilities in emergency MAKE SURE THE POWER IS OFF TO THE DISPENSER & CONTACT NECESSARY EMERGENCY PERSONNEL. (ie. Fire Department)		Role and responsibilities in emergency CO-ORDINATE RESPONSE & WORK WITH NECESSARY AUTHORITIES	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name LYN BROWNE	For Office Use - Party No.	Name LYN BROWNE	For Office Use - Party No.
Official Title MANAGER		Official Title MANAGER	
Telephone No. 5199374-1091	Fax No. 519-371-7759	Telephone No. 519-371-7759	Fax No. SAME
E-mail lyn_paylessstorage@bellnet.ca		E-mail lyn_paylessstorage@bellnet.ca	
Role and responsibilities in emergency same as above		Role and responsibilities in emergency make sure proper authorities are contacted and power is off to the dispenser	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name CARL LINTHORNE	For Office Use - Party No.	Name FIONA GESETTO	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail carl.linthorne.itfd@bellnet.ca	Official Title BRANCH MANAGER	E-mail FLG@SPARLINGS.COM
Telephone No. 519-376-9933	Fax No. 519-376-6537	Telephone No. 519-924-3331	Fax No. 519-924-3823
Role and responsibilities in emergency COMMAND		Role and responsibilities in emergency	
Fire Services Address 180-12TH ST. W. OWEN SOUND, ON N4K 3V2		Propane Supplier Address HWY 10 NORTH, FLESHERTON, ON N0H 1E0	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name JEFF GEAUTRAEU	For Office Use - Party No.	Name HOLLY MORRISON	For Office Use - Party No.
Official Title DEPUTY CHIEF	E-mail jeff.geautraeu.itfd@bellnet.ca	Official Title CEO/CLERK	
Telephone No. 519-376-9933	Fax No. 519-376-6537	Telephone No. 519-376-2729	Fax No. 519-372-1620
Role and responsibilities in emergency COMMAND		E-mail HMORRISON@GEORGIANBLUFFS.ON.CA	
Fire Services Address 180-12TH ST.W. OWEN SOUND, ON N4K 3V2		Municipality Name and Address Georgian Bluffs, 177964 Grey Rd. #18, R.R. #3, Owen Sound, ON N4K5N5	

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Signature 	Telephone No. 519-371-7759
	Date (dd-mmm-yyyy) 10/3/16



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

- EITHER MR. LYN BROWNE OR MR. PAUL SHAW OR COLLE SHAW ARE RESPONSIBLE FOR ALERTING ALL OCCUPANTS OF FACILITY & CALLING 911 IF THE SITUATION WARRANTS SUCH ACTION.

- AIR HORN WILL BE SOUNDED IN THE EVENT OF AN EMERGENCY AT THE DISPENSER.

- IN THE EVENT OF A FIRE, MANAGER OR OWNER WOULD ALERT OCCUPANTS, CALL EVACUATE PREMISES * CALL 911 (EVACUATION TO A SAFE PRE DESIGNATED AREA)

- IN THE EVENT OF AN AFTER HRS. EMERGENCY, MS. BROWNE IS 5-7 MINS AWAY, MR. SHAW APPROX 10 MINS AWAY.

* REPEAT OF PG # 4* WITH A LITTLE ADDED.

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Name of person completing this form (please print) LYN BROWNE	Official Title MANAGER
Signature <i>Lyn Browne</i>	Telephone No. 519-371-7759
	Date (dd-mmm-yyyy) 10/3/14



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yy) 10/03/2016	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yy) 10/03/16	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yy) 10/03/16	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yy)



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) 11/07/16	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) 11/07/16	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy) 11/07/16	Print Name of Training Provider: LYN BROWNE
	Print Name of Instructor: LYN BROWNE
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

LYN BROWNE, PAUL SHAW OR COLE SHAW ARE RESPONSIBLE FOR ALERTING ALL BUILDING OCCUPANTS AND CALLING 911 IF THE

SITUATION WARRANTS SUCH ACTION

AIR HORN WILL BE SOUNDED IN AN EMERGENCY SITUATION

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

IN THE EVENT OF AN EMERGENCY OR FIRE, LYN BROWNE (MGR), PAUL SHAW OR COLE SHAW (OWNERS) WOULD ALERT ALL OCCUPANTS OF THE PREMISES TO EVACUTE THE BUILDING TO NORTH SIDE YARD AND CALL 911

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

AT THE FIRST SIGN OF AN EMERGENCY THE FIRE DEPARTMENT WOULD BE CONTACTED IMMEDIATELY BY LAND LIND OR CELL, THIS WOULD BE CARRIED OUT BY THE ATTENDANT ON SITE. (LYN, PAUL OR COLE)

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

OPEN ACCESS

Describe how the licence holder will ensure continual flow of updated information to authorities.

MOST LIKELY BY CELL PHONE

How long will it take the facility liaison person to respond to the site.

LYN BROWNE LIVES 4.2 KM FROM FACILITY (RESPONSE APPROX 5 MINS) PAUL SHAW WITH IN 5 -10 MINS

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Name of person completing this form (please print) LYN BROWNE	Official Title MANAGER
Signature 	Telephone No. 519-371-75-759
	Date (dd-mmm-yyyy) 10/3/16



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>600 METERS</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>N/A</u>

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Name of person completing this form (please print) LYN BROWNE	Official Title MANAGER	
Signature <i>Lyn Browne</i>	Telephone No. 519-371-7759	Date (dd-mmm-yyyy) 10/3/16



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No



If not, please explain (e.g., no fire services).

Fire services comments, if any:


To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:


The licence holder will respond to the Local Fire Services comments by: _____ (dd-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name <i>INTER TOWNSHIP FIRE DEPT.</i> Local Fire Services Name	Signature 	Date (dd-mmm-yyyy) <i>11/03/16</i>
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Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <i>LYN BROWNE</i>	Official Title <i>MANAGER</i>	
Signature 	Telephone No. <i>519-371-7759</i>	Date (dd-mmm-yyyy) <i>10/3/16</i>



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SECTION C: SUBMISSIONS

Applicant must include a Facility Site Plan and Map of Surrounding Area

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "**Required Mapping Information from Updated Site Plan**" in table below .

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) December 8, 2015	Capacity of single largest propane storage vessel (USWG) 500 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 50 FT	Right side property line: 24 FT
Rear: 500 FT	Left side property line: 100 FT
GPS coordinates of single largest vessel: 37.345 56.737	

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Signature <i>Lyn Browne</i>	Telephone No. 519-371-7759
	Date (dd-mmm-yyyy) 10/3/16



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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

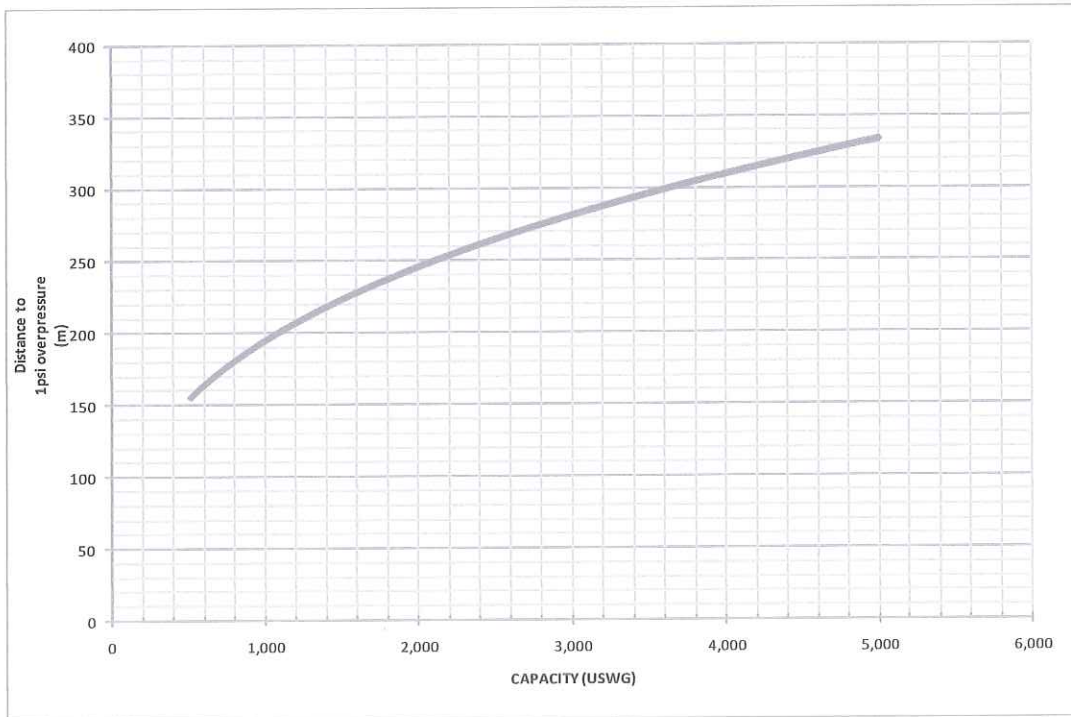
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
D = Distance to overpressure of 1 psi (meters)
C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
Assume all vessels are 80% full
1 gallon [US, liquid] = 0.003785411784 cubic meter
1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>PAYLESS SELF STORAGE & CAR WASH</u> Address: _____ City: _____ Province _____ Postal Code _____		1			<u>30</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____					<u>130</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

* For multi-unit buildings, count each unit as "1".

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>LYN BROWNE</u>	Official Title <u>MANAGER</u>
Signature 	Telephone No. <u>519-371-7759</u>
	Date (dd-mmm-yyyy) <u>10/3/14</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	32	185.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity N/A			

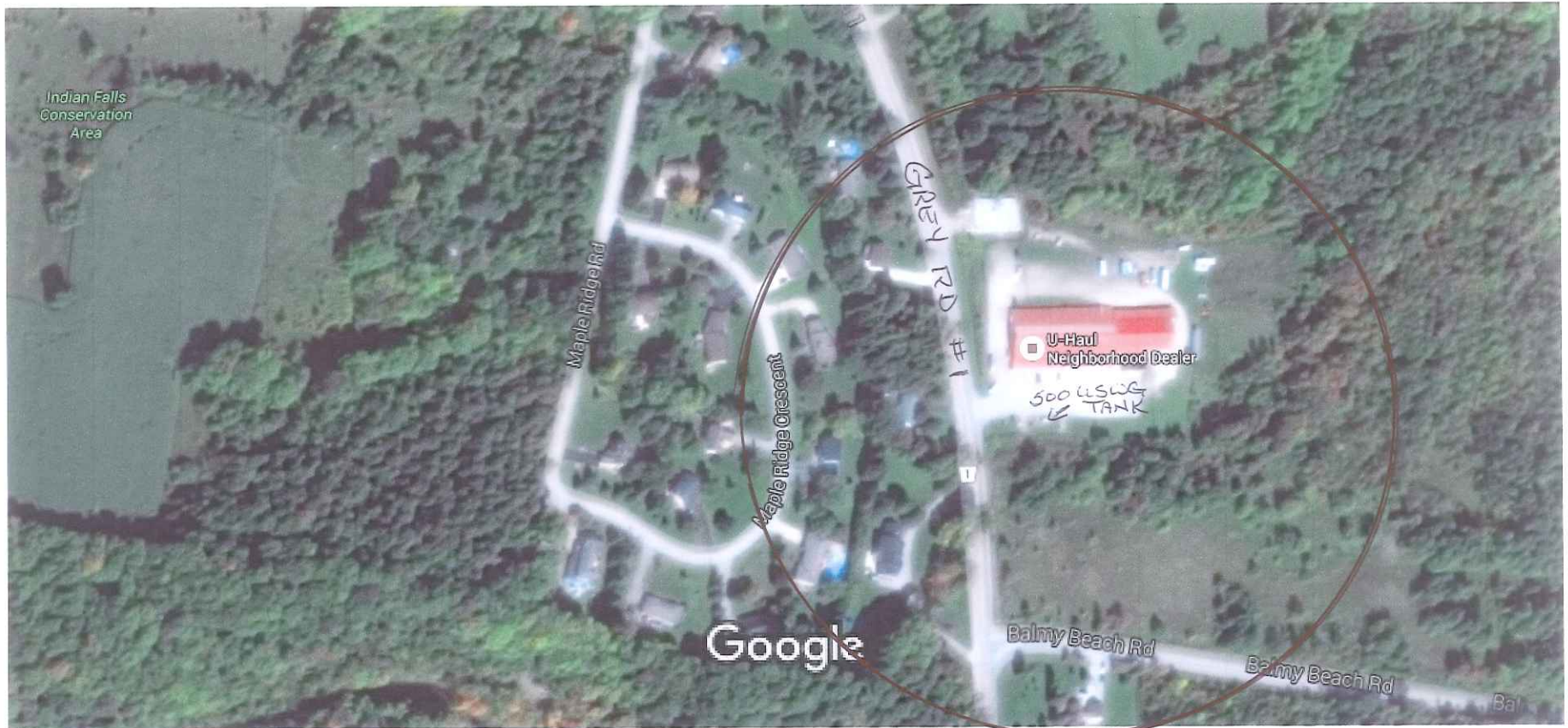
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	185.6
Total Tank Capacity	500
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

PAYLESS SELF STORAGE & Surrounding AREA
318655 GREY RD #1
R.R. 2
OWEN SOUND, ON N4K 5N4

Google Maps



PROpane TANK = 500 USWG - HORIZONTAL
 TANK SET BACK = 30 meters South of
 OFFICE + BUILDING
 35 meters EAST OF GREY RD #1

G.P.S. Co-ORDINATES = 37.345 - 56.737
 N 44° W 88°

ELEVATION = 201 m
<https://www.google.ca/maps/@44.622659,-80.9474552,391m/data=!3m1!1e3>

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MUNICIPALITY OF GEORGIAN BLUFFS
 177964 GREY RD #18, RR 3
 OWEN SOUND, ON N4K 5N5
 519-376-2729 FAX 519-372-1620
 TOWNSHIP CLERK
 HOLLY MORRISON

2015-12-08

