



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X2X4  
 Fax: 416.231.4903  
 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.

<p style="text-align: center; font-size: small;">Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number: <input style="width: 80%;" type="text" value="000219690"/></p> <p>Check applicable type of propane operations:</p> <p> <input checked="" type="checkbox"/> Cylinder             <input type="checkbox"/> Motor Fill             <input type="checkbox"/> Filling Plant             <input type="checkbox"/> Card/Keylock       </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="border: 1px solid black; height: 100px; width: 100%; background-color: black;"></div>
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**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.

<b>A</b>	Company Name 8493227 Canada Inc.	Ontario Corporation No., if applicable
	Operator Name (if different from above) Balakumaran Thiraviam	
	Telephone No. 647-219-3275	Fax No. 905-738-6096
	E-mail kannanthiraviam@liva.ca	
<b>B</b>	Street No. / Street Name / 911 Number / Address, if applicable 1013 / Bayfield St. North	
	Town / City or Township / County Midhurst	Province / Postal Code ON / L0L 1X1
<b>C</b>	Mailing address if different from above.	
	Street No. / Street Name / 911 Number / Address, if applicable 31 / Siskin Terrace	
	Town / City or Township / County Scarborough	Province / Postal Code ON / M1X 1T7
	<b>Information on Container Refill Centre or Filling Plant</b>	
<b>D</b>	Location of facility.	
	Street No. / Street Name / 911 Number / Address, if applicable 1013 / Bayfield St. North	Nearest Major Intersection County Rd. 27 / Snow Valley Road
	Town / City or Township / County Midhurst	Province / Postal Code ON / L0L 1X1

Name of Licence Holder 8493227 Canada Inc.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) Balakumaran Thiraviam	ROT type
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Township of Spring Water	

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: 8493227 Canada Inc.		08-01-2014
Name of Senior Management person as defined in the Regulation holding the Record of Training: Balakumaran Thiraviam		



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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.

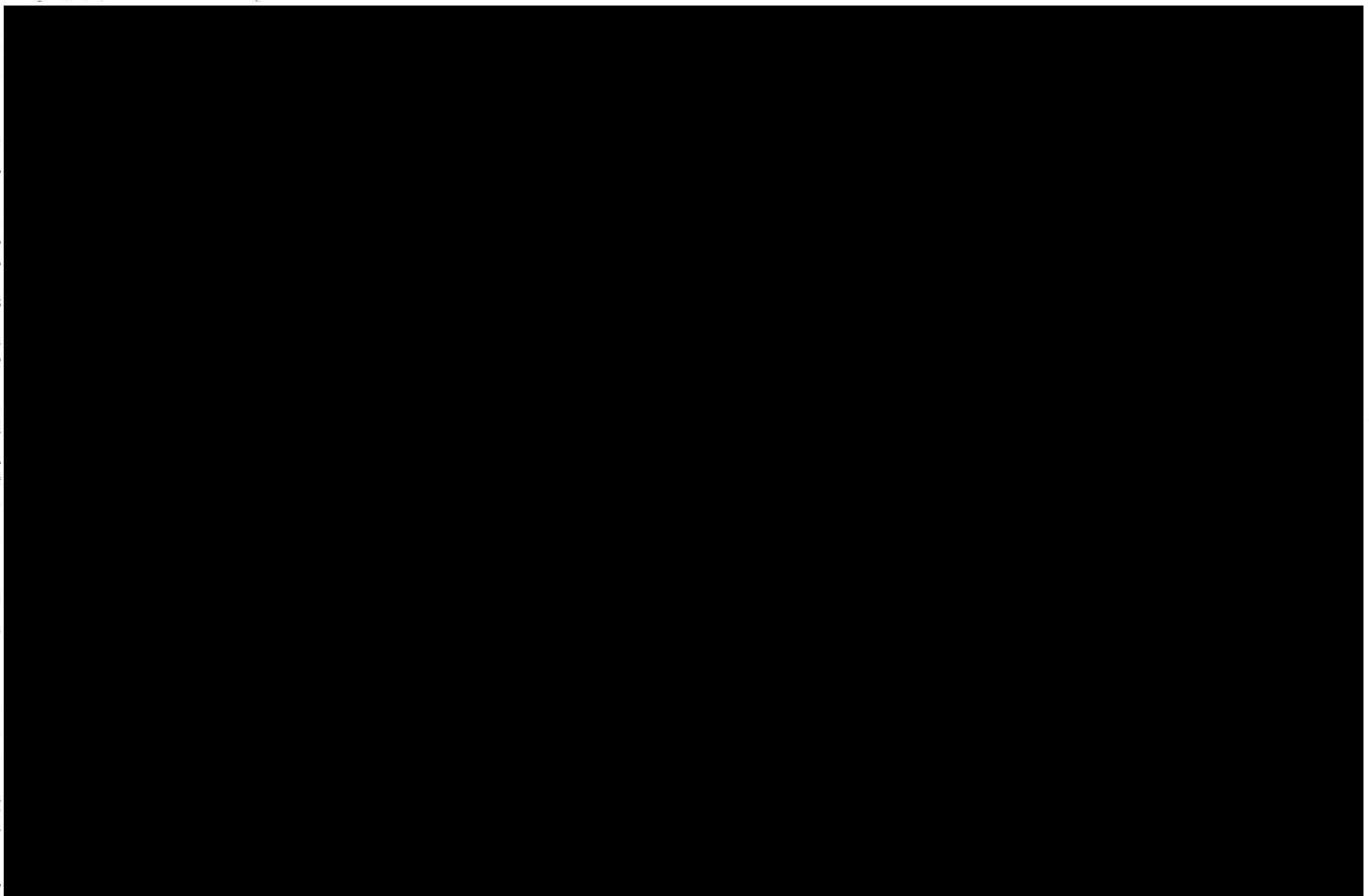
Unknown	None
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	7131
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: 4996      Portable: 0      Mobile: 0



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Name of person completing this form (please print) Balakumaran Thiraviam	Official Title Manager/Director
Signature	Telephone No. 647-219-3275
	Date (dd-mm-yyyy)



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**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

<b>Name of Propane Supplier(s)</b>		For Office Use - Party No.	
Superior Propane - Regional Operation Centre		[REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodland Road East Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		ON	N1H 8J1
Telephone No.	Fax No.	Contact Name	
877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane		[REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
7022	Wellington Road 124 Main Street West		
Town / City or Township / Country		Province	Postal Code
Guelph		ON	N1H 6L3
Telephone No.	Fax No.	Contact Name	
519-831-6564	519-836-7766	Jason Swan	
E-mail			
swanj@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
none		
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)	Official Title	
Balakumaran Thiraviam	Manager/Director	
Signature	Telephone No.	Date (dd-mm-yyyy)
	647-219-3275	08-01-2014



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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.

Gasoline - 80,000 maximum litre storage, 3 underground tanks

Diesel - 35000 maximum litre storage, 1 underground tank

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

A-B Fire Extinguishers

1 located at the propane dispenser, 2 located at the gas pumps, and 1 located inside the store

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.

1. Fusible link on ISC - Isolation valve between the tank and the downstream propane dispensing equipment

2. Emergency shut off - at propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve

Maintenance and testing schedule for fire protection controls and devices.

1. Pumps - (pumps every 3 months; pump motor; check belts monthly; grease pump every 6 months).

2. ISC valve ( test for closure every 6 months)

Storage tank Relief Values - inspected every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print)

Balakumaran Thiraviam

Official Title

Manager/Director

Signature

Telephone No.

647-219-3275

Date (dd-mm-yyyy)

08-01-2014



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Balakumaran Thiraviam	For Office Use - Party No.	Name Ashutosh Khamar	For Office Use - Party No.
Official Title Manager/Director		Official Title Station Manager	
Telephone No. 647-219-3275	Fax No. 905-738-6096	Cell No. 647-891-2748	Fax No. 905-738-6096
E-mail kannanthiraviam@live.ca		E-mail am_khamar@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Vanalthy Sivasubramaniam	For Office Use - Party No.	Name Ashutosh Khamar	For Office Use - Party No.
Official Title Manager		Official Title Station Manager	
Telephone No. 416-854-3275	Fax No. 905-738-6096	Telephone No. 647-891-2748	Fax No. 905-738-6096
E-mail kannanrany@live.ca		E-mail am_khamar@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Tony Van Dam	For Office Use - Party No.	Name Superior Propane Hot Line	For Office Use - Party No.
Official Title Director	E-mail	Official Title	E-mail n/a
Telephone No. 705-728-4784 Ext. 2031	Fax No.	Telephone No. 877-873-7467	Fax No. n/a
Role and responsibilities in emergency To prevent and/or reduce the incidents of fire in case of emergency		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personal as required	
Fire Services Address 2231 Nursery Road, Minesing ON L0L 1Y2		Propane Supplier Address	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Craig Williams	For Office Use - Party No.	Name Robert Brindley	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail	Official Title Chief Administrative Officer	
Telephone No. 705-728-4784 Ext. 2048	Fax No.	Telephone No. 705-728-4784 ext. 2041	Fax No.
Role and responsibilities in emergency To prevent and/or reduce the incidents of fire in case of emergency		E-mail	
Fire Services Address 2231 Nursery Road, Minesing ON L0L 1Y2		Municipality Name and Address Township of Springwater, 2231 Nursery Road, Minesing ON L0L 1Y2	

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Name of person completing this form (please print) Balakumaran Thiraviam	Official Title Manager/Director
Signature	Telephone No. 647-219-3275
	Date (dd-mm-yyyy)



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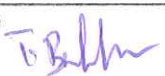
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

None

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Signature 	Telephone No. 647-219-3275	Date (dd-mm-yyyy) 08-01-2014



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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-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	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-yyyy)	Print Name of Training Provider: Canadian Propane Association	Please Note a ROT is valid for 3 years
	Print Name of Instructor: Mike Martin Id# 142	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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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-mm-yyyy)	Print Name of Training Provider: Superior Propane or Alternative
	Print Name of Instructor: To be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider: Key Contact to train staff
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-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-mm-yyyy)	Print Name of Training Provider: Canadian Propane Association	Please Note a ROT is valid for 3 years
	Print Name of Instructor: To be arranged	Note: To call training provider if any training
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	required in 2014
	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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Name of person completing this form (please print) Balakumaran Thiraviam	Official Title Manager/Director
Signature 	Telephone No. 647-219-3275
	Date (dd-mm-yyyy) 08-01-2014





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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).  
The owner or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached. Propane Emergency Response Procedures placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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).  
The owner/operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction. Actions will be taken by an on duty ROT person(s)

**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).  
When the system is operational a ROT person will be on duty and be on the propane tank area. This person will be able to visually ascertain any abnormal/accident event and implement the appropriate response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The propane tank system is located in a wide open area that is easily accessible.  
The fire access routes are identified in the attached site plan.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)  
Fill level is relevant from a time to BELEVE perspective ( a near empty tank will BELEVE sooner than a full tank if there is a fire impingement on the tank  
This information will be provided to the authorities by management Balakumaran Thiraviam or alternate.

How long will it take the facility liaison person to respond to the site.  
Key Contact - Balakumaran Thiraviam 1 hour to arrive at the facility from Scarborough Ontario  
Alternative Contact - Ashutosh Khamar 5 to 10 minutes to arrive at the facility.

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Signature 	Telephone No. 647-219-3275	Date (dd-mm-yyyy) 08-01-2014



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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 type="checkbox"/>	<input checked="" 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>50 m fire hydrant</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) Balakumaran Thiraviam	Official Title Manager/Director
Signature 	Telephone No. 647-219-3275
	Date (dd-mm-yyyy) <u>03-01-2014</u>



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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

<b>To be completed by the Local Fire Services</b>	<b>Yes</b>	<b>No</b>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<i>We have reviewed this plan</i>		
<b>To be completed by the Licence Holder</b>		
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-mm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>TONY VAN DAM</i>		<i>January 9 2014</i>

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Name of person completing this form (please print) Balakumaran thiraviam	Official Title Manager/Director	
Signature 	Telephone No. 647-219-3275	Date (dd-mm-yyyy) <i>08-01-2014</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-mm-yyyy) 08-09-2011	Capacity of single largest propane storage vessel (USWG) 4996 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 42m	Right side property line: 65m
Rear: 65m	Left side property line: 19m
GPS coordinates of single largest vessel: 44.4321 -79.7267	

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Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

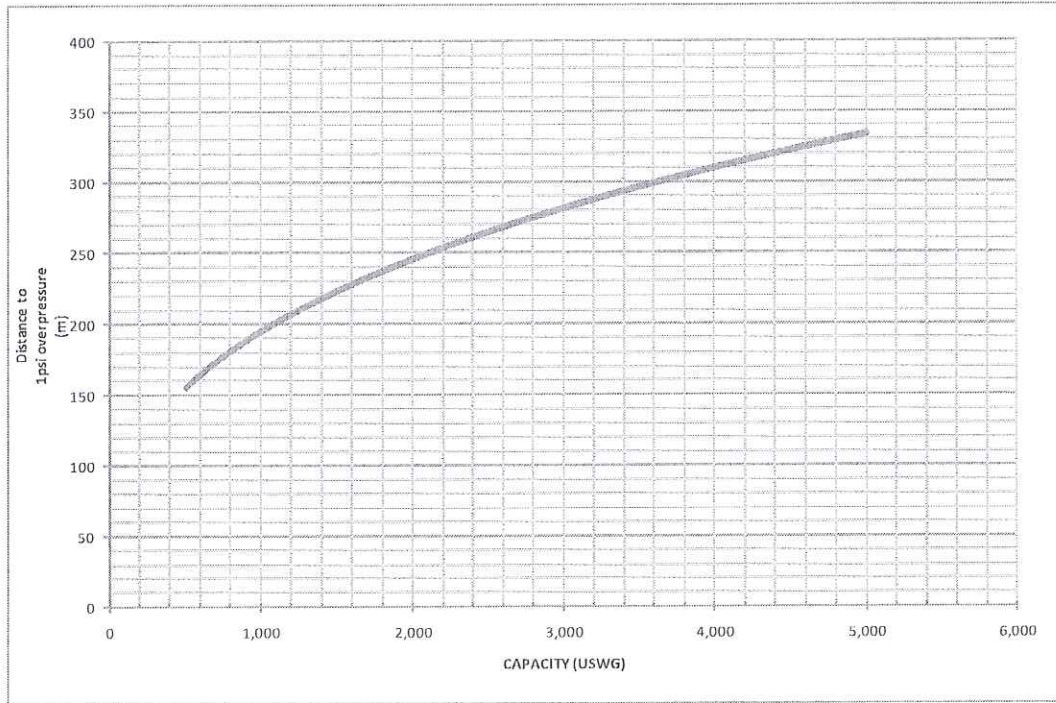
**Table 1: Distance Table**

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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: Single Family Dwellings Address: Heatherwood Drive City: Midhurst Province ON Postal Code L0L 1X1				x	132 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Linda's eating Place Address: 1027 Bayfield Street North City: Midhurst Province ON Postal Code L0L 1X1			x		49.5 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 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) Balakumaran Thiraviam	Official Title Manager/Director	Date (dd-mm-yyyy) 08-01-2014
Signature 	Telephone No. 647-219-3275	



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**WORKSHEET**

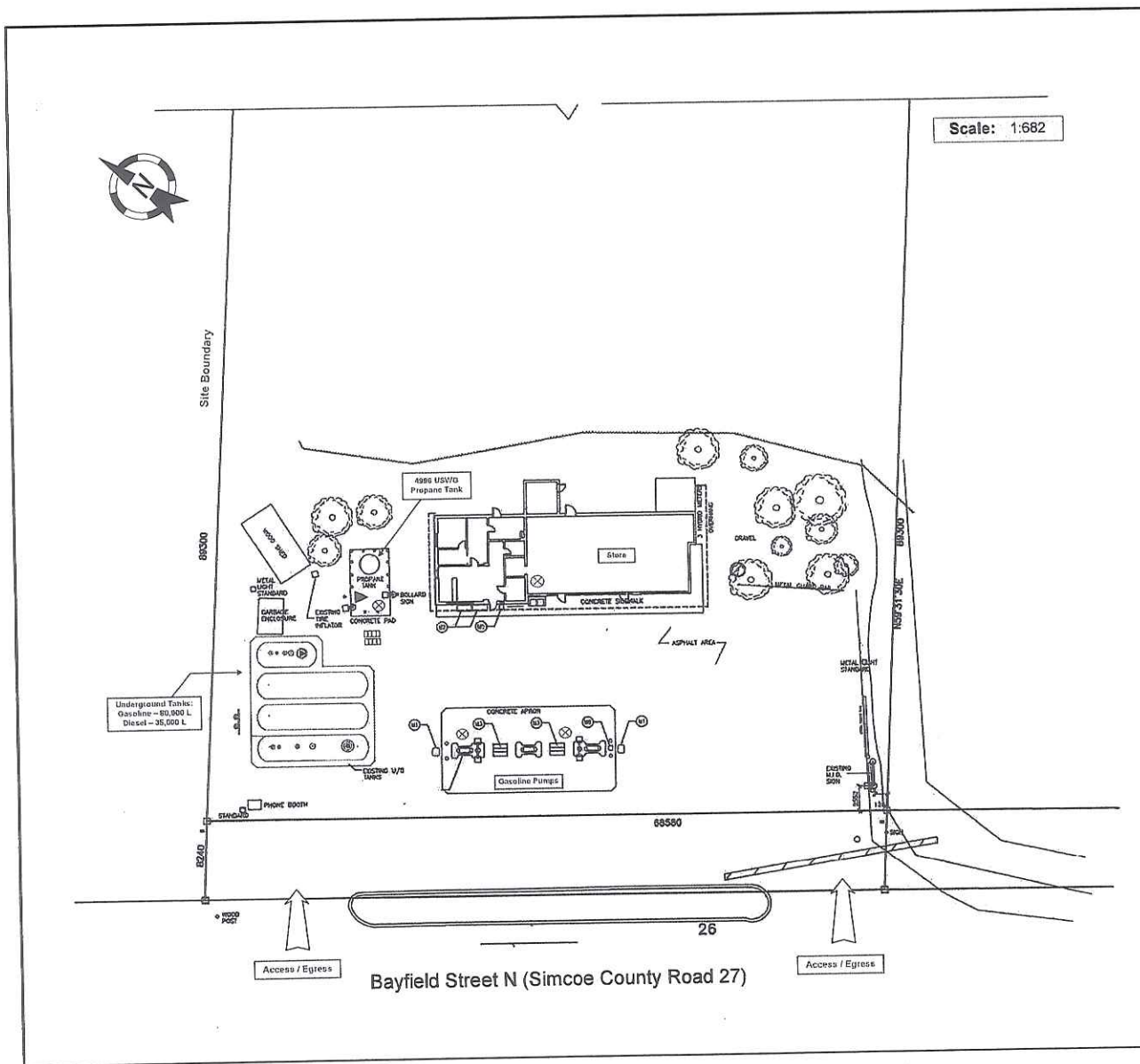
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 120	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity</b>			0

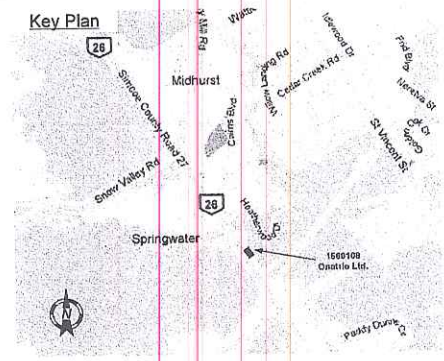
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
<b>Total Tank Capacity</b>		0

<b>Total Cylinder Capacity</b>	0
<b>Total Tank Capacity</b>	4996 USWG
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	0



**Key Plan**



**Notes:**

1. Tank distances to property lines:

Property Line Setbacks	Distance
Northeast	57 m
Southwest	42 m
Northwest	19 m
Southeast	65 m

2. Fire Extinguisher

3. Egress/Fire Access Route:  
Site is wide open, multiple egress/access points from Bayfield Street North (Simcoe County Road 27).

4. E-Stop

5. Cylinder Cage

**FSN Training & Development**

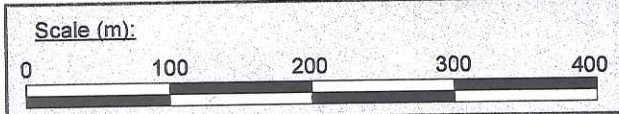
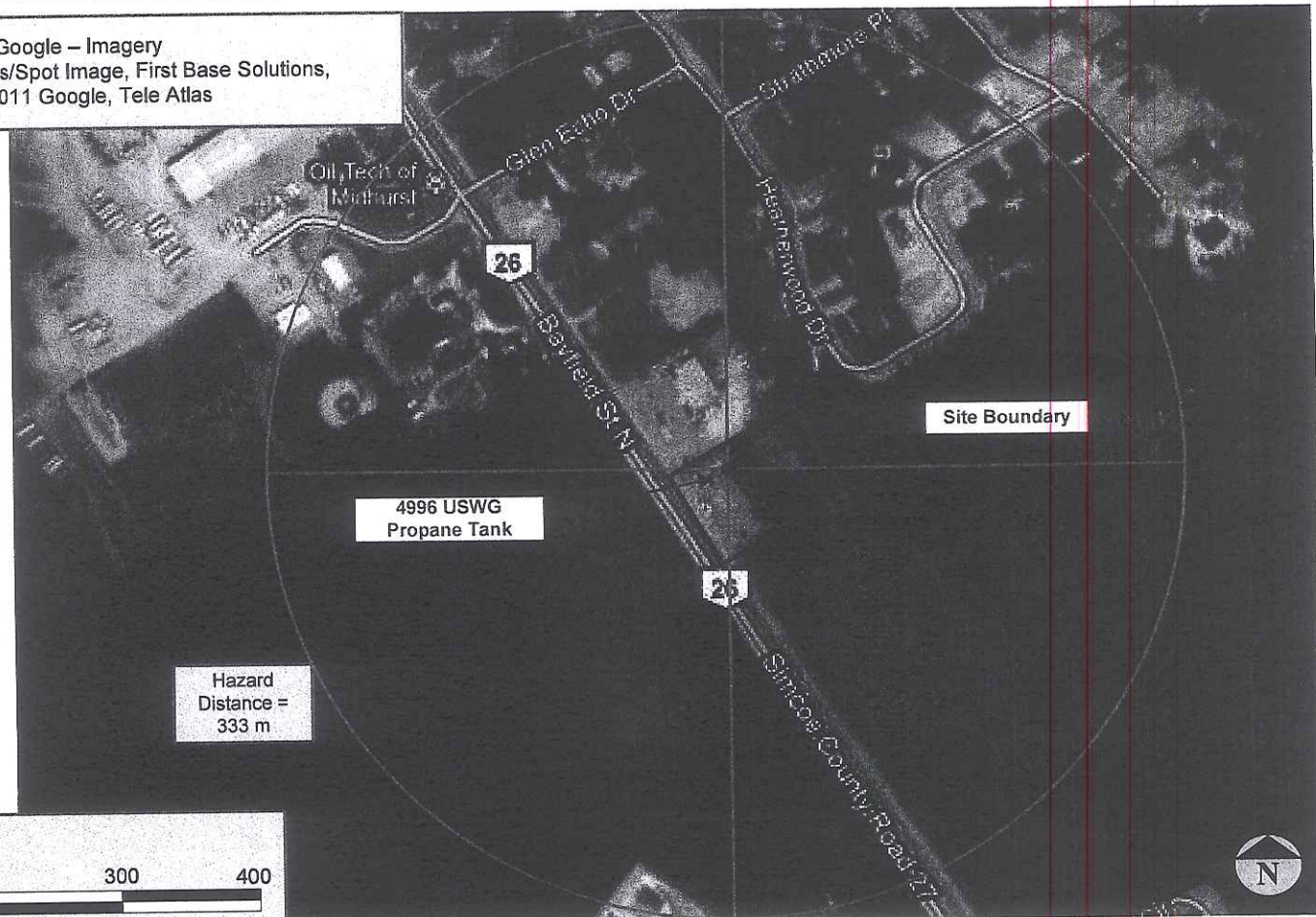
Title: **Site Plan**  
**1560108 Ontario Ltd. (Husky)**  
 1013 Bayfield Street North, Midhurst, ON, L0L 1X1

*Part Lot 15 Concession 4 Vespra as in R0901246:  
 Springwater*

Drawn by: S. Oliveira	Checked by:
Date: August 9, 2011	Rev 0



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 Map data ©2011 Google, Tele Atlas



**Setback Distances to Site Boundary**

Northeast : 57 m	Northwest: 19 m
Southwest: 42 m	Southeast: 65 m

**Capacity of Propane Storage Tank:**  
 Capacity of Propane Storage Tank = 4996 USWG

**GPS Co-ordinates of Propane Storage Tank:**  
 GPS Co-ordinates = 44.4321, -79.7267

**Circular Distance to 1 psi overpressure:**  
 Denoted by circle centred on tank; radial distance = 333 m

**Municipality (ies) within the 1 psi overpressure circle:**  
 Township of Springwater

**Municipal Contact:**  
 John Daly  
 Director of Corporate Services & Clerk, Township of Springwater  
 2231 Nursery Road, Minesing, ON, L0L 1Y2  
 Tel: 705-728-4784 ext. 2026 Fax: 705-728-6957  
 Email: info@springwater.ca

**Map of Surrounding Area**

1560108 Ontario Ltd. (Husky)  
 1013 Bayfield Street North, Midhurst, ON,  
 L0L 1X1  
 Part Lot 15 Concession 4 Vespra as in  
 R0901246:Springwater

Drawn by: S. Oliverio      Date: August 8, 2011