



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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.

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 0076388727-C

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.



**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.

**A** Company Name DON HOLDEN'S SHOP Ontario Corporation No., if applicable 148516  
 Operator Name (if different from above) DON HOLDEN

Telephone No. 5193344313 Fax No. 519-344-2921 E-mail Sharon@holdenautosales.com

**B** Street No. 584 Street Name / 911 Number / Address, if applicable N CHRISTINA  
 Town / City or Township / County SARNIA Province ONT. Postal Code N7T5W6

Mailing address if different from above.

**C** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_  
 Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility.

**D** Street No. 584 Street Name / 911 Number / Address, if applicable N CHRISTINA Nearest Major Intersection CHRISTINA + EXMOUTH  
 Town / City or Township / County SARNIA Province ONT. Postal Code N7T5W6

Name of Licence Holder DON HOLDEN

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

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

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.

Name of Licence Holder	Print name <u>DONALD HOLDEN</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>26/09/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>DON HOLDEN</u>		



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**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**SECTION A: GENERAL INFORMATION (cont'd)**

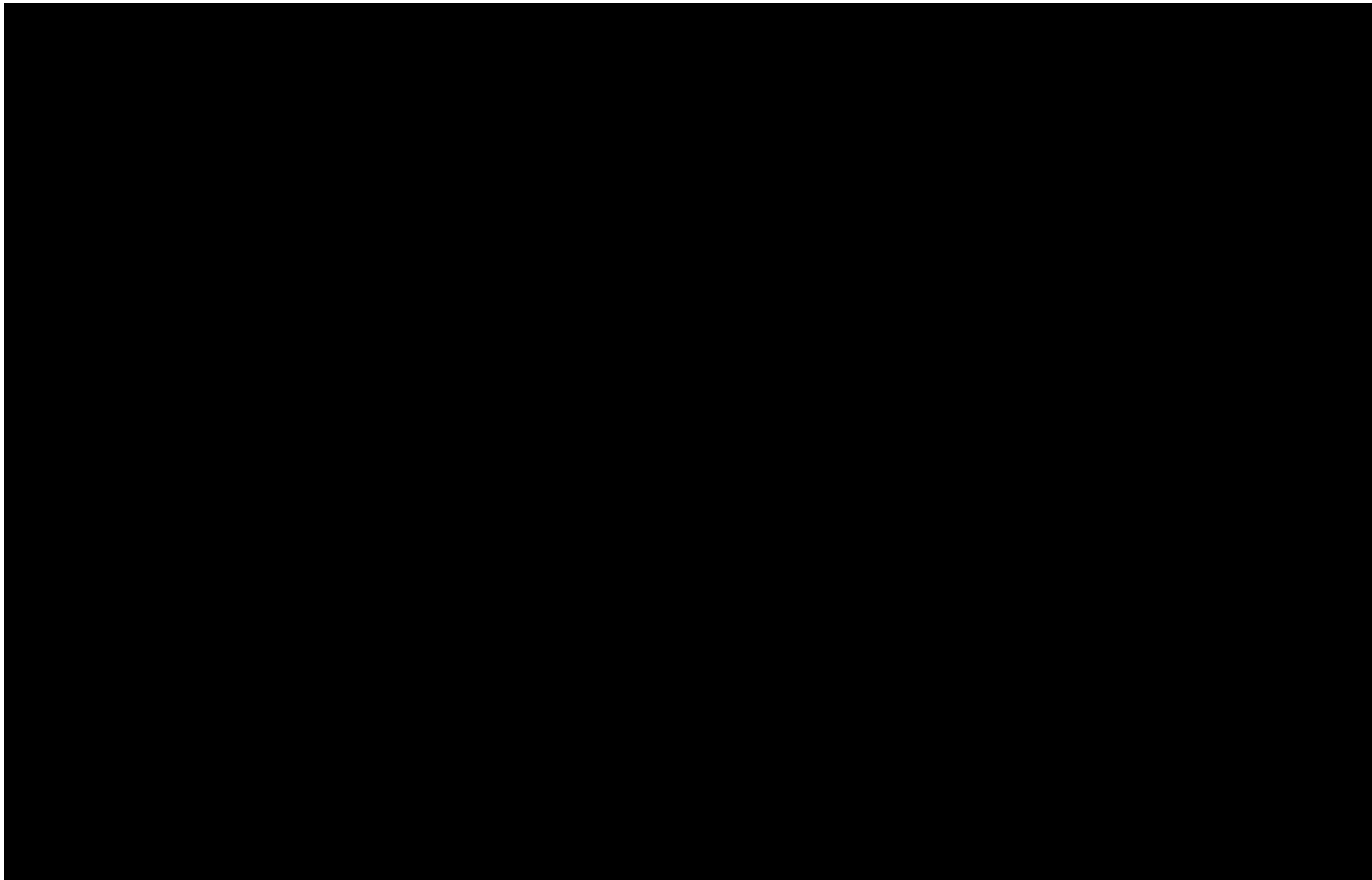
Indicate the year the facility was established. 20 YEARS PLUS Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5779809</u>
Tank 2:	<u>250</u>	<u>5593244</u>
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: 1996 X 2 Portable: NONE Mobile: NONE



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Name of person completing this form (please print) <u>SHARON MORPHEW</u>		Official Title <u>BOOKKEEPER</u>
Signature <u>[Signature]</u>	Telephone No.	Date (dd-mm-yyyy) <u>25/10/11</u>



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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

Name of Propane Supplier(s) <i>SUPERIOR PROPANE ONTARIO REGIONAL OPERATION</i>			
Street No. <i>251</i>	Street Name / 911 Number / Address, if applicable <i>WOODLAWN ROAD WEST UNIT 217</i>		
Town / City or Township / Country <i>GUELPH</i>		Province <i>ONT.</i>	Postal Code <i>N1H 8J1</i>
Telephone No. <i>1877-813-7467</i>	Fax No. <i>519-836-7766</i>	Contact Name <i>MIKE MULLINS</i>	
E-mail <i>MULLINSM@SUPERIORPROPANE.COM</i>			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
<i>SUPERIOR PROPANE STRATHROY</i>			
Street No. <i>29495</i>	Street Name / 911 Number / Address, if applicable <i>CENTRE ROAD</i>		
Town / City or Township / Country <i>STRATHROY</i>		Province <i>ONT.</i>	Postal Code <i>N7G 3H7</i>
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage	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) <i>SHARON MORPHEW</i>	Official Title <i>BOOKKEEPER</i>	
Signature <i>Sharon Morphey</i>	Telephone No. <i>519 3444313</i>	Date (dd-mm-yyyy) <i>05/10/11</i>



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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.

UNDER GROUND GASOLINE STORAGE TOTAL 10500 LIT.  
LOCATED ON NORTH SIDE OF BUILDING

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

FIVE FIRE EXTINGUISHERS 10 # MULTI PURPOSE

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.

PROPANE SHUT OFF SOUTH WEST CORNER OUTSIDE BLDG. ACROSS FROM PROPANE CYLINDERS  
GAS SHUT OFF ON FRONT COUNTER AND ON RADIANT POINT OF SALE

Maintenance and testing schedule for fire protection controls and devices.

CHECKED WEEKLY BY STAFF  
HSE CHECKS EVERY SIX MONTHS  
SUPERIOR PROPANE CHECKS

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Name of person completing this form (please print) SHARON MORPHEN	Official Title BOOKKEEPER
Signature <i>Sharon Morphen</i>	Telephone No. 519 344 4313
	Date (dd-mm-yyyy) 05/10/11



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

1. Contacts for Emergency Response

**1. Facility Contact Personnel - Key Contact**

Name: DON HOLDEN  
Official Title: OWNER  
Telephone No.: 519 332 9730 Fax No.: 519 344 2921  
E-mail:

**5. Facility 24-Hour Contact Person**

Name: DON HOLDEN  
Official Title: OWNER  
Cell No.: 519 332 9730 Fax No.: 519 344 2921  
E-mail:

Role and responsibilities in emergency  
IDENTIFY & ACT TO CONTACT 911 FIRE + POLICE + CONTACT SUPERIOR PROPANE

Role and responsibilities in emergency  
SAME

**2. Facility Contact Personnel - Alternate Contact**

Name: JEFF HOLDEN  
Official Title: SON  
Telephone No.: 519 384 1919 Fax No.: 519 344 2921  
E-mail:

**6. Name of Facility Manager**

Name: REG LACEY  
Official Title: MANAGER  
Telephone No.: 519 342 4392 Fax No.: 519 344 2921  
E-mail:

Role and responsibilities in emergency  
IDENTIFY & ACT TO CONTACT 911 FIRE + POLICE + SUPERIOR PROPANE

Role and responsibilities in emergency  
IDENTIFY & ACT TO CONTACT 911 FIRE + POLICE + SUPERIOR PROPANE

**3. Local Fire Services - Key Contact**

Name: PAT CAYEN  
Official Title: CHIEF  
Telephone No.: 519-332-1122 Fax No.: 519-332-1376  
E-mail: PCAYEN@SARNIA.ON.CA

**7. Propane Supplier Key Contact Person**

Name: SUPERIOR PROPANE  
Official Title: HOTLINE  
Telephone No.: 1-877-873 7467 Fax No.:

Role and responsibilities in emergency  
COMMAND

Role and responsibilities in emergency  
IDENTIFY + DISPATCH SUPERIOR PROPANE RESPONSE PERSONNEL AS REQUIRED.

Fire Services Address  
240 EAST STREET N. SARNIA

**A. Local Fire Services - Alternate Contact**

Name: JOHN KINIGERS  
Official Title: Deputy Chief  
Telephone No.: 519-332-1122 Fax No.: 519-332-1376  
E-mail: JKinigers@SARNIA.ON.CA

**B. Municipal Contact**

Name: CAL GARDNER CEMC.  
Official Title: SARNIA EMERGENCY MANAGEMENT COORDINATOR  
Telephone No.: 519 344 8861 (5206) Fax No.: 519-344-6001  
E-mail: cgardner@police.sarnia.on.ca

Role and responsibilities in emergency  
COMMAND

Fire Services Address

Municipality Name and Address  
555 NORTH CHRISTINA ST. SARNIA ONT. N7T 7X6

**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>SARON MORPHOU</u>	Official Title <u>BOOK KEEPER</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 344 4313</u>
	Date (dd-mm-yyyy) <u>05/10/11</u>



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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.

SHELL SUPPLIES COMPLETE TRAINING BOOKS FOR STAFF.  
CALLED SALES ASSOCIATES MANUALS WITH WORKBOOKS  
AND SCENARIOS.

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Name of person completing this form (please print) SHARON MORPHEN	Official Title BOOKKEEPER	
Signature <i>Sharon Morphen</i>	Telephone No. 519 344 4313	Date (dd-mm-yyyy) 05/10/11



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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) <i>A</i>	Print Name of Training Provider: <i>NONE</i>
	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: <i>NONE</i>
	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) <i>2010</i>	Print Name of Training Provider: <i>ROT TRAINING</i>
	Print Name of Instructor: <i>J. KENNETH HOOKER</i>
Training Date (dd-mm-yyyy) <i>2011</i>	Print Name of Training Provider: <i>ROT'S GOOD FOR THREE YEARS</i>
	Print Name of Instructor:
Training 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) <i>SHARON L. MORRISON</i>	Official Title <i>BOOKKEEPER</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 344 4313</i>
	Date (dd-mm-yyyy) <i>05/10/11</i>



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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) <i>2011</i>	Print Name of Training Provider: <i>THE INDUSTRY IS CURRENTLY</i>
	Print Name of Instructor: <i>DEVELOPING A COURSE THAT</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>SHOULD BE AVAILABLE WITH</i>
	Print Name of Instructor: <i>QUARTER OF THIS YEAR</i>
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: <i>KEY SITE CONTACT WILL</i>
	Print Name of Instructor: <i>TRAIN THE STAFF</i>
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: <i>ROT</i>
	Print Name of Instructor:
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:

*ROT IS VALID FOR 3 YEARS*

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Name of person completing this form (please print) <i>SHARON ADPHEW</i>	Official Title <i>BOOKKEEPER</i>
Signature <i>[Signature]</i>	Telephone No. <i>5193444313</i>
	Date (dd-mm-yyyy) <i>05/10/11</i>





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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).

KEY CONTACT JORDON OR REG WILL CALL 911 ON CELL

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).

KEY CONTACT MANAGER JORDON OR REG WILL CALL 911 ON CELL PHONE.  
NO FIRE ALARM  
MUNICIPAL EMERGENCY WILL BE RESPONSIBLE FOR EVACUATING THE NEIGHBOURHOOD.

**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).

CALL 911

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

PROPANE IS WIDE OPEN AND EASILY ACCESSIBLE

ACCESS ROUTE FOR FIRE TRUCK IS IDENTIFIED ON SITE MAP.

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

KEY CONTACT WILL MEET WITH EMERGENCY RESPONDERS AND PROVIDE INFORMATION TO THEM VERBALLY ON SITE AND CELL PHONE

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

TEN TO FIFTEEN MINUTES

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Name of person completing this form (please print) SHARON MORPHEW	Official Title BOOKKEEPER
Signature <i>[Handwritten Signature]</i>	Telephone No. 5143444313
	Date (dd-mm-yyyy) 05/10/11



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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 type="checkbox"/>            | <input checked="" 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>25</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>6</u>                            |                          |

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Name of person completing this form (please print) <i>SHARON MORPHIS</i>	Official Title <i>BOOKKEEPER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519 344 4313</i>	Date (dd-mm-yyyy) <i>05/10/11</i>



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<p><b>To be completed by the Local Fire Services</b> Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If not, please explain (e.g., no fire services).</p>	
<p> </p>	
<p>Fire services comments, if any:</p>	
<p> </p>	
<p><b>To be completed by the Licence Holder</b></p>	
<p>In response to the above comments, the following action(s) is required:</p>	
<p> </p>	
<p> </p>	
<p>The licence holder will respond to the Local Fire Services comments by: _____</p>	
<p>(dd-mm-yyyy)</p>	

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
<p>Local Fire Services Name <i>DAVE POITS</i></p>	<p>Signature <i>Dave Poits</i></p>	<p>Date (dd-mm-yyyy) <i>Oct 18/11</i></p>

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.

<p>Name of person completing this form (please print) <i>SHARON MORPHEW</i></p>	<p>Official Title <i>BOOKKEEPER</i></p>
<p>Signature <i>Sharon Morphey</i></p>	<p>Telephone No. <i>519-344-4313</i> Date (dd-mm-yyyy) <i>25/10/11</i></p>



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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>NORM PERRY PARK</u> Address: <u>255 CHRISTINA ST.</u> City: <u>SARNIA ONT</u> Province <u>ONT</u> Postal Code <u>N7T7W2</u>		X			<u>24.71</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>65.63</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: <u>568 CHRISTINA ST. N</u> City: <u>SARNIA</u> Province <u>ONT.</u> Postal Code _____				X	<u>17.64</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>N/A</u> City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: <u>N/A</u> City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>SARNIA POLICE SERVICE</u> Address: <u>555 N. CHRISTINA ST.</u> City: <u>SARNIA</u> Province <u>ONT</u> Postal Code <u>N7T7X6</u>		X			<u>64.25</u> m

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

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Name of person completing this form (please print) <u>SHARON MORPHEW</u>	Official Title <u>BOOK KEEPER</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 344-4313</u> Date (dd-mm-yyyy) <u>27/10/11</u>



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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:

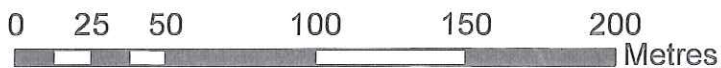
7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as 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) <u>2007 AND 2011</u>	Capacity of single largest propane storage vessel (USWG) <u>1996</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>✓ SOUTH, 17.64</u>	Right side property line: <u>30.23 m</u>
Rear: <u>3.23 m.</u>	Left side property line: <u>20.89 m.</u>
GPS coordinates of single largest vessel: <u>LAT 42-985 LONG 82.3999</u>	

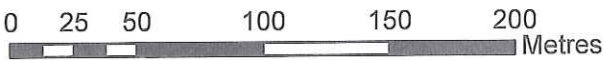
**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) <u>SHARON L. MORPHOU</u>	Official Title <u>BOOKKEEPER</u>
Signature 	Telephone No. <u>519 344 4313</u>
	Date (dd-mm-yyyy) <u>10/5/10/11</u>



### Legend






- × Police Station (1)
- × Residential (89)
- × Commercial (20)
- × Park (1)
- Property Line
- 246m Buffer of Storage Pumps

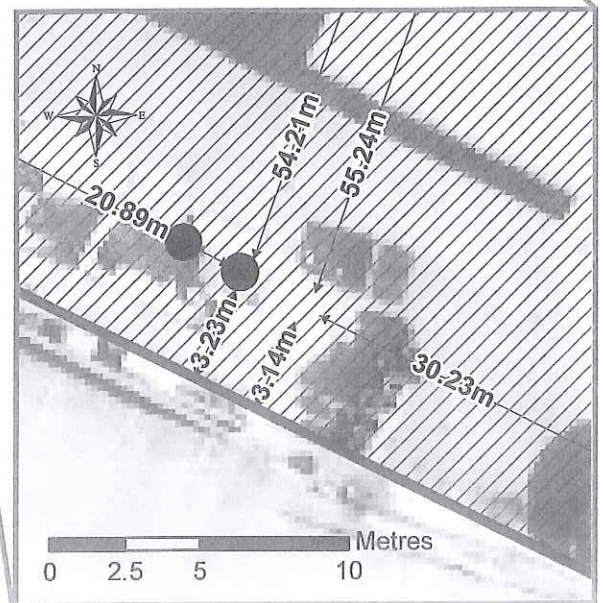


City of Sarnia Contact:  
 Kim Bresee, Director of  
 Planning & Building,  
 City of Sarnia  
 255 Christina St N,  
 Sarnia, ON N7T 7N2  
 (519) 332-0330 ext. 292;  
 kim.bresee@sarnia.ca

Address: 584 Christina Street North  
 Legal Description: Plan 3 Part Lots 10 to 12  
 Date: October 25, 2011  
 Date of Aerial Photography: April, 2010  
 Source: City of Sarnia (2011)  
 County of Lambton (2010)  
 Projection: UTM NAD 83 Zone 17N  
 Scale: 1:3000
















Point Edward Contact:  
 Dave Posliff, Manager,  
 Planning & Development  
 Services Dept., County  
 of Lambton  
 900 Broadway St, Box 3000  
 Wyoming, ON N0N 1T0  
 (519) 845-0801;  
 dave.posliff@county-lambton.on.ca

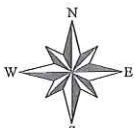
-  Propane Storage Pumps (1996 x 2 USWG)
-  246m Buffer of Storage Pumps
-  Property Line
-  Subject Land (584 Christina St N)
-  Municipal Boundary



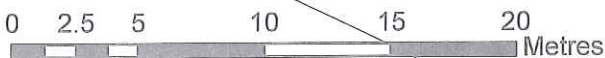
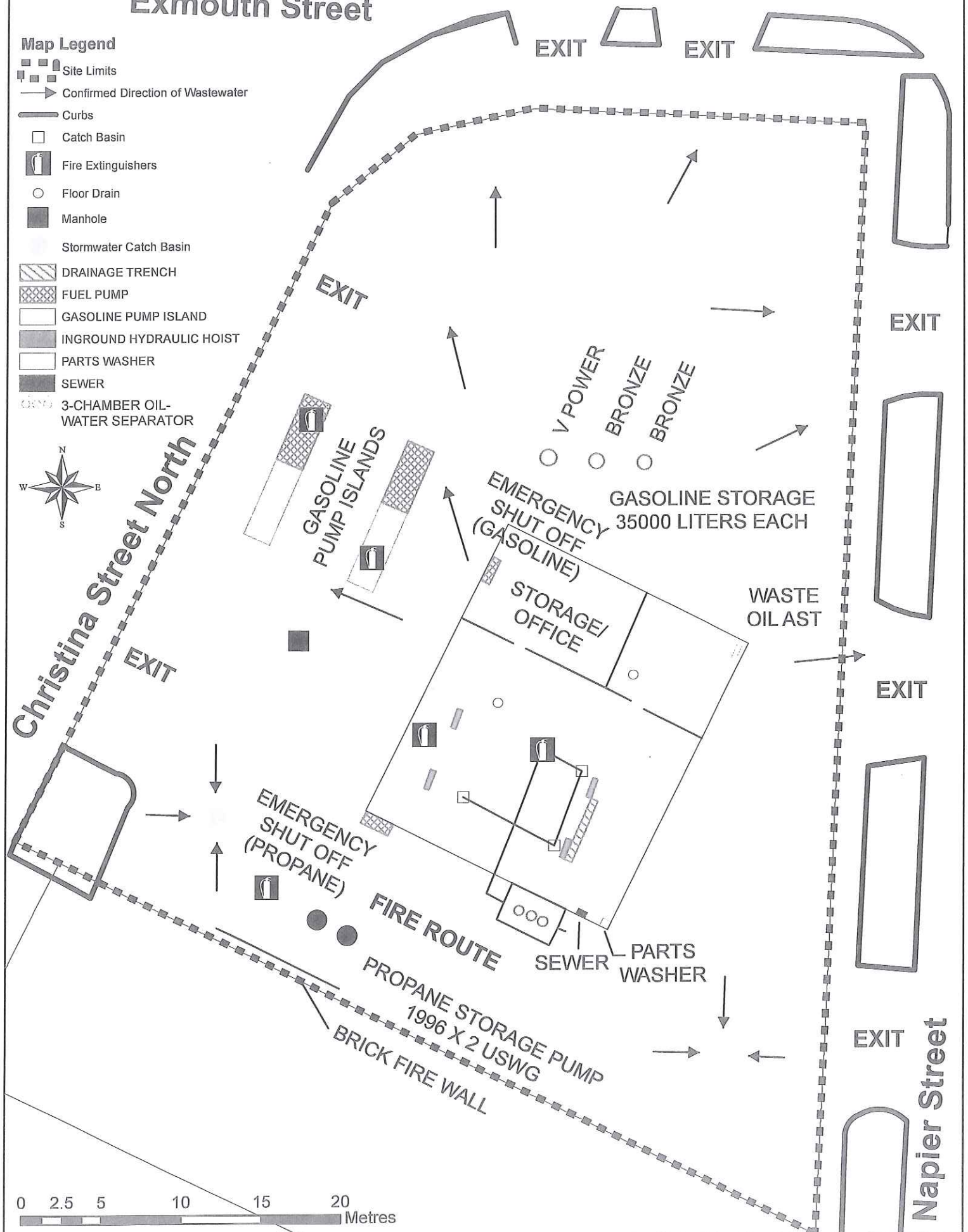
# Exmouth Street

## Map Legend

-  Site Limits
-  Confirmed Direction of Wastewater
-  Curbs
-  Catch Basin
-  Fire Extinguishers
-  Floor Drain
-  Manhole
-  Stormwater Catch Basin
-  DRAINAGE TRENCH
-  FUEL PUMP
-  GASOLINE PUMP ISLAND
-  INGROUND HYDRAULIC HOIST
-  PARTS WASHER
-  SEWER
-  3-CHAMBER OIL-WATER SEPARATOR



Christina Street North



Napier Street



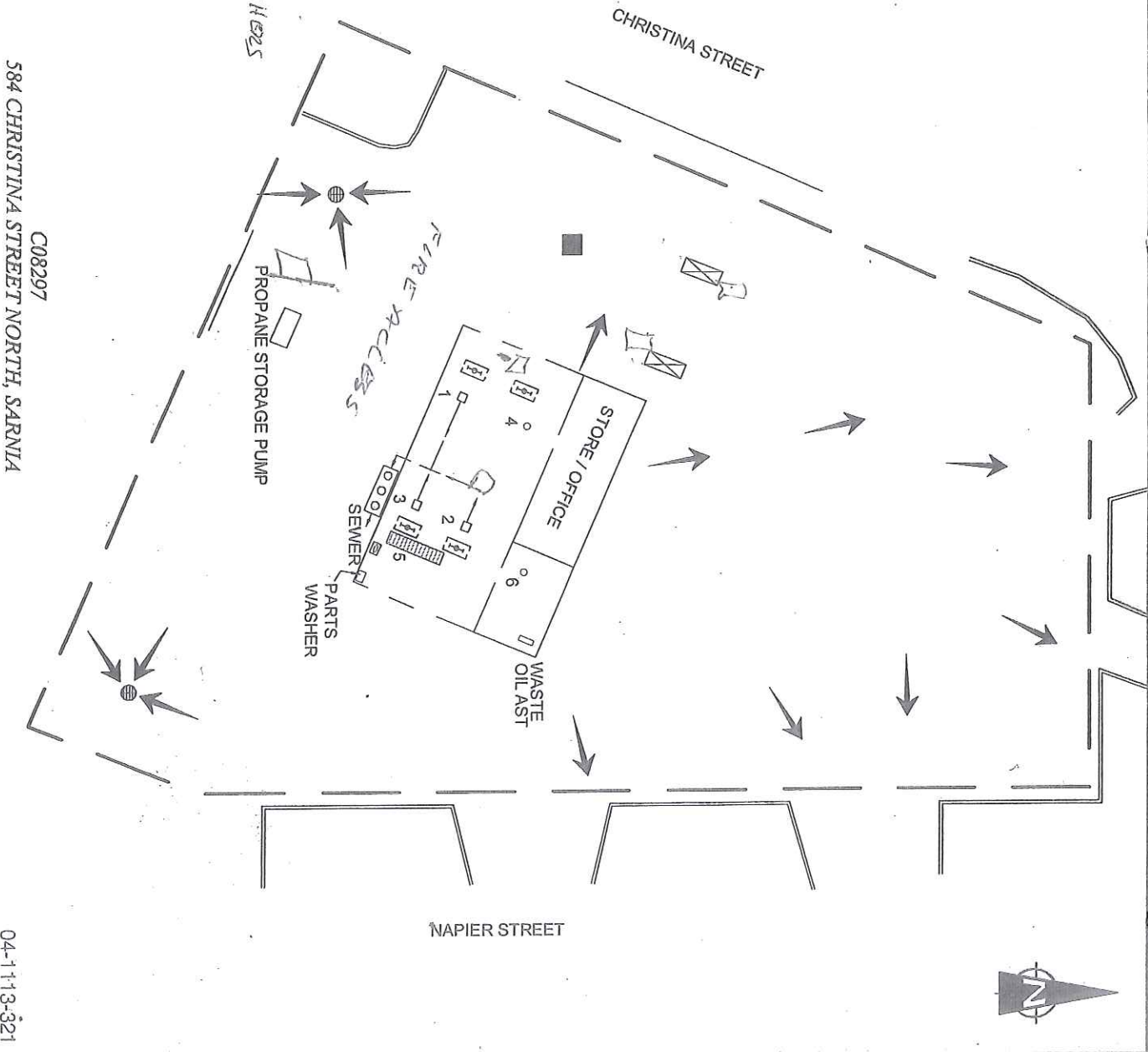
**LEGEND:**

	Presumed Direction of Wastewater Flow
	Confirmed Direction of Wastewater Flow
	Fuel Pump
	Stormwater Catch Basin
	Site Limits
	Building and Pump Island Canopy Outline
	Cement Curb
	Surface Drainage Flow
	Floor Drain
	Catch Basin
	Sink
	Inground Hydraulic Hoist
	3-Chamber Oil-Water Separator (Water-tight covers)
	Drainage Trench
	Manhole

*PLACEMENT OF FIRE EXTINGUISHERS  
FIRE ACCESS*

**NOTES:**

- There are no roof drains connected to the floor drainage system.
- The scale, location of infrastructures and site limits are approximate.





To see all the details that are visible on screen, use the Print link next to the



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JULY 27/11



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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)

