



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 Regulation
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>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 <u>0033300001-C</u></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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100px;"></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.

<p>Company Name A <u>Keller's Garage</u></p> <p>Operator Name (if different from above) _____</p> <p>Telephone No. <u>905-377-5444</u> Fax No. <u>709-377-5244</u> E-mail Address <u>Keller@amtelecom.net</u></p>	<p>Ontario Corporation No., if applicable <u>772383</u></p>
<p>B Street No. <u>2233</u> Street Name, Lot / Concession No. <u>Hwy 551 Box 37</u></p> <p>Town / City or Township / County <u>Mindemoya</u> Province <u>ONT</u> Postal Code <u>P0P 1S0</u></p> <p>Mailing address if different from above. _____</p>	
<p>C Street No. _____ Street Name, Lot / Concession No. _____</p> <p>Town / City or Township / County _____ Province _____ Postal Code _____</p>	

Information on Container Refill Centre or Filling Plant

<p>Location of facility.</p> <p>D Street No. <u>2233</u> Street Name, Lot / Concession No. <u>lot 20 concession 4</u> Nearest major intersection <u>Hwy 542 A 551</u></p> <p>Town / City or Township / County <u>Mindemoya</u> Province <u>ONT</u> Postal Code <u>P0P 1S0</u></p>	
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<p>Name of Licence Holder <u>Keller's Garage (772383 online)</u></p> <p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>Perry C Keller</u></p> <p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Central Manitowish Twp</u></p>	<p>ROT type <u>PPO-3</u></p>
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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 <u>Keller's Garage</u>	<u>[Signature]</u>	<u>03/03/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Perry Keller</u>	<u>[Signature]</u>	<u>03/03/2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1984 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

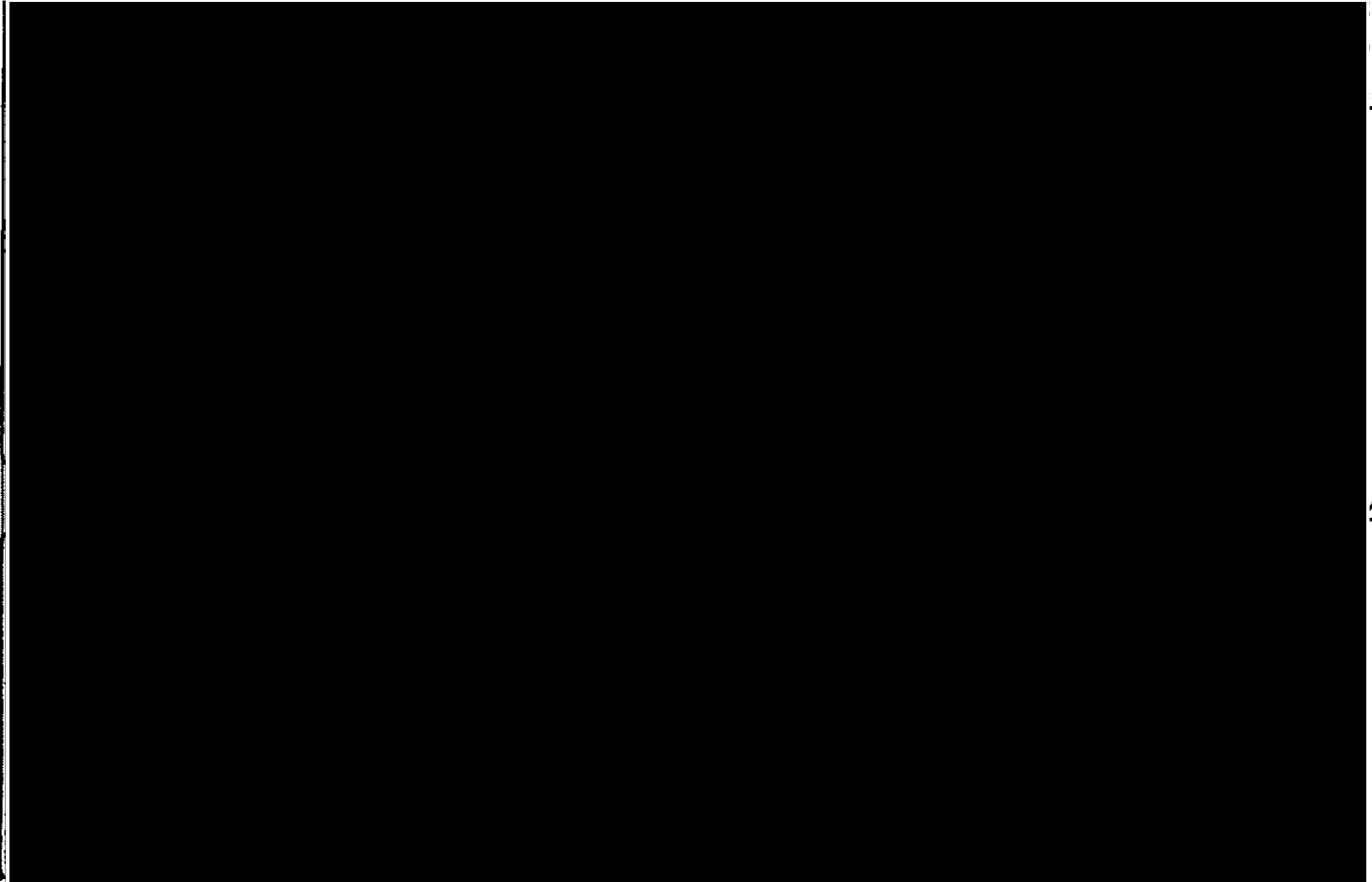
Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5779959</u>
Tank 2:	<u>N/A</u>	<u>N/A</u>
Tank 3:	<u>N/A</u>	<u>N/A</u>



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: 2000450 Portable: N/A Mobile: N/A



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Name of person completing this form (please print) <u>Perry Keller</u>	Official Title <u>Pres</u>
Signature <u>Perry Keller</u>	Telephone No. <u>705-377-5444</u>
	Date (dd-mm-yyyy) <u>03/03/2011</u>



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

Name of Propane Supplier(s) <i>Superior Propane - Ontario regional operations centre</i>		For Office Use - Party No. [REDACTED]	
Street No. <i>251</i>	Street Name Lot / Concession No. <i>Woodlawn road west unit 217</i>		
Town / City or Township / Country <i>Geelong</i>		Province <i>ONT</i>	Postal Code <i>N1H 8J1</i>
Telephone No. <i>1-877-873-7467</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"/>		For Office Use - Party No.	
<i>Superior propane - Sudbury Bulk propane yard</i>			
Street No. <i>2475</i>	Street Name Lot / Concession No. <i>Maley Drive</i>		
Town / City or Township / Country <i>Sudbury</i>		Province <i>ONT</i>	Postal Code <i>P3A 4S1</i>
Telephone No. <i>1-877-873-7467</i>	Fax No. <i>N/A</i>	Contact Name <i>Paul Bastien</i>	
E-mail <i>bastienp@superiorpropane.com</i>			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.	
<i>N/A</i>			
Street No.	Street Name Lot / Concession No.		
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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Signature <i>Perry Keller</i>	Telephone No. <i>705-377-5444</i>	Date (dd-mm-yyyy) <i>03/03/2011</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.

1 double wall 1000 us gal above ground tank (Diesel)
 2 1000^{us} gal below ground tanks with valve/canode protection (Gas)

see attached

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

9 ABC extinguishers - see attached

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.

N/A

Maintenance and testing schedule for fire protection controls and devices.

Annually (Jan 3rd)
 all employees go thru a plan same date

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Name of person completing this form (please print) <i>Perry Keller</i>	Official Title <i>Pres</i>
Signature 	Telephone No. <i>705-377-1444</i>
	Date (dd-mm-yyyy) <i>14 03 11</i>



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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 <i>Perry Keller</i>	For Office Use - Party No.	Name <i>Perry Keller</i>	For Office Use - Party No.
Official Title <i>Pres</i>		Official Title <i>Pres</i>	
Telephone No. <i>705-377-5444</i>	Fax No. <i>705-377-5245</i>	Cell No. <i>705-865-7526</i>	Fax No. <i>705-377-5245</i>
E-mail <i>keller1@amtelecom.net</i>		E-mail <i>kellers@amtelecom.net</i>	
Role and responsibilities in emergency <i>employee & public safety</i>		Role and responsibilities in emergency <i>employee & public safety</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Kris Keller</i>	For Office Use - Party No.	Name <i>Bob Wernhardt</i>	For Office Use - Party No.
Official Title <i>General manager</i>		Official Title <i>Scout Manager</i>	
Telephone No. <i>705-377-7912</i>	Fax No. <i>705-377-5245</i>	Telephone No. <i>705-377-5444</i>	Fax No. <i>705-377-5245</i>
E-mail <i>kellerk@amtelecom.net</i>		E-mail <i>B7MW@hotmail.com</i>	
Role and responsibilities in emergency <i>employee & public safety</i>		Role and responsibilities in emergency <i>employee & public safety</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Perry Keller</i>	For Office Use - Party No.	Name <i>Superior propane</i>	For Office Use - Party No.
Official Title <i>incident command structure</i>		Official Title	
Telephone No. <i>705-377-5244</i>	Fax No. <i>705-377-5245</i>	Telephone No. <i>1877-873-7467</i>	Fax No.
E-mail <i>pkeller@amtelecom.net</i>		E-mail	
Role and responsibilities in emergency <i>public & property safety</i>		Role and responsibilities in emergency <i>LPERB - emergency response permits required idea to try a deposit the superior propane</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Joe Moore</i>	For Office Use - Party No.	Name <i>Ruth Frawley</i>	For Office Use - Party No.
Official Title <i>Dept chief</i>		Official Title <i>clerk</i>	
Telephone No. <i>705-377-5033</i>	Fax No.	Telephone No. <i>705-377-5726</i>	Fax No. <i>705-377-5585</i>
E-mail		E-mail <i>centralm@amtelecom.net</i>	
Role and responsibilities in emergency <i>public & property safety</i>		Municipality <i>Central Municipality</i>	

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Name of person completing this form (please print) <i>Perry Keller</i>	Official Title <i>Pres</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-377-5444</i>
	Date (dd-mm-yyyy) <i>23032011</i>



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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.

see attached

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Name of person completing this form (please print) <i>Perry Keller</i>	Official Title <i>Pres</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-377-5444</i> Date (dd-mm-yyyy) <i>12082012</i>



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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:
<i>Jan 3 2011 cancelled</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:
	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:
<i>Jan 3/2011 cancelled</i>	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:
	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:
<i>Jan 3/2011 cancelled</i>	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title
<i>Perry Keller</i>	<i>Pro-1</i>
Signature	Telephone No.
	<i>705-377-5444</i>
	Date (dd-mm-yyyy)
	<i>23 03 2011</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)	Print Name of Training Provider:
	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:
<i>annually</i>	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:
	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:
<i>annually</i>	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:
	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:
<i>annually</i>	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title
<i>Perry Keller</i>	<i>Proc 1</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>705-377-5444</i>
	Date (dd-mm-yyyy)
	<i>23 03 2011</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).

immediate verbal then 911

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).

emery power ~~off~~ switches thrown meet at route fifty

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).

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

Emergency plan

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

emergency plan

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

as soon as possible

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Name of person completing this form (please print) <i>Berry Keller</i>	Official Title <i>Pres</i>
Signature <i>[Signature]</i>	Telephone No. <i>051-377-5444</i>
	Date (dd-mm-yyyy) <i>23032011</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.

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 type="checkbox"/>	<input checked="" 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>30</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)	Official Title	
<i>Kerry Keller</i>	<i>Pres</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>705-377-5444</i>	<i>23 03 2011</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.

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-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>CMFD</i>	<i>[Signature]</i>	<i>23 03 2011</i>

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Name of person completing this form (please print) <i>Perry Keller</i>	Official Title <i>Pres</i>
Signature <i>[Signature]</i>	Telephone No. <i>735-377-5447</i>
	Date (dd-mm-yyyy) <i>23 03 2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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)	Capacity of single largest propane storage vessel (USWG)
updated yearly (Jan)	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 30 ft 9.1M	Right side property line: 90 ft 27.4M
Rear: 30 ft 9.1M	Left side property line: 10 ft 3.0M
GPS coordinates of single largest vessel: Long 82.167°W / Lat 45.733°N 694FT ABL	

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Perry Keller	Prcl
Signature	Telephone No.
	705-377-1544
	Date (dd-mm-yyyy)
	24 03 2011



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SECTION C: SUBMISSIONS (cont'd)

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

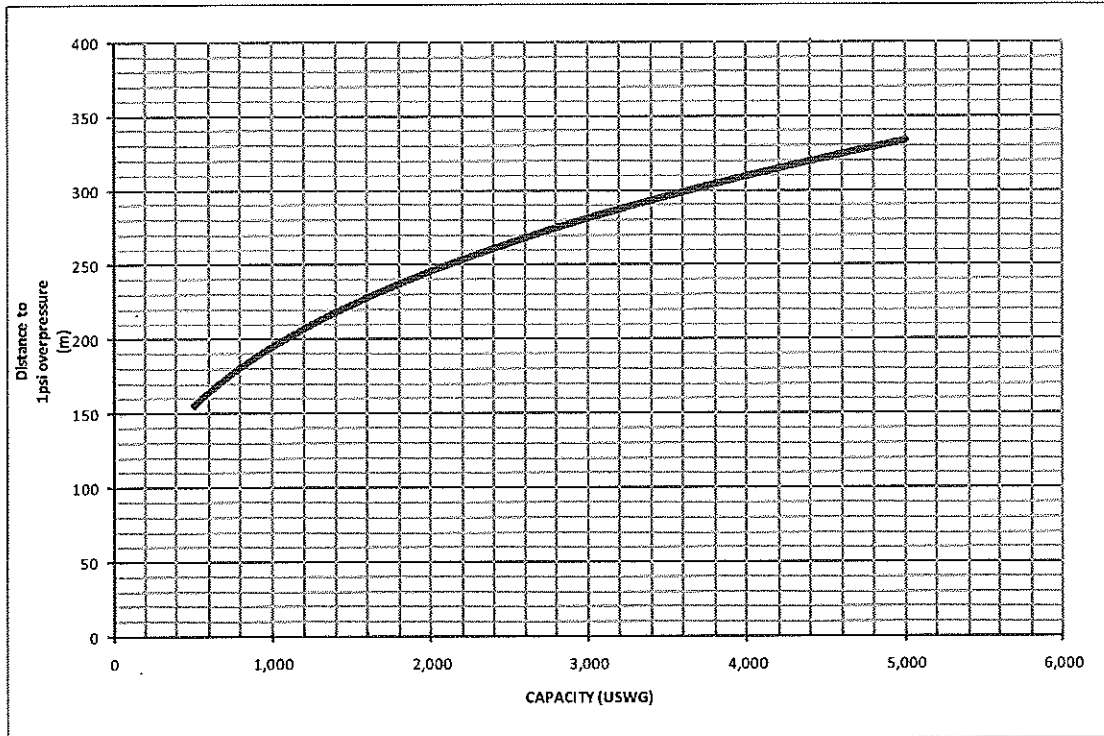
Table 1: Distance Table

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)



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>Perry Hall</i>		Official Title <i>Mgr</i>	
Signature <i>[Signature]</i>		Telephone No. <i>705-377-5444</i>	Date (dd-mm-yyyy) <i>24 03 2011</i>



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

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>Keller's Garage</u> Address: <u>How St 1</u> City: <u>Mindenago</u> Province <u>ONT</u> Postal Code <u>P0P1S0</u>		<u>0</u>			<u>35</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]		<u>X</u>			<u>6</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Rante 50 restaurant</u> Address: <u>2236 Hwy 551</u> City: <u>Mindenago</u> Province <u>ONT</u> Postal Code <u>P0P1S0</u>		<u>X</u>			<u>38</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____		<u>X</u>			<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____		<u>X</u>			<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____		<u>X</u>			<u>0</u> m

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

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Name of person completing this form (please print) <u>Perry Keller</u>	Official Title <u>Pres</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-377-4444</u>
	Date (dd-mm-yyyy) <u>2403 2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

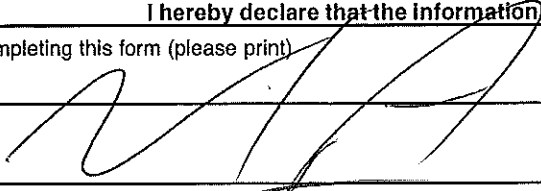
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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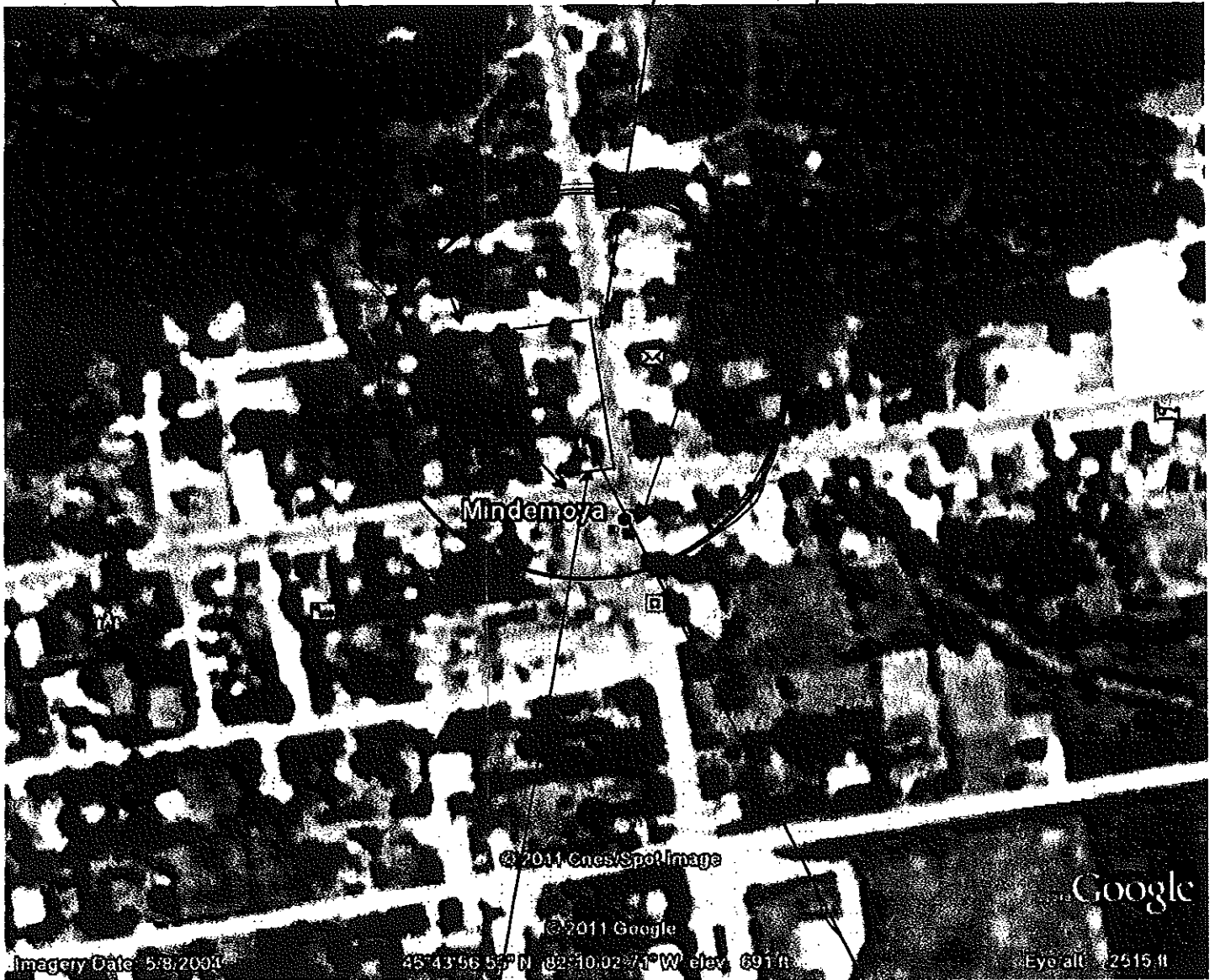
Name of person completing this form (please print)		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)

HWY 542

DOUGLAS DR.

HWY 551

YONGE ST



PROPERTY LINE.

LOCATION: 2233 HWY 551 MINDEMOYA ONT POP 150

2000 USING HORIZONTAL TANK.

PREPARED: AUG 12-2011

TANK SETBACKS: 43M NORTH, 27M SOUTH, 3M WEST, 10M EAST FROM PROPERTY LINE.

RADIUS = 246M

GPS = 45° 43' 56.56" N, 82° 10' 02.71" W

MUNICIPALITY: CITY OF MINDEMOYA. CLERKS OFFICE 6020 HWY 542
MINDEMOYA ONT POP 150

NEAREST FIRE HYDRANT: 66M

NEAREST STRUCTURE: 3.6M OUR BUILDING.

TO HWY 551=NEAREST ST.: 11M.

JANUARY 3, 2011

