



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.

OCT 14

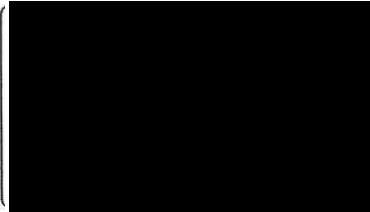
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000162576

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 ANH REFRACTORIES CANADA INC. Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. 905-957-3311 Fax No. 905-957-4089 E-mail JMucciarone@ANHRefractories.com

B Street No. 2689 Street Name / 911 Number / Address, if applicable Industrial Park Road PO BOX 160

Town / City or Township / County Smithville Province Ontario Postal Code L0R 2A0

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. 2689 Street Name / 911 Number / Address, if applicable Industrial Park Road Nearest Major Intersection Highway 20

Town / City or Township / County Smithville Province Ontario Postal Code L0R2A0

Name of Licence Holder ANH REFRACTORIES CANADA INC.

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

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

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Jim Silverthorne</u>		<u>31-05-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Ernest A Liedtke</u>		<u>03 June 2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

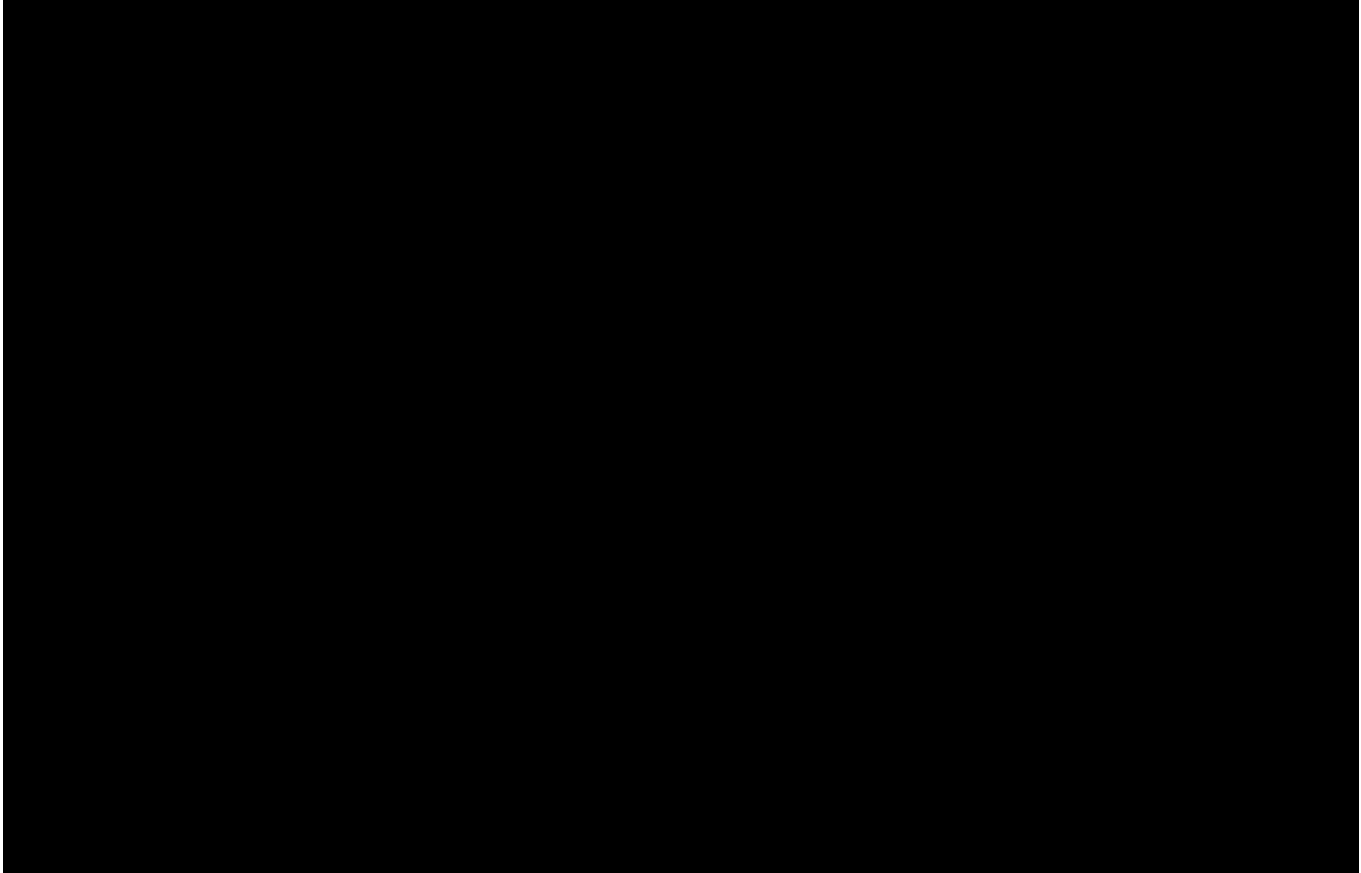
Indicate the year the facility was established. 1956 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.273595</u>
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. Please refer to page 15.

Fixed: 1000 Mobile: _____



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Name of person completing this form (please print) <u>John Mucciarone</u>	Official Title <u>QA Manager</u>	
Signature <u>John Mucciarone</u>	Telephone No. <u>905-957-3311 ext 323</u>	Date (dd-mm-yyyy) <u>31-05-2011</u>

Sept 12/11 JM.



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

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 3089	Street Name / 911 Number / Address, if applicable Regional Road 12		
Town / City or Township / Country Smithville		Province Ontario	Postal Code L0R 2A0
Telephone No. 877-873-7467	Fax No. 905-945-0577	Contact Name Tom Amies	
E-mail amiest@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
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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Signature <i>John Mucciarone</i>		Telephone No. 905-957-3311 ext 323	Date (dd-mm-yyyy) 31-05-2011



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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.

Compressed Gas Cylinders used for welding (Acetylene, Argon, Oxygen) 28 Cylinders Mobile -

Diesel Fuel in 300 Gallon Tank - Located East of Plant

Spray Cans (Paints, Lubricants, Adhesives)

Other Materials Considered Hazardous per WHMIS - SEE ATTACHED LIST . NOTE : Quantities Vary with Production Levels.

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

Fire Hydrants (3)

First Aid Locations

Emergency Exit Doors

AED Location

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.

ALL OVENS EQUIPPED WITH BURNER FAILURE ALARM MONITORED BY PASWORD PROTECTION SERVICES

MAIN OFFICE AND SIDE LAB BUILDING EQUIPPED WITH MOTION DETECTORS AND SMOKE ALARMS LINKED TO PASWORD PROTECTION

FIRE EXTINGUISHERS LOCATED THROUGHOUT PLANT AND OFFICES

EMERGENCY LIGHTS LOCATED THROUGHOUT PLANT

Maintenance and testing schedule for fire protection controls and devices.

FIRE EXTINGUISHERS INSPECTED MONTHLY DURING SAFETY TOUR

FIRE EXTINGUISHERS INSPECTED YEARLY BY OUTSIDE SERVICE - CLASSIC

SMOKE ALARMS TESTED YEARLY

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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 Jim Silverthorne	For Office Use - Party No.	Name Ernie Mataseje	For Office Use - Party No.
Official Title Director of Operations and Plant Manager		Official Title Cast Shop & Maintenance Supervisor	
Telephone No. 905-957-3311 ext 326	Fax No. 905-957-4089	Cell No. 905-869-7004	Fax No. 905-957-4281
E-mail JSilverthorne@ANHRefractories.com		E-mail EMataseje@ANHRefractories.com	
Role and responsibilities in emergency Contact Fire Department, Ambulance, Police and contact Production & Manager & Supervisors		Role and responsibilities in emergency Resides closest to the plant. Role is to coordinate evacuation, contact Emergency Response Services, Contact Production & Plant Manager	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Jeff Tabakoff	For Office Use - Party No.	Name Jim Silverthorne	For Office Use - Party No.
Official Title Production Manager / Head		Official Title Director of Operation and Plant Manager	
Telephone No. 905-957-3311 ext 320	Fax No. 905-957-4081	Telephone No. 905-957-3311	Fax No. 905-957-4089
E-mail JTabakoff@ANHRefractories.com		E-mail JSilverthorne@ANHRefractories.com	
Role and responsibilities in emergency Coordinate Evacuation, Contact Fire Department, Ambulance, Police and contact Plant Manager & Supervisors		Role and responsibilities in emergency Coordinate Response of Key Contact Personnel.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Dennis Fisher	For Office Use - Party No.	Name Tom Amies	For Office Use - Party No.
Official Title Fire Chief	E-mail dfisher@westlincoln.ca	Official Title Field Operations Supervisor	E-mail amiest@superiorpropane.com
Telephone No. 905-957-3361	Fax No. 905-957-3219	Telephone No. 905-945-5493	Fax No. 905-945-0577
Role and responsibilities in emergency COMMAND		Role and responsibilities in emergency Activate Superior Propane's Emergency Response Plan	
Fire Services Address 344 Canborough Street Smithville		Propane Supplier Address 3089 Regional Road 12 Smithville Ontario	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Kevin McIntyre	For Office Use - Party No.	Name Carolyn Langley	
Official Title Deputy Fire Chief	E-mail kmcintyre@westlincoln.ca	Official Title Clerk	
Telephone No. 905-957-3346	Fax No. 905-957-3219	Telephone No. 905-957-3346	Fax No. 905-957-3219
Role and responsibilities in emergency COMMAND		E-mail CAROLYNLANGLEY@WESTLINCOLN.CA	
Fire Services Address 344 Canborough Street Smithville		Municipality Name and Address Township of West Lincoln 318 Canborough St. Smithville ON L0R 2A0	

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	Date (dd-mm-yyyy) 31-05-2011



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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.

[Large empty area with horizontal lines for describing additional safety measures]

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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) 30-03-2011	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: Jeff Tabakoff
Training Date (dd-mm-yyyy) 31-03-2011	Print Name of Training Provider: ANH Refractories
	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) 30-03-2011	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: Jeff Tabakoff
Training Date (dd-mm-yyyy) 31-03-2011	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: Jeff Tabakoff
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) 19-05-2010	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: John Mucciarone
Training Date (dd-mm-yyyy) 12-04-2010	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: John Mucciarone
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) 31-05-2012	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: Jeff Tabakoff
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) 31-05-2012	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: Jeff Tabakoff
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) 30-11-2011	Print Name of Training Provider: ANH Refractories
	Print Name of Instructor: John Mucciarone
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:

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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).
In case of uncontrollable event around the propane tank, the Emergency Warning System can be activated by any employee.

Supervisors must immediately inform Plant Manager or in his absence the Production Head. The Plant Manager, Production Head or designated Person will call 911. also call Superior Propane 877-873-7467 to activate External Emergency Response.

Public Notification will be given by the Plant Manager.

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).

Once the Siren sounds everyone must evacuate the premise and congregate in the parking lot outside the North-west corner of the plant.

The Production Head or designate must take count of all the employees, contractors, visitors.

The Plant Manager or designate must assign someone to wait for the Emergency Response Team to direct them to appropriate location.

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).

Procedures in place to channel information from employees to supervisors and managers. In case of uncontrollable event employees are authorized to activate the Alarm System to begin the evacuation sequence. The Plant Manager or Production Head have responsibility to call 911 & Superior Propane. In their absence, the Supervisor or Lead Hand can make the call to 911 and Superior Propane.

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

The Fire Department has unrestricted access to enter company property and premise in case of Emergency. Gate Locks, Doors can be destroyed to approach emergency centre.

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

Plant Manager will assign a specific person to communicate with authorities. Assigned person will transmit accurate information to authorities.

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

5 Minutes.

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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:

EVERYTHING HAS BEEN ADDRESSED AND THE FIRE SERVICES HAS REVIEWED AND TOURED THE PLANT

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 DENNIS FISHER		01/06/11

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Signature 	Telephone No. 905-957-3311
	Date (dd-mm-yyyy) 31-05-2011



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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) May 11, 2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 200 m	Right side property line: 137 m
Rear: 194 m	Left side property line: 700 m
GPS coordinates of single largest vessel: -43.0998 , -79.5328	

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SECTION C: SUBMISSIONS (cont'd)

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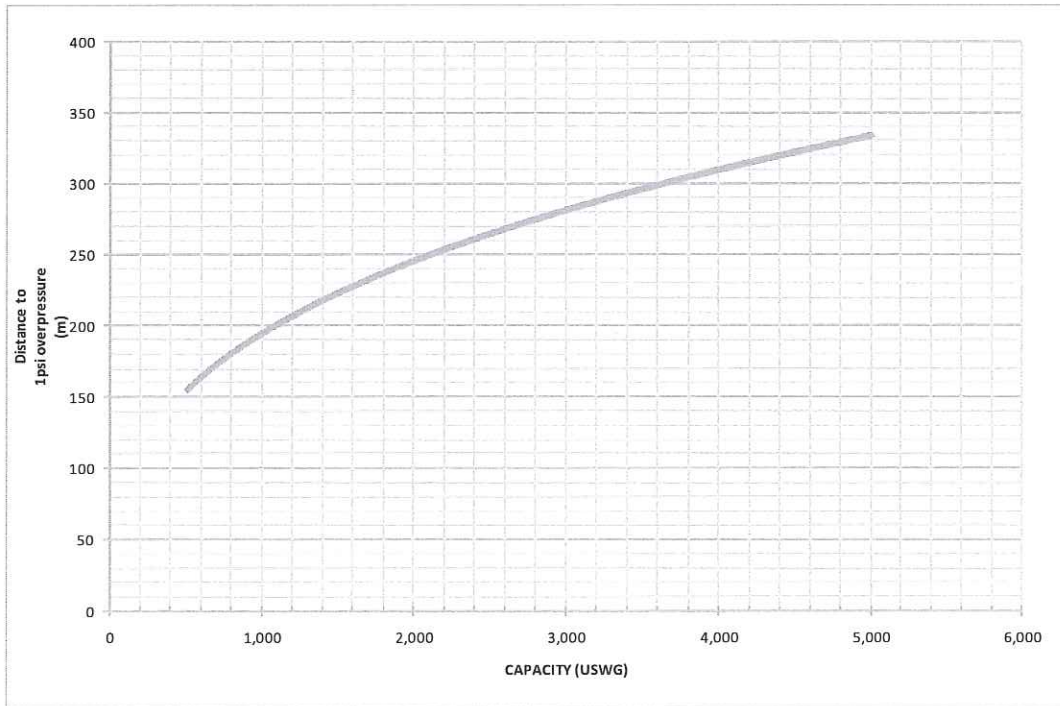
Table 1: Distance Table

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>Premier Express Lines</u> Address: <u>2659 Industrial Park Road</u> City: <u>Smithville</u> Province <u>ONTARIO</u> Postal Code <u>LOR 2A0</u>		X			<u>175</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature <u>John Mucciarone</u>	Telephone No. <u>905-957-3311</u>	Date (dd-mm-yyyy) <u>31-05-2011</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	10	295
# 40	11.75		
# 33.3	9.62	13	125
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			420

Tanks Stored On-site Not Connected for Use

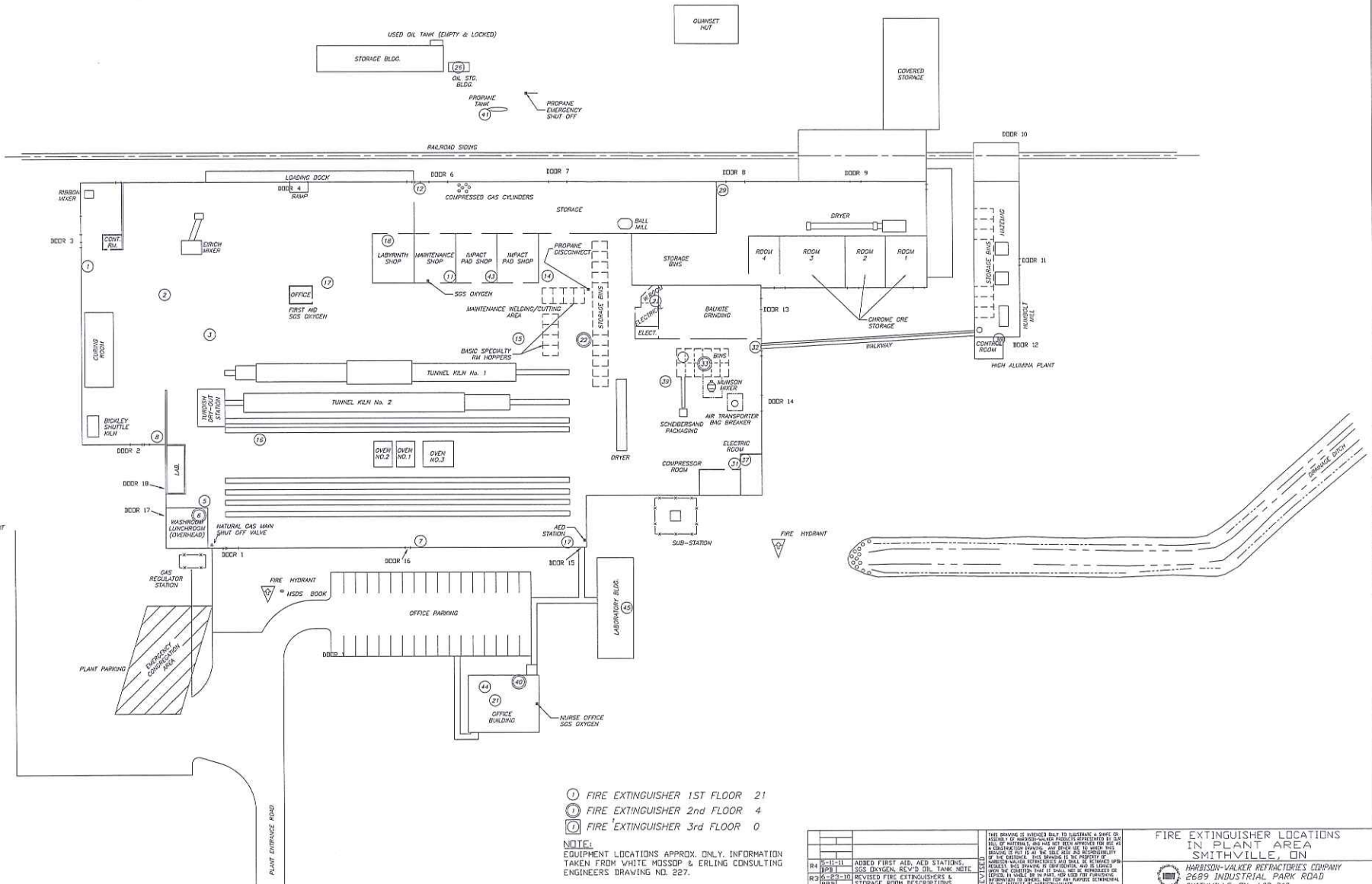
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	420
Total Tank Capacity	0
Total Portable Capacity	420

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) John Mucciarone	Official Title QA Manager	
Signature <i>John Mucciarone</i>	Telephone No. 905-957-3311	Date (dd-mm-yyyy) 31-05-2011

Sept 12/11 JM



- ① FIRE EXTINGUISHER 1ST FLOOR 21
- ② FIRE EXTINGUISHER 2nd FLOOR 4
- ③ FIRE EXTINGUISHER 3rd FLOOR 0

NOTE:
EQUIPMENT LOCATIONS APPROX. ONLY. INFORMATION
TAKEN FROM WHITE MOSSOP & ERLING CONSULTING
ENGINEERS DRAWING NO. 227.

REVISION	DATE	BY	DESCRIPTION
R4	5-10-11	ADD	ADDED FIRST AID, AED STATIONS
R3	10-23-10	REVISED	SSS OXYGEN REV'D TANK NOTE
R2	10-23-10	REVISED	FIRE EXTINGUISHERS & STORAGE ROOM DESCRIPTIONS
R1	5-29-09	REVISED	FIRE EXTINGUISHERS & STORAGE ROOM DESCRIPTIONS
R1	4-10-06	REVISED	FIRE EXTINGUISHERS & STORAGE ROOM DESCRIPTIONS

**FIRE EXTINGUISHER LOCATIONS
IN PLANT AREA
SMITHVILLE, OH**

HARBISON-WALKER REFRACTORIES COMPANY
2689 INDUSTRIAL PARK ROAD
SMITHVILLE, OH 45890

DATE: 12/6/02
SCALE: 3/4"=1'
DRAWN BY: A.J.J.
CHECKED BY: A.J.J.

SHEET NO. 34
OF 4

June, 2011

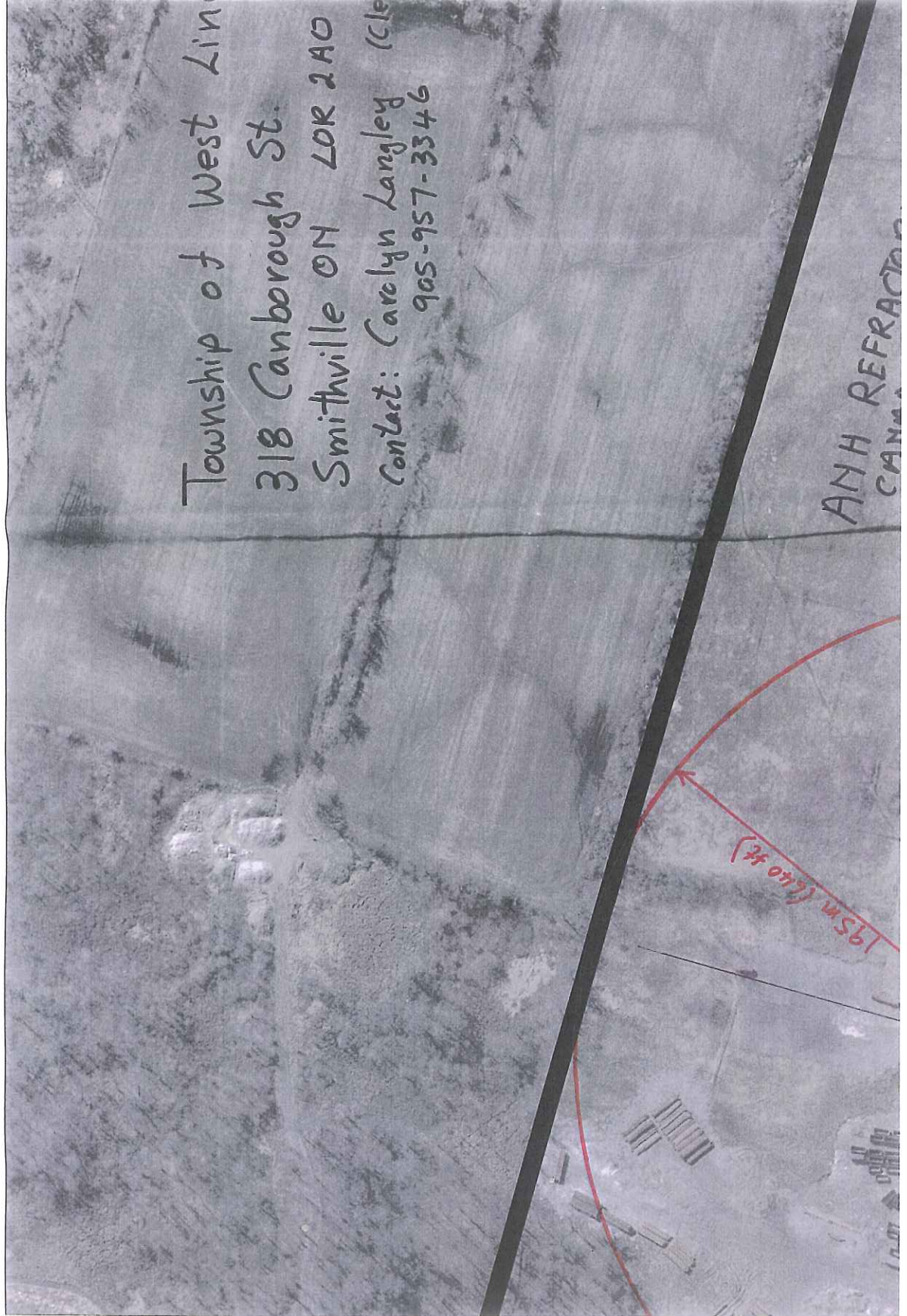
Township of West Lincoln

318 Canborough St.

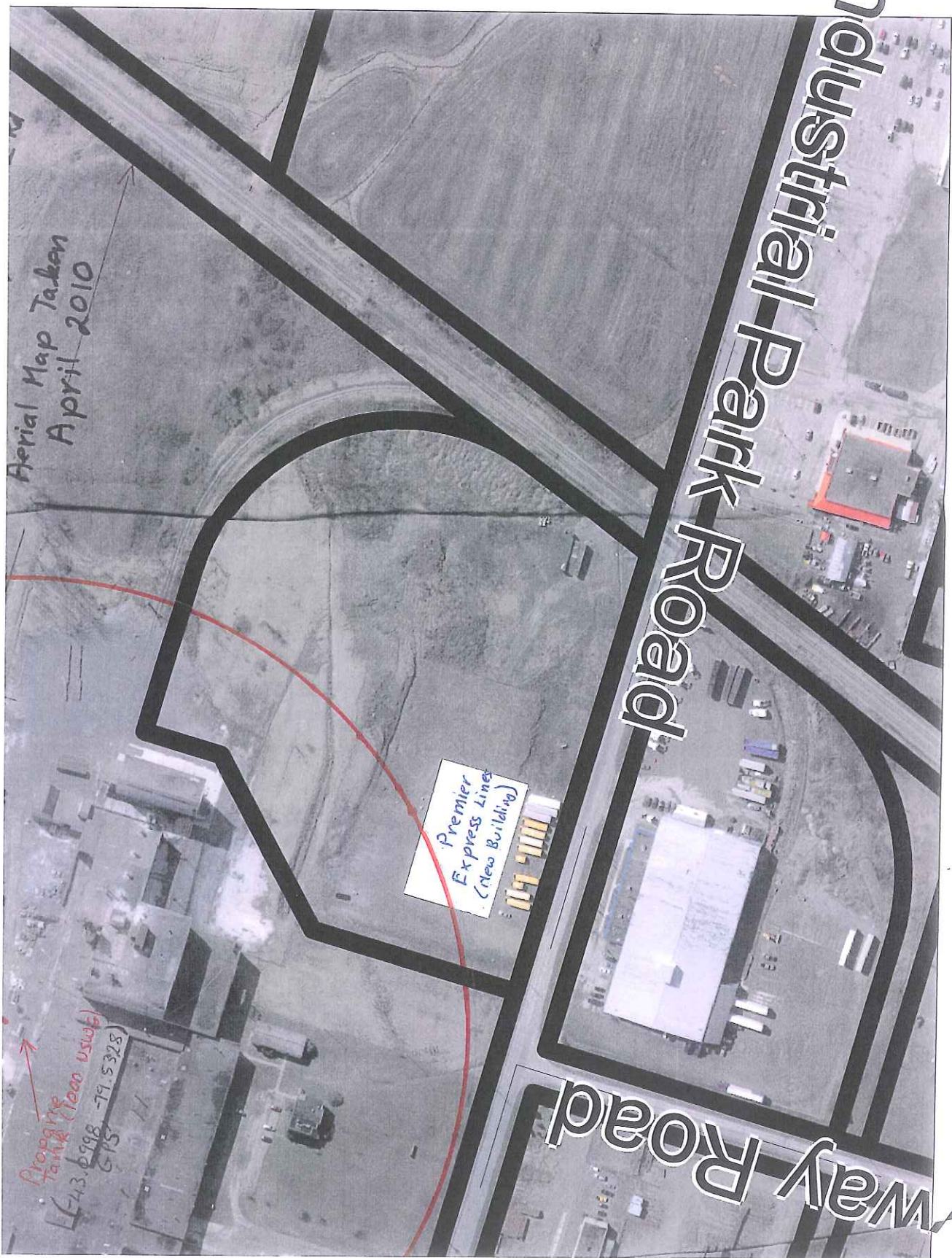
Smithville ON L0R 2A0

Contact: Carolyn Langley (client)

905-957-3346



Scale 1" = 129'



Aerial Map Taken
April 2010

Premier
Express Lines
(New Building)

Prognosis
Tanka (Taco usjw6)
43.6798 -79.5325
GPS

Yway Road

Industrial Park Road





200 m

Industrial Park Road

Thompson Road

Creek Road

ped