



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: [REDACTED]

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: SUNDERLAND CO-OPERATIVE INC    Ontario Corporation No., if applicable: [REDACTED]  
 Operator Name (if different from above): [REDACTED]

Telephone No. 705 357 3491    Fax No. 705 357 2764    E-mail sundcoop@sunderlandco-op.on.ca

**B** Street No. 1    Street Name / 911 Number / Address, if applicable: RIVER STREET  
 Town / City or Township / County: SUNDERLAND    Province: ON    Postal Code: LOC 1H0

Mailing address if different from above.

**C** Street No. BOX 280    Street Name / 911 Number / Address, if applicable: [REDACTED]  
 Town / City or Township / County: SUNDERLAND    Province: ON    Postal Code: LOC 1H0

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

**D** Location of facility.  
 Street No. 1    Street Name / 911 Number / Address, if applicable: RIVER STREET    Nearest Major Intersection: HWY 12 AND RIVER STREET  
 Town / City or Township / County: SUNDERLAND    Province: ON    Postal Code: LOC 1H0

Name of Licence Holder: SUNDERLAND CO-OPERATIVE INC

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): BLAIN THOMPSON    ROT type: PROPANE CYLINDER FILLING

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): BROCK TOWNSHIP

Hours of operation: [REDACTED]

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

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

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: SUNDERLAND CO-OPERATIVE INC	[Signature]	04/12/2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: BLAIN THOMPSON	[Signature]	



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

Indicate the year the facility was established. 2007      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 0

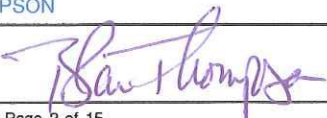
Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>937-9</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, on a separate document.

Fixed: 1000      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_

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Name of person completing this form (please print) <u>BLAIN THOMPSON</u>	Official Title <u>GENERAL MANAGER</u>	
Signature 	Telephone No. <u>705-357-3491</u>	Date (dd-mm-yyyy) <u>04/10/2011</u>



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

Activity Information

<b>Name of Propane Supplier(s)</b> UPI ENERGY LP		For Office Use - Party No. [REDACTED]	
Street No. 105	Street Name / 911 Number / Address, if applicable SILVERCREEK PKWY SUITE 200		
Town / City or Township / Country GUELPH		Province ON	Postal Code N1H 8M1
Telephone No. 519 821 2667	Fax No. 519 821 1333	Contact Name MICHAEL BALL	
E-mail			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
PRIMEMAX ENERGY INC			
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD		
Town / City or Township / Country AYR		Province ON	Postal Code N0B 1E0
Telephone No. 800 377 1666	Fax No.	Contact Name MIKE TAYLOR	
E-mail			

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

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

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**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.

2200 LITRE DYED DIESEL, 50,000 LITRES CLEAR DIESEL, 27,500 LITRES REGULAR ETHANOL, 22,000 LITRES PREMIUM ETHANOL

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

FIRE EXTINGUISHERS AS ARE REQUIRED FOR THE FACILITY

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.

EMERGENCY NUMBERS POSTED FOR THE PUBLIC TO SEE

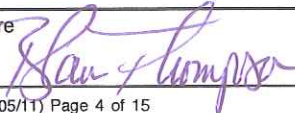
EMERGENCY POWER KILL SWITCH INSTALLED

Maintenance and testing schedule for fire protection controls and devices.

ANNUAL INSPECTION PERFORMED ON PROPANE PLANT AS REQUIRED

MONTHLY INSPECTION OF FIRE EXTINGUISHERS

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Signature 	Telephone No. 705 357 3491	Date (dd-mm-yyyy) 04/10/2011



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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  
BLAIN THOMPSON  
For Office Use - Party No.

Official Title  
GENERAL MANAGER

Telephone No. 705 357 3491 Fax No. 705 357 2764

E-mail  
bthompson@sunderlandco-op.on.ca

Role and responsibilities in emergency  
Emergency Co-ordinator

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

Name  
BLAIN THOMPSON  
For Office Use - Party No.

Official Title  
GENERAL MANAGER

Cell No. 705-341-7159 Fax No.

E-mail  
bthompson@sunderlandco-op.on.ca

Role and responsibilities in emergency  
Emergency Co-ordinator

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

Name  
LEONARD WOODWARD  
For Office Use - Party No.

Official Title  
CONTROLLER

Telephone No. 705-357-3491 Fax No. 705-357-2764

E-mail  
lenwoodward@sunderlandco-op.on.ca

Role and responsibilities in emergency  
Communication

**6. Name of Facility Manager**

Name  
BLAIN THOMPSON  
For Office Use - Party No.

Official Title  
GENERAL MANAGER

Telephone No. 705-357-3491 Fax No. 705-357-2764

E-mail  
bthompson@sunderlandco-op.on.ca

Role and responsibilities in emergency  
Emergency Co-ordinator

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

Name  
Chief Rick Harrison  
For Office Use - Party No.

Official Title  
Fire Chief E-mail rharrison@townshipofbrock.ca

Telephone No. 705-432-2355 Fax No. 705-432-2189

Role and responsibilities in emergency

Fire Services Address  
1 Cameron Street East, Cannington, ON L0E 1E0

**7. Propane Supplier Key Contact Person**

Name  
Rod Recoskie  
For Office Use - Party No.

Official Title E-mail

Telephone No. 800-377-1666 Fax No.

Role and responsibilities in emergency

Propane Supplier Address  
Ayr, ON

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

Name  
FPO WAYNE WARD  
For Office Use - Party No.

Official Title  
FIRE PREVENTION OFFICER E-mail ward@townshipofbrock.ca

Telephone No. 705-432-2355 Fax No. 705-432-2189

Role and responsibilities in emergency

Fire Services Address  
1 Cameron Street East, Cannington, ON L0E 1E0

**8. Municipal Contact**

Name  
THOM GETTINBY For Office Use - Party No.

Official Title  
CLERK

Telephone No. 705-432-2355 Fax No.

E-mail

Municipality Name and Address  
BROCK TWP. 1 CAMERON STREET EAST, CANNINGTON, ON L0E 1E0

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Signature 	Telephone No. <u>705-357-3491</u> Date (dd-mm-yyyy) <u>04/10/2011</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.

FIRE EXTINGUISHERS IN PLACE AS REQUIRED

EMERGENCY SHUT OFF INSTALLED ON EXTERIOR OF ADJACENT BUILDING

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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) 20-09-2011	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: BILL GRAY
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) 20-09-2011	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: BILL GRAY
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) 30-05-2011	Print Name of Training Provider: FSN TRAINING AND DEVELOPMENT INC
	Print Name of Instructor: JACK TRAYLING #5191
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) 20-10-2011	Print Name of Training Provider: IN HOUSE
	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:

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

Target Date (dd-mm-yyyy) 20-10-2011	Print Name of Training Provider: IN HOUSE
	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:

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:
	Print Name of Instructor:

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Name of person completing this form (please print) BLAIN THOMPSON	Official Title GENERAL MANAGER
Signature <i>Blain Thompson</i>	Telephone No. 705-357-3491
	Date (dd-mm-yyyy) 04/14/2011





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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).  
Each Supervisor is trained to give warning through the facility intercom system. Our Emergency Response Plan then comes into effect which will include notification to the public.

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).

After the Emergency Response Plan is activated, an evacuation plan is followed which includes our meeting place at the gas station across the highway from us. This is also when our accountability plan comes into affect.

**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).

EMERGENCY RESPONSE PLAN DICTATES WHO AND WHEN 911 IS NOTIFIED.

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

The site is not gated so the Fire Dept has full access 24 Hours a day

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

Our Emergency Response Plan has a flow chart for the continual flow of information to the proper authorities

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

We have two key employees that live within 1 kilometer of the facility

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Signature 	Telephone No. 705-357-3491	Date (dd-mm-yyyy) 04/10/2011



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

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

**6. Building and Site Security and Procedures**

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

**7. Water Supply**

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>80 METERS</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	<u>NONE</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

**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 <b>Brock Township Fire Department</b>		04-10-2011

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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) 27/09/2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 80 m	Right side property line: 100 m
Rear: 30 m	Left side property line: 15 m
GPS coordinates of single largest vessel: 44°15'53.66N 79°03'42.66W	

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**SECTION C: SUBMISSIONS (cont'd)**

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

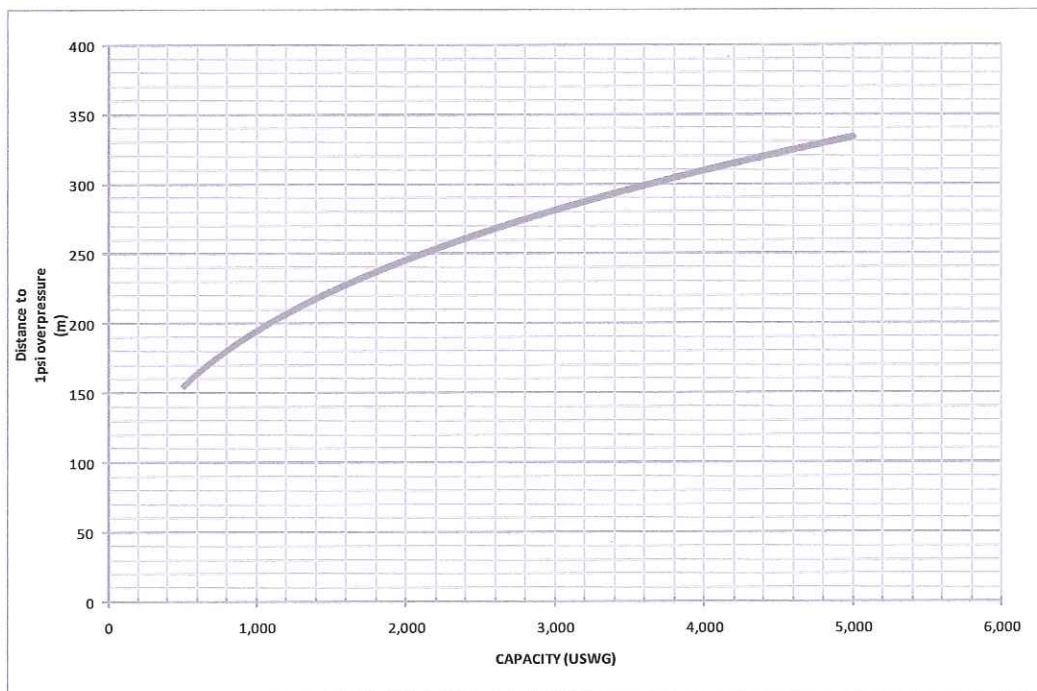
**Table 1: Distance Table**

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)**





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>SUNDERLAND CO-OPERATIVE INC</u> Address: <u>1 RIVER STREET</u> City: <u>SUNDERLAND</u> Province <u>ON</u> Postal Code <u>L0C 1H0</u>			X		<u>15</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>PINDARS GARAGE</u> Address: <u>12 CENTRE STREET</u> City: <u>SUNDERLAND</u> Province <u>ON</u> Postal Code <u>L0C 1H0</u>		X			<u>150</u> 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".

**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>BLAIN THOMPSON</u>	Official Title <u>GENERAL MANAGER</u>
Signature 	Telephone No. <u>705-357-3491</u> Date (dd-mm-yyyy) <u>04/10/2011</u>





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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

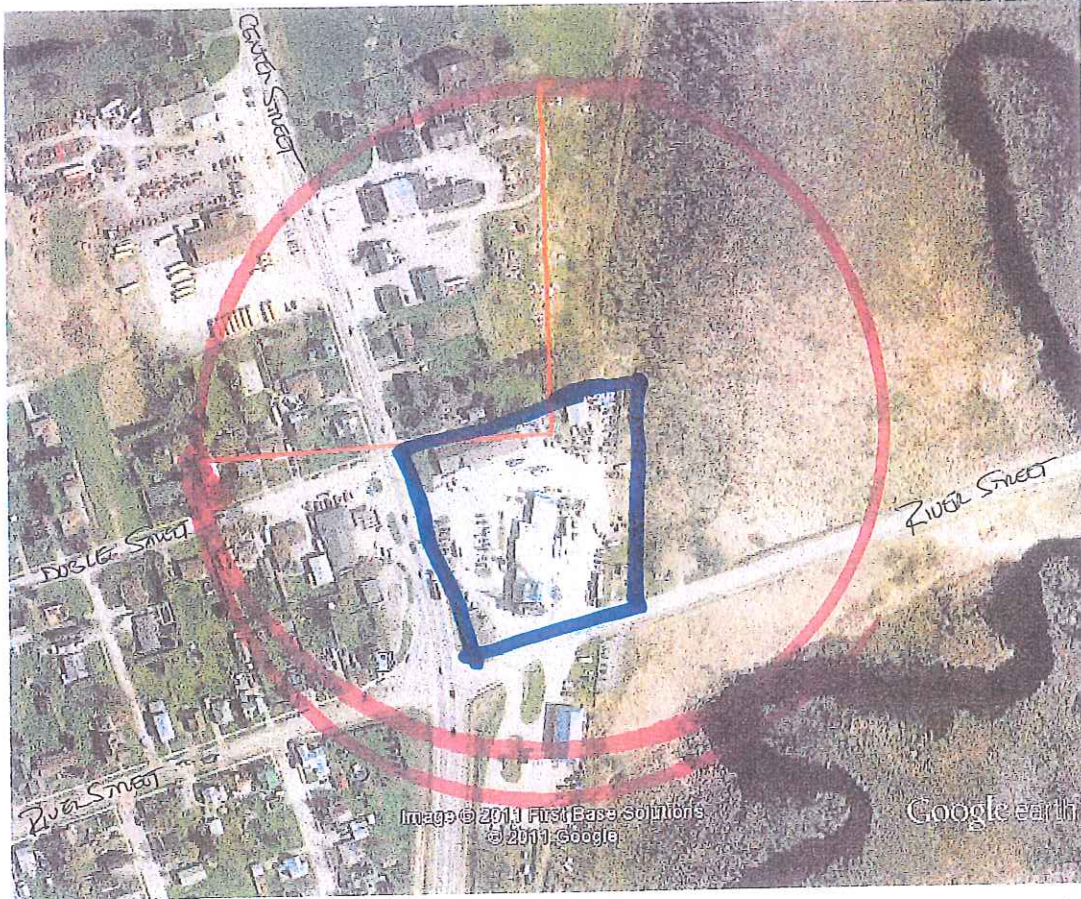
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
1000	1	1000
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	
<b>Total Tank Capacity</b>	1000
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	1000

NOV 10, 2011



Google earth



1000 USWG PROPANE TANK.  
GPS COORDINATES 44°15'55.66 N  
79°03'42.66 W.

LOCATION: 1 RIVER STREET  
SUNDERLAND, ON  
LOC 1 HO.

TANK IS LOCATED WHERE LINES INTERSECT.

SETBACKS - FRONT 80 M.  
REAR 30 M.  
LEFT 15 M.  
RIGHT 100 M.

MUNICIPAL CONTACT:

WITHIN TWP  
PROPERTY LINE OF BROOK.  
MARKED - OUTLINES IN BLUE.

THOM GETTARDY  
CHIEF - BROOK TWP.  
1 CAMERON ST EAST  
CANNINGTON, ON  
L0E 1E0  
705-432-2355.

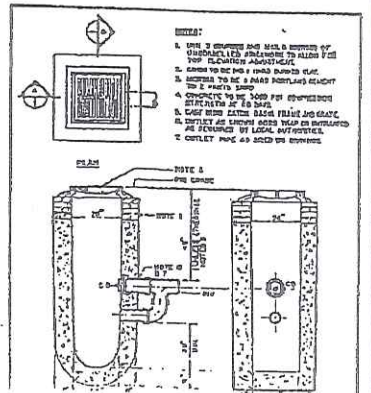
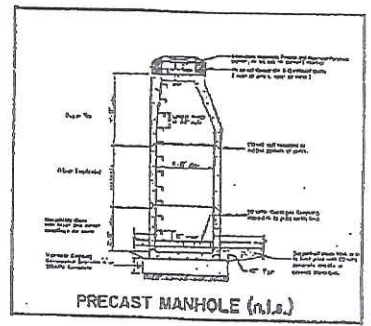
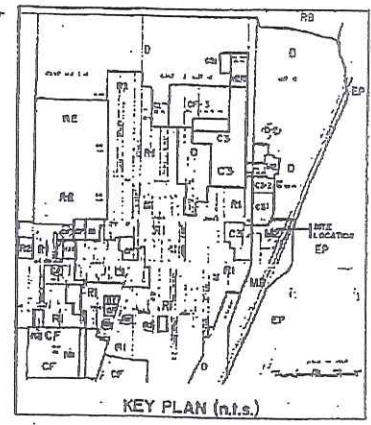
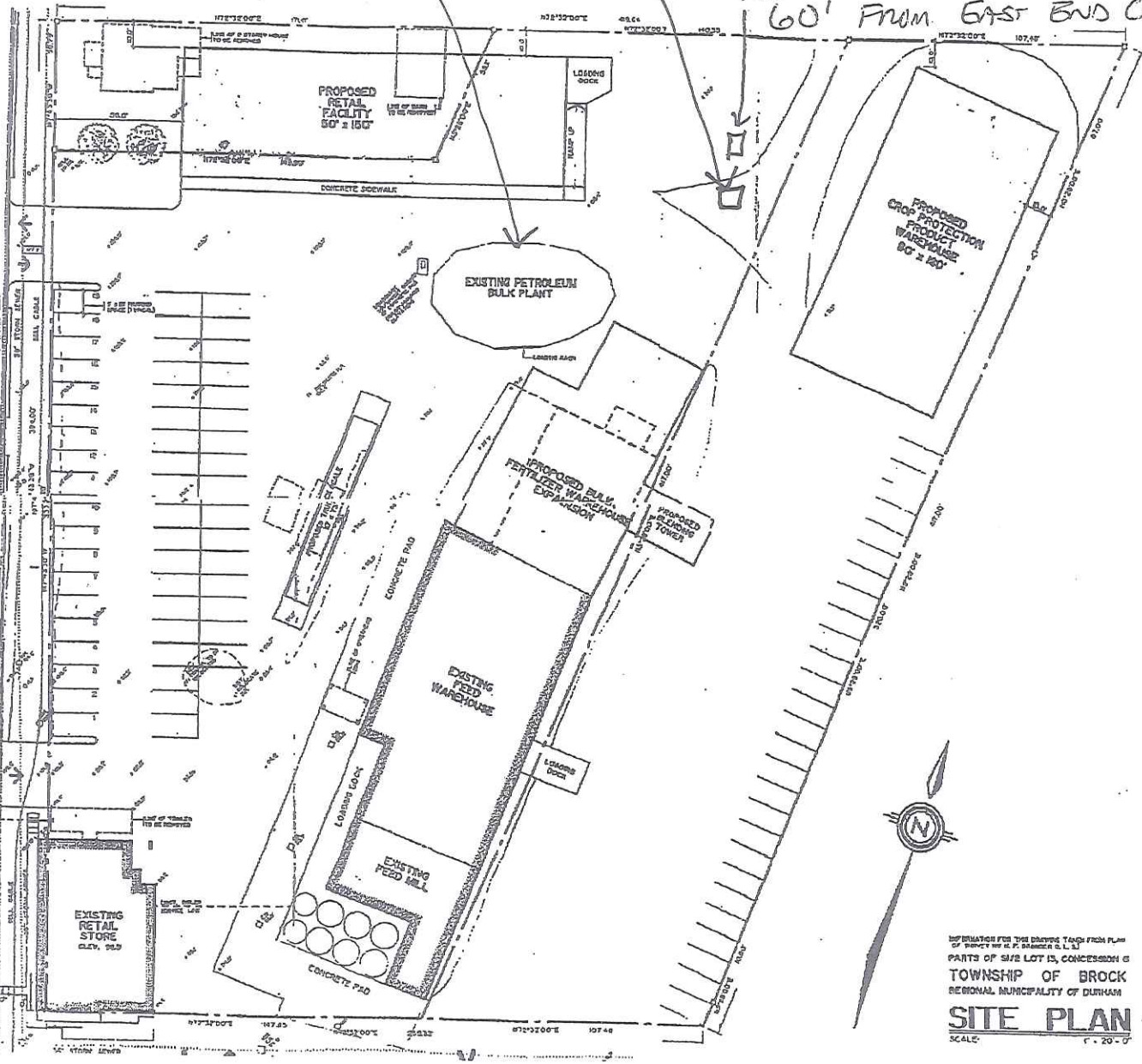


DYED DIESEL STORAGE  
APPROX 27' FROM PROPOSED SITE

200' FROM NEIGHBOURING RESIDENCE  
125' FROM NEIGHBOURING OUT BUILDING - (STORAGE SHED)  
PROPOSED SITE FOR PROPANE FILLER PLANT,  
60' FROM EAST END OF RETAIL STORE, 45' FROM LOT LINE

UNDERGROUND DIESEL AND  
GASOLINE TANKS - 65'  
FROM PROPOSED SITE

15 May 2007 13:45 TOWNSHIP OF BROCK 705-432-2189 P.2



NO.	REVISIONS	DATE
1	LOCATION OF RETAIL STORE	10/1/07
2	GENERAL	10/1/07

LEGEND	
	EXISTING ELEVATION
	PROPOSED ELEVATION
	EXISTING CATCH BASIN
	EXISTING MANHOLE
	STORM PIPE
	LIGHT STANDARD
	NEW CATCH BASIN
	NEW MANHOLE
	PROPERTY LINE
	SANITARY SEWER
	STORM SEWER
	WATER MAIN
	BURIED BELL CABLE
	CENTERS POLE OR SERVICE LOCATION AND SIZE TO BE VERIFIED ON SITE

PRELIMINARY

ISSUE  
REV. 6/07  
1000 01/07/07

PROJECT:  
**PROPOSED RETAIL FACILITY**  
BUNDERLAND, ONTARIO

DRAWING TITLE:  
**SITE PLAN**

**CO-OP**

UNITED CO-OPERATIVES OF ONTARIO  
ENGINEERING DIVISION  
5500 SANDHURST COLLEGE  
P.O. BOX 567, STATION A  
MISSISSAUGA, ONTARIO L5A 3A4

SCALE: 1" = 20' DATE: MAR 08/07

FOR INFORMATION FOR THE DRAWING TANKS FROM PLAN OF PROPERTY NO. 617, 618 AND 619, PARTS OF SIZE LOT IS, CONCESSION 6 TOWNSHIP OF BROCK REGIONAL MUNICIPALITY OF DURHAM

**SITE PLAN**

SCALE: 1" = 20'

CO-OP