



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4078  
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.

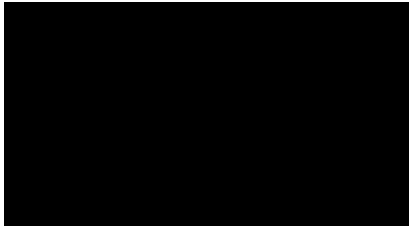
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076525914-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.

Company Name COTTAM GAS & VARIETY Corporation No. 1287710 ONTARIO LTD

Operator Name (if different from above) TONY NEHMETALLAH

Telephone No. 519-8396060 Fax No. 519-839-6060 E-mail NONE

Street No. 100 Street Name / 911 Number / Address, if applicable COUNTY ROAD #34 EAST

Town / City or Township / County COTTAM Province ON Postal Code NOR 1B0

Mailing address if different from above.

Street No. PO BOX 163 Street Name / 911 Number / Address, if applicable

Town / City or Township / County COTTAM Province ON Postal Code NOR1B0

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

Location of facility.

Street No. 100 Street Name / 911 Number / Address, if applicable COUNTY ROAD #34 EAST Nearest Major Intersection COUNTY ROAD #27 (BELLE RIVER)

Town / City or Township / County COTTAM Province ON Postal Code NOR 1B0

Name of Licence Holder TONY NEHMETALLAH

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). TONY NEHMETALLAH ROT type Propane Pump Attendant 100-01

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

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-mmm-yyyy)
Name of Licence Holder <u>TONY NEHMETALLAH</u>		<u>31/JUL/2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>TONY NEHMETALLAH</u>		



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**Propane Storage and Handling Regulation**

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

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

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

	PSIG	Serial Number
Tank1:	2000 USWG	248-98
Tank2:	0	0
Tank3:	0	0

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: 2000 USWG      Portable: 0      Mobile: 0

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Name of person completing this form (please print) TONY NEHMETALLAH		Official Title PRESIDENT
Signature 	Telephone No. 519-839-6060	Date (dd-mmm-yyyy) 31/JUL/2015



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

Activity Information

<b>Name of Propane Supplier(s)</b> DOWLER-KARN LIMITED			
Street No. 5475	Street Name / 911 Number / Address, if applicable DICOCCO COURT P.O. BOX 41		
Town / City or Township / Country OLDCASTLE		Province ON	Postal Code NOR 1L0
Telephone No. 519-737-9635	Fax No. 519-737-9137	Contact Name KEN HOOKER	
E-mail KENHOOKER@DOWLERKARN.COM			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>			
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			

<b>Off-site Cylinder and/or Mobile Storage</b>	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		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) TONY NETMETALLAH	Official Title PRESIDENT	
Signature 	Telephone No. 519-839-6060	Date (dd-mmm-yyyy) 31/JUL/2015



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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.

2- 35 000 GALLON UNLEADED GASOLINE TANKS- LOCATED UNDERGROUND

1- 25 000 GALLON PREMIUM GASOLINE TANKS- LOCATED UNDERGROUND

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

PORTABLE FIRE EXTINGUISHERS -ABC- (1) LOCATED INSIDE THE CONVENIENCE STORE, (2) LOCATED AT GASOLINE PUMPS, (1) LOCATED AT PROPANE STATION

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.

THIS FACILITY MAINTAINS A CCTV- CAMERA SURVEILLANCE SYSTEM THAT MONITORS PUMPS AND PROPANE STATION 24 HOURS A DAY  
THIS FACILITY MAINTAINS A "INCON" LEAK DETECTION SYSTEM

Maintenance and testing schedule for fire protection controls and devices.

PORTABLE FIRE EXTINGUISHERS- INSPECTED ANNUALLY (3RD PARTY INSPECTION)

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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  
SAM NEHMETALLAH For Office Use - Party No.

Official Title  
TREASURER

Telephone No. Fax No.  
519-839-6060

E-mail

Role and responsibilities in emergency  
EMERGENCY RESPONSE LIASON/ADVISOR

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

Name  
SAM NEHMETALLAH For Office Use - Party No.

Official Title  
TREASURER

Cell No. Fax No.  
519-919-2514 519-839-6060

E-mail

Role and responsibilities in emergency  
EMERGENCY RESPONSE LIASON

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

Name  
TONY NEHMETALLAH For Office Use - Party No.

Official Title  
PRESIDENT

Telephone No. Fax No.  
519-839-6060 519-839-6060

E-mail

Role and responsibilities in emergency  
ADVISOR

**6. Name of Facility Manager**

Name  
TONY NEHMETALLAH For Office Use - Party No.

Official Title  
PRESIDENT

Telephone No. Fax No.  
519-839-6060 519-839-6060

E-mail

Role and responsibilities in emergency  
EMERGENCY RESPONSE LIASON/ADVISOR

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

Name  
ROBERT KISSNER For Office Use - Party No.

Official Title E-mail  
FIRE CHIEF bkissner@kingsville.ca

Telephone No. Fax No.  
519-733-2314 519-733-2399

Role and responsibilities in emergency  
INCIDENT COMMAND, MITIGATE, DESIGNATE, SUPPRESSION, PREVENTION

Fire Services Address  
1720 DIVISION RD. NORTH KINGSVILLE ON, N9Y 3S2

**7. Propane Supplier Key Contact Person**

Name  
KEN HOOKER For Office Use - Party No.

Official Title E-mail  
REGIONAL MANAGER KENHOOKER@DOWLERKARN.COM

Telephone No. Fax No.  
519-839-4512 519-337-8848

Role and responsibilities in emergency  
PROPANE SUPPLIER/ADVISOR

Propane Supplier Address  
5475 DICOCO COURT, OLDCASTLE ON.

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

Name  
JEFF DEAN For Office Use - Party No.

Official Title E-mail  
ASSISTANT FIRE CHIEF jdean@kingsville.ca

Telephone No. Fax No.  
519-733-2314 519-733-2399

Role and responsibilities in emergency  
ALTERNATE INCIDENT COMMAND, MITIGATION AND PREVENTION

Fire Services Address  
1720 DIVISION RD. NORTH KINGSVILLE ON, N9Y 3S2

**8. Municipal Contact**

Name  
ROBERT BROWN

Official Title  
MANAGER OF PLANNING AND DEVELOPMENT SERVICES

Telephone No. Fax No.  
519-733-2305

E-mail  
rbrown@kingsville.ca

Municipality Name and Address  
2021 Division Rd. North Kingsville, ON N9Y 2Y9

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Signature 	Telephone No. Date (dd-mmm-yyyy) 519-839-6060 31/JUL/2015



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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.

MINIMUM STANDARDS AT THIS TIME

[Large empty area with horizontal dashed 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-mmm-yyyy) 2/MAR/2015	Print Name of Training Provider: COTTAM GAS & VARIETY EMERGENCY ACTION PLAN
	Print Name of Instructor: TONY NEHMETALLAH
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 2/MAR/2015	Print Name of Training Provider: COTTAM GAS & VARIETY EMERGENCY ACTION PLAN
	Print Name of Instructor: TONY NEHMETALLAH
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 06/FEB/2015	Print Name of Training Provider: DOWLER KARN LIMITED
	Print Name of Instructor: KEN HOOKER
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) <b>TBD</b>	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) <b>TBD</b>	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) <b>TBD</b>	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <b>TONY NEHMETALLAH</b>	Official Title <b>PRESIDENT</b>
Signature 	Telephone No. <b>519-839-6060</b> Date (dd-mmm-yyyy) <b>31/JUL/2015</b>





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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).

Trained personnel operating the propane station will immediately engage emergency shut-down switch and call "911" to activate emergency responders

Staff and general public on site will be given verbal communication to evacuate the area if required

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).

Trained personnel operating the propane station will follow Emergency Procedures for Propane Handling, located at dispenser and main office.

The license holder will ensure "911" has been called and will meet emergency responders at a specified area to be determined by emergency responders.

All staff, visitors and contract personnel will assemble in pre-determined evacuation area. Consideration will be given to the parking area north of the facility as a "Safe-Zone"

**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).

Once an Emergency is identified, (during business hours), the license holder will immediately dial "911".

There are no early warning signals. For an emergency (after hours), license holder will have to rely on the general public to alert emergency responders

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

Fire Department access to this site is off County Road #34. Entrances are both north and south sides of the road

The owner/ license holder will have all pertinent information available for emergency responders both during and after business hours

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

License holder will be on site and available to incident command/ emergency responders during business hours after hours as needed

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

After hours, licence holder will be on site within 10 minutes of call from Emergency Responders

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Signature 	Telephone No. 519-839-6060	Date (dd-mmm-yyyy) 31/JUL/2015



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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 type="checkbox"/>	<input checked="" 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>44 m</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>Hydrants Available</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-mmm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name  
**ROBERT B KISSNER**  
Local Fire Services Name

Signature  
*RBKissner*

Date (dd-mmm-yyyy)  
**13-AUG-15**

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Name of person completing this form (please print)

**TONY NEHMETALLAH**

Official Title

**PRESIDENT**

Signature

*Tony Nehmetallah*

Telephone No.

**519 839 6060**

Date (dd-mmm-yyyy)

**13/08/2015**



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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-mmm-yyyy) 31/JUL/2015	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>3.05 m</u>	Right side property line: <u>17 m</u>
Rear: <u>28.9 m</u>	Left side property line: <u>26.2 m</u>
GPS coordinates of single largest vessel:	<u>42.128594</u> <u>82.7442203</u>

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

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

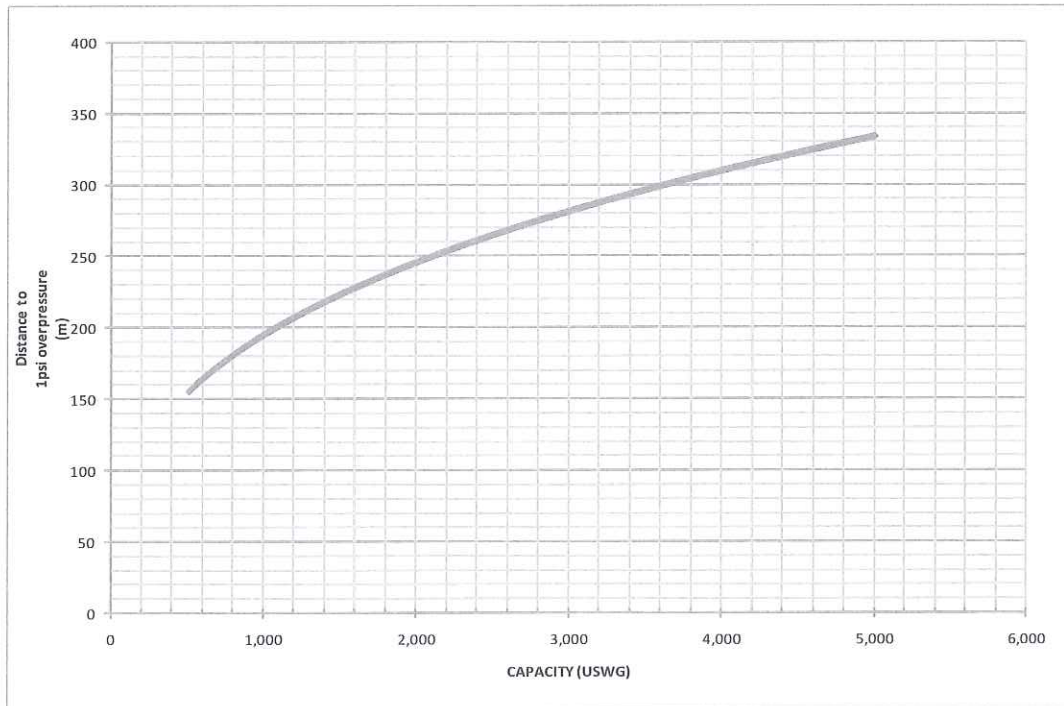
Table 1: Distance Table

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: 416.231.4078  
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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____		X			25.5 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Grounded Cafe &amp; Eatery</u> Address: <u>105 County Rd. 34 West</u> City: <u>Cottam</u> Province <u>ON</u> Postal Code <u>NOR1L0</u>		X			46.8 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m

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

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

Name of person completing this form (please print) TONY NEHMETALLAH	Official Title PRESIDENT
Signature 	Telephone No. 519-839-6060
	Date (dd-mmm-yyyy) 31/JUL/2015



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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity 0</b>			

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

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

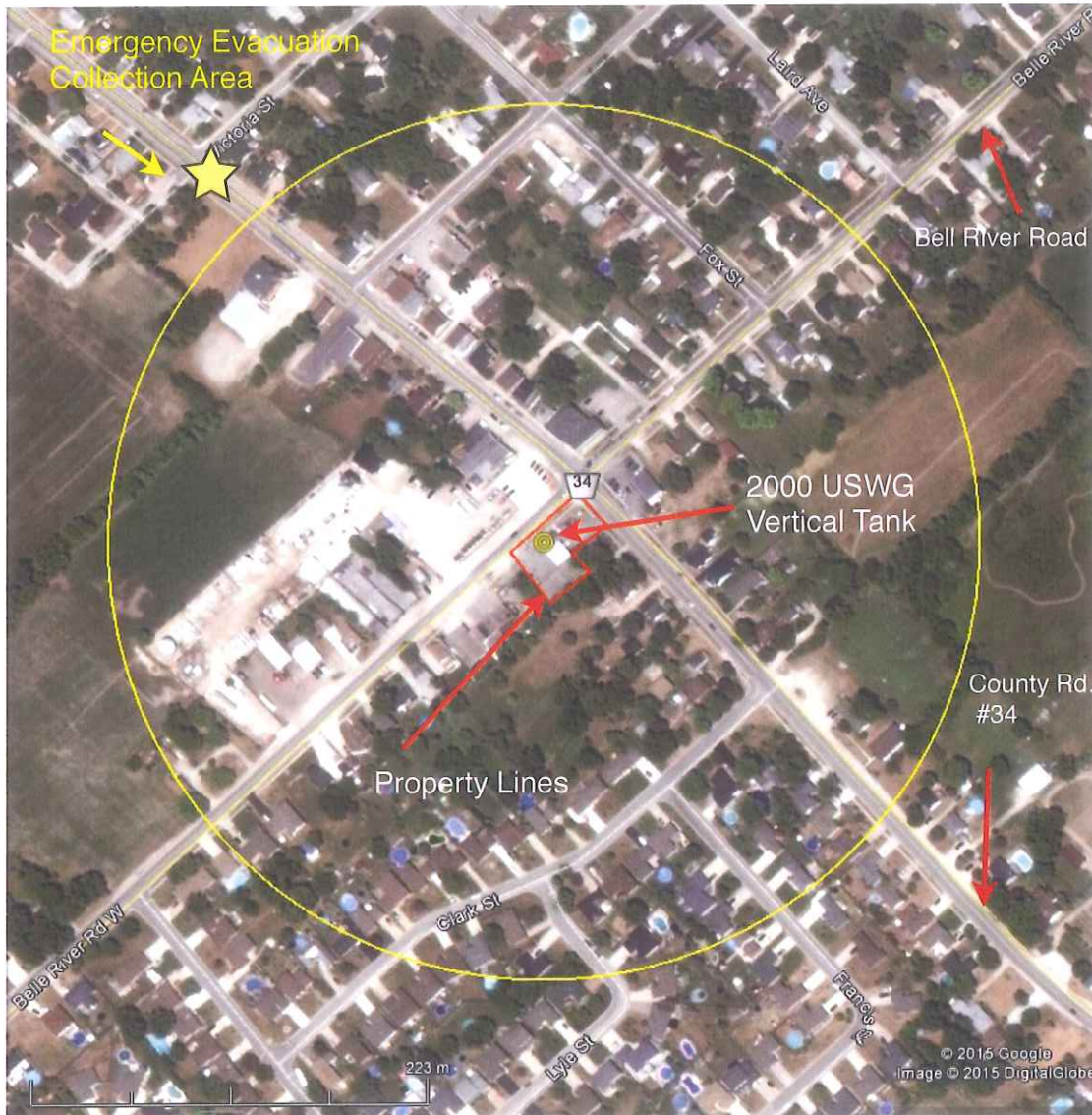
<b>Total Cylinder Capacity</b>	0
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	0

Cottam Gas & Variety

100 County Rd. #34  
Cottam, ON N0R1B0  
P: 519-839-6060, F: 519-839-6060

**LEVEL 1 RSMP**

**ARIEL MAP OF  
SURROUNDING AREA**



**Location-** 100 County Rd. #34 Cottam, ON N0R1B0

**Prepared-** July 31, 2015

<b>Tank Setbacks from Property Line:</b>	<b>North-</b>	8 m
	<b>East-</b>	18.2 m
	<b>South-</b>	31.9 m
	<b>West-</b>	28.79 m

**Radius-** 246 m. GPS Coordinates of Tank: 42.128227 Deg, -82.7444 Deg.

**Municipality-** Kingsville

Robert Brown  
Manager of Planning & Development Services  
519-733-2305 ext. 250, rbrown@kingsville.ca

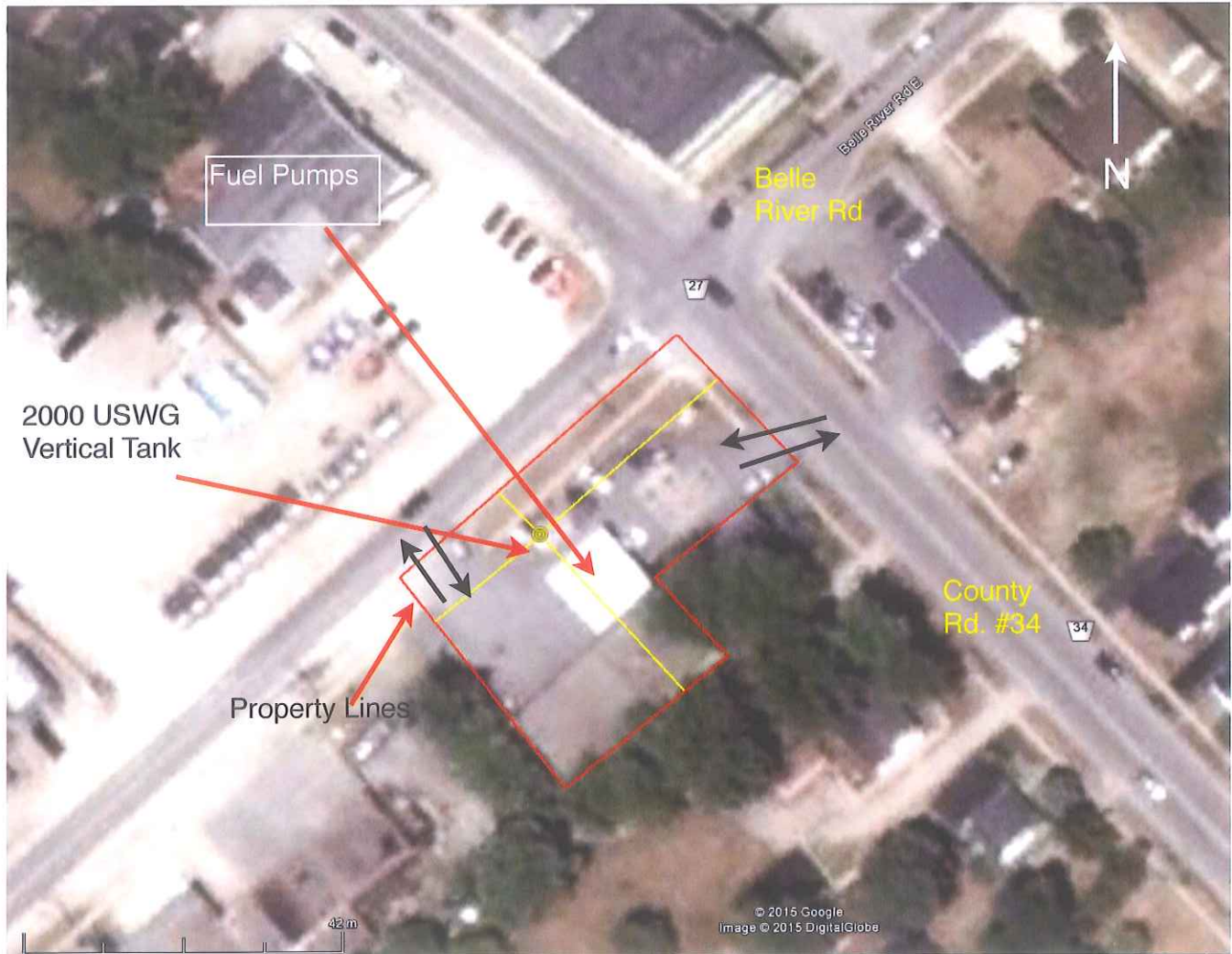


Cottam Gas & Variety

100 County Rd. #34  
Cottam, ON N0R1B0  
P: 519-839-6060, F: 519-839-6060

LEVEL 1 RSMP

ARIEL MAP OF  
FACILITY



Entrance/Exit →

**Location-** 100 County Rd. #34 Cottam, ON N0R1B0

**Prepared-** July 31, 2015

<b>Tank Setbacks from Property Line:</b>	<b>North-</b>	8 m
	<b>East-</b>	18.2 m
	<b>South-</b>	31.9 m
	<b>West-</b>	28.79 m

**Radius-** 246 m. GPS Coordinates of Tank: 42.128227 Deg, -82.7444 Deg.

**Municipality-** Kingsville

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