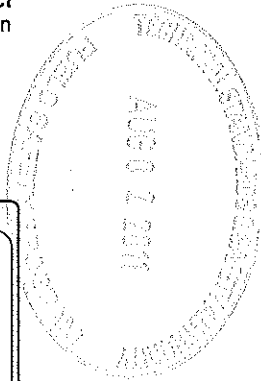




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Customer Service: 1.877.682.8772

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.

<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 0034418001-C</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 style="text-align: center;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></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 CAMP BARCOVAN</p> <p>A 825678 ONTARIO INC. TENT & RV. PARK</p> <p>Operator Name (if different from above)</p>	<p>Ontario Corporation No., if applicable 825678</p>
<p>Telephone No 613 475-1355 Fax No. 613 475-1891 E-mail info@barcovan.com.</p>	
<p>B Street No. 133 Street Name / 911 Number / Address, if applicable CARTER RD</p>	
<p>Town / City or Township / County CARRYING PLACE</p>	<p>Province ONTARIO Postal Code K0K 1L0</p>
<p>Mailing address if different from above.</p>	
<p>C Street No.</p>	<p>Street Name / 911 Number / Address, if applicable</p>
<p>Town / City or Township / County</p>	<p>Province Postal Code</p>

Information on Container Refill Centre or Filling Plant

<p>Location of facility.</p>		
<p>D Street No. 133</p>	<p>Street Name / 911 Number / Address, if applicable CARTER ROAD</p>	<p>Nearest Major Intersection COUNTY RD 4 & CARTER RD</p>
<p>Town / City or Township / County CARRYING PLACE</p>	<p>Province ONTARIO</p>	<p>Postal Code K0K 1L0</p>

<p>Name of Licence Holder JOE MODICA</p>	
<p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). JOE MODICA</p>	<p>ROT type PPO-3</p>
<p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders) TOWNSHIP OF MURRAY COUNTY OF NORTHUMBERLAND</p>	
<p>Hours of operation.</p> <div style="background-color: black; width: 100%; height: 40px;"></div>	

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.

<p>Name of Licence Holder JOE MODICA</p>	<p>Signature <i>[Signature]</i></p>	<p>Date (dd-mm-yyyy) 26/07/2011</p>
<p>Name of Senior Management person as defined in the Regulation holding the Record of Training JOE MODICA</p>		<p>Date 26/07/2011</p>



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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.

UNKNOWN / 1975 | 2007

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

	PSIG	Serial Number
Tank 1:	<u>1000</u>	<u>477.5</u>
Tank 2:	<u>-</u>	<u>-</u>
Tank 3:	<u>-</u>	<u>-</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: 295 Portable: 369 Mobile: 0

I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>JOE PETRALITO</u>	Official Title <u>MANAGER</u>
Signature 	Telephone No. <u>613 475-1355</u> Date (dd-mm-yyyy) <u>26/07/2011</u>



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>GEROW PROPANE LTD</i>		For Office Use	
Street No.	Street Name / 911 Number / Address, if applicable <i>P.O. Box 474</i>		
Town / City or Township / Country <i>BRIGHTON</i>		Province <i>ONTARIO</i>	Postal Code <i>K0K 1H0</i>
Telephone No. <i>613 475-2444</i>	Fax No. <i>613 475-0181</i>	Contact Name <i>ERIC GEROW</i>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use	
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 <i>N/A</i>		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print) <i>JOE PETRALITO</i>	Official Title <i>MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>613 475-1355</i>	Date (dd-mm-yyyy) <i>26/07/2011</i>



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

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.

- 250 PSIG TANK FOR RESIDENTIAL USE
- GAS TWO 5 GALLON CONTAINERS
- DIESEL TWO 5 GALLON CONTAINERS
STORED AT PUMP HOUSE. USED FOR GRASS CUTTING

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

FIRE EXTINGUISHERS (SEE SITE MAP) TOTAL 7

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.

NONE

Maintenance and testing schedule for fire protection controls and devices.

FIRE EXTINGUISHERS ANNUALLY INSPECTED BY TRINITY FIRE

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) JOE PETRALIO	Official Title MANAGER
Signature 	Telephone No. 613 475-1355
	Date (dd-mm-yyyy) 26/07/11



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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>JOE MODICA</i>	For Office Use - Party No.	Name <i>JOE PETRALITO</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>613 475-1355</i>	Fax No. <i>613 475-1891</i>	Cell No. <i>613 847-5486</i>	Fax No. <i>613 475-1891</i>
E-mail <i>INFO@BARCOVAN.COM</i>		E-mail <i>INFO@BARCOVAN.COM</i>	
Role and responsibilities in emergency <i>CONTACT PROPER AUTHORITIES AND SAFETY OF CAMPER'S</i>		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>JOE PETRALITO</i>	For Office Use - Party No.	Name <i>JOE PETRALITO</i>	For Office Use - Party No.
Official Title <i>MANAGER</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>613-847-5486</i>	Fax No. <i>613 475-1891</i>	Telephone No. <i>613 475-1355</i>	Fax No. <i>613 475-1891</i>
E-mail <i>INFO@BARCOVAN.COM</i>		E-mail <i>INFO@BARCOVAN.COM</i>	
Role and responsibilities in emergency <i>CONTACT AUTHORITIES AND SAFETY OF CAMPER'S</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>JOHN WHAKEN</i>	For Office Use - Party No.	Name <i>ERIC GEROW</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>OWNER</i>	
Telephone No. <i>613 392-2841</i>	Fax No. <i>613 965-6133</i>	Telephone No. <i>613 475-2414</i>	Fax No. <i>613 475-0181</i>
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>GREG KING</i>	For Office Use - Party No.	Name <i>CHRIS J. ANGELO</i>	For Office Use - Party No.
Official Title <i>SENIOR FIRE PREVENTION OFFICER</i>		Official Title <i>DIRECTOR</i>	
Telephone No. <i>613-392-2841 EXT 7479</i>	Fax No. <i>613 965-6133</i>	Telephone No. <i>613-392-2841</i>	Fax No. <i>613 392-7151</i>
E-mail <i>GREGK@QUINTEWEST.CA</i>		E-mail <i>CHRIS@QUINTEWEST.CA</i>	
Role and responsibilities in emergency		Municipality <i>QUINTE WEST</i>	

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>JOE PETRALITO</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613 475-1355</i>
	Date (dd-mm-yyyy) <i>26/07/11</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.

None

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>JOE PETRALITO</u>	Official Title <u>MANAGER</u>	
Signature 	Telephone No. <u>613 475-1355</u>	Date (dd-mm-yyyy) <u>26/07/11</u>



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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>IN HOUSE TRAINING</i>
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:	<i>IN HOUSE TRAINING</i>
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) <i>APRIL 7/10</i>	Print Name of Training Provider: <i>IN HOUSE TRAINING</i>	
	Print Name of Instructor: <i>ERIC GEROW</i>	
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:	

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>JOE PETRALIO</i>		Official Title <i>MANAGER</i>	
Signature <i>[Signature]</i>		Telephone No. <i>613 475-1355</i>	Date (dd-mm-yyyy) <i>26/07/11</i>



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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) <i>01/05/2012</i>	Print Name of Training Provider: <i>IN HOUSE TRAINING</i>
	Print Name of Instructor: <i>JOE PERRALIGO</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>01/05/2012</i>	Print Name of Training Provider: <i>IN HOUSE TRAINING</i>
	Print Name of Instructor: <i>JOE PERRALIGO</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) <i>01/05/2012</i>	Print Name of Training Provider: <i>IN HOUSE TRAINING</i>
	Print Name of Instructor: <i>JOE PERRALIGO</i> <i>included is</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CERTIFICATE OF PRO-3</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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>JOE PERRALIGO</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613 475-1335</i>
	Date (dd-mm-yyyy) <i>26/07/11</i>



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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.

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).

WARNING WILL BE GIVEN BY OWNER/MANAGER, UPON NOTIFICATION OF INCIDENT
 (A BLOW HORN WILL BE USED)

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).

- NOTIFICATION WILL BE DONE BY PHONE AND DOOR TO DOOR
 - MEETING WILL TAKE PLACE ON THE SAFE SPOT AS MARKED ON MAP (A BLOW HORN WILL BE USED AND DOOR TO DOOR)

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).

- THE LICENCE HOLDER WILL MAKE THE CALL HIMSELF IF POSSIBLE
 - HE WILL MAKE THE CALL TO PROPER AUTHORITIES, OR ASK HIS STAFF TO MAKE THE PROPER CALL, THEN FOLLOW UP

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

THERE IS STAFF ON THE PREMISES 24/7

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

By PHONE, mail, or by INTERNET

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

WITHIN A MINUTE

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) JOE PETRALITO		Official Title MANAGER	
Signature 		Telephone No. 613 475-1355	Date (dd-mm-yyyy) 26/07/11



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input 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 type="checkbox"/> | <input checked="" 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>60 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>NO FIRE HYDRANTS</u> | |

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

Name of person completing this form (please print) <u>JOE PETRALINO</u>		Official Title <u>MANAGER</u>
Signature 	Telephone No. <u>613 475-1355</u>	Date (dd-mm-yyyy) <u>26/07/11</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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain (e.g., no fire services).		
<i>WASN'T ABLE TO HAVE APPLICATION READY ON</i>		
<i>TIME, HOWEVER I WILL TAKE IT TO MR GREG KING, SENIOR FIRE</i>		
<i>PREVENTION OFFICER, FOR REVIEW</i>		
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		

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>JOE PETRALITO</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613 475-1355</i>
	Date (dd-mm-yyyy) <i>26/07/11</i>



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SECTION C: SUBMISSIONS
Applicant must include a Facility Site Plan and Map of Surrounding Area

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) <u>24/07/11</u>	Capacity of single largest propane storage vessel (USWG) <u>1000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>60 METERS</u>	Right side property line: <u>100 METERS</u>
Rear: <u>100 METERS</u>	Left side property line: <u>2000 METERS</u>
GPS coordinates of single largest vessel: <u>133 CARTER RD</u>	

GPS COORDINATES: 77 37' 41.46" W
44 1' 55.82" N

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Name of person completing this form (please print) <u>JOE PETRALDO</u>	Official Title <u>MANAGER</u>	
Signature 	Telephone No. <u>613 475-1355</u>	Date (dd-mm-yyyy) <u>26/07/11</u>

Location: 133 Carter Road

Prepared: Aug. 19/2011

1000 USWG horizontal tank

Tank setbacks: 60M west, 100M east, 100M south, 2000M north

Radius= 246M

GPS Coordinates: 77 37'41.461W 44 1'55.82"N

Municipality: City of Quinte West

City Clerk: Donna lee Craig

7 Creswell Drive

P.O. Box 490

Trenton Ontario

K8V 5R6



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

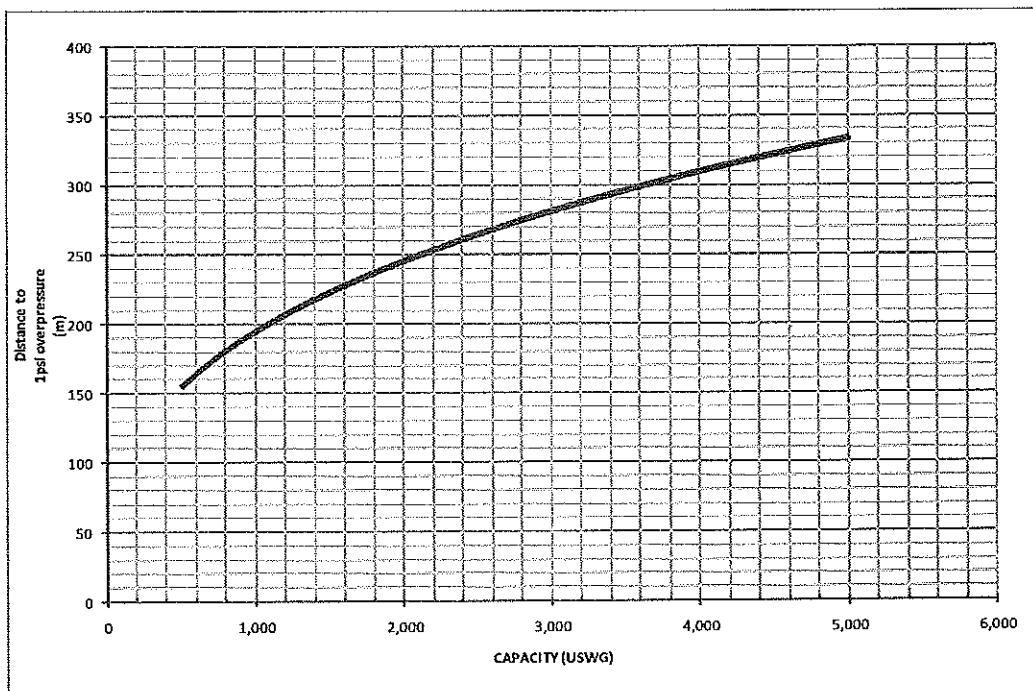
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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>JOE PETRALITO</i>	Official Title <i>MANAGER</i>	
Signature <i>Joe Petralito</i>	Telephone No. <i>613 475-1355</i>	Date (dd-mm-yyyy) <i>26/07/11</i>



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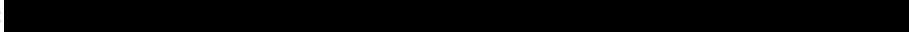
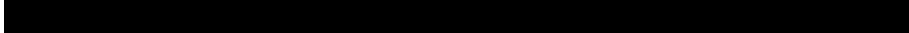
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SECTION C: SUBMISSIONS (cont'd)
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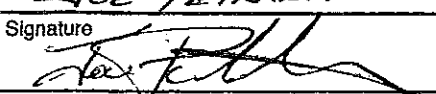
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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>BARCOVIA GOLF CLUB</u> Address: <u>COUNTY RD 64</u> City: <u>CARRINGTON PLACE</u> Province <u>ONT</u> Postal Code <u>K0K1L0</u>		X			<u>2000</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name:  Address:  City: 			X		<u>50</u> 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: <u>COLLAPANTES</u> Address: <u>135 CARTER RD</u> City: <u>CARRINGTON PLACE</u> Province <u>ONTARIO</u> Postal Code <u>K0K1L0</u>			X		<u>100</u> 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: <u>FIRE STATION</u> Address: <u>165 FRONT STREET</u> City: <u>TRENTON</u> Province <u>ONTARIO</u> Postal Code <u>K8V 4N6</u>			X		<u>?</u> m

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

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Name of person completing this form (please print) <u>JOE PETRALITO</u>	Official Title <u>MANAGER</u>
Signature 	Telephone No. <u>613 475-1355</u> Date (dd-mm-yyyy) <u>26/07/11</u>



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SECTION C: SUBMISSIONS (cont'd)
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Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	2	247.8
# 100	29.5	34	1003
# 40	11.75	0	0
# 33.3	9.62	2	19.24
# 30	8.8	191	1680.8
# 20	5.8	125	725.0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

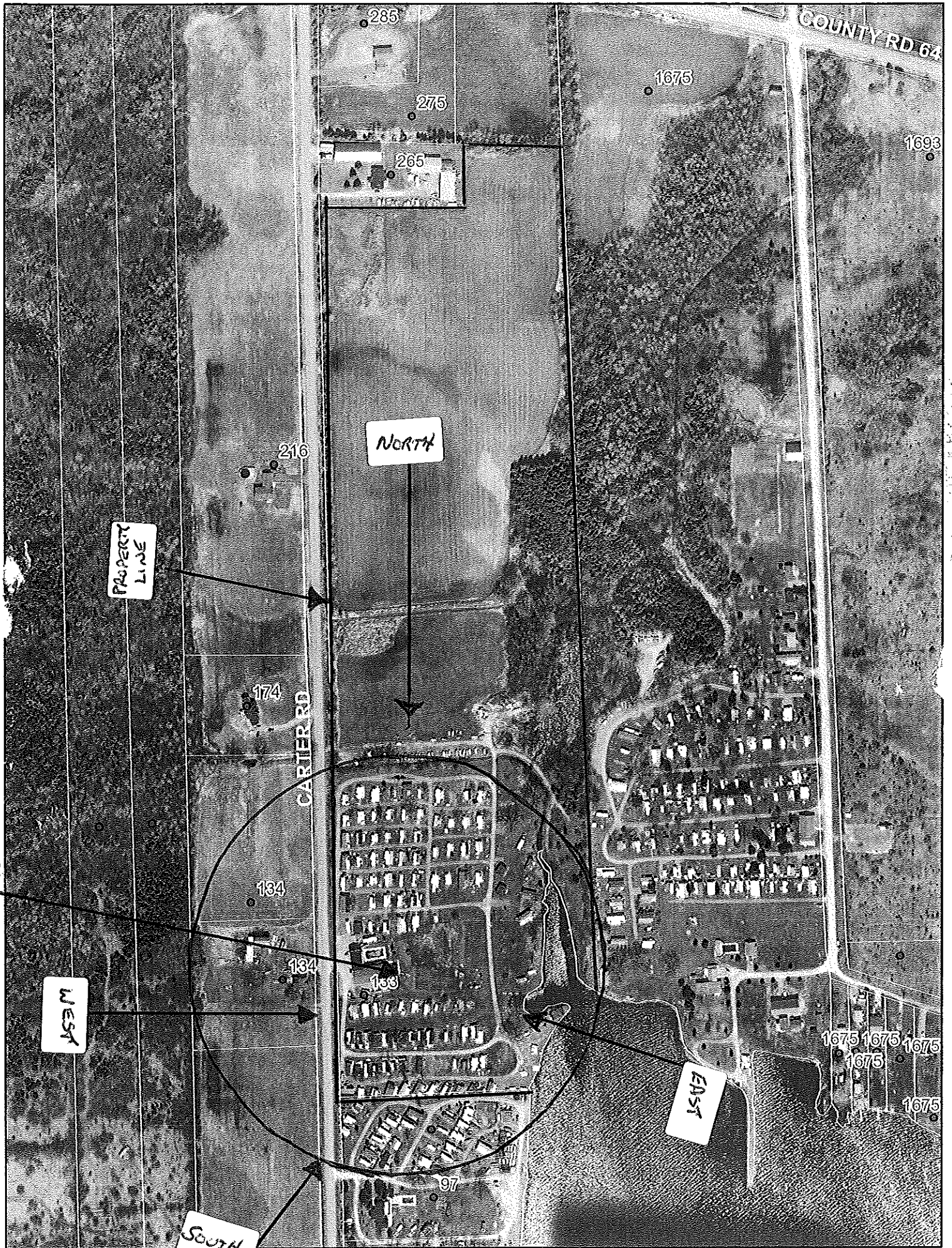
Total Cylinder Capacity	
Total Tank Capacity	295 USWG.
Total Portable Capacity	

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.

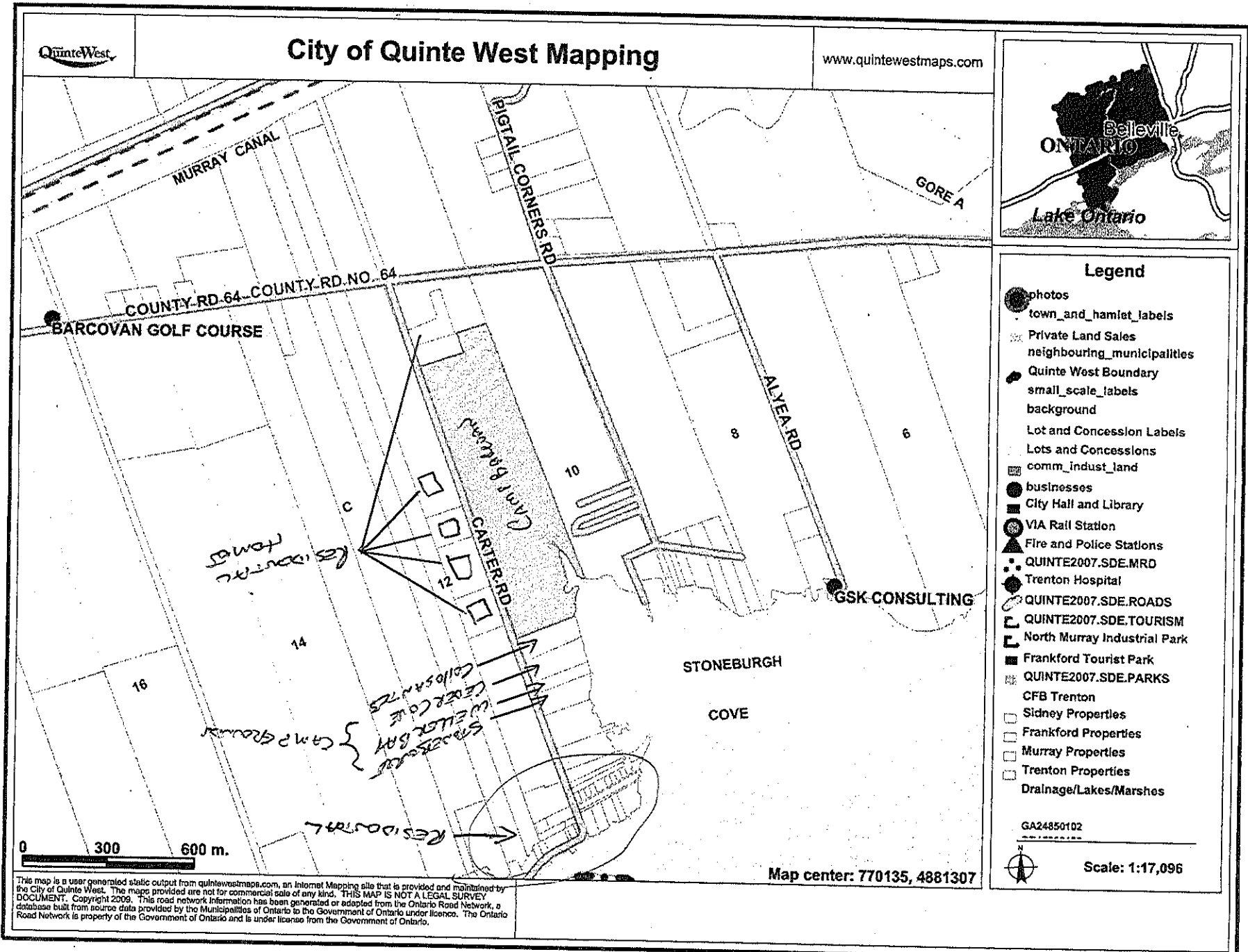
Name of person completing this form (please print) JOE PERALITO	Official Title MANAGER
Signature 	Telephone No. 613 475-1355
	Date (dd-mm-yyyy) 26/07/11

SEE REVERSE

1000 USWG HORIZONTAL TANK



BUILDINGS AND FEATURES AROUND AREA



LOCATION OF PORTABLE
TANKS

TENT AREA

EACH NUMBER
CONTAINS 3 TANKS

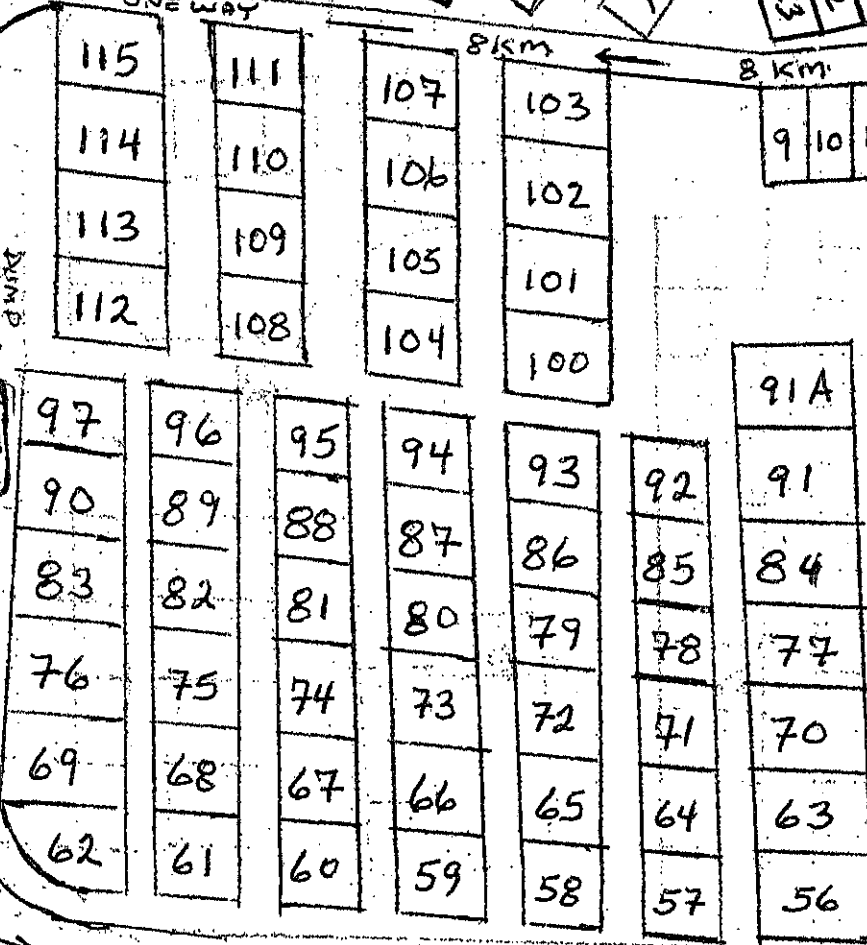
BOAT AND TRAILER STORAGE

ONE WAY

ONE WAY

8 KM

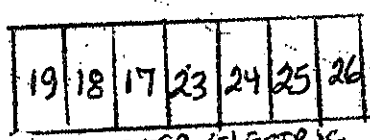
NUMBER DUMP



ONE WAY

ONE WAY

CARTER RD

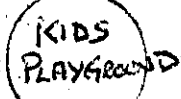


WATER/ELECTRIC

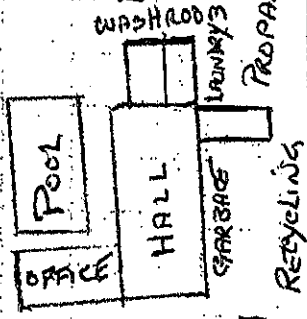
HORSE SHOES



PLAYING FIELD



KIDS PLAYGROUND



POOL

OFFICE

HALL

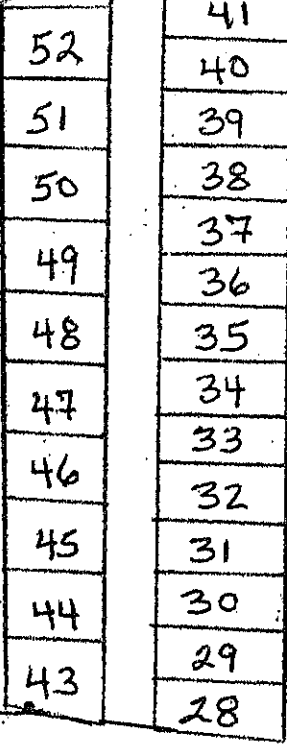
GARAGE

WASH ROOMS

LAUNDRY

PROPANE

RECYCLING



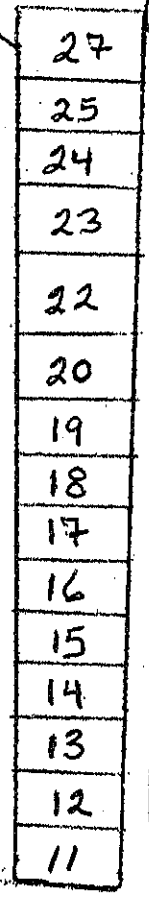
ONE WAY

ONE WAY

8 KM

ONE WAY

8 KM



ONE WAY

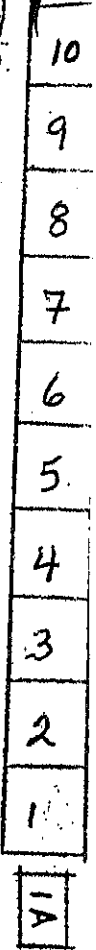
8 KM

ONE WAY

8 KM

ONE WAY

8 KM



ONE WAY

8 KM

CARTER RD



PUMP HOUSE

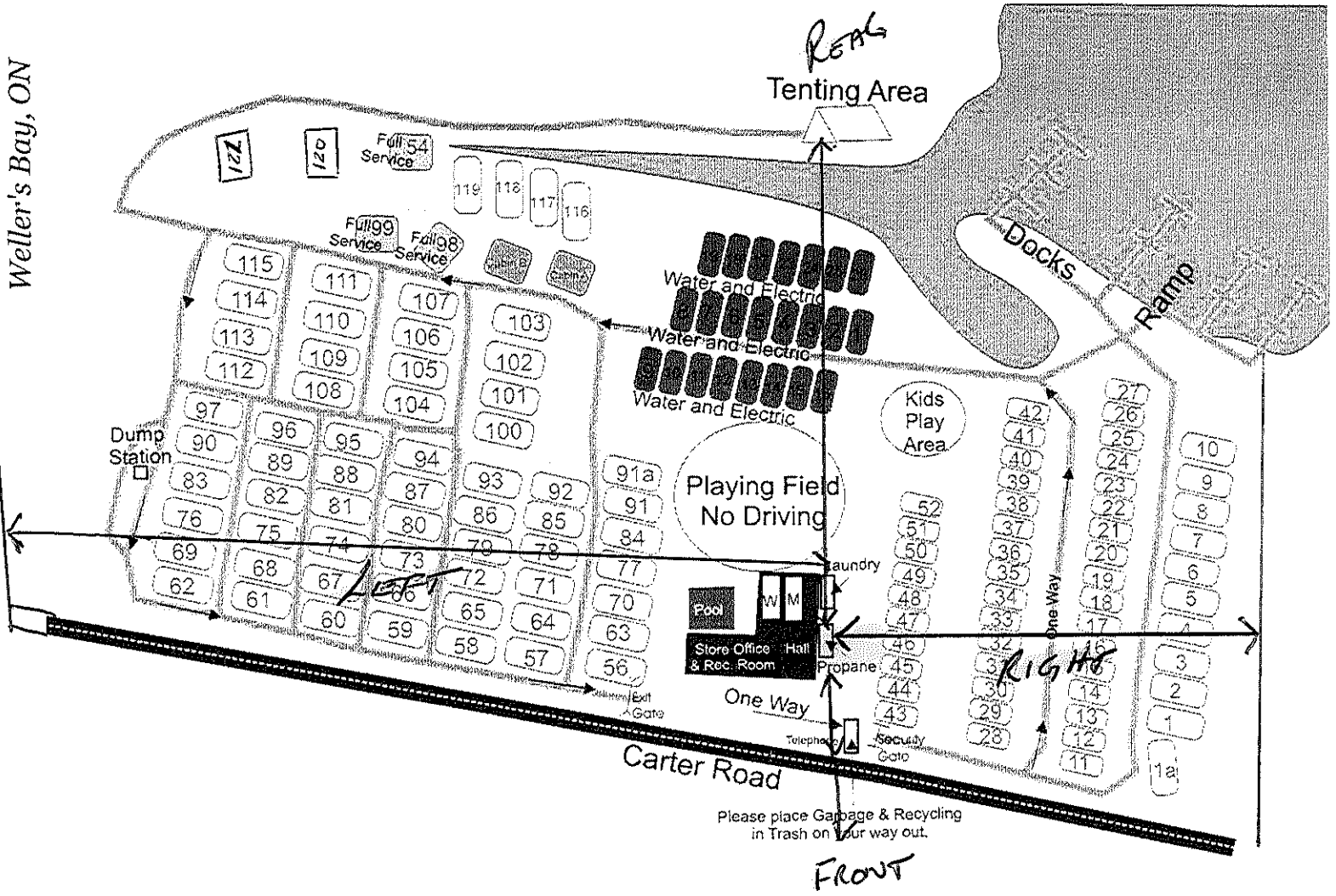
DOCK 2

RAMP

TANK SET BACK COORDINATES

- home
- cabins
- rates and camp map
- seasonal activities
- banquet hall rental
- trailers for sale

contact



Please place Garbage & Recycling in Trash on your way out.