



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.

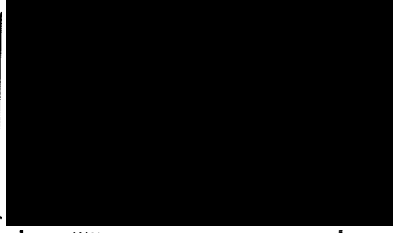
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number N/A

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 Dennis & Rebecca Shannon Sales Limited Ontario Corporation No., if applicable _____

Operator Name (if different from above) Canadian Tire Associate Store #038

Telephone No. 705-887-3310 Fax No. 705-887-2036 E-mail krkqdp@yahoo.ca

Street No. 160 Street Name / 911 Number / Address, if applicable Lindsay Street P.O. Box 208

Town / City or Township / County Fenelon Falls Province Ontario Postal Code K0M 1N0

Mailing address if different from above.

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. Street No. 160 Street Name / 911 Number / Address, if applicable Lindsay Street Nearest Major Intersection _____

Town / City or Township / County Fenelon Falls Province Ontario Postal Code K0M 1N0

Name of Licence Holder Dennis & Rebecca Shannon Sales Limited

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Dennis Shannon ROT type 100-08

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Kawartha Lakes

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>Dennis Shannon</u>		<u>20-05-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Dennis Shannon</u>		<u>03-06-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

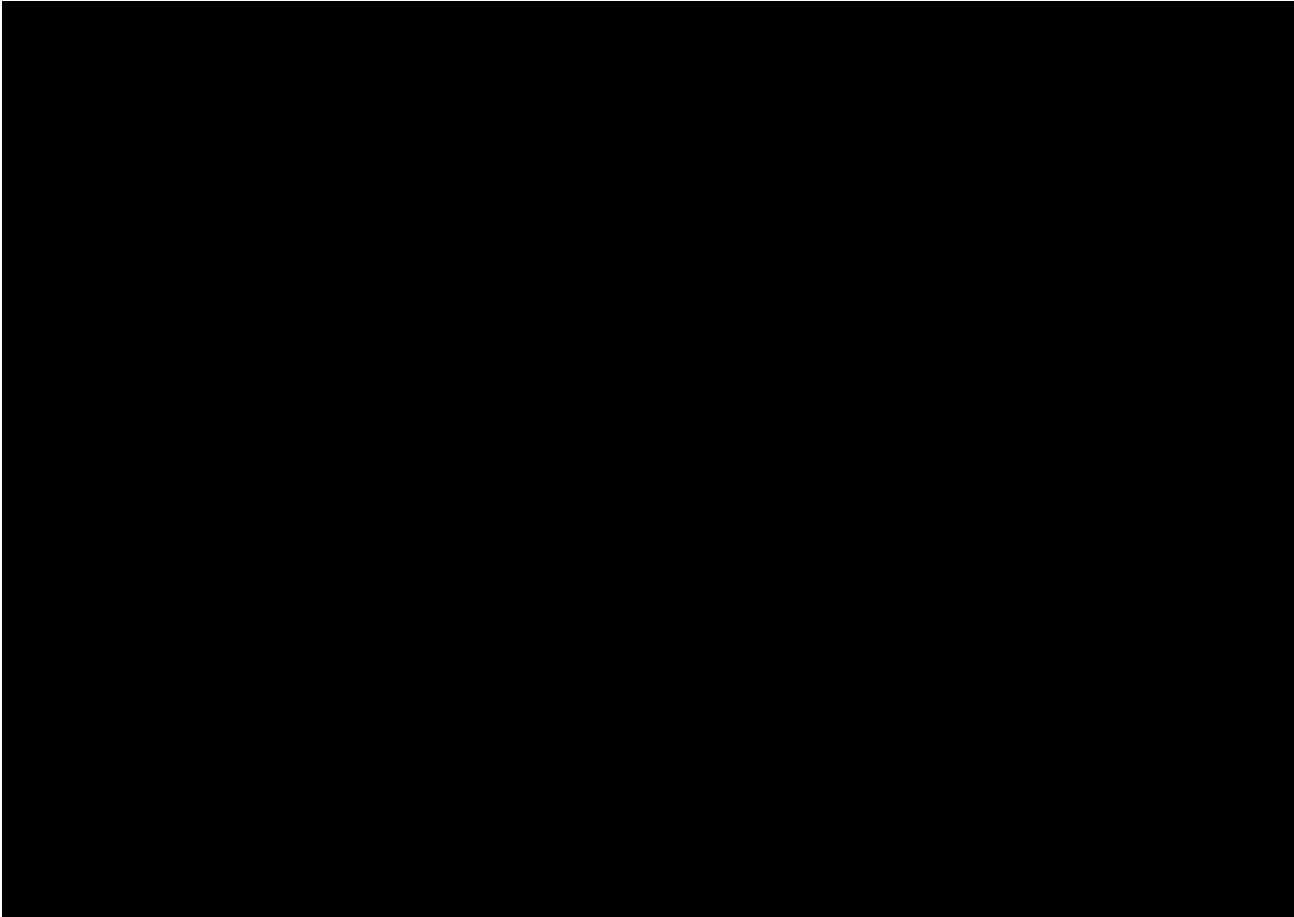
Indicate the year the facility was established. 2011 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. Site not Constructed Yet

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

	PSIG	Serial Number
Tank1:	<u>250 psig</u>	<u>02-134</u>
Tank2:	<u>250 psig</u>	<u>5.241060</u>
Tank3:	_____	_____

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: 3750 USWG Mobile: 329 USWG



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Name of person completing this form (please print) <u>Dennis Shannon</u>	Official Title <u>Associate Dealer</u>	
Signature 	Telephone No. <u>1-705-887-3310</u>	Date (dd-mm-yyyy) <u>03-06-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

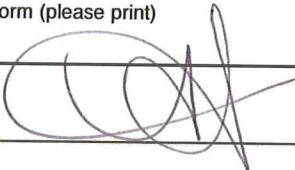
Name of Propane Supplier(s) Superior Propane					
Street No. 6722	Street Name / 911 Number / Address, if applicable Highway 7				
Town / City or Township / Country Peterborough			Province Ontario	Postal Code K9J 6X5	
Telephone No. 705-745-3285	Fax No. 705-745-3834	Contact Name Mark Wakeford			
E-mail wakeform@superiorpropane.com					

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>					
Trimac Transportation					
Street No. 1700 800	Street Name / 911 Number / Address, if applicable 5th-Avenue SW				
Town / City or Township / Country Calgary			Province Alberta	Postal Code T2P 5A3	
Telephone No. 403-298-5100	Fax No. 403-298-5146	Contact Name Dale Eaid			
E-mail N/A					

Off-site Cylinder and/or Mobile Storage 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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Name of person completing this form (please print) Dennis Shannon		Official Title Associate Dealer	
Signature 		Telephone No. 1-705-887-3310	Date (dd-mm-yyyy) 03-06-2011



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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.

There is a 2000 litre waste oil tank located outside of the service bays. The store has small propane containers used for camping equipment just inside front main entrance to the right. (Maximum Quantity at any one time is 200 cylinders) Store has various chemicals in small containers like acetone, varsol and has aerosol cans with various chemicals all stored on the shelf or in the warehouse.

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

There is a fire extinguisher at the propane tank and fire extinguishers in the automotive bays. There is a fire hydrant near the main building entrance in the Garden Centre.

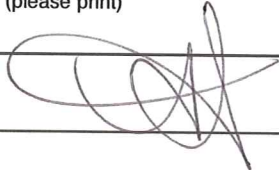
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

The propane tank is equipped with an ISC valve that is connected to a latch handle and is equipped with a fusible link that will melt and release the spring loaded ISC valve to the closed position. There will be a remote emergency shutdown button located outside near the garage mandoor entrance to kill power to the propane pump. This will shutoff the pump and controls.

Maintenance and testing schedule for fire protection controls and devices.

Fire Protection equipment such as fire extinguishers are checked once a month and tagged by outside firm. Remote shutdown button is checked annually during routine propane inspection.

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Name of person completing this form (please print) Dennis Shannon		Official Title Associate Director	
Signature 		Telephone No. 1-705-887-3310	Date (dd-mm-yyyy) 03-06-2011



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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
Dennis Shannon
For Office Use - Party No.

Official Title
Associate Dealer

Telephone No. 1-705-887-3310 Fax No. 1-705-887-2036

E-mail
krkqdp@yahoo.ca

Role and responsibilities in emergency
Insures training on Emergency Plan is done by employees and update the Plan and main contact with Fire Services

5. Facility 24-Hour Contact Person

Name
Dennis Shannon
For Office Use - Party No.

Official Title
Associate Dealer

Cell No. 1-905-928-4938 Fax No. 1-705-887-2036

E-mail
krkqdp@yahoo.ca

Role and responsibilities in emergency
Same as Item 1 and will come to the facility during emergency

2. Facility Contact Personnel - Alternate Contact

Name
Brenda Martin
For Office Use - Party No.

Official Title
Store Manager

Telephone No. 1-705-887-3310 Fax No. 1-705-887-2036

E-mail

Role and responsibilities in emergency
Assists the Key Contact with Emergency Plan and makes sure all employees & customers leave store and go to 'Muster Point'

6. Name of Facility Manager

Name
Brenda Martin
For Office Use - Party No.

Official Title
Store Manager

Telephone No. 1-705-887-3310 Fax No. 1-705-887-2036

E-mail
krkqdp@yahoo.ca

Role and responsibilities in emergency
Same as Item 2

3. Local Fire Services - Key Contact

Name
Mark Pankhurst
For Office Use - Party No.

Official Title
Fire Chief
mpa
E-mail
nkhust@city.kawarthalakes.on.ca

Telephone No. 705-324-5731 After Hrs 705-324-3191 Fax No. 1-705-878-3463

Role and responsibilities in emergency
Co-ordinate Emergency Response

Fire Services Address
9 Cambridge Street North, Lindsay, ON. K9V 4C4

7. Propane Supplier Key Contact Person

Name
Superior Propane
For Office Use - Party No.

Official Title

E-mail

Telephone No. 1-877-873-7467 Fax No.

Role and responsibilities in emergency
Main call centre for Emergencies and once notified they will contact and dispatch the necessary resources to assist in response.

Propane Supplier Address
6722 Highway 7, Peterborough, ON. K9J 6X5

4. Local Fire Services - Alternate Contact

Name
Ron Raymer
For Office Use - Party No.

Official Title
Assistant Fire Chief
E-mail
rraymer@city.kawarthalakes.on.ca

Telephone No. 705-324-5731 After Hr 705-324-2191 Fax No. 705-878-3463

Role and responsibilities in emergency
Coordinate Emergency Response in Absence of Fire Chief

Fire Services Address
9 Cambridge Street North, Lindsay, ON. L9V 4C4

8. Municipal Contact

Name
Judy Currins
For Office Use - Party No.

Official Title
City Clerk

Telephone No. 1-705-324-9411 Ext: 1295 Fax No. 1-705-324-8110

E-mail
jcurrins@city.kawarthalakes.on.ca

Municipality Name and Address
City of Kawartha Lakes, 26 Francis Street, Lindsay, ON. K9V 5R8

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Name of person completing this form (please print) Dennis Shannon	Official Title Associate Dealer
Signature 	Telephone No. 1-705-887-3310 Date (dd-mm-yyyy) 20-05-2011



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

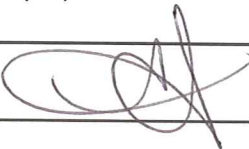
2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

The propane equipment will have the standard equipment installed that meets the Code. The facility is under 24 hour video surveillance and monitored by a Security Company. Any problems on-site will be detected and a call made to the Emergency Services personnel and Owner. Richard Duggan is the second Emergency Responder and can be on site in 5 minutes.

Daily check of facility is done visually to see if any fittings are showing signs of frosting (leaks) and if hoses are showing signs of wear.

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Name of person completing this form (please print) Dennis Shannon		Official Title Associate Dealer	
Signature 		Telephone No. 1-705-887-3310	Date (dd-mm-yyyy) 03-06-2011



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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) 01-06-2011	Print Name of Training Provider: <i>AltEng Inc.</i>
	Print Name of Instructor: <i>J. Ross Keys</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:

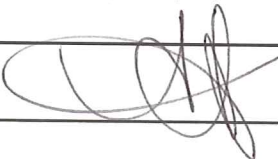
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 01-06-2011	Print Name of Training Provider: <i>AltEng Inc.</i>
	Print Name of Instructor: <i>J. Ross Keys</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:

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

Training Date (dd-mm-yyyy) 19-05-2011	Print Name of Training Provider: <i>Superior Propane</i>
	Print Name of Instructor: <i>Reg Adamson</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:

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Name of person completing this form (please print) <i>Dennis Shannon</i>	Official Title <i>Associate Dealer</i>
Signature 	Telephone No. <i>1-705-887-3310</i>
	Date (dd-mm-yyyy) <i>03-06-2011</i>



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) TBD	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:

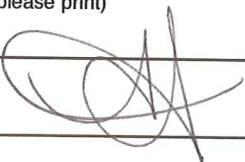
Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) TBD	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:

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

Target Date (dd-mm-yyyy) As Required	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) Dennis Shannon	Official Title Associate Dealer
Signature 	Telephone No. 1-705-887-3310
	Date (dd-mm-yyyy) 03-06-2011



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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).

The Key Contact will determine what the Emergency is after being informed and the will have the Alternate make the announcement on the intercom to have everyone leave the store and if required the site. Alternate contact will insure the staff and customers are out of the store and leave the site. Employees will meet at the Muster Point for head count. Key contact will call 9-1-1 or in absence, the Alternate will call

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).

The Alternate contact will direct customers out of store and ask them to leave site. They will then meet all employees at the Muster Point and take a head count to determine that all are accounted for. Intercom is used to notify people in store.

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 Key contact has cell phone at all times and will call 9-1-1 or if not on site, the Alternate will make the call to 9-1-1 from the store

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

The site is not a restricted access from the highway. The emergency responders can access the tank at any time. Security cameras and 24 hour monitoring will insure any incidents outside of store hours are reported to Emergency Services and that the Owner will be notified or the Alternate Contact.

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

The Key contact will be on-site to advise the Emergency Responders on the capacity of the tank at the moment and where there is hazardous storage on site. Key contact or Alternate will advise the Emergency Responders of how the propane system works and where the shut-offs and extinguishers are.

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

The Key contact can be on site within 20 minutes but local contact (Richard Duggan) can be on site in 5 minutes.

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Signature 	Telephone No. 1-705-887-3310	Date (dd-mm-yyyy) 03-06-2011



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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

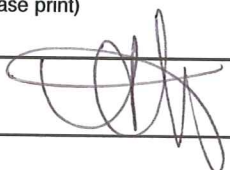
	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures 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>60 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>N/A</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

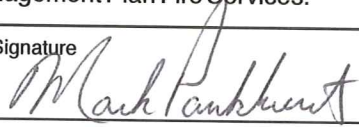
In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: _____

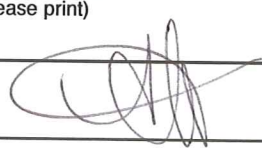
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name MARK PANKHURST Local Fire Services Name Mark Pankhurst - Fire Chief	Signature 	Date (dd-mm-yyyy) 03-06-2011
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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) 12-05-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 58.9 m	Right side property line: 114.3 m
Rear: 84.7 m	Left side property line: 28.9 m
GPS coordinates of single largest vessel: LAT:44 31'40.48"N LONG:78 44'84"W	

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) J. Ross Keys	Official Title Consultant	
Signature 	Telephone No. 416-526-1405	Date (dd-mm-yyyy) 29-05-2011



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

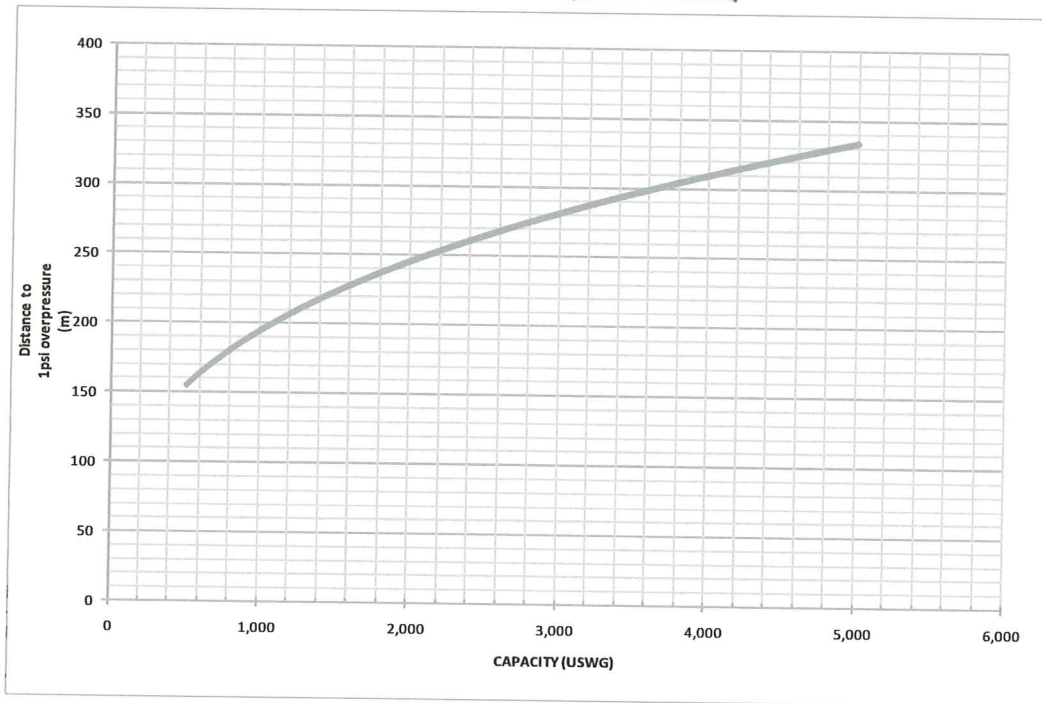
Table 1: Distance Table

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)





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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]			X		141 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Memory Lane Motors</u> Address: <u>562 County Road 121</u> City: <u>Fenelon Falls</u> Province <u>Ontario</u> Postal Code <u>K0M 1N0</u>			X		96 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Sundial Motel & Restaurant (Abandoned)</u> Address: _____ City: <u>Fenelon Falls</u> Province <u>Ontario</u> Postal Code <u>K0M 1N0</u>		X			196 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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Name of person completing this form (please print) <u>J. Ross Keys</u>	Official Title <u>Consultant</u>	
Signature 	Telephone No. <u>416-526-1405</u>	Date (dd-mm-yyyy) <u>03-06-2011</u>



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62	4	39 USWG
# 30	8.8		
# 20	5.8	50	290 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			329 USWG

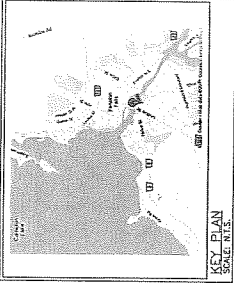
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
1750 USWG	1	1750 USWG
Total Tank Capacity		1750 USWG

Total Cylinder Capacity	329 USWG
Total Tank Capacity	3750 USWG
Total Portable Capacity	0 USWG

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) Dennis Shannon	Official Title Associate Dealer	
Signature 	Telephone No. 1-705-887-3310	Date (dd-mm-yyyy) 03-06-2011



NOTES:
 1. ALL DISTANCES TO ANY DIMENSIONS ARE IN METERS UNLESS OTHERWISE NOTED.
 2. ALL DISTANCES ARE BASED ON THE COORDINATE METHODOLOGY AS SET FORTH IN THE PLAN.
 3. ALL DISTANCES FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT PLAN.

$$D = 17 \times \left(0.1 \times \frac{1}{4} \times \frac{150}{1000} \right)^{1/3} = 246m$$

PROPERTY LINE EXTREMES	
NORTH/EAST	114.2m
NORTH/WEST	84.7m
SOUTH/EAST	58.8m
SOUTH/WEST	29.8m

GPS COORDINATES	
EASTING	443174.25m
NORTHING	724224.81m

PUBLIC RECEPTOR	DESCRIPTION	DISTANCE FROM TANK
R-1	COMMERCIAL	96.1m

AS PER TSSA CONDITIONS FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT PLAN, THIS FACILITY ONLY REQUIRES A LEVEL 1 RAMP.

R1 = AUTO DEALERSHIP

PLANNING ADVISORY INFORMATION:

AS PER TSSA ADVISORY REQUIREMENTS, THE FOLLOWING PLANNING INFORMATION IS PROVIDED BELOW:

CITY OF KAWAUKA LAKES
 100 W. MAIN ST.
 LANSING, ON. N0V 276
 Attn: Ms. JUDY CURRICE, CITY CLERK
 1-708-34-8411 EXT 1225

NO.	DATE	ISSUED FOR	BY	SCALE
0	MAY 16, 2011	ISSUED FOR RFP	D.F.	N.T.S.



ALTENG Inc.
 Alternative Energy Consulting
 128 Hope Crescent, Thornhill, Ontario L3T 5J3
 Telephone: (905)764-1644 Fax: (905)764-9389

PROJECT	CLIENT	DATE
ALTERNATIVE ENERGY CONSULTING	ALTERNATIVE ENERGY CONSULTING	MAY 16, 2011

ADD INFORMATION
PROJECT NUMBER: P-200
DRAWING NUMBER: 111400
DATE: 0
SCALE: N.T.S.