



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2K4  
Fax: 416.231.4993  
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.

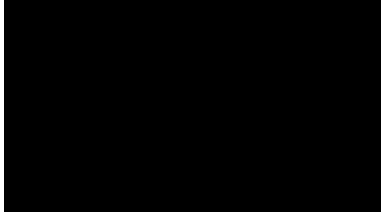
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution  
under the *Technical Standards and Safety Act*

License Number 0076535293-C

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keycode

Submit along with the 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  
Thunder Bay KOA Campground

Operator Name (if different from above)  
Michael Kuper

Telephone No. (807) 683-6221    Fax No. N/A    E-mail

**B** Street No. 182    Street Name / 911 Number / Address, if applicable Spruce River Road

Town / City or Township / County Thunder Bay    Province Ontario    Postal Code P7B 5E4

Mailing address (if different from above)

**C** Street No. 182    Street Name / 911 Number / Address, if applicable Lakeshore Drive

Town / City or Township / County Thunder Bay    Province Ontario    Postal Code P7B 5E4

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

Location of facility.

Street No. 162    Street Name / 911 Number / Address, if applicable Spruce River Road    HWY 11/17 + 527

Town / City or Township / County Thunder Bay    Province Ontario    Postal Code PTB 5E4



Name of License Holder  
Thunder Bay KOA Campground

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).    ROT type  
Michael Kuper    100-01

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

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.

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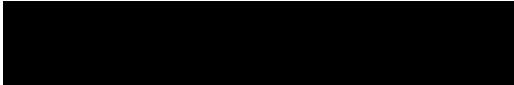
Print Name Name of License Holder <u>Michael Kuper on behalf of Thunder Bay KOA Campground</u>	Signature 	Date (dd-mm-yyyy) <u>20/06/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Michael Kuper</u>		



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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)

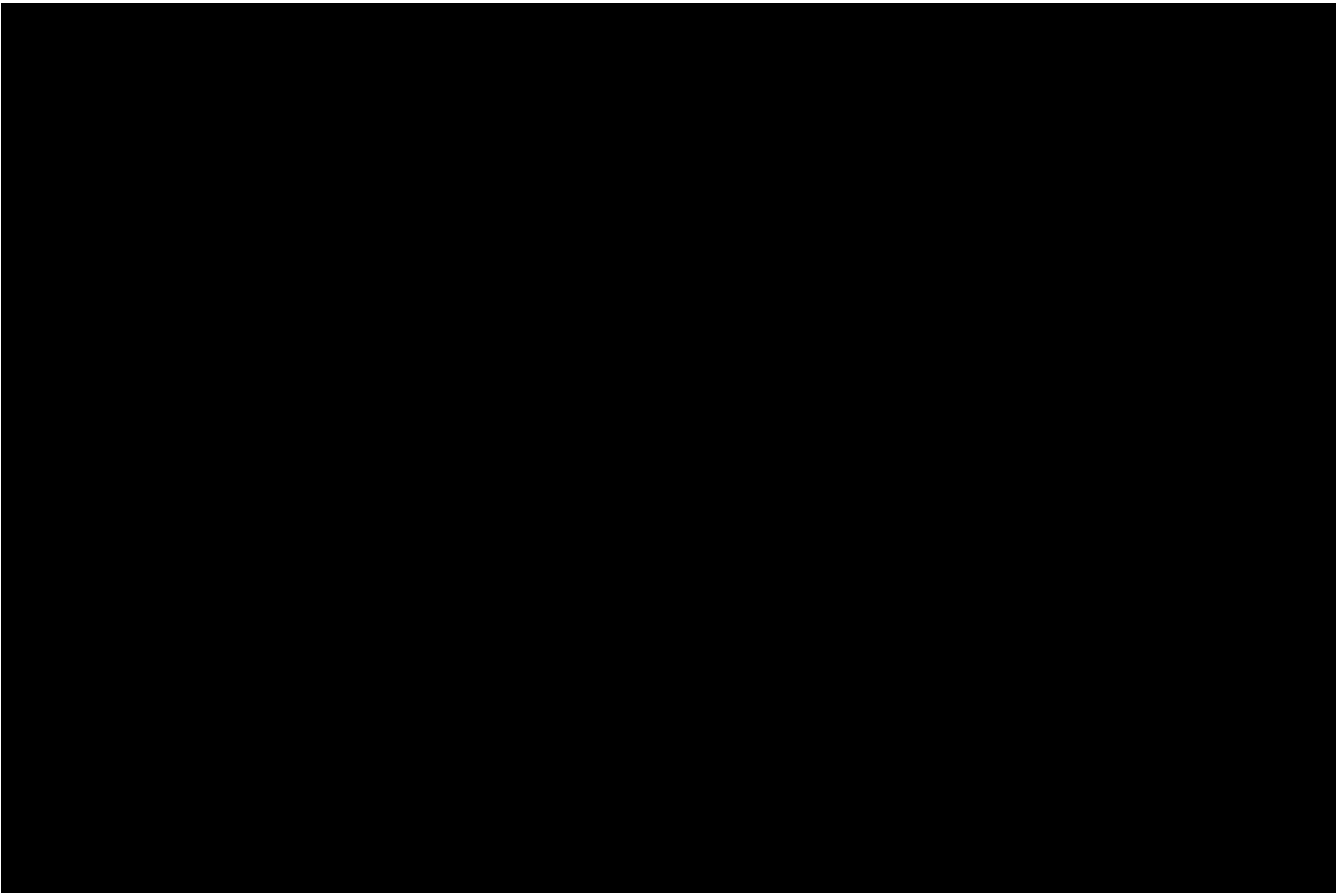
Indicate the year the facility was established. 1999  
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2012 Addition of Motor Fuel

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

	PSIG	Serial Number
Tank 1:	250 PSIG	19D80 91
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: 100BUSWG Portable: Mobile:



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Name of person completing this form (please print) Michael Kuper	Official Title President
Signature 	Telephone No. 907-683-6221
	Date (d3-mm-yyyy) 19-07-2012



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

Activity Information

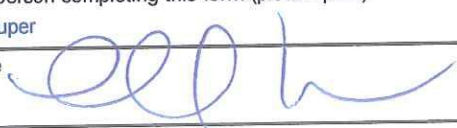
<b>Name of Propane Supplier(s)</b>			
Superior Propane - Ontario Regional Operations Centre			
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodlawn Road West, Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		Ontario	N1H 8J1
Telephone No.	Fax No.	Contact Name	
1-877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.
Superior Propane - Thunder Bay			
Street No.	Street Name / 911 Number / Address, if applicable		
1265	East Arthur Street		
Town / City or Township / Country		Province	Postal Code
Thunder Bay		Ontario	P7E 6E7
Telephone No.	Fax No.	Contact Name	
(807)676-1793	(807)939-2825	Phil Eddy	
E-mail			
eddydp@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
None			
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)	Official Title	
Michael Kuper	President	
Signature 	Telephone No.	Date (dd-mm-yyyy)
	807-683-6221	20/06/2011



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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.

Gasoline- 300 Litres maximum capacity, located at the warehouse.

Diesel Fuel, 500 Litres maximum capacity, located at the warehouse.

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

ABC Fire Extinguishers located at the Propane Dispenser, also one beside connected 1000 USWG used for main building.

One at the pump house and one at the warehouse, where gasoline and diesel are stored.

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.

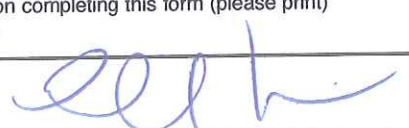
1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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	Date (dd-mm-yyyy) 20/06/2011



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Michael Kuper	For Office Use - Party No.	Name Micheal Kuper	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. (807) 683-6221	Fax No. 807-683-6222	Cell No. (807) 251-5594	Fax No. 807-683-6222
E-mail tbaykoa@tbaytel.net		E-mail tbaykoa@tbaytel.net	
Role and responsibilities in emergency Coordinate site response		Role and responsibilities in emergency Coordinate site response	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Kristie Kuper	For Office Use - Party No.	Name Micheal Kuper	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. (807) 683-8889	Fax No. 807-683-6222	Telephone No. (807) 683-6221	Fax No. 807-683-6222
E-mail tbaykoa@tbaytel.net		E-mail tbaykoa@tbaytel.net	
Role and responsibilities in emergency Coordinate site response if agent unavailable.		Role and responsibilities in emergency Coordinate site response	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Blair Arthur	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief/Community Emergency Management Coordinator		Official Title	
Telephone No. (807) 983-2021	Fax No. (807) 893-2943	Telephone No. 1-877-873-7467	Fax No.
E-mail firechief@shuniah.org		E-mail	
Role and responsibilities in emergency Coordinate/advise on the Municipality of Shuniah response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Joseph Drcar	For Office Use - Party No.	Name Alan Cooke	For Office Use - Party No.
Official Title Deputy Fire Chief		Official Title Chief Building Official	
Telephone No. (807) 983-2021	Fax No. (807) 983-2943	Telephone No. (807) 683-4545	Fax No.
E-mail shuniahfd@shuniah.org		E-mail acooke@shuniah.org	
Role and responsibilities in emergency Alternate - Coordinate/advise on the Municipality of Shuniah response. Liaise with police.		Municipality Municipality of Shuniah	

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Signature 	Telephone No. 807-683-6221
	Date (dd-mm-yyyy) 20/06/2011



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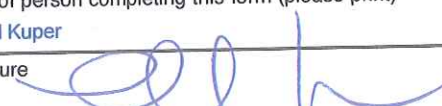
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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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) None	Print Name of Training Provider:
	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) None	Print Name of Training Provider:
	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) 27-07-2010	Print Name of Training Provider: Propane Training Institute	PLEASE NOTE - a ROT is valid for three years
	Print Name of Instructor: N/A	
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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	Date (dd-mm-yyyy) 20/06/2011



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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) TBA - Q4 2011	Print Name of Training Provider: Superior Propane or Other	PLEASE NOTE - the course content is currently being developed and should be available for teaching in the fourth quarter of this year
	Print Name of Instructor: to be arranged	
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) TBA - Q4 2011	Print Name of Training Provider: Key site contact to train staff
	Print Name of Instructor: to be arranged
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: Superior Propane/FSN/ or Alternate	PLEASE NOTE - a ROT is valid for three years
	Print Name of Instructor: to be arranged	
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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	Date (dd-mm-yyyy) 20/06/2011





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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 operator/alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" card ( to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate.  
The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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 owner/operator or alternate should first follow the actions in the ERP provided herein. Staged evacuation, if the release of propane cannot be stopped but cutting electrical power, may be required. The initial muster location will be on Spruce River Road, at least 80 m from the site and away from a dispensing cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.

**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).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement the appropriate ER actions including calling 911. calling 911 will occur immediately after any attempts to shut down the system

When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended but shut down.

Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or staff.

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

The propane tank system is located in a wide open store parking lot area that is easily accessible by Spruce River Road.

These fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is the fill level in the tank and

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).

This information will be provided to the authorities by agent - Michael Kuper, time permitting.

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

Almost always on-site during "season". Equipment shut off during "off-season"

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Signature 	Telephone No. 807-683-6221	



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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 type="checkbox"/>	<input checked="" 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>3000 m</u>	<u>KA</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>3000 m</u>	<u>KA</u>

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Name of person completing this form (please print) Revised Aug 9 2011 by Kelly Almey	Official Title Risk & Safety Coordinator, Superior Propane	
Signature 	Telephone No. (905) 285-2480 x 5549	Date (dd-mm-yyyy) 09/08/2011



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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.  
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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

Fire services comments, if any:

*Please see attached letter*

**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 <i>Shuniah Fire + Emergency Services</i>	<i>[Signature]</i> <i>Blair Arthur Firechief</i>	<i>Aug 3/11</i>

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Name of person completing this form (please print) <i>Michael Kuper</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>807-683-6221</i>
	Date (dd-mm-yyyy) <i>20/06/2011</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) <b>10-05-2010</b>	Capacity of single largest propane storage vessel (USWG) <b>1000 USWG</b>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>1250 m (West)</u>	Right side property line: <u>325 m (North)</u>
Rear: <u>1325 m (East)</u>	Left side property line: <u>1200 m (South)</u>
GPS coordinates of single largest vessel:	<u>Lat. 48.7958, Long. -87.1042</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) <b>Michael Kuper</b>	Official Title <b>President</b>	
Signature 	Telephone No. <b>807-683-6221</b>	Date (dd-mm-yyyy) <b>20/06/2011</b>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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**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

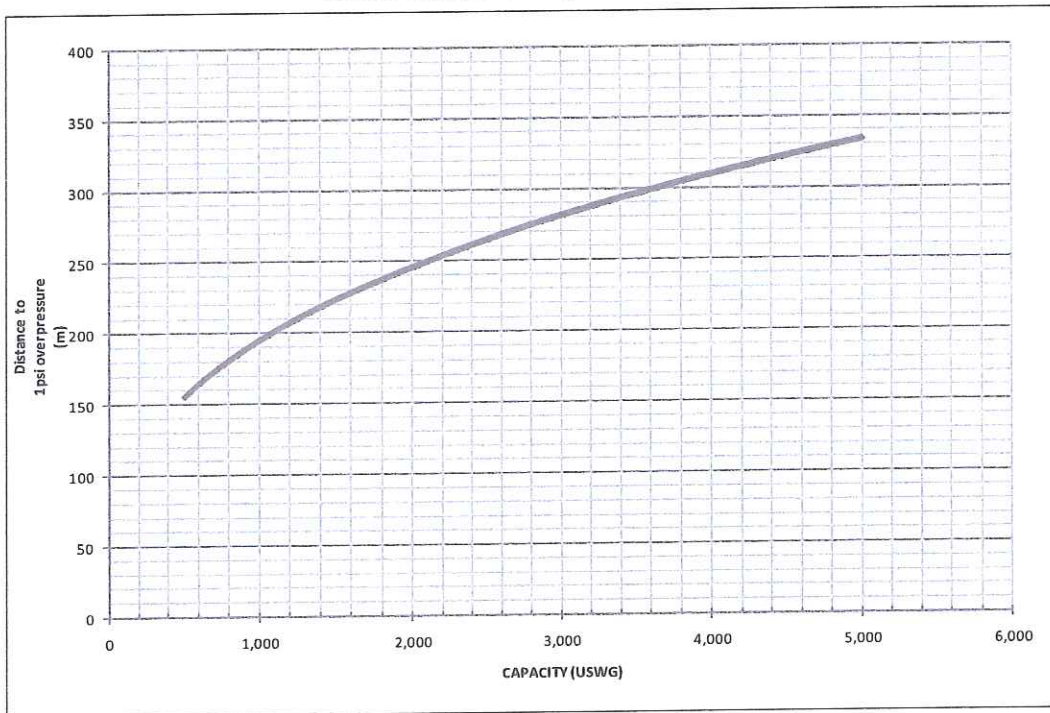
Table 1: Distance Table

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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Name of person completing this form (please print) Nothing completed on this page.		Official Title N/A	
Signature 		Telephone No.	Date (dd-mm-yyyy)



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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. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Facility is a campground with trailers and cabins</u> Address: <u>MAIN BUILDING, WOODSHED, STORAGE GARAGE</u> City: _____ Province _____ Postal Code _____				X	<u>50</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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature 	Telephone No. <u>807-683-6221</u>	Date (dd-mm-yyyy) <u>20/06/2011</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		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity 0 USWG</b>			

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

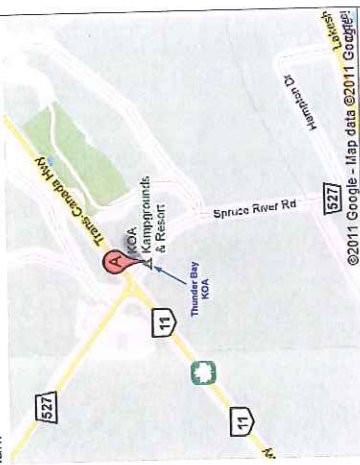
Tank Size In USWG	Quantity	Total Volume in USWG
1000 USWG	1	1000 USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	0
<b>Total Tank Capacity</b>	1000 USWG
<b>Total Portable Capacity</b>	0

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Name of person completing this form (please print) Michael Kuper	Official Title President	
Signature 	Telephone No. 807-683-6221	Date (dd-mm-yyyy) 20/06/2011

Key Plan:



Notes:

1. Tank distances to property lines:
2. Fire Extinguisher
3. Egress/Fire Access Route:
4. E-Stop

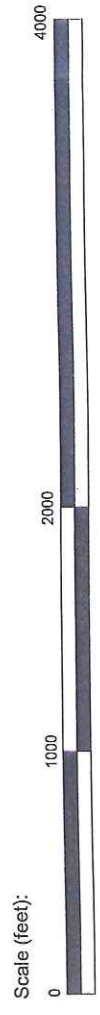
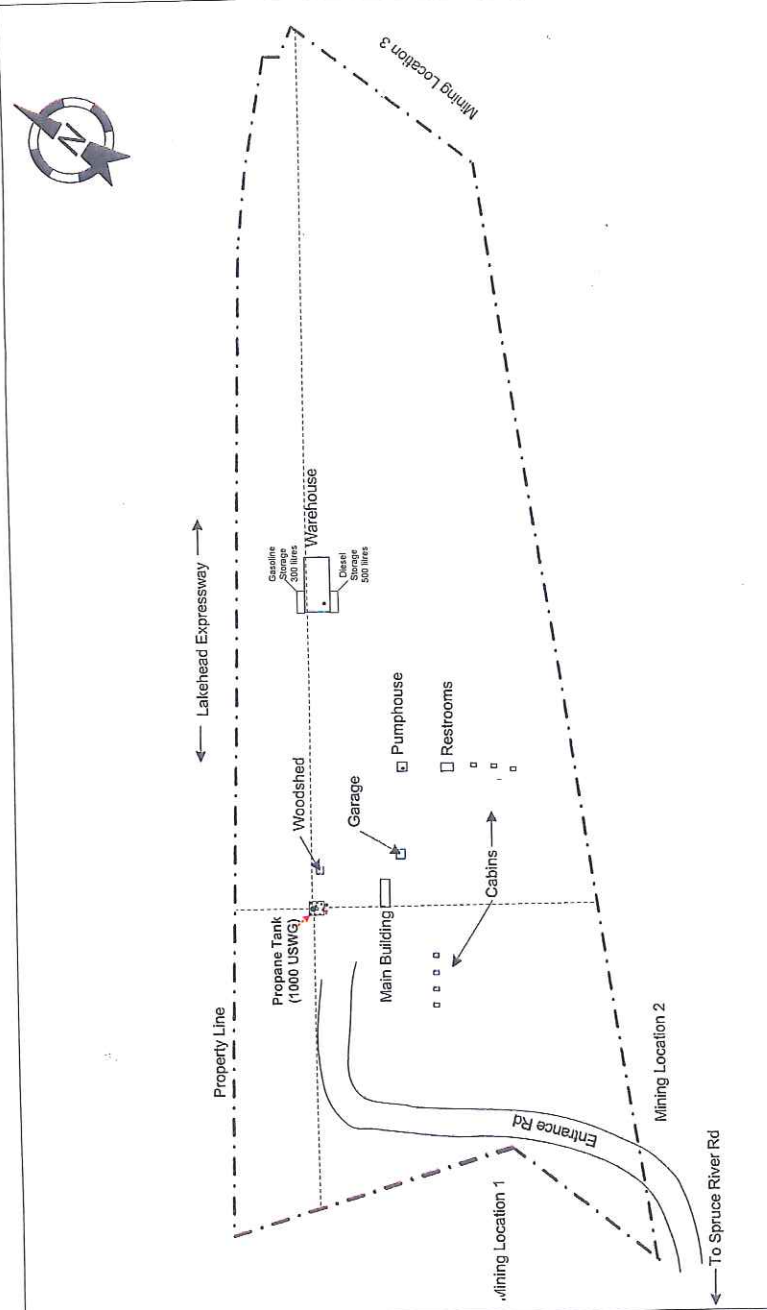
Property Line Setbacks	Distance
East (Right Side)	3125 ft
South (Front Side)	1200 ft
West (Left Side)	1250 ft
North (Back Side)	325 ft

**Superior Propane Ltd.**

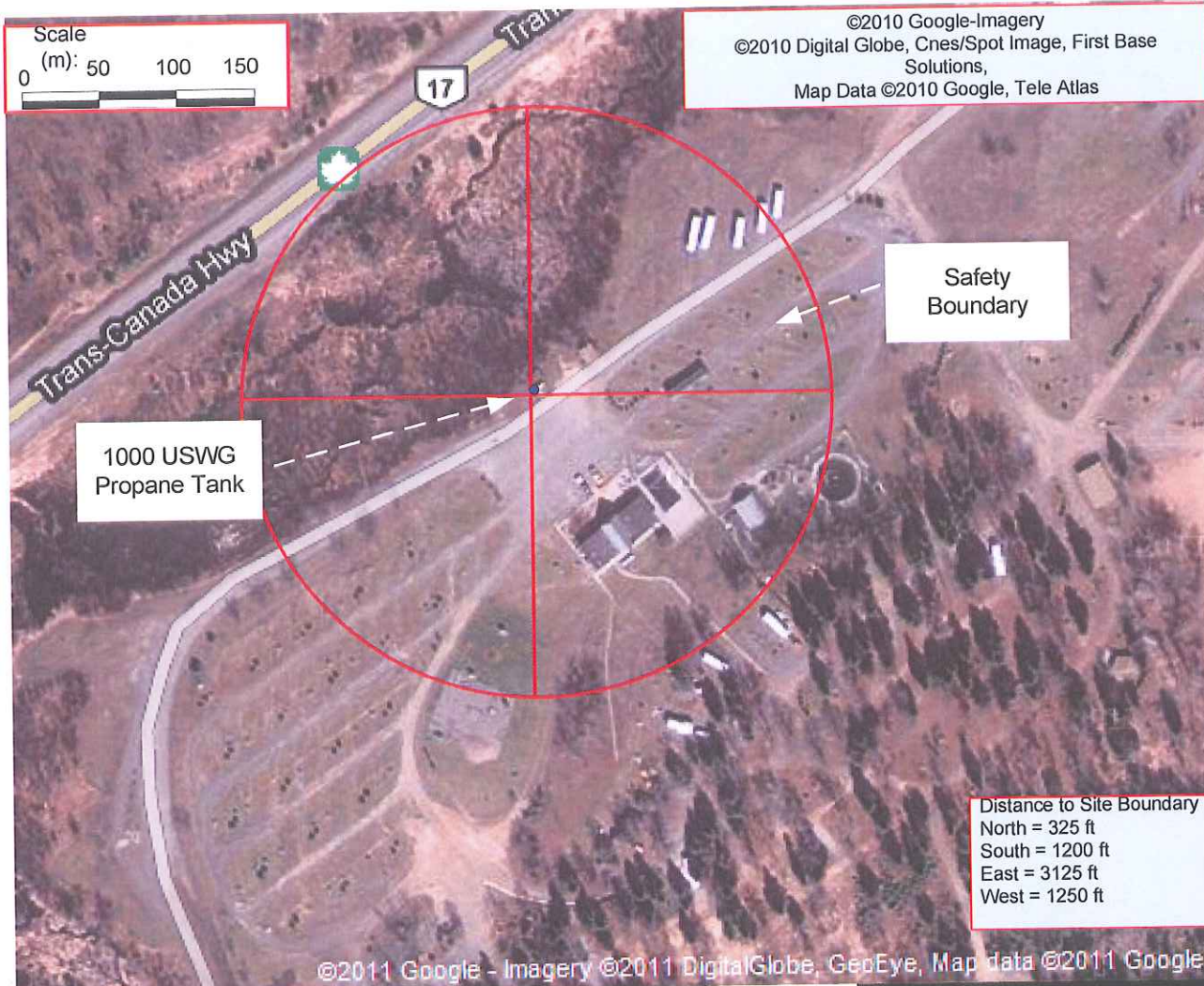
Title: Site Plan  
Thunder Bay KOA  
162 Spruce River Road, Thunder Bay, Ontario

PT ML2SAVIGNEY'S  
RP 56R694 PT PART 2  
RP 56R720 PART 1

Drawn by: V. Giannakias  
Date: October 5<sup>th</sup> 2010  
Checked by: C. Britskey  
Rev 1







Location of Propane Storage Tank:	Property Lines and Setbacks:	<b>Map of Surrounding Area</b>
Demarcated by ● in center of circle	Shown on Site Plan	
Capacity of Propane Storage Tank:	Municipality (es) within the 1 psi overpressure circle:	Thunder Bay KOA 162 Spruce River Road Thunder Bay, Ontario P7B 5E4
Capacity of Propane Tank = 1000 USWG	Municipality of Shuniah	
GPS Co-ordinates of Propane Storage tank:	Municipal Contact:	
GPS Co-ordinates = 48.7958, -87.1042	Alan Cooke Chief Building Official Municipality of Shuniah Tel: (807)683-4545 acooke@shuniah.org	Drawn by: L. Forget Date: June 2 <sup>nd</sup> 2011
Circular Distance to 1 psi overpressure:		
Notes by circle centred on tank: radial distance = 246 m		