

14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X 2X4 Customer Service: 1.877.682.8772 ECTOR I THOR WITE CULTERY MAINEY MOTHER THAT (TOWN) 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 rej- laking a false statement may result in a fine or pros under the Technical Standards and Safety Ac	ecution	
cence Number	000076644784 00020792	1	
neck applicable type	of propane operations.	×1	
✓ Cylinde	r Motor Fill Filling Plant	Card/Keylock	
ubmit along with this	completed application a Facility Site Plan and a Map of the S	Surrounding Area.	
	SECTION A: GR	ENERAL INFORMATION	***
	ed applies to TSSA for a review for an I ge and Handling Regulation.	RSMP under Ontario's Technical Stand	lards and Safety Act,
Company Name	0	On	tario Corporation No., if applicable
CRS Contrac	tors Rental Supply General Partner Inc.	125	58377
Operator Name	(if different from above)		
Telephone No. (519) 569-863	Fax No. E-mail 31 (519) 744-1137 wdehnke@crsba	arrie.ca	8
3 Street No.	Street Name / 911 Number / Address, if applicable		
75	Centennial Road		
Fermines	Fownship / County	Province	Postal Code N2B 3E9
Kitchener	1	Ontario	INZB 3E9
Mailing address	ess if different from above. Street Name / 911 Number / Address, if applicable	981	9
Town / City or To	ownship / County	Province	Postal Code
Information on Location of fa	Container Refill Centre or Filling Plant		3
- Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection	
199	Mountain Road	Mountain Road & 10th. Line	*
Town / City or To	ownship / County	Province	Postal Code
Collingwood	Time to the composition of the	Ontario	L9Y 3Z9
Name of Licence		- L	· · · · · · · · · · · · · · · · · · ·
	ors Rental Supply General Partner Inc.	La David Afficial (DOT)	T type
Steve Fay	or Management person as defined in the regulation holding t	and the record of Training (ROT).	30 * 000000
1 0 000	municipalities if the facility or its hazard distance touches n	nultiple borders)	
Bracebridge			
Hours of operation	on.		

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 Name of Licence Holder CRS Contractors Rental Supply General Partner Inc.	Signature	Date (dd-mm-yyyy) 18/03/2013
Name of Senior Management person as defined in the Regulation holding the Record of Training Steve Fay		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year 2006	the facility was established.	Indicate the year of any s	ignificant modificati	ons, as defined in s.1, O.R	eg 211/01, since establishment.
Identify the psig r	rating and serial number for eac	n fixed propane storage ta	nk on site.		
, p3	PSIG	Serial Number			
Tank1: 2	250	25-06			
344					
Tank3: _					
Enter capacity of	propane in USWG, fixed, porta	ble, and mobile, and prov	ide detailed inven	tory that includes the num	nber of tank/vessel for
each type (fixed,	portable, and mobile) and the o	apacity of each tank/vess	el, on a separate	document.	
				Mobile: 0	

Name of person completing this form (please print)	Official Title		
Will Dehnke	Propane Manager		
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013	



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propar	e Suppli	er(s)					
Contractors Rental	Supply						
Street No.	Street N	ame / 911 Number / Address,	if applicable				
535	Welham	Road					
Town / City or T Barrie	ownship /	Country		8	Province Ontario		Postal Code L4N 8Z6
Telephone No.	1	Fax No.	Contact Na	ime			
(705) 739-6999		(705) 739-1004	Will Dehnke				
E-mail						32.00	
wdehnke@rogers.	com						
						200000000000000000000000000000000000000	
Name of Propan	e Transp	orter. If same as above, ple	ease check bo	ox.		For Office Use - F	Party No.
Street No.	Street N	lame / 911 Number / Address,	, if applicable	g college of the college	1, 3 (3)(4)		
Town / City or T	ownship /	Country			Province	7	Postal Code
Telephone No.)	Fax No.	Contact Na	ame			
E-mail							
						For Office Use -	Party No
Off-site Cylinde	r and/or l	Mobile Storage		Capacity stored off-site,	in USWG	To, oline de	
Street No.	Street N	lame / 911 Number / Address,	if applicable				
Town / City or T	ownship /	Country			Province		Postal Code
Telephone No.		Fax No.	Contact Na	ame			el .
Note: Customer s	torage is	not considered off-site stora	ge.			u	

Name of person completing this form (please print) Will Dehnke	Official Title Propane Manager	
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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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. N/A
Description of fire and emergency equipment indicated on facility site map. Fire Extingishers
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.)
and describe their function, use and operation. Emergency shut-off switches at cylinder fill plant and inside shop to activate solenoid valve at tank outlet
Fusible links on cable that holds internal shut off valve open, links will separate with temperature rise and ISC valve will close with spring tension
Maintenance and testing schedule for fire protection controls and devices. Georgian Bay Fire Services Records
Monthly Plant Inspection
Annual Plant Inspection
See Attached (A)

Name of person completing this form (please print) Will Dehnke	Official Title Propane Manager		
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013	



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Ke	y Contact)	5. Facility 24-Hour Contact Person	on	
Name Gavin Howe For Office Use - Party No.			Name Gavin Howe For Office Use - Party No.		
Official Title Branch Manager			Official Title Branch Manager		
Telephone No. Fax No. (705) 444-8377 (705) 444-8310			Cell No. Fax No. (705) 441-0189 (705) 444-8310		
E-mail ghowe@crscollingwood.ca			E-mail ghowe@crscolling.ca		
Role and responsibilities in emergence	:y		Role and responsibilities in emergency		
Company on scene commander			Company on scene commander		
2. Facility Contact Personnel - Al	ternate Contac	et)	6. Name of Facility Manager		
Name Joe McFadden	For	Office Use - Party No.	Name Gavin Howe		For Office Use - Party No.
Official Title Health and Safety Representative			Official Title Branch Manager		
Telephone No. (705) 444-8377	Fax No. (705) 444-831	0	Telephone No. (705) 441-0189	Fax No. (705) 444-8310	<u> </u>
E-mail	1		E-mail		
gmcarthur@crsowensound.ca			ghowe@crscollingwood.ca		
Role and responsibilities in emergence	cy		Role and responsibilities in emergency		
Branch Manager Designate		Company on scene commander			
3. Local Fire Services - Key Conta	ict		7. Propane Supplier Key Contact	Person	
Name Trent Elyea	For	Office Use - Party No.	Name Willl Dehnke		For Office Use - Party No.
Official Title	E-mail	wood oo	Official Title	E-mail	haria aa
Fire Chief Telephone No.	telyea@colling	Jwood.ca	Propane Manager Telephone No.	wdehnke@crs Fax No.	Dane.ca
(705) 445-3920	(705) 445-736	1	(705) 790-2882	(705) 739-6999)
Role and responsibilities in emergence On site Commander	:у		Role and responsibilities in emergency Emergency Response Liason		
Fire Services Address 201 Ontario Street, Collingwood, Ontario	L9Y 4M4		Propane Supplier Address		
4. Local Fire Services - Alternate (Contact		8. Municipal Contact		
Name Ross Parr	For	Office Use - Party No.	Name Trevor Houghton		
Official Title Deputy Fire Chief	E-mail rparr@collingv	vood.ca	Official Title C.P.T. Town Planner		
Telephone No. (705) 445-3920	Fax No. (705) 445-736	1	Telephone No. (705) 445-1209	Fax No. (705) 445-4704	ı
Role and responsibilities in emergence Officer	у		E-mail		
Fire Services Address		Municipality Name and Address			
201 Ontario Street, Collingwood, Ontar	io L4Y 4M4		Town of Collingwood 105 Hurontario Street, P.O. Box 157, Collingwood		
		4			

Name of person completing this form (please print)	Official Title	Official Title		
Will Dehnke	Propane Manager			
Signature	Telephone No.	Date (dd-mm-yyyy)		
Whiche	(705) 739-6999	18/03/2013		



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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.

Name of person completing this form (please print)	Official Title		
Will Dehnke	Propane Manager		
Signature	Telephone No.	Date (dd-mm-yyyy)	
Meshe	(705) 739-6999	18/03/2013	



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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 Res	sponse Plan and Procedures provided to facility key contacts.		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply		
20/08/2012	Print Name of Instructor: Joe McFadden		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply		
Monthly	Print Name of Instructor: Joe McFaddn (reviewed in every monthly safety meeting see Attachment B)		
Training Date (dd-mm-yyyy)	Print Name of Training Provider:		
	Print Name of Instructor:		
Training on the facility's Em	ergency Management Procedures provided to staff.		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply		
20/08/2012	Print Name of Instructor: Joe McFadden		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply		
20/08/2012	Print Name of Instructor: Joe McFadden (reviewed in August safety meeting see Attachment B)		
Training Date (dd-mm-yyyy)	Print Name of Training Provider:		
	Print Name of Instructor:		
On-site specific training pro	ovided to certificate holders / persons with Records of Training.		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute)		
02/11/2011	Print Name of Instructor: Shawn Marles (Trainer T2217)		
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:		

Name of person completing this form (please print)	Official Title	Official Title		
Will Dehnke	Propane Manager			
Signature	Telephone No.	Date (dd-mm-yyyy)		
Mahhe	(707) 739-6999	18/02/2013		



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

4. Emergency Training Plan for Coming Year

Training on Emergency Re	esponse Plan and Procedures provided to facility key contacts.			
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B)			
15/04/2013	Print Name of Instructor: Joe McFadden			
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B)			
15/05/2013	Print Name of Instructor: Joe McFadden			
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B)			
15/06/2013	Print Name of Instructor: Joe McFadden			
Training on the facility's En	nergency Management Procedures provided to staff.			
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply			
15/08/2013	Print Name of Instructor: Joe McFadden (Annual review with all staff, part of August safety meting, see Attachment B)			
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 pr	ovided to certificate holders / persons with Records of Training.			
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute)			
as required Print Name of Instructor: Will Dehnke (Trainer 924) or Shawn Marles (Trainer 2217)				
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:			

Name of person completing this form (please print)	Official Title	
Will Dehnk	Propane Manager	
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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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). See attached Emergency Response Plan (Attachment C)
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).
See attached Emergency Response Plan (Attachment C)
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). See attached Emergency Response Plan (Attachment C)
Describe provisions for fire department entry when there are no operations or staffing at the propane site. As agreed with Collingwood Fire Department, bolt cutters will be used to gain access and Contractors Rental Supply will replace lock
Describe how the licence holder will ensure continual flow of updated information to authorities. See attached Emergency Response Plan (Attachment C)
How long will it take the facility liaison person to respond to the site. Maximum of 1 hour

Name of person completing this form (please print)	Official Title	Official Title		
Will Dehnke	Propane Manager			
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/02/2013		



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

	The licence holder will complete Section B in consultation with the lo 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)?	\checkmark	
2.	Is there adequate night lighting at the site?	\checkmark	
3.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	\checkmark	
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?	\checkmark	
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	\checkmark	
6.	Are weighing systems validated for accuracy?	\checkmark	
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	\checkmark	
8.	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	✓	
9.	Is the schedule of maintenance and testing activities retained on site?	√	
	7. Water Supply		
	propane licence holder should work with the local fire department to determine water ply 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?	\checkmark	
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	\checkmark	
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	64.77	
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)	N/A	

Name of person completing this form (please print) Will Dehnk	Official Title Propane Manager	
Signature Uho ble	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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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 F If not, please explain (e.g., no fire services).	Yes Response and Preparedness Plan? √	No	
Fire services comments, if any: Collingwood Fire Department shall conduct fire safety inspections to ensure co	ompliance with the Ontario Fire Code.		
Value of the second sec			
		-	
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:	·	z.	
	9		
The licence holder will respond to the Local Fire Services comments	by:		
	(dd-mm-yyyy)		
LOCAL FIRE SERVICES			
www.geau-reacopagau-roa-roacopagau-roa-roacopagau-roa-roacopagau-roa-roacopagau-roacopag			
The undersigned has reviewed Section B of the Risk and Safety N	lanagement Plan Fire Services.		
Print name	Signature	Date (dd-mm-yyyy)	
Local Fire Services Name R. Bolt - Fire Prevention Officer	KART .	21 October 2611	
	R. BOTT - APKIL	26,2013 ONTARIO 2013	

Name of person completing this form (please print)	Official Title	
WILL DEHNKE	PROPANE MANA	ath
Signature	Telephone No. (705) 739-6599	Date (dd-mm-yyyy) 18 03 2013



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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.
- 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) 12/07/2011		Capacity of single largest propane storagevessel (USWG) 2,000		
Tank setback coordinates. Indicate placements Front: Rear: 11.5 ft.	ent on the map.	Right side property line: Left side property line:	14.5 ft. 4 M	
GPS coordinates of single largest vessel:	44 30' 02.94"N	80 14'56.75"W		

Name of person completing this form (please print)	Official Title		
Will Dehnke	Propane Manager		
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013	



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SECTION C: SUBMISSIONS (cont'd)

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

Table 1: Distance Table

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

Formula:

 $D = 16.94 \times (1.524 \times C)^{1/3}$

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

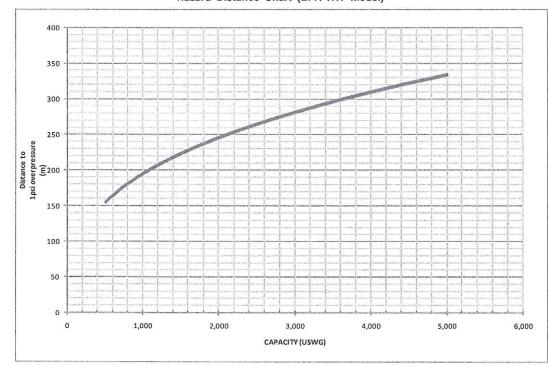
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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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		and Fe	of Build eatures h an ") 2-10		Distance from Tank to Closest Building or Feature
Industrial buildings or parks or golf courses Name: 2284459 Ontario Ltd. Agnova Address: 200 Mountain Road City: Collingwood Province Ontario Postal Code L94 4V5		х			135 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: Address: City: Province Postal Code	х			8	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: Address: City: Province Postal Code	x				m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: Address: City: Province Postal Code	×				m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Address: City: Province Postal Code	x				m

Name of person completing this form (please print) Will Dehnke	Official Title Propane Manager			
Signature	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/02/2013		

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



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	75	2212.5
# 40	11.75	3	35.25
# 33.3	9.62	36	346.32
# 30	8.8	0	0
# 20	5.8	46	266.8
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity	Potential	160	2860.67

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	2860.67
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2860.67





CONSEQUENCE DISTANCE TO AN OVERPRESSURE LEVEL OF 1 psi BASED ON THE "LEOUNALENCY METHOD, AS PER T-SS.A. GUDGLINES FOR THE IMPLEMENTATION OF THE RISK AND SMETY MANAGEMENT PLAN

 $D = 17 \times \left(0.1 \times W_g \times \frac{HG_f}{HG_{BS}g}\right)^{1/3} = 246m$

GPS CBO	RDINATES
TUDE	LONGITUDE

AS PER ISSA GUIDELINES FOR THE IMPLEMENTATION OF THE RISIC AND SAFETY MANAGEMENT PLAN, THIS FACILITY ONLY REQUIRES A LEVEL, 1 RSMP.

ZONING INFORMATION ZONING INDUSTRIAL PARK" MS

PLANNING ADVISORY INFORMATION:

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

TOWN OF COLLINGWOOD PLANNING SERVICES THE LIBRARY SS STE. MARIE STREET, UNIT 302 COLLINGWOOD, ON, LEY DWG

CONTACT: MR. KANDAS BONDARCHUK, BA, CPT PH# 1.705.445,1200 EXT 3275



ALTENGINC. Alternative Energy Consulting 126 febru Creaserl, Prentile, Option LST Free (1983)784-2

OR REMAL tell Read d, ON ADIUS LAY	-1644 Fox: (905)764-5986	Drawn By: D.F.	Checked By: J.R.K.	Date: APR. 08, 13	Drawing Scale: 1:1000	ACAD INFORMATION	Drawing File: 081000-9-200	Drawing Size: D
	Telephone: (905)764-1644		CONTINUENT REMAIL SUPPLY (CRS)	Collingwood, ON LSY 328	Drawing Title:	T RADIUS LAYOUT	The same and	