



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

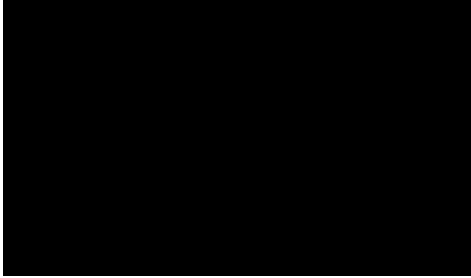
Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity
- a facility with a fixed propane storage capacity
- USWG of portable propane storage capacity

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	000275184
Check applicable type of propane operations.	
<input checked="" type="checkbox"/> Cylinder	<input type="checkbox"/> Motor Fill
<input type="checkbox"/> Filling Plant	<input type="checkbox"/> 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		Corporation No.	
A Total Forest Industries LP		75897 8499 MC0001	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
905-768-1123	905-768-1125	alindsay@tffiwood.ca	
B Street No.		Street Name / 911 Number / Address, if applicable	
304		Concession 11 Walpole	
Town / City or Township / County		Province	Postal Code
Hagersville		ON	N0A 1H0
Mailing address if different from above.			
C Street No.		Street Name / 911 Number / Address, if applicable	
		PO Box 1210	
Town / City or Township / County		Province	Postal Code
Hagersville		ON	N0A 1H0
Information on Container Refill Centre or Filling Plant			
Location of facility.			
D Street No.		Street Name / 911 Number / Address, if applicable	
304		Concession 11 Walpole	
		Nearest Major Intersection	
		Concession 11 & Haldimand Road 55	
Town / City or Township / County		Province	Postal Code
Hagersville		ON	N0A 1H0

Name of Licence Holder	
Total Forest Industries LP	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT)	
Aaron Lindsay	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Haldimand County	
Hours of operation.	
ROT type	
PTI 400-04	

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder: Total Forest Industries LP		01/Mar/2017
Name of Senior Management person as defined in the Regulation holding the Record of Training: Aaron Lindsay		



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SECTION A: GENERAL INFORMATION (cont'd)

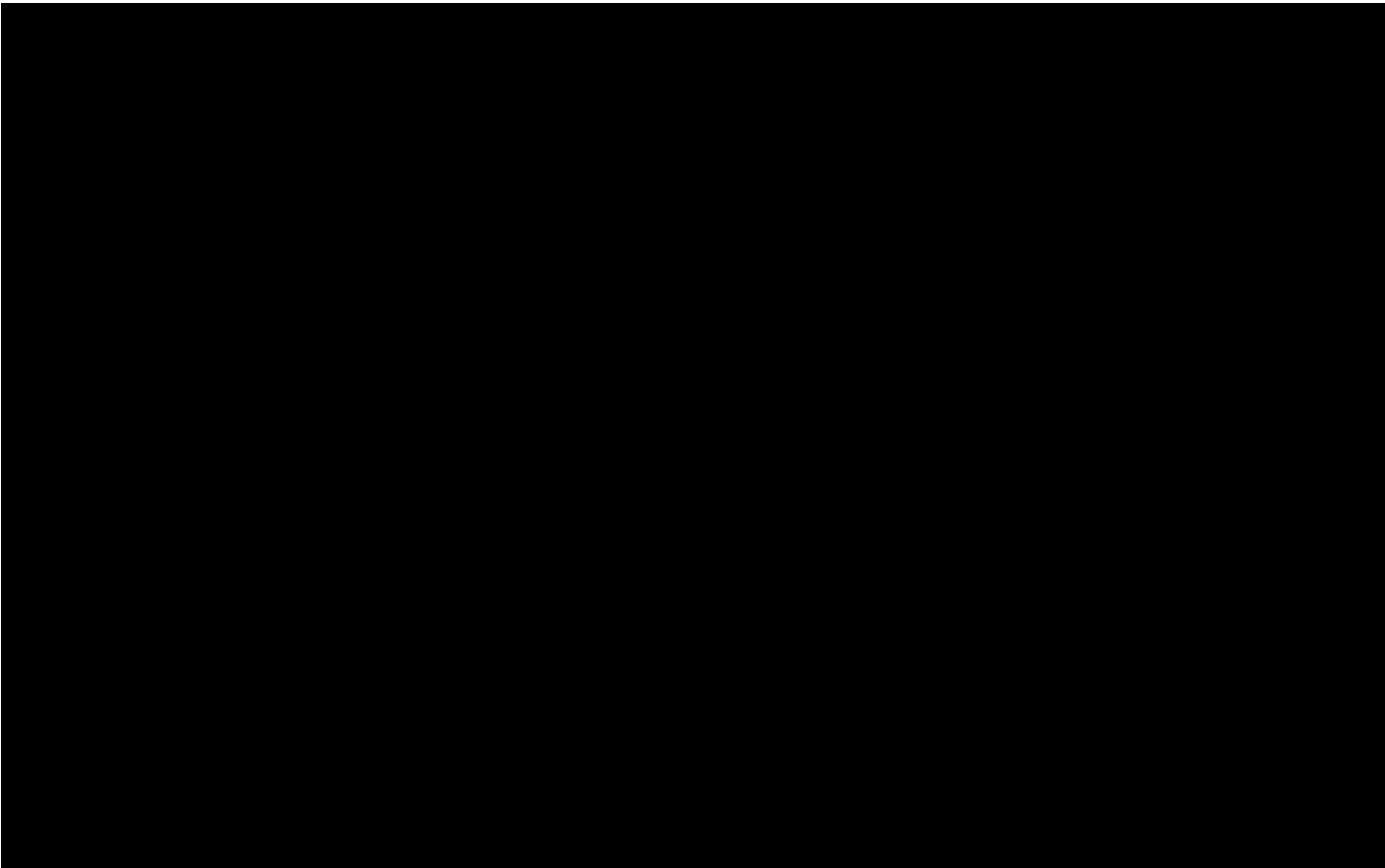
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
 1988 None

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

	PSIG	Serial Number
Tank 1:	250	20081-13
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: ~~250~~ 1000 Portable: 0 Mobile: 0



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Name of person completing this form (please print) <i>Aaron Lindsay</i>	Official Title <i>Logistics / Plant Manager</i>	
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>905 768 1123</i>	Date (dd-mm-yyyy) <i>01/Mar/2017</i>



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SECTION A: GENERAL INFORMATION (cont'd)
 Activity Information

Name of Propane Supplier(s) Spring's Propane Co. Ltd. <i>Now Parkland Fuel Corp</i>			For Office Use - Party No.
Street No. 183	Street Name / 911 Number / Address, if applicable Industrial Boulevard		
Town / City or Township / Country St. George		Province ON	Postal Code N0E 1N0
Telephone No. 1-866-517-1714	Fax No. 519-448-3450	Contact Name Tim Wolfe	
E-mail			

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

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
N/A		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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Signature 	Telephone No. <i>905 768 1123</i> Date (dd-mmm-yyyy) <i>01/Mar/2017</i>



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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 2200 L capacity AST on the north side of building 1 containing coloured diesel fuel. There is an oxy-acetylene torch cast that is used in various places in the plant. A fully contained 12,500 gal. storage tank for alkaline copper quaternary (ACQ) used in wood preservation operation is located inside the main plant.

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

There is a fire extinguisher located adjacent to the propane dispenser. Also, more than 20 extinguishers are strategically located throughout the plant plus a fully functional wet sprinkler system in the main plant.

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 internal safety control valve in the tank outlet is protected with a fusible link. The normally closed valve is pulled open by a cable attached to a lever that can only be in the open position when the cabinet door is open. In the event of a fire the fusible link will melt allowing the ICS valve to close within the tank. When not in use the lever is returned to the closed position in order to close the cabinet door, thus closing.

Maintenance and testing schedule for fire protection controls and devices.

The facility is inspected on a monthly basis by the license holder. The operation of the ECO function and the ISC valve/movement and a visual inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to Sparling's Propane for immediate attention. Sparling's Propane conducts an annual inspection of the entire propane facility.

Note: there is a switch adjacent to the dispenser that terminates power to the propane solenoid valve and pump.

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Signature	Official Title	Telephone No.	Date (dd-mm-yyyy)
	Logistics Plant Manager	905 768 1123	01/Mar/2017



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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: Aaron Lindsay
 Official Title: Logistics Manager
 Telephone No.: 905-768-1123
 Fax No.: 905-768-1125
 E-mail: alindsay@tfiwood.ca
 Role and responsibilities in emergency: Main Contact and coordinator

5. Facility 24-Hour Contact Person

Name: James Hamilton
 Official Title: Production Maintenance Manager
 Telephone No.: 519-909-9491
 Fax No.: 905-768-1125
 E-mail: jhamilton@yahoo.com
 Role and responsibilities in emergency: Contact

2. Facility Contact Personnel - Alternate Contact

Name: James Hamilton
 Official Title: Production Maintenance Manager
 Telephone No.: 905-768-4324
 Fax No.: 905-768-1125
 E-mail: jhamilton@yahoo.com
 Role and responsibilities in emergency: Contact @ Coordinator

6. Name of Facility Manager

Name: Aaron Lindsay
 Official Title: Logistics Plant Manager
 Telephone No.: 905-768-1123
 Fax No.: 905-768-1125
 E-mail: alindsay@tfiwood.ca
 Role and responsibilities in emergency: Main Contact and Coordinator

3. Local Fire Services - Key Contact

Name: Al Gee
 Official Title: Fire Prevention Officer
 Telephone No.: 905-318-5932 ext. 6242
 E-mail: agee@haldimandcounty.on.ca
 Fax No.:
 Role and responsibilities in emergency: Emergency Plan/RSMP Guidance
 Fire Services Address: 11 Thorburn St. S., Cayuga, ON N0A 1E0

7. Propane Supplier Key Contact Person

Name: Tim Wolfe
 Official Title: Branch Manager
 Telephone No.: 1-866-517-1714
 Fax No.: 519-448-3450
 Role and responsibilities in emergency:
 Propane Supplier Address: 183 Industrial Blvd., St. George, ON N0E 1N0

4. Local Fire Services - Alternate Contact

Name:
 Official Title:
 Telephone No.:
 Fax No.:
 Role and responsibilities in emergency:
 Fire Services Address:

8. Municipal Contact

Name: A.J. Thellefsen
 Official Title: Building Inspector, Haldimand County
 Telephone No.: 905-318-5932
 Fax No.: 905-768-7328
 E-mail:
 Municipality Name and Address:

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Name of person completing this form (please print): Aaron Lindsay	Official Title: Logistics Plant Manager
Signature:	Telephone No.: 905-768-1123
	Date (dd-mmm-yyyy): 01/Mar/2017



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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.

[Large empty area with horizontal lines for describing additional safety measures.]

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Name of person completing this form (please print)	Official Title
Signature	Date (dd/mm/yyyy)
Aaron Lindsay	Logistics/Plant Manager
[Handwritten Signature]	905-768-1123 01/Mar/2017



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

3. Record of Emergency Training Provided - For most recent 12-month period.

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

Training Date (dd-mmm-yyyy) <i>13/04/2016</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN RATH, QUINN COOK</i>
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) <i>13/04/2016</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN RATH, QUINN COOK</i>
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) <i>13/04/2016</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN RATH, QUINN COOK</i>
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mmm-yyyy) <i>05/04/2017</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN ROTH, QUINN COOK</i>
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) <i>05/04/2017</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN ROTH, QUINN COOK</i>
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) <i>05/04/2017</i>	Print Name of Training Provider: <i>Total Forest Industries LP</i>
	Print Name of Instructor: <i>JAMES HAMILTON, SEAN ROTH, QUINN COOK</i>
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>Aaron Lindsay</i>	Official Title <i>Logistics Plant Manager</i>
Signature 	Telephone No. <i>905-768-1123</i> Date (dd-mmm-yyyy) <i>01/Mar/2017</i>



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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).
 All employees are trained in the recognition of an emergency situation and respond by calling 911 and notifying all occupants of the plant.

The TFI Fire and Spill Plan is not be followed.

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 procedures in the fire and spill plan are to be followed. The muster station is located on the east side of Building #2 adjacent to the main plant (Building#1

See reference in the attached site plan.

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).

Any employee who recognizes an emergency situation is trained and authorized to call 911. A key contact will verify that a call was made.

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

The Haldimand County Fire Department has a key for the gate but the gate can be breached if necessary.

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

A key contact will assume the responsibility for providing information to emergency response personnel.

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

Five (5) minutes.

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Name of person completing this form (please print)	Official Title		
<i>Aaron Lindsay</i>	<i>Logistics / Plant Manager</i>		
Signature	Telephone No.	Date (dd-mm-yyyy)	
<i>[Signature]</i>	<i>905-768-1123</i>	<i>01/Mar/2017</i>	



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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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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)		28 m (hydrant)
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)		_____

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Signature 	Telephone No. 905-768-1123 Date (dd-mmm-yyyy) 01/Mar/2017



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

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

Fire services comments, if any:

To be completed by the Licence Holder


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

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

(dd-mmm-yyyy)


LOCAL FIRE SERVICES

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

Print name HALDIMAND COUNTY EMERGENCY SERVICES Local Fire Services Name	Signature 	Date (dd-mmm-yyyy) 06/03/2017
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RODGER HILL - ACTING CHIEF

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Name of person completing this form (please print) Aaron Lindsay	Official Title Logistics/Plant Manager
Signature 	Telephone No. Date (dd-mmm-yyyy) 905-768-1123 01/Mar/2017



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) 18-Oct-2016	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 215 m	Right side property line: 161 m
Rear: 8.53 m	Left side property line: 59 m
GPS coordinates of single largest vessel: 42.55.795 N x 0.80.07.617 W	

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Name of person completing this form (please print) <i>Aaron Cindsey</i>	Official Title <i>Logistics Plant Manager</i>
Signature 	Telephone No. <i>905-768-1123</i> Date (dd-mmm-yyyy) <i>01/Mar/2017</i>



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SECTION C: SUBMISSIONS (cont'd)

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

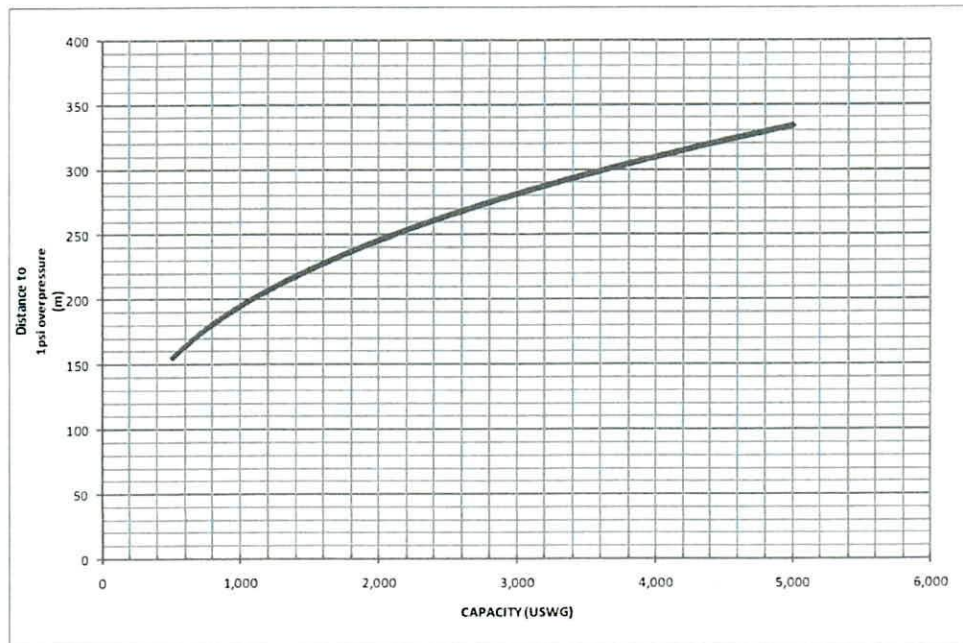
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

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

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Red Star Portables</u> Address: <u>274 Concession 11</u> City: <u>Hagersville</u> Province <u>ON</u> Postal Code <u>NOA 1H0</u>			X		<u>14.3</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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 _____					_____ m

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

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

Name of person completing this form (please print) <u>Aaron Lindsay</u>	Official Title <u>Logistics/Plant Manager</u>
Signature 	Telephone No. <u>905-708-1123</u> Date (dd-mmm-yyyy) <u>01/Mar/2007</u>



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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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

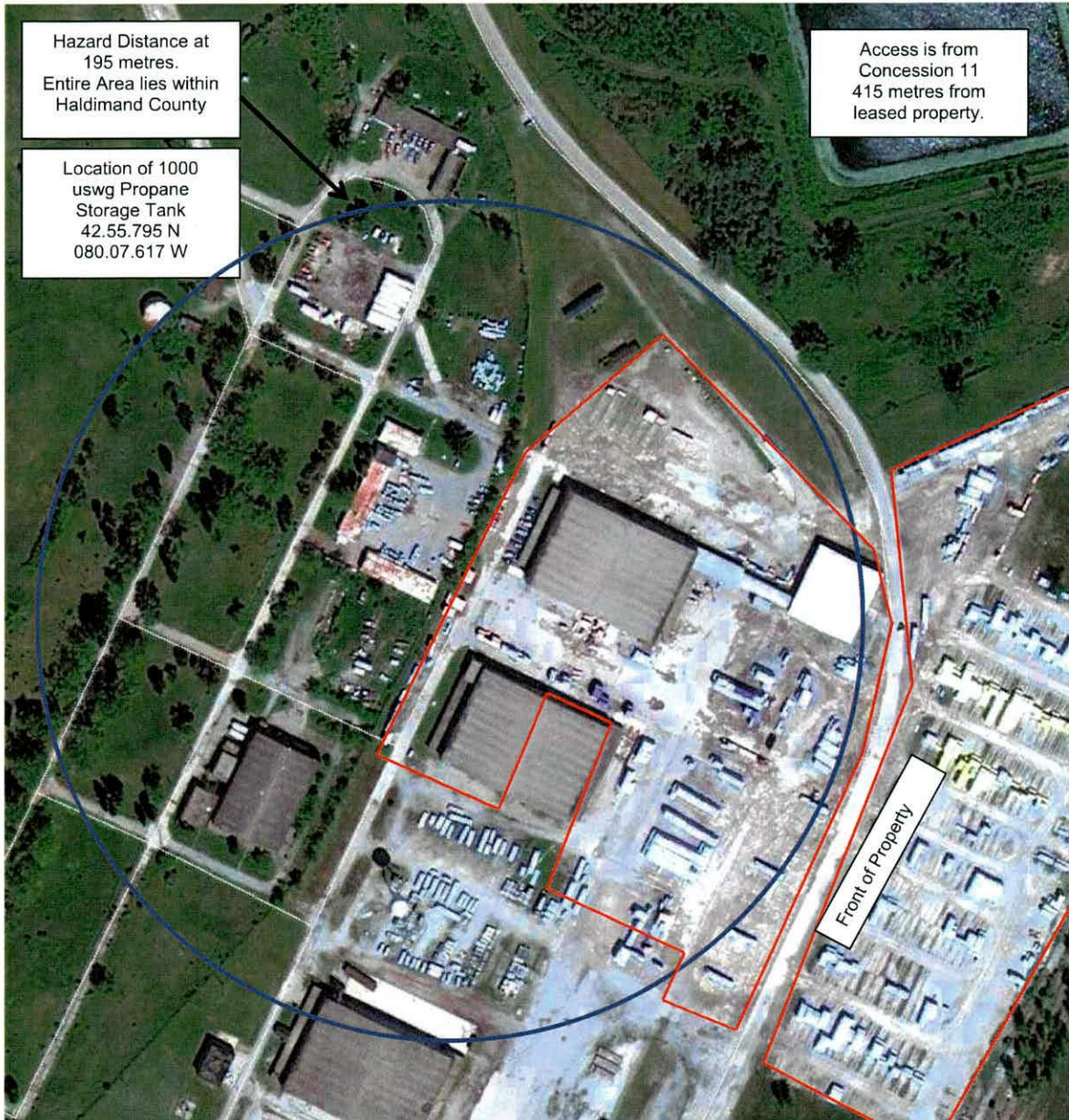
Tanks Stored On-site Not Connected for Use

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

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

AERIAL MAP of TOTAL FOREST INDUSTRIES LP

304 Concession 11, Hagersville, Ontario



Note: The subject property is a sub-divided leased portion (two divided areas with the private access road splitting the lot) of the Hagersville Business Park and as such does not abut municipal roadway. The property is accessed from Concession 11 as shown. For the purpose of tank setbacks consider the private roadway as the front of the property.

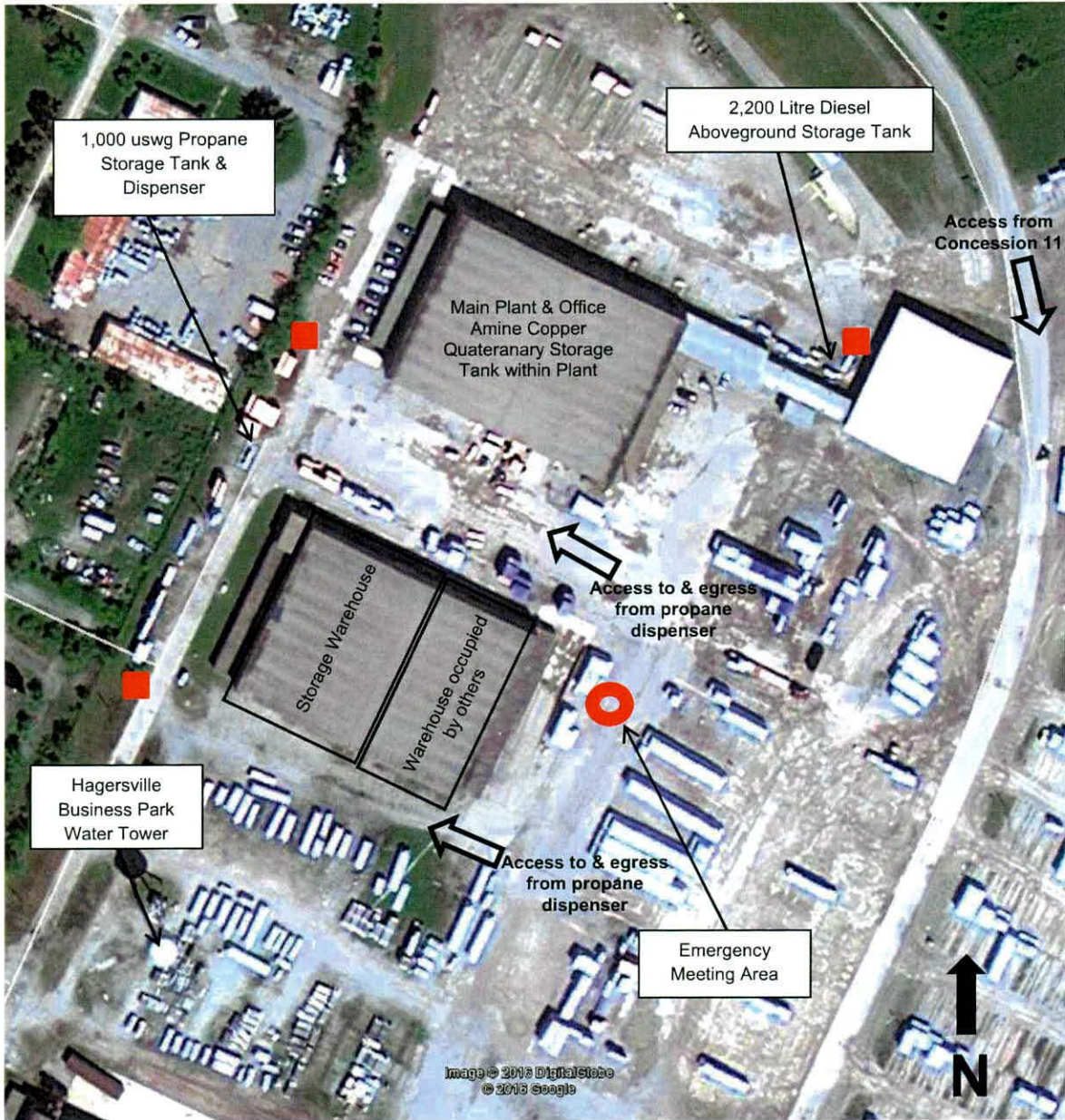
Facility Address:	304 Concession 11, Hagersville, Ontario
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Date Map Prepared:	October 18, 2016
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Total Forest Industries LP

Updated Site Plan

(Including Additional Criteria for Level 1 RSMP)



■ Fire Hydrants (3)

Updated Site Plan created October 18,2016