



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.

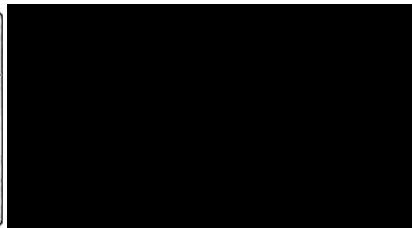
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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 Ontario Corporation No., if applicable

A Operator Name (if different from above)

Telephone No. Fax No. E-mail

B Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

Mailing address if different from above.

C 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.

D Street No. Street Name / 911 Number / Address, if applicable

Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

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

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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| | | | |
|--|--|---|---|
| Name of Licence Holder | Print name <input type="text" value="688906 ONTARIO LTD"/> | Signature <input type="text" value="Mike Searson"/> | Date (dd-mm-yyyy) <input type="text" value="09/03/2011"/> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training | <input type="text" value="MIKE SEARSON"/> | | |

Revised Prod: MAY 27/2011



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SECTION A: GENERAL INFORMATION (cont'd)

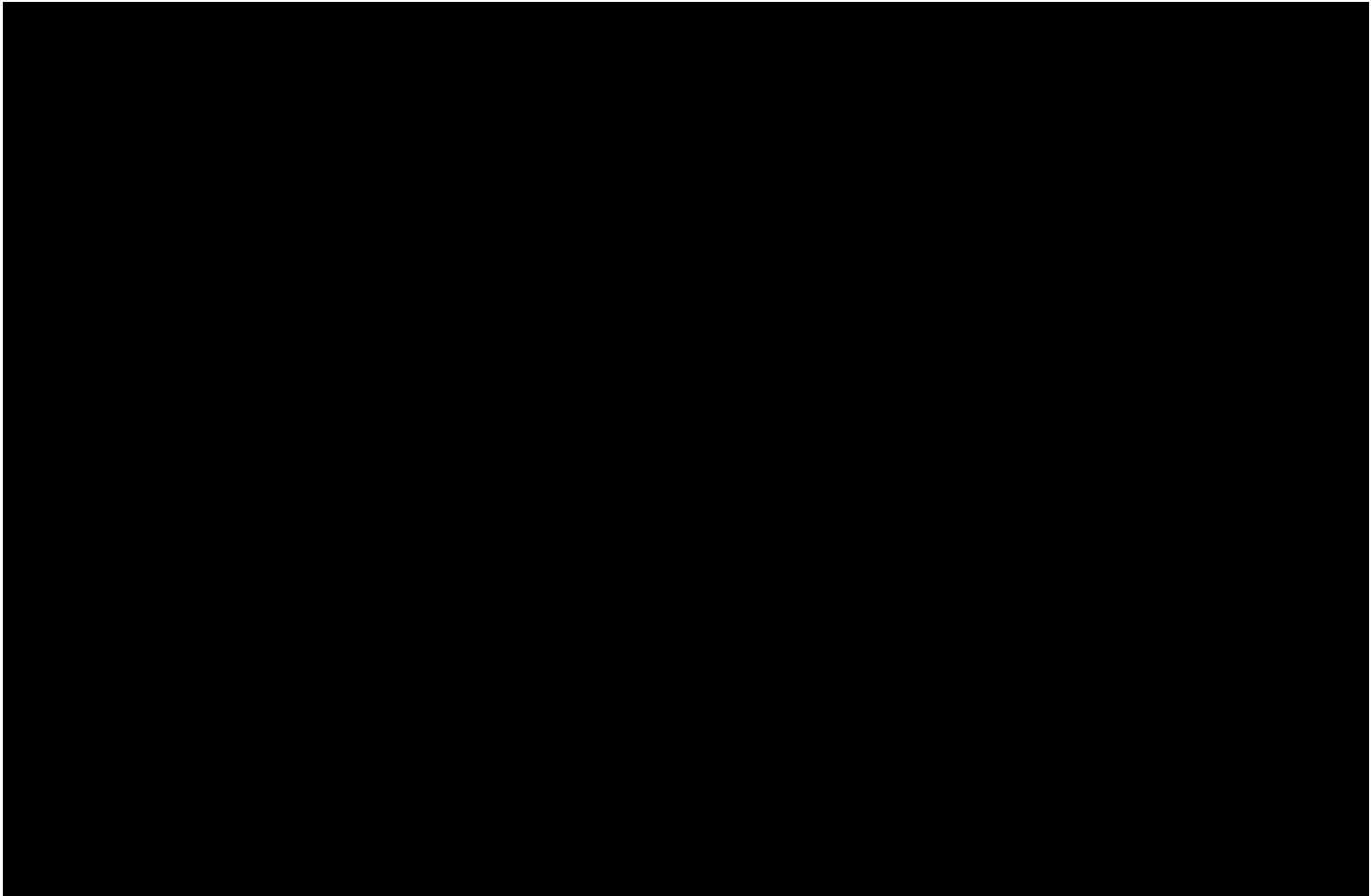
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2004 None

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

| | PSIG | Serial Number |
|--------|-------|---------------|
| Tank1: | 250 | 200-03 |
| Tank2: | _____ | _____ |
| 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, on a separate document.

Fixed: 2000 USWG Portable: 323 USWG Mobile: None



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| | | |
|---|--------------------------------------|--|
| Name of person completing this form (please print) <i>David Antler</i> | Official Title <i>Manager</i> | |
| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> | Date (dd-mm-yyyy) <i>09-03-2011</i> |



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | |
|---|---|------------------------------|------------------------|
| Name of Propane Supplier(s) Kelly's Fuels | | For Office Use - Party No. | |
| Street No. 174 | Street Name / 911 Number / Address, if applicable Hastings St. North | | |
| Town / City or Township / Country Bancroft | | Province Ontario | Postal Code K0L 1C0 |
| Telephone No. (705)745-4629 | Fax No. (705) 745-3622 | Contact Name Kevin Dupuis | |
| E-mail info@kellysfuels.com | | | |

| | | | |
|--|---|----------------------------|-------------|
| 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 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) David Antler | Official Title Manager | | |
| Signature <i>David Antler</i> | Telephone No. 613-628-3015 | Date (dd-mm-yyyy) 09-03-2011 | |



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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.

1 X 200 gallon tank of diesel, 38 metres from propane

1 X 200 Gallon tank of gasoline, 50 meters from propane

2 X 100 LBS propane tanks used for office heat. See Site Plan building W6 for location. These two tanks are 43 metres approx. from propane filler plant.

2 x 900 litre tanks furnace oil. see Site plan for locations.

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

Strategically located fire extinguisher near tank.

E-stop is located 28 feet from the tank to the north in a visible accessible location

Store has 6 extinguishers, all buildings have 1 extinguisher and all towmotors have 1 extinguisher. Fire extinguishers are inspected annually

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.

Alarm System - in store, but not connected to propane dispenser

Automatic ISC Shut-Off Valve - reduces liquid propane flow in event of loss of pressure down stream

Fusible Links - ISC Valve is equipped with a fusible link in the event of a fire. Excess flow valve incorporated into ISC Valve

Maintenance and testing schedule for fire protection controls and devices.

Will maintain Daily/Monthly and Annual inspections and reports

Retain invoices on file for maintenance items on filler plant and fire protection equipment.

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| | | |
|--|----------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| David Antler | Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 613-628-3015 | 09-03-2011 |



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

1. Contacts for Emergency Response

| | | | |
|---|------------------------------------|--|------------------------------------|
| 1. Facility Contact Personnel - Key Contact | | 5. Facility 24-Hour Contact Person | |
| Name Dave Antler | For Office Use - Party No. | Name Dave Antler | For Office Use - Party No. |
| Official Title General Manager | | Official Title General Manager | |
| Telephone No. 613) 735-1736 | Fax No. (613) 628-2093 | Cell No. (613) 585-0825 | Fax No. |
| E-mail mwmiller@nrtco.net | | E-mail | |
| Role and responsibilities in emergency First Responder Cell No. (613) 585-1420 | | Role and responsibilities in emergency If not on site will immediately respond to the site. 1) Site security and evacuation 2) Stop flow of product if possible 3) Call 911 4) Co-ordinate resources | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Arthur Neitzel | For Office Use - Party No. | Name Arthur Neitzel | For Office Use - Party No. |
| Official Title Yard Foreman | | Official Title Yard Foreman | |
| Telephone No. (613) 628-1420 | Fax No. Cell No. (613) 585-1420 | Telephone No. (613) 628-1420 | Fax No. Cell No. (613) 585-1420 |
| E-mail | | E-mail | |
| Role and responsibilities in emergency | | Role and responsibilities in emergency Act as alternate in emerg. Act as alternate if first responder not available. | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Morely Kosmack | For Office Use - Party No. | Name Kevin Dupuis | For Office Use - Party No. |
| Official Title Fire Chief | | Official Title General Manager - Kelly's Fuels | |
| Telephone No. (613) 754-5221 | Fax No. | Telephone No. (705) 745-4629 | Fax No. |
| E-mail | | E-mail kdupuis@kellysfuel.com | |
| Role and responsibilities in emergency Emergency Responder | | Role and responsibilities in emergency Proceed to site if required. Activate ERAP plan if required. | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Dave Murphy | For Office Use - Party No. | Name Marilyn Casselman | For Office Use - Party No. |
| Official Title Deputy Fire Chief | | Official Title Deputy Clerk / Planner | |
| Telephone No. (613) 432-2277 | Fax No. | Telephone No. (613) 628-3101 ext 226 | Fax No. |
| E-mail | | E-mail marilync@eganville.com | |
| Role and responsibilities in emergency Alternate Emergency Response | | Municipality Bonnechere Valley Township See next page for Algona Township Contact Info | |

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| | |
|--|---------------------------------|
| Name of person completing this form (please print) David Antler | Official Title Manager |
| Signature David Antler | Telephone No. 613-628-3015 |
| | Date (dd-mm-yyyy) 09-03-2011 |



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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.

Daily / Monthly inspections

Tank is partially protected on 3 sides by it's location as seen on site map

Emergency Response Assistance Plan

Municipal Contact for North Algona Wilberforce Township

Chief Building Official: Mark Schroeder

Address: RR#1 John St. Eganville, Ontario, K0J 1T0

Phone: (613) 628-2618

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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) 26/01/2011 | Print Name of Training Provider: Beatty Petroleum Consulting Inc |
| | Print Name of Instructor: Alex Beatty |
| 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) 28/01/2011 | Print Name of Training Provider: Miller B.M.R. |
| | Print Name of Instructor: Dave Antler |
| 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) 28/01/2011 | Print Name of Training Provider: Miller B.M.R. |
| | Print Name of Instructor: Dave Antler |
| 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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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) 15/12/2011 | Print Name of Training Provider: Beatty Petroleum Consulting Inc |
| | Print Name of Instructor: Alex Beatty |
| 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) 30/12/2011 | Print Name of Training Provider: Miller B.M.R |
| | Print Name of Instructor: Dave Antler |
| 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) 30/12/2011 | Print Name of Training Provider: Miller B.M.R. |
| | Print Name of Instructor: Dave Antler |
| 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) <i>David Antler</i> | Official Title <i>Manager</i> |
| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> |
| | Date (dd-mm-yyyy) <i>09-03-2011</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).
If emergency situation requires immediate action all on site personal are advised to evacuate and call 911. Public notification is provided by local fire service.

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 steps taken above will be revisited and tested annually with all ROT holders.

The Eganville Baptist church parking lot across the street is designated as the safe meeting point.

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).

Flow process sign placed in strategic location at propane dispenser.

Annual review for all staff on Emergency procedures

BMR Miller will activate Emergency Response Procedure and review procedures annually

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

Gate is locked with a standard chain and emergency response will use bolt cutters on emergency response truck to gain entry.

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

Command post will be set up at a safe distance from any emergency and fire as noted in Schedule "1"

The supervisor or Fire Chief, depending upon who arrives first will assume initial control of scene.

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

Dave Antler - 20 minutes

Arthur Neitzel - 5 minutes

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| | |
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| Name of person completing this form (please print) <i>David Antler</i> | Official Title <i>Manager</i> |
| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> Date (dd-mm-yyyy) <i>09-03-2011</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 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>151 Metres</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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| Name of person completing this form (please print) <i>David Antler</i> | Official Title <i>Manager</i> | |
| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> | Date (dd-mm-yyyy) <i>09-03-2011</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.

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:
No comments

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>Moortey Koswack</i> | <i>McCauley</i> | <i>07/06/2011</i> |

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| | |
|---|---|
| Name of person completing this form (please print) <i>DAVID ANTLER</i> | Official Title <i>MANAGER</i> |
| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> Date (dd-mm-yyyy) <i>09/30/2011</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) 17/01/2011 | Capacity of single largest propane storage vessel (USWG) 2,000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 62 metres | Right side property line: 45 metres |
| Rear: 107 metres | Left side property line: 50 metres |
| GPS coordinates of single largest vessel: 45 32.51.47N / 77 06.27.65W | |

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|--|--|
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| Signature <i>David Antler</i> | Telephone No. 613-628-3015 Date (dd-mm-yyyy) 09-03-2011 |



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SECTION C: SUBMISSIONS (cont'd)

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

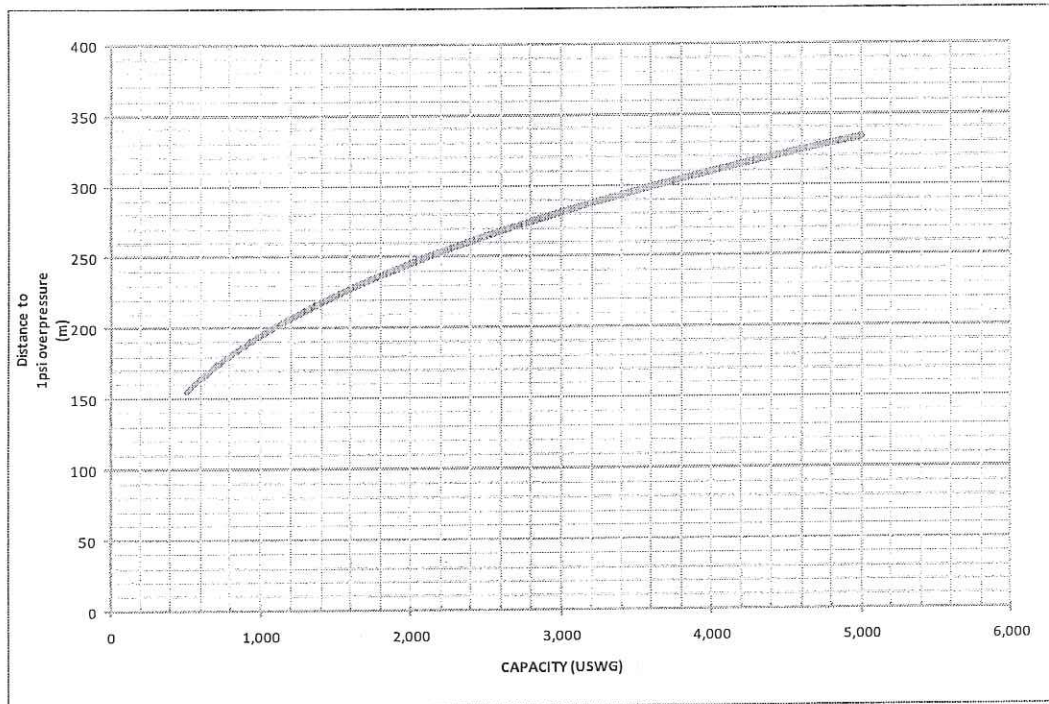
Table 1: Distance Table

| 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)



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

| | |
|---|--|
| Name of person completing this form (please print) <i>David Antier</i> | Official Title <i>Manager</i> |
| Signature <i>David Antier</i> | Telephone No. <i>613-628-3015</i> |
| | Date (dd-mm-yyyy) <i>09-03-2011</i> |



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

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>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____ | 0 | | | | _____ m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] | | | | 21 | <u>78</u> m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Summers Motors</u> Address: <u>8629 Hwy 60</u> City: <u>Eganville</u> Province <u>Ontario</u> Postal Code <u>K0J 1T0</u> | | | 2 | | <u>180</u> m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____ | 0 | | | | _____ m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____ | 0 | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____ | 0 | | | | _____ m |

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

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| | | |
|---|--------------------------------------|--|
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| Signature <u>David Antler</u> | Telephone No. <u>613-628-3015</u> | Date (dd-mm-yyyy) <u>09-03-2011</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 | 0 | |
| # 100 | 29.5 | 5 | 148 |
| # 40 | 11.75 | 5 | 59 |
| # 33.3 | 9.62 | 0 | |
| # 30 | 8.8 | 0 | |
| # 20 | 5.8 | 20 | 116 |
| # 10 | 2.9 | 0 | |
| # 5 | 1.5 | 0 | |
| Total Cylinder Capacity 323 uswg | | | |

Tanks Stored On-site Not Connected for Use

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

| | |
|-------------------------|----------|
| Total Cylinder Capacity | 30 |
| Total Tank Capacity | 0 |
| Total Portable Capacity | 323 uswg |

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| | |
|---|---|
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| Signature <i>David Antler</i> | Telephone No. <i>613-628-3015</i> Date (dd-mm-yyyy) <i>09-03-2011</i> |

Eganville, Ont Site Plan

Legend

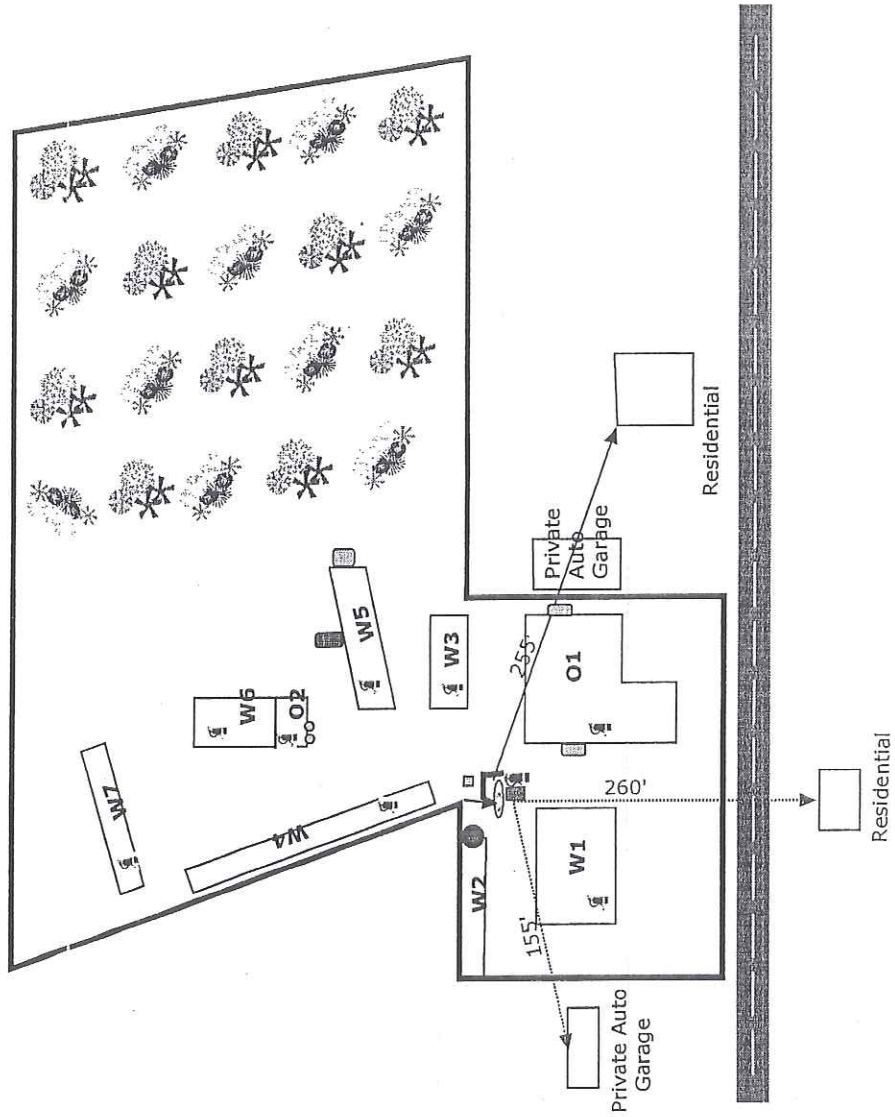
- W = Warehouse
- W1 = 56' x 80' = 4,480 sq ft
- W2 = 95' x 16' = 1,520 sq ft
- W3 = 25' x 60' = 1,500 sq ft
- W4 = 178 x 16' = 2,848 sq ft
- W5 = 100' x 25' = 2,500 sq ft
- W6 = 56' x 32' = 1,792 sq ft
- W7 = 100' x 16' = 1,600 sq ft
- Total Warehouse 16,240 sq ft
- O = Office & Retail Space
- O1 = First Floor 7120 sq ft
- Second Floor 1000 sq ft
- O2 = 2'2 x 32' = 704 sq ft
- Total
- Office/Retail 8,824 sq ft

- Fire Extinguisher
- Emergency shut off ESV
- Gas 200 Gal
- Dyed Diesel 200 Gal
- 2000 uswg Propane Tank
- Propane Dispenser
- Cylinder Storage
- 323 uswg max.
- Jersey Barrier
- 2 x 100 lb propane tanks used for heating
- 2 x 900 litre Furnace Oil Tanks

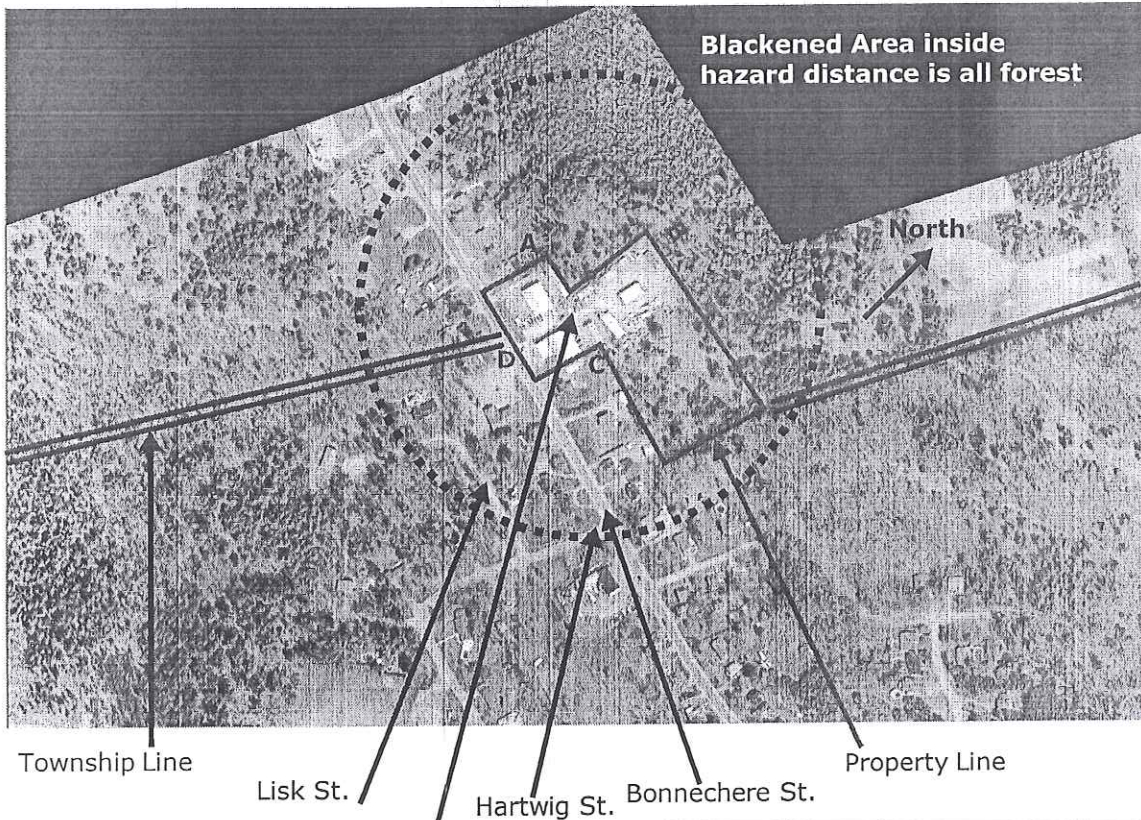
Scale
1 cm = 50 ft



Note: Sizes are approximate as many buildings are somewhat irregular in shape, for example - large eaves, smaller foundations

No Underground Propane Lines
No Propane Truck Parking



**Eganville, Ontario
Miller BMR**



| Information | |
|-------------------------------------|--|
| Location | 329 Bonnechere St., Eganville, Ontario |
| Prepared | April 2009 |
| Size of Tank | 2000 USWG Horizontal Tank |
| Tank Set Backs | A = 50m, B = 107m, C = 45m, D = 62m, as labeled on diagram |
| Radius | 246m |
| GPS Coordinates | 45°32.51.47"N 77°06.27.65 W |
| Municipality 1 | South of this line  Bonnechere Valley Township |
| Deputy Clerk | Marilyn Cassleman |
| Address | 169 John St., Eganville, Ontario, K0J 1T0 |
| Phone | (613) 628-3101 ext 226 |
| Municipality 2 | North of this line  North Algona Wilberforce Township |
| Chief Building Officer | Mark Shroeder |
| Address | RR#1 1091 John St., Eganville, Ontario, K0J 1T0 |
| Phone | (613) 628-2618 |
| Municipality 3 | County of Renfrew |
| Clerk/ Chief Administrative Officer | W. James Hutton |
| Address | 9 International Drive, Pembroke, ON, K8A 6W6 |
| Phone | 1-800-273-0183 |
| Fax | 613-735-2081 |