



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

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 MUNICIPALITY OF BROCKTON

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.

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 MUNICIPALITY OF BROCKTON

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 000076646??

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.

For Office Use Only



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 1737318 Ontario Ltd. Ontario Corporation No., if applicable 858194350

Operator Name (if different from above) Mel's 4+9 Diner + Gas Bar

Telephone No. 519 881-2424 Fax No. 519 881-2781 E-mail Address c11542@mkting.ca

B Street No. 4 Street Name, Lot / Concession No. Kincardine Hwy

Town / City or Township / County Walkerton Province Ont Postal Code N0G 2V0

Mailing address if different from above.

C Street No. RR #3 Street Name, Lot / Concession No.

Town / City or Township / County Walkerton Province Ont Postal Code N0G 2V0

Information on Container Refill Centre or Filling Plant

Location of facility.

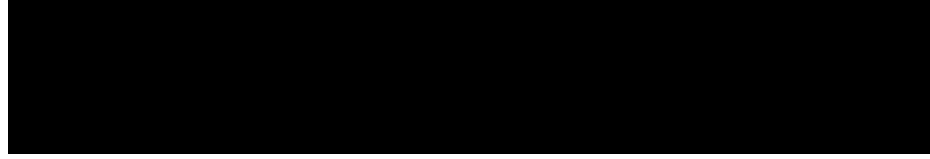
D Street No. 4 Street Name, Lot / Concession No. Kincardine Hwy Nearest major intersection Highway 4 + Hwy 9

Town / City or Township / County Walkerton Province Ont Postal Code N0G 2V0

Name of Licence Holder 1737318 Ontario Ltd

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). George Grein ROT type Propane Pump Attendant

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

Hours of operation. 

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

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

| | | | |
|--|--------------------------------|-------------------------------|-------------------------------------|
| Name of Licence Holder | Print name <u>George Grein</u> | Signature <u>George Grein</u> | Date (dd-mm-yyyy) <u>31-10-2011</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training | <u>George Grein</u> | | |



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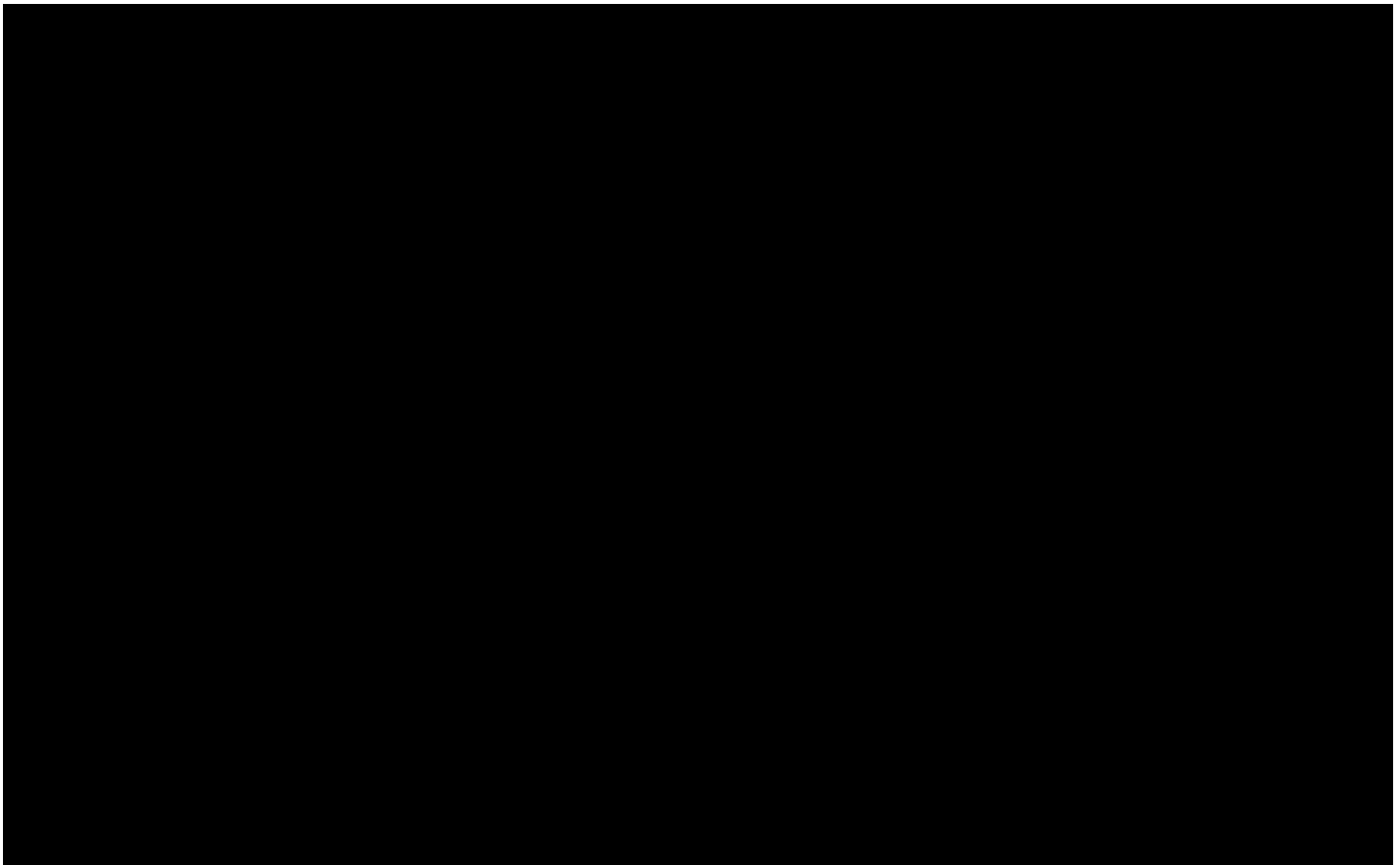
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2012 Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

ACTIVITY INFORMATION

The confidentiality of this information will be protected by the Technical Standards and Safety Authority (TSSA) and Fire Services as sensitive, competitive information under provincial and municipal privacy legislation.

Note: Newly built facilities are to complete this section with best available estimates.



You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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| | | |
|--|--|------------------------------------|
| Print name of person completing this form <i>George Grein</i> | | Official Title <i>President</i> |
| Signature <i>George Grein</i> | Telephone No. <i>(519) 881-2424</i> | Date (dd-mm-yyyy) |



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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)
Activity Information

| | | | | | |
|--|--|------------------------------------|------------------------|-------------------------------|--|
| Name of Propane Supplier(s) <i>Superior Propane</i> | | | | [Redacted] | |
| Street No. | Street Name Lot / Concession No. <i>196 Gleeson Ave</i> | | | | |
| Town / City or Township / Country <i>Walkerton</i> | | | Province <i>ONT</i> | Postal Code <i>N0G 2V0</i> | |
| Telephone No. <i>187 SUPERIOR</i> | Fax No. | Contact Name <i>Wayne Spahr</i> | | | |
| E-mail <i>spahrw@superiorpropane.com</i> | | | | | |

| | | | | | |
|--|----------------------------------|--------------|----------|-------------|--|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> | | | | [Redacted] | |
| Street No. | Street Name Lot / Concession No. | | | | |
| 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. |
| Street No. | Street Name Lot / Concession No. | | |
| 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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Propane Storage and Handling Regulation

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.

Inground 13,500 liter Gasoline
22,800 liter Gasoline
22,700 liter Diesel

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

- fire extinguisher in kiosk, kitchen exit and back door exit, and diesel pump.

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.

- fire extinguisher - fusible link on 15c @ dispenser
- close door shutoff
- power shutoff @ scale
- power shutoff @ fuse panel separate shutoff in Panel for gasoline and diesel

Maintenance and testing schedule for fire protection controls and devices.

Georgian Bay Fire & Safety Annually inspected
Propane equipment as per Superior Propane maintenance protocol
Fire extinguishers inspected monthly by key contact.

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| | |
|---|--|
| Name of person completing this form (please print) George Grein | Official Title President |
| Signature George Grein | Telephone No. 519-881-2424 |
| | Date (dd-mm-yyyy) 31-10-2011 |



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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 <i>George Grein</i> | For Office Use - Party No. | Name <i>George Grein</i> | For Office Use - Party No. |
| Official Title <i>President</i> | | Official Title <i>President</i> | |
| Telephone No. <i>519-881-2424</i> | Fax No. <i>519 881-2788</i> | Cell No. <i>(519) 889-9005</i> | Fax No. <i>519 881-2781</i> |
| E-mail <i>gdgrein@ci1542.mktng.ca</i> | | E-mail <i>gdgrein@yahoo.ca</i> | |
| Role and responsibilities in emergency <i>Call 911 and meet emergency personnel on site with update</i> | | Role and responsibilities in emergency <i>Call 911 and meet emergency personnel on site with update</i> | |

| | | | |
|--|----------------------------|--|----------------------------|
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name <i>Richard Berberich</i> | For Office Use - Party No. | Name <i>Same</i> | For Office Use - Party No. |
| Official Title <i>Gas Attendant</i> | | Official Title | |
| Telephone No. <i>519 881-3104</i> | Fax No. | Telephone No. | Fax No. |
| E-mail | | E-mail | |
| Role and responsibilities in emergency <i>Call 911 and meet emergency personnel on site with update</i> | | Role and responsibilities in emergency | |

| | | | |
|---|-----------------------------|--|----------------------------|
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name <i>MICHAEL MURPHY</i> | For Office Use - Party No. | Name <i>Wayne Spahr</i> | For Office Use - Party No. |
| Official Title <i>Fire Chief IC/EMC</i> | | Official Title <i>Manager</i> | |
| Telephone No. <i>519 881 0642</i> | Fax No. <i>519 881 1877</i> | Telephone No. <i>(519) 373-6050</i> | Fax No. |
| E-mail <i>mmurphy@brockton.ca</i> | | E-mail <i>spahrw@superiorpropane.com</i> | |
| Role and responsibilities in emergency <i>Suppression and emergency management</i> | | Role and responsibilities in emergency <i>Contact Emergency Response Team (LPG)</i> | |

| | | | |
|--|-----------------------------|-----------------------------------|---------|
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name <i>GLEN WILHELM</i> | For Office Use - Party No. | Name <i>TERRY TUCK</i> | |
| Official Title <i>DEPUTY Fire Chief</i> | | Official Title <i>CBO</i> | |
| Telephone No. <i>519 881 0642</i> | Fax No. <i>519 881 1877</i> | Telephone No. <i>519 881 2223</i> | Fax No. |
| E-mail <i>GWILHELM@brockton.ca</i> | | E-mail <i>TTuck@brockton.ca</i> | |
| Role and responsibilities in emergency <i>Suppression</i> | | Municipality <i>Brockton</i> | |

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| Signature <i>George Grein</i> | Telephone No. <i>519-881-2424</i> Date (dd-mm-yyyy) <i>31-10-2011</i> |



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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.

- All employees that receive propane gas pump should calculate at a direct possible opportunity always on site

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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) 09-06-2010 | Print Name of Training Provider: George Grein FSN Safety and Compliance |
| | Print Name of Instructor: George Grein Bill Bird |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|--|
| Training Date (dd-mm-yyyy) 01-10-2011 | Print Name of Training Provider: George Grein |
| | Print Name of Instructor: George Grein |
| 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) 01-10-2011 | Print Name of Training Provider: George Grein |
| | Print Name of Instructor: George Grein |
| 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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| | |
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| Name of person completing this form (please print) George Grein | Official Title President |
| Signature George Grein | Telephone No. (519) 881-2424 Date (dd-mm-yyyy) 31-10-2011 |



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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) 15-11-2011 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2012 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2013 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |

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

| | |
|--|---|
| Target Date (dd-mm-yyyy) 15-11-2011 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2012 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2013 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |

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

| | |
|--|---|
| Target Date (dd-mm-yyyy) 15-11-2011 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2012 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |
| Target Date (dd-mm-yyyy) 15-12-2013 | Print Name of Training Provider: George Green |
| | Print Name of Instructor: George Green |

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| Signature <i>George Green</i> | Telephone No. 519-881-2424 | Date (dd-mm-yyyy) 31-10-2011 |



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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).

Key Contact makes call to 911. Key contact gives warnings to local residents and threatened business's

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).

Key Contact ensures premises are evacuated and staff and customers and residents are out and at the designated safe site at the western point of the property.

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 a fire occurs or a leak or serious malfunction is detected the key contact will call 911 and notify them of the situation. This could be a fire or leak and if the propane is involved or a threat.

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

Fire department will break in the door if no one is on site.

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

licence holder will forward updated information to the town office to forward to the Local Fire Services key contact

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

1 minute as person is living on site. If not on site alternate person is a two minute drive away and will be on site within 10 minutes

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| | |
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| Signature <i>George Grein</i> | Telephone No. 519 881-2424 |
| | Date (dd-mm-yyyy) 31-10-2011 |



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

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

6. Building and Site Security and Procedures

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the schedule of maintenance and testing activities retained on site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | <u>78 m</u> | |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) | <u>N/A</u> | |

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| Signature <i>George Greik</i> | Telephone No. <i>519 881-2424</i> | Date (dd-mm-yyyy) <i>31-10-2011</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:

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 MICHAEL MURPHY | | 08/11/2011 |

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| George Grein | President |
| Signature | Telephone No. |
| | 519-881-2424 |
| | Date (dd-mm-yyyy) |
| | 31-10-2011 |



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SECTION C: SUBMISSIONS (cont'd)
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) <u>20-09-2011</u> | Capacity of single largest propane storage vessel (USWG) <u>2000 USWG</u> |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: <u>28' 8.53m</u> | Right side property line: <u>11' 3.35m</u> |
| Rear: <u>130' 39.62m</u> | Left side property line: <u>200' 60.96m</u> |
| GPS coordinates of single largest vessel: <u>N 44° 06.954' W 081° 08.985'</u> | |

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Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

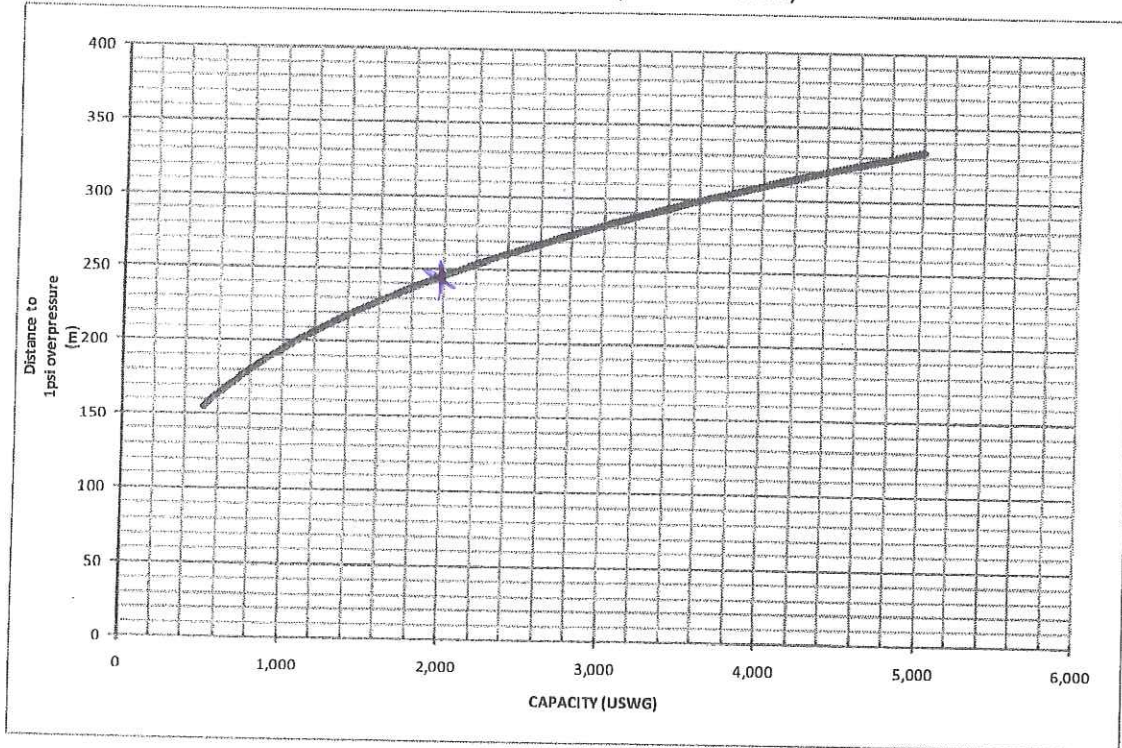
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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) | | Official Title | |
| <i>George Grein</i> | | <i>President</i> | |
| Signature | | Telephone No. | Date (dd-mm-yyyy) |
| <i>George Grein</i> | | <i>519-881-2424</i> | <i>31-10-2011</i> |



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)
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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 | 0 | |
| # 40 | 11.75 | 0 | |
| # 33.3 | 9.62 | 0 | |
| # 30 | 8.8 | 0 | |
| # 20 | 5.8 | 42 | Empty New cylinders for resale and out of date |
| # 10 | 2.9 | 0 | |
| # 5 | 1.5 | 0 | |
| Total Cylinder Capacity | | | 248.6 |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|---------------------|----------|----------------------|
| | 0 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | |

| | |
|-------------------------|--|
| Total Cylinder Capacity | |
| Total Tank Capacity | |
| Total Portable Capacity | |

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| | | | |
|---|--|--------------------------------------|--|
| Name of person completing this form (please print) <i>George Green</i> | | Official Title <i>President</i> | |
| Signature <i>George Green</i> | | Telephone No. <i>519 881-2424</i> | Date (dd-mm-yyyy) <i>31-10-2011</i> |



Technical Standards and Safety Authority
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14th Floor - Centre Tower
3300 Bloor Street West
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Fax: 416.231.4078
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2012 Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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>Energizer</u> Address: <u>165 Kincardine Hwy</u> City: <u>Walkerton</u> Province <u>Ont</u> Postal Code <u>N0G 2V0</u> | | X | | | <u>252</u> m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] | | X | | | <u>68.2</u> m |
| Commercial building units, specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Walkerton Toyota</u> Address: <u>131 Kincardine Hwy</u> City: <u>Walkerton</u> Province <u>Ont</u> Postal Code <u>N0G 2V0</u> | | X | | | <u>126.8</u> m |
| Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Maple Court Villa</u> Address: <u>5 Fourth St</u> City: <u>Walkerton</u> Province <u>Ontario</u> Postal Code <u>N0G 2V0</u> | | X | | | <u>153</u> m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Walkerton District Secondary School</u> Address: <u>1320 Young St S</u> City: <u>Walkerton</u> Province <u>Ont</u> Postal Code <u>N0G 2V0</u> | | X | | | <u>250</u> m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Nil</u> Address: _____ City: _____ Province _____ Postal Code _____ | | | | | _____ m |

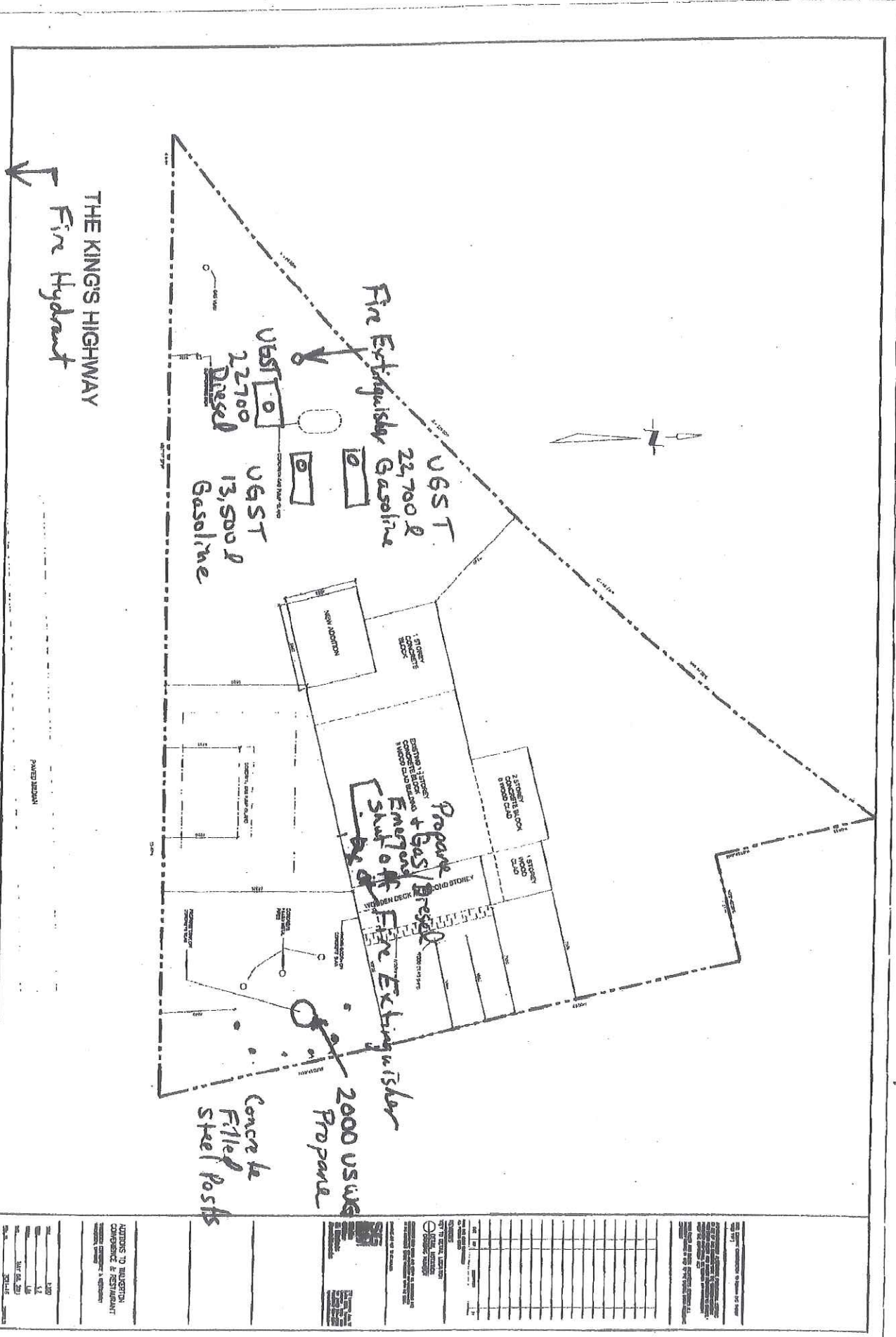
* For multi-unit buildings, count each unit as "1".

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form: <u>George Grein</u> | Official Title <u>President</u> |
| Signature <u>George Grein</u> | Telephone No. <u>519 881-2424</u> Date (dd-mm-yyyy) <u>9-07-2012</u> |

Updated July 9/2012
No Changes



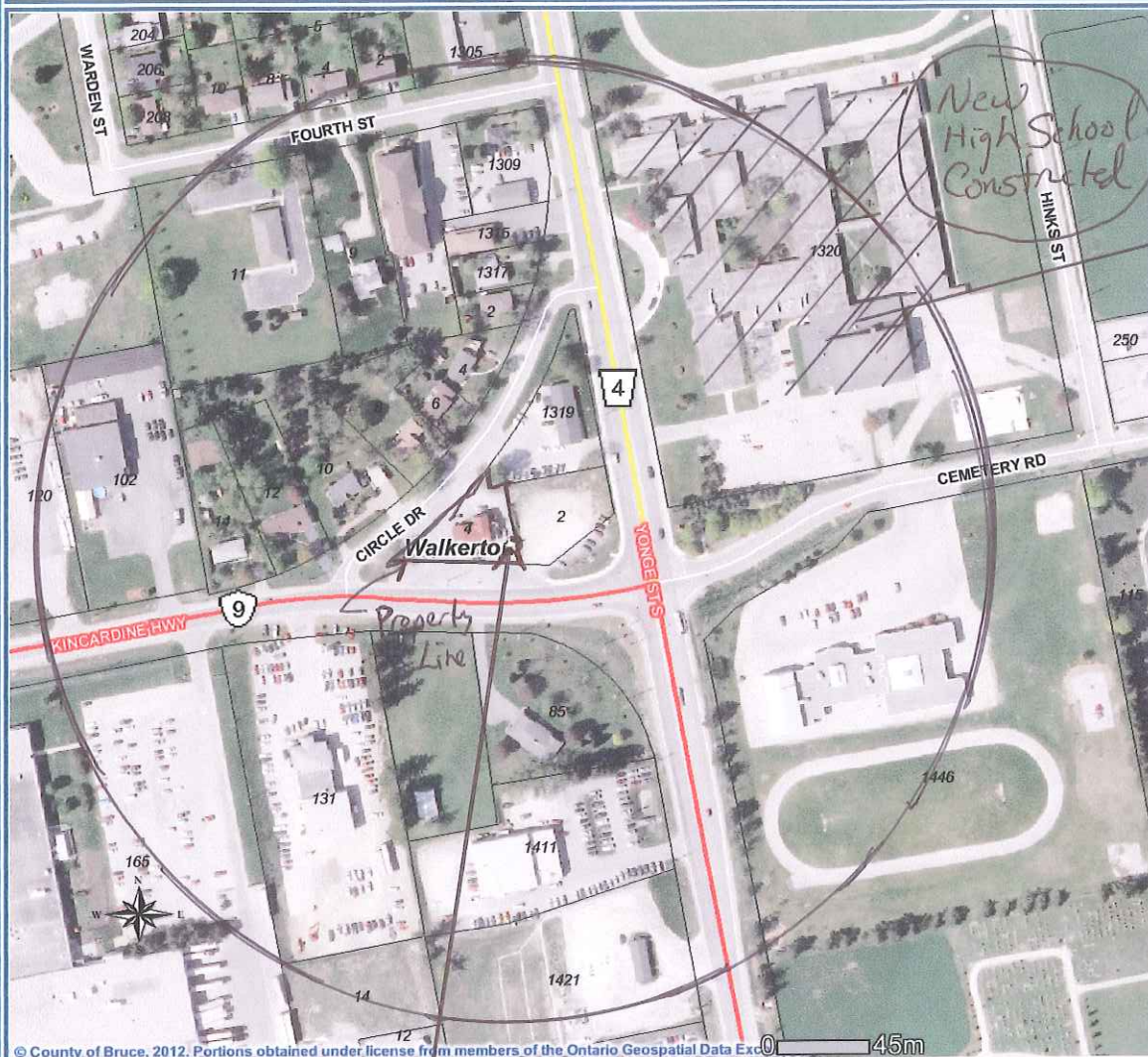
#4 Knardine Hwy
Mel's 449 Diner and Gas Bar

#4 Kincardine Hwy
Park Lot N



County of Bruce

Prepared July 9/12



Demolished Building
Walkerton High School
(New High School)
(Outside 246m)

* OPP office
Relocated
Elsewhere

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- ★ Rural Communities
- ↔ Major Highways
- ↔ County Roads
- Property Parcels
- Waterbodies
- County Forests
- Air Photo Spring 2006
- Settlement Boundaries

Legend

2000 USWG Vertical Tank

Tank setbacks:

- 8.53m Front (South)
- 3.35m R Side (East)
- 39.62m Rear (North)
- 60.96m L Side (West)

Radius 246m

GPS Coordinates N 44° 06.954'

W 81° 08.985'

Municipality of Brockton Contact Terry Tuck CBO

Printed Thu Jan 26 11:34:30 EST 2012

100 Scott St, Box 68

DISCLAIMER: The County of Bruce expressly disclaims responsibility for damages or liability that may arise from the use of this map.

Walkerton, Ont N0G2V0