



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.

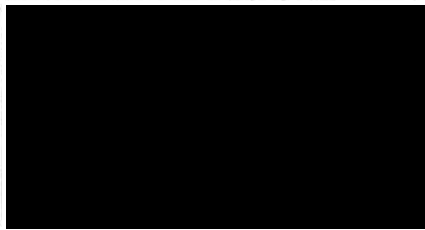
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0000 766 1223

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.

A Company Name HENSALL DISTRICT CO-OP Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. (519) 262-3002 Fax No. (519) 262-2317 E-mail Address

B Street No. 1 Street Name, Lot / Concession No. DAVIDSON DR.

Town / City or Township / County HENSALL Province ONTARIO Postal Code NOM 1X0

Mailing address if different from above.

C Street No. Street Name, Lot / Concession No.

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 51 Street Name, Lot / Concession No. MAIN ST. Nearest major intersection HWY 4 & COUNTY RD 83

Town / City or Township / County EXETER / MUNICIPALITY OF SOUTH HURON / HURON Province ONTARIO Postal Code NOM 1S0

Name of Licence Holder HENSALL DISTRICT CO-OP

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). RAY (BUTCH) VESSARDINE ROT type PTI 100-01

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

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>HENSALL DISTRICT CO-OP</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>09-11-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>RAY (BUTCH) VESSARDINE</u>	<u>[Signature]</u>	<u>09-11-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

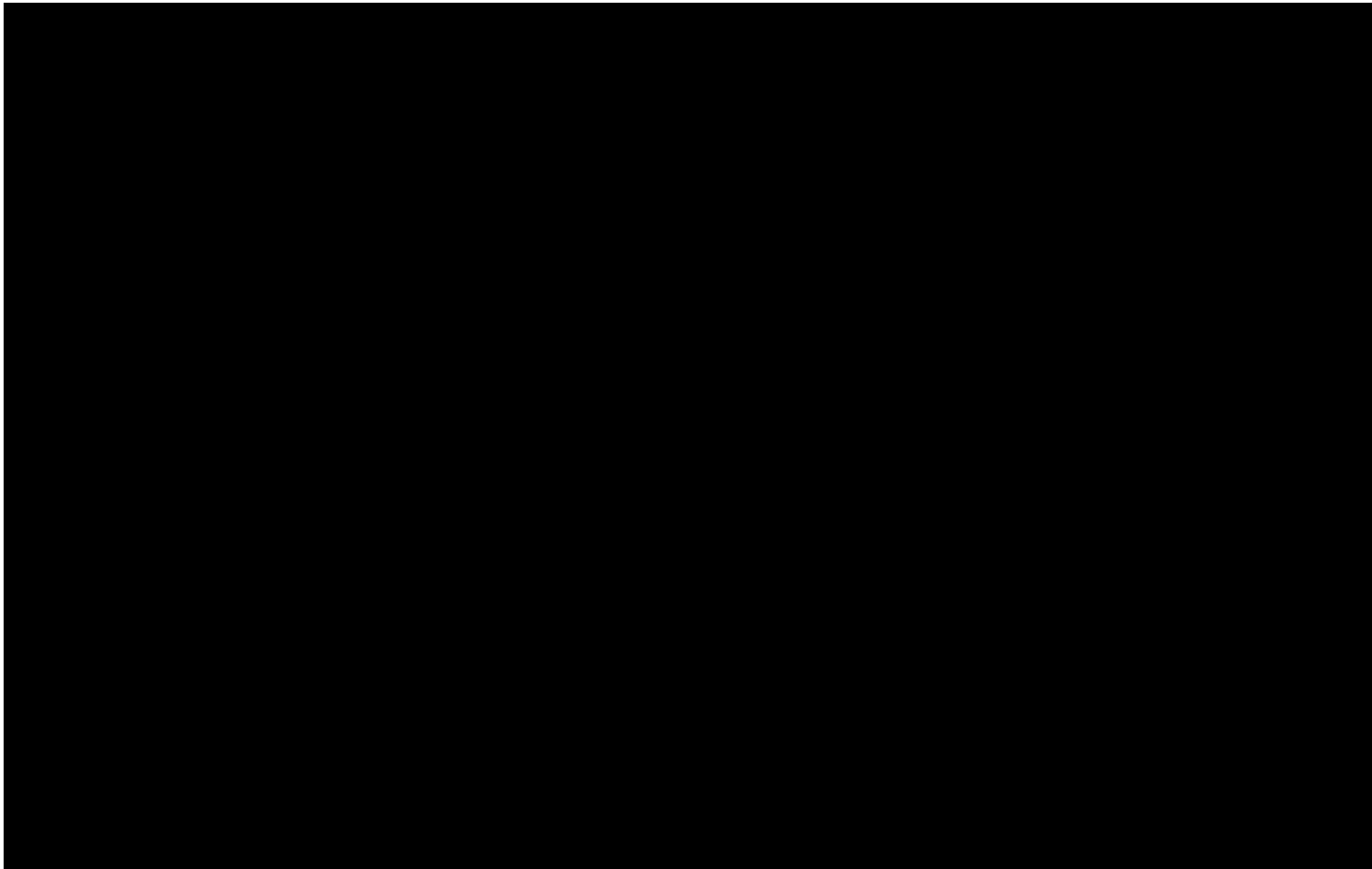
Indicate the year the facility was established. 1991 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2005

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5-690157</u>
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: 2000 Portable: 34.8 Mobile: 0



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Name of person completing this form (please print) <u>RAY (BUTCH) DESSARDINE</u>	Official Title <u>DEPT. MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>(519) 262-3002</u>
	Date (dd-mm-yyyy) <u>09-11-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>HENSALL DISTRICT CO-OP</i>			
Street No. <i>1</i>	Street Name Lot / Concession No. <i>DAVIDSON DR.</i>		
Town / City or Township / Country <i>HENSALL</i>		Province <i>ONTARIO</i>	Postal Code <i>NOM 1X0</i>
Telephone No. <i>(519) 262-3002</i>	Fax No. <i>(519) 262-2317</i>	Contact Name <i>BUTCH DESJARDINE</i>	
E-mail <i>rdesjardine@hde.on.ca</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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 <i>N/A</i>	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

Note: Customer storage is not considered off-site storage.

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Signature <i>[Signature]</i>	Telephone No. <i>(519) 262-3002</i>	Date (dd-mm-yyyy) <i>09-11-2011</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.

- 5 UNDERGROUND FUEL STORAGE TANKS WITH A VOLUME OF 25000 LITRES EACH AS PER VESSEL LOCATION & CONTENT MAP

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

9 - 201b ABC FIRE EXTINGUISHERS AS PER LOCATION OF EMERGENCY SHUTOFF SWITCHES MAP

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.

- COMPUTER CONTROLLED ALL STOP FOR GAS PUMPS
- 15C FUSIBLE LINK ON DISPENSER TANK 15C VALVE
- EMERGENCY SHUTOFF SWITCHES LOCATED AT SOUTHWEST CORNER OF BUILDING, FULL SERVE KIOSK & INSIDE BUILDING AT MAIN DESK & IN UTILITY ROOM

Maintenance and testing schedule for fire protection controls and devices.

- DAILY

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Signature 	Telephone No. (514) 267-3002
	Date (dd-mm-yyyy) 09-11-2011



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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>MARY MASSE</i>	For Office Use - Party No.	Name <i>RAY (BLUTCH) DESJARDINE</i>	For Office Use - Party No.
Official Title <i>FACILITY MANAGER</i>		Official Title <i>DEPT MANAGER</i>	
Telephone No. <i>(519) 235-0444</i>	Fax No. <i>N/A</i>	Cell No. <i>(519) 525-6666</i>	Fax No. <i>(519) 262-2317</i>
E-mail		E-mail <i>rdesjardine@hdc.on.ca</i>	
Role and responsibilities in emergency <i>COMMUNICATION WITH EMERGENCY SERVICES</i>		Role and responsibilities in emergency <i>ER CO-ORDINATOR</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>RAY (BLUTCH) DESJARDINE</i>	For Office Use - Party No.	Name <i>MARY MASSE</i>	For Office Use - Party No.
Official Title <i>DEPT MANAGER</i>		Official Title <i>FACILITY MANAGER</i>	
Telephone No. <i>(519) 525-6666</i>	Fax No. <i>(519) 262-2317</i>	Telephone No. <i>(519) 235-0444</i>	Fax No. <i>N/A</i>
E-mail <i>rdesjardine@hdc.on.ca</i>		E-mail	
Role and responsibilities in emergency <i>ER CO-ORDINATOR</i>		Role and responsibilities in emergency <i>COMMUNICATION WITH EMERGENCY SERVICES</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>JOHN MORGAN</i>	For Office Use - Party No.	Name <i>RAY (BLUTCH) DESJARDINE</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>DEPT. MANAGER</i>	
Telephone No. <i>(519) 235-1981</i>	Fax No. <i>(519) 235-3705</i>	Telephone No. <i>(519) 525-6666</i>	Fax No. <i>(519) 262-2317</i>
E-mail <i>j.morgan@southhuron.ca</i>		E-mail <i>rdesjardine@hdc.on.ca</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency <i>ER CO-ORDINATOR</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>CAM McLEOD</i>	For Office Use - Party No.	Name <i>MICHAEL Di LULLO</i>	
Official Title <i>DISTRICT CHIEF</i>		Official Title <i>CLERK</i>	
Telephone No. <i>(519) 235-1720</i>	Fax No. <i>(519) 235-3705</i>	Telephone No. <i>(519) 235-0310 EXT 227</i>	Fax No. <i>(519) 235-2304</i>
E-mail		E-mail <i>m.dilullo@southhuron.ca</i>	
Role and responsibilities in emergency <i>I.C.</i>		Municipality <i>SOUTH HURON</i>	

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Signature <i>[Signature]</i>	Telephone No. <i>(519) 262-3002</i> Date (dd-mm-yyyy) <i>09-11-2011</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.

- COMPUTER CONTROLLED ALL STOP SWITCH FOR GAS PUMPS LOCATED IN BUILDING AND FULL SERV
- FULL SYSTEM SHUTDOWN BUTTON LOCATED IN BUILDING + FULL SERVE KIOSK

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Signature 		Telephone No. (519) 262-3002	Date (dd-mm-yyyy) 09-11-2011



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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) 01-11-2011	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESTARDINE
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) 01-11-2011	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESTARDINE
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:

Or the specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 01-11-2011	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESTARDINE
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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Signature 	Telephone No. (514) 262-3002 Date (dd-mm-yyyy) 09-11-2011



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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) 01-04-2012	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESJARDINE
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) 01-05-2012	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESJARDINE
Target Date (dd-mm-yyyy) 01-06-2012	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESJARDINE
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) 01-05-2012	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESJARDINE
Target Date (dd-mm-yyyy) 01-06-2012	Print Name of Training Provider: HENSALL CO-OP
	Print Name of Instructor: BUTCH DESJARDINE
Target 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)

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).

- MARY MASSE, FACILITY MANAGER, TO COMMUNICATE WITH POLICE AND FIRE DEPARTMENT IN THE EVENT OF AN EMERGENCY

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).

- MARY MASSE, FACILITY MANAGER, OR OTHER SENIOR STAFF MEMBER TO EVACUATE ALL CUSTOMERS AND STAFF TO THE NORTHEAST CORNER OF THE PROPERTY NEAR THE SIDEWALK AND PROCEED FURTHER NORTH IF CONDITIONS REQUIRE IT

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).

THIS WILL BE COMPLETED ACCORDING TO THE STANDARD OPERATING GUIDELINES OF HENSALL CO-OP

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

N/A

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

- COMMUNICATION TO JOHN MORGAN, SOUTH HURON FIRE CHIEF VIA E-MAIL j.morgan@southhuron.ca

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

- 10-15 MINS

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Name of person completing this form (please print)

RAY (BUTCH) DESJARDINE

Official Title

DEPT MANAGER

Signature

Telephone No.

(519) 262-3002

Date (dd-mm-yyyy)

09-11-2011



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>25 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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Signature <i>Ray Desjardine</i>	Telephone No. (519) 262-3002	Date (dd-mm-yyyy) 09-11-2011



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Fire services comments, if any:

No COMMENTS - LOOKS GOOD

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.

Local Fire Services Name	Print name <i>JOHN MORGAN</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>10/11/11</i>
--------------------------	----------------------------------	---------------------------------	--------------------------------------

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Signature <i>[Signature]</i>	Telephone No. <i>(514) 262-3002</i>
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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)	Capacity of single largest propane storage vessel (USWG)
07-11-2011	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 26.4 m	Right side property line: 2.65 m
Rear: 17 m	Left side property line: 47.7 m
GPS coordinates of single largest vessel: 43° 21' 27.11" N 81° 28' 59.79" W	

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RAY (BUTCH) DESSARDINE	DEPT MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(519) 262-3002	09-11-2011



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SECTION C: SUBMISSIONS (cont'd)

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

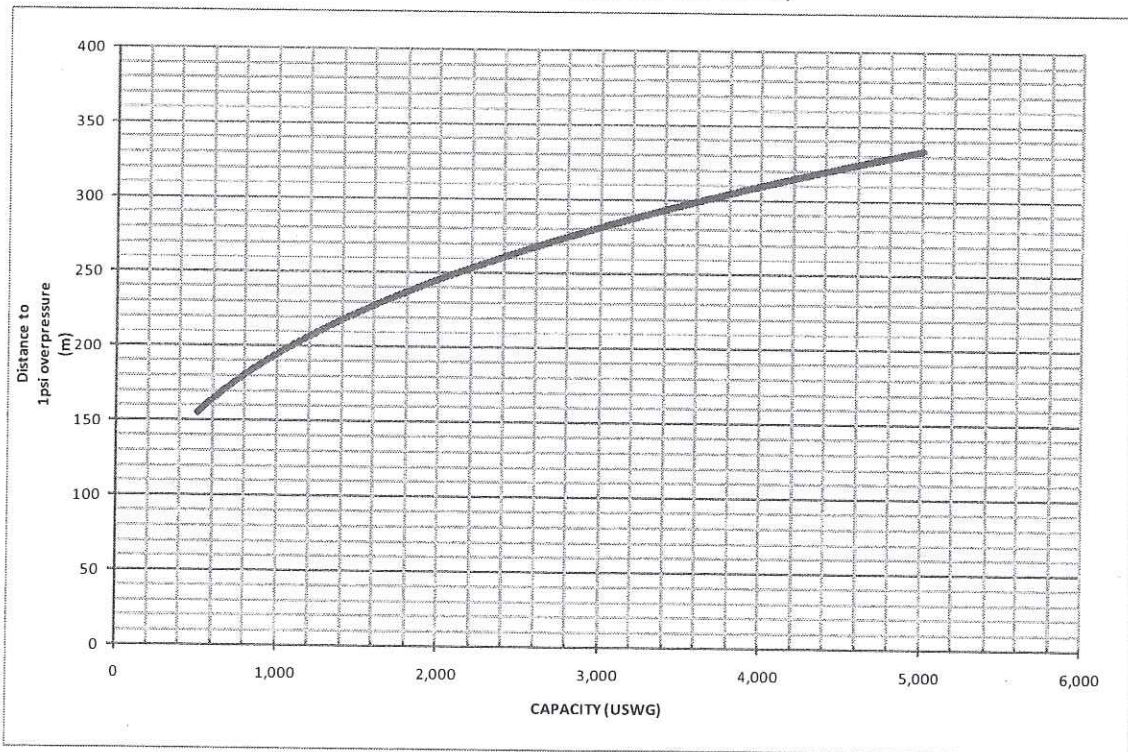
Table 1: Distance Table

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)		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)



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>ELLIOT PARK</u> Address: <u>12 CHURCH ST</u> City: <u>EXETER</u> Province <u>ONTARIO</u> Postal Code <u>NOM 156</u>			X		<u>112</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>109</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CRABBY JOE'S</u> Address: <u>58 MAIN ST. NORTH</u> City: <u>EXETER</u> Province <u>ONTARIO</u> Postal Code <u>NOM 153</u>			X		<u>80</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>N/A</u> City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: <u>N/A</u> City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: <u>N/A</u> 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>RAY (BUTCH) DESJARDINE</u>	Official Title <u>DEPT MANAGER</u>
Signature 	Telephone No. <u>(519) 267-3002</u>
	Date (dd-mm-yyyy) <u>09-11-2011</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

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

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	250	5-690157	2000
Tank 2:			
Tank 3:			
Total Fixed Capacity:			2000

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity In USWG
# 420	123.9	123.9	123.9
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	24	139
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		Line A	252

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity In USWG
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: 252 USWG

C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity In USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

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>JASON BERARD</u>	Official Title <u>SERVICE MANAGER</u>	
Signature 	Telephone No. <u>519-262-3002</u>	Date (dd-mmm-yyyy) <u>03/06/16</u>



HENSALL DISTRICT CO-OPERATIVE
1 DAVIDSON DRIVE
HENSALL, ON N0M-1X0

INFORMATION
COMPILED OCTOBER 20, 2011

Location: Exeter Gas Bar
51 Main Street
Exeter Ontario

Note: Attached to application is
By-law Amendment # 71-2003
regarding tank setback minimum for
south boundary

Map of Surrounding Area
Level 1 RSMP Application



2000 USWG vertical tank

Tank Setbacks: 47.7M North, 26.4M East, 2.65M South, 17M West

Radius = 246 Metres

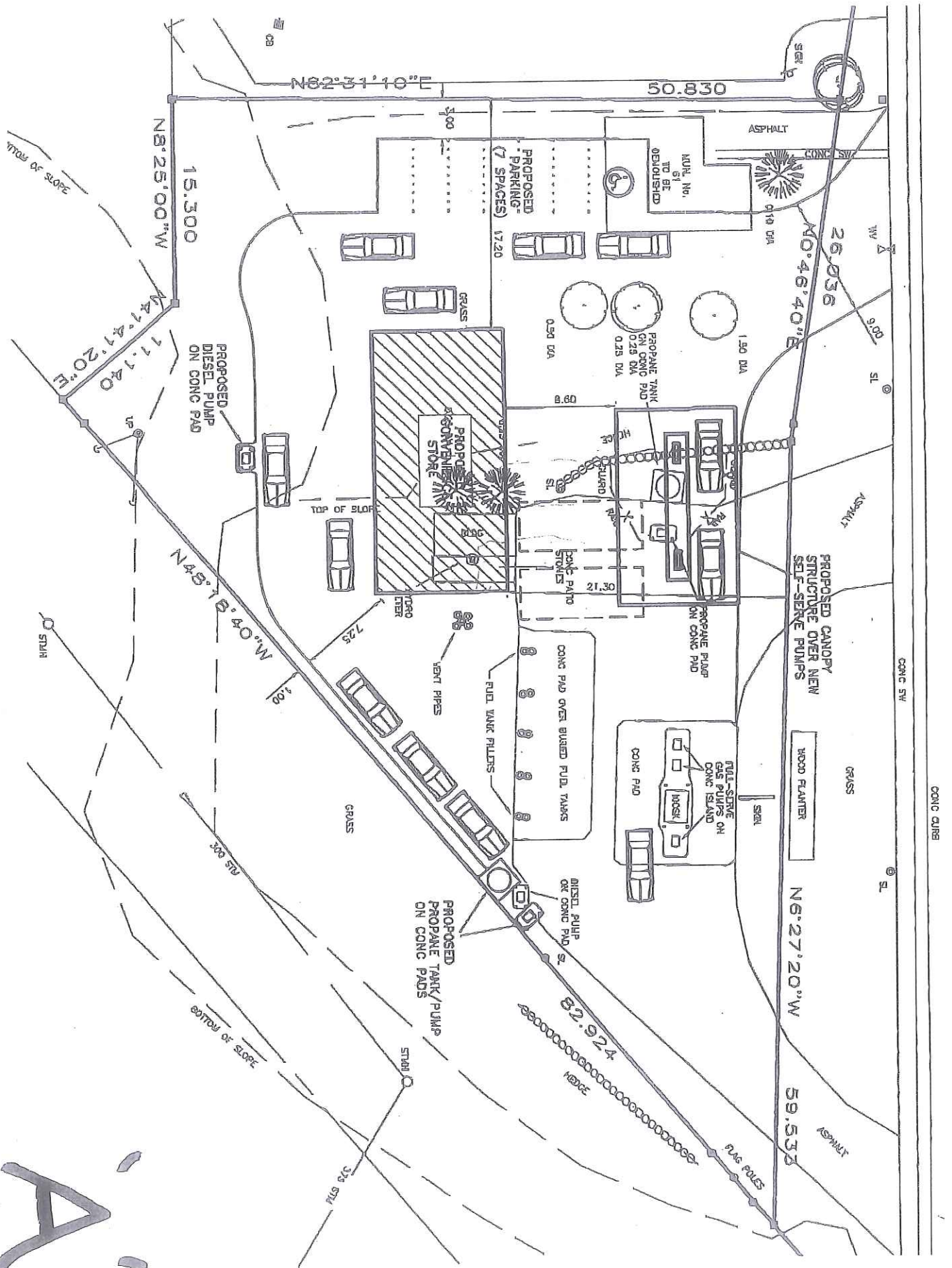
GPS Coordinates: 43°21'27.14"N 81°28'59.79"W

Municipality: Municipality South Huron

Clerk: Michael DiLullio

Address: Clerks Office, Municipality of South Huron, P.O. Box 759, Exeter, Ontario NOM 1S6

SCALE 4" = 100'
A



CONC CURB

CONSTRUCTION NOTES:

All work shall meet the minimum standards and specifications of the Town of Exeter and O.P.S.S.

The Contractor is to meet all the requirements of the owners of the utilities on this plan, and must make satisfactory arrangements with the utility companies for crossing their installations and for providing adequate protection during construction.

Existing surfaces within the road allowance which are disturbed during construction shall be restored to a condition at least as good as original or as otherwise noted to the specifications of the Town Engineer. All asphalt cuts are to be milled (40mm deep x 450mm wide).

Minimum MAIN STREET Pavement Structure to consist of:
 40mm HL-3 - compacted to 97% Standard Marshall density
 85mm HL-8 - compacted to 97% Standard Marshall density
 150mm Granular "A" - compacted to 100% Standard Proctor maximum dry density
 800mm Granular "B" - compacted to 100% Standard Proctor maximum dry density
 or to match existing road structure.

Minimum ON-SITE Pavement Structure to consist of:
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The following Ontario Provincial Standard Drawings shall be used on this project:

- OPSD 600.110 Concrete Barrier Curb
- OPSD 600.040 Concrete Barrier Curb with Standard Gutter

No foundation drain connections will be permitted into the sanitary sewers and no direct gravity connections from the foundation drains will be permitted to the storm sewer system.

The Owner shall have its Professional Engineer provide full-time inspection during construction and a Certificate of Completion of works upon completion of all works to be constructed on an existing City street or easement.

The Owner shall have its Professional Engineer provide adequate inspection during construction and a Certificate of Completion of works upon completion of all works which are to be assumed by the City. Boulevards to be restored with nursery sod on 100mm topsoil.

SEDIMENT CONTROL MEASURES

The Contractor shall construct temporary measures to control all entering the storm drainage system to the specifications outlined in the Guidelines on Erosion and Sedimentation Control for Urban Construction Sites prepared by the Ministry of Natural Resources.

Protect all exposed surfaces and control all runoff during construction. All erosion control measures to be in place before starting construction, and remain in place until restoration is complete.

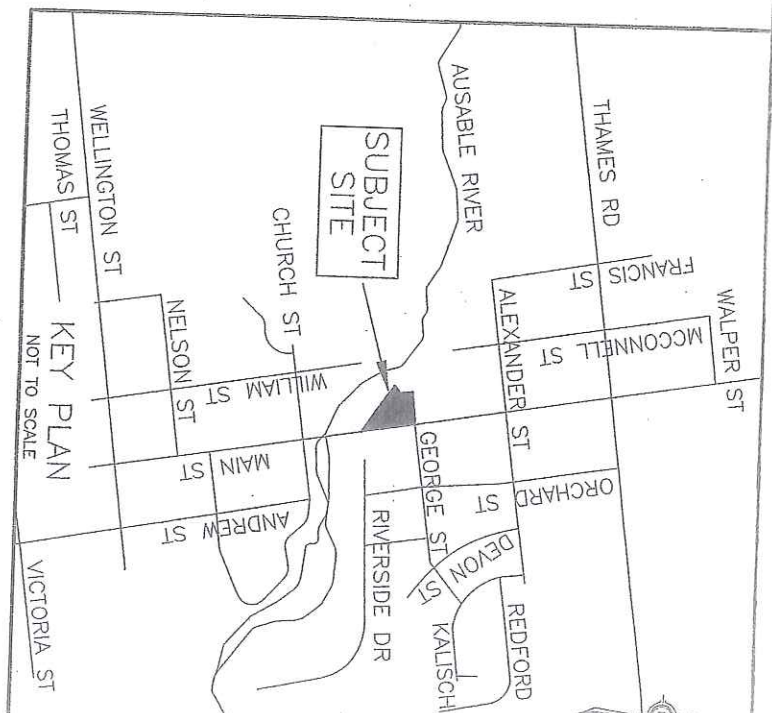
Maintain erosion control measures during construction. All collected sediment to be disposed of at an approved location.

Minimize area disturbed during construction.

All dewatering to be disposed of in an approved sedimentation basin.

Protect all catchbasins, manholes, and pipe ends from sediment intrusion with geotextile (terracrix 270 g).

Keep all sumps clean during construction.



SITE PLAN

OF PART OF
 LOTS 795, 796, 797 & 798
 REGISTERED PLAN No. 376
 (FORMERLY TOWN OF EXETER)
 NOW THE

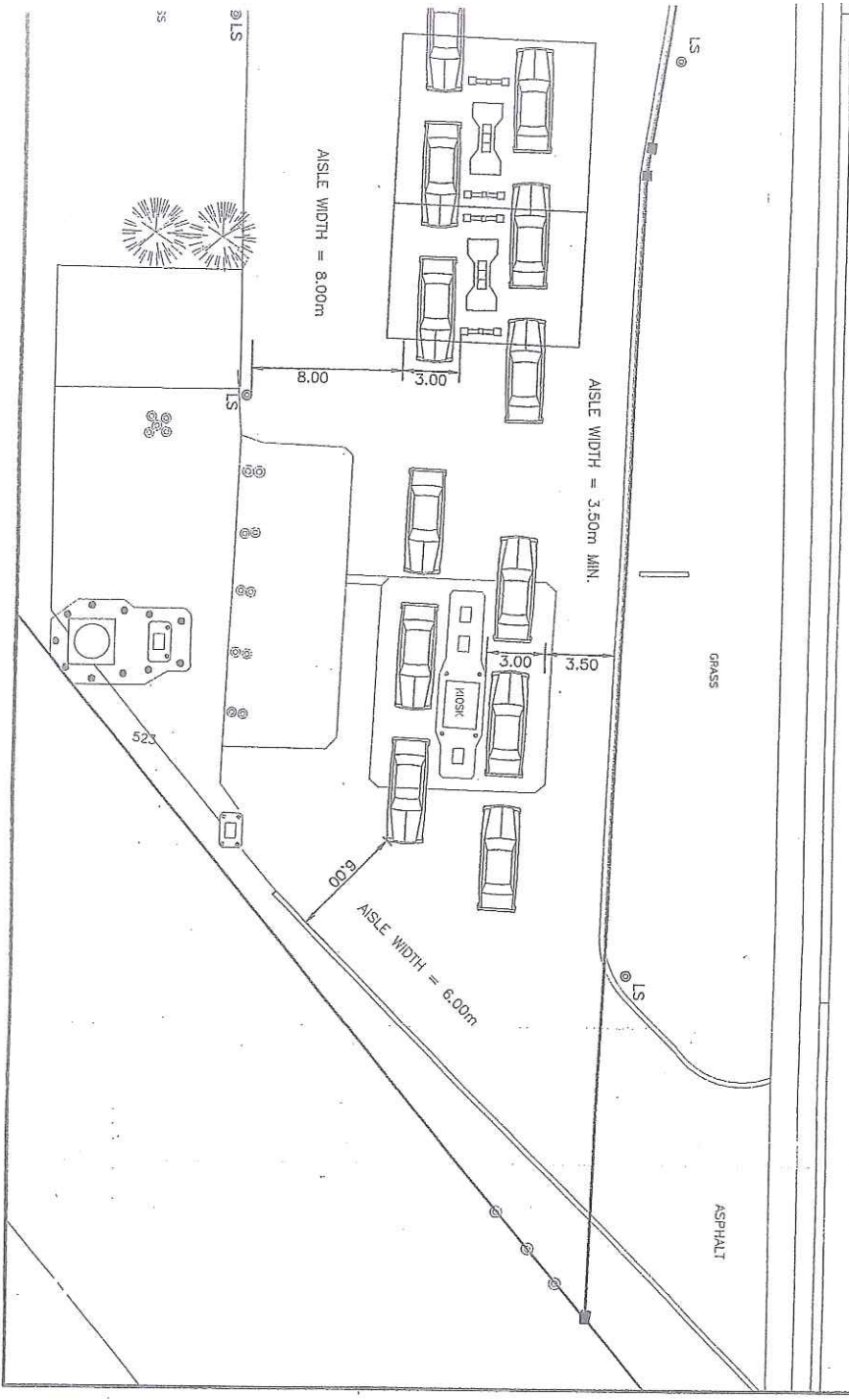
MUNICIPALITY OF SOUTH HURON
 COUNTY OF HURON

LEGEND

- EX. STN. MH
- EX. STN. MH
- EXISTING CATCHBASIN/CATCHBASIN MANHOLE

keep on sumps clean during construction.
 Prevent wind-blown dust.
 Straw bales to be used in localized areas as shown and as directed by the engineer during construction.
 Straw bales to be terminated by rounding bales to contain end-filter runoff.

STACKING LANES AND AISLE WIDTHS
 SCALE 1:250



- EXISTING CATCHBASIN MANHOLE
- STORM SEWER
- CATCHBASIN
- CATCHBASIN MANHOLE
- SAINTARY SEWER
- WATERMAIN
- GAS SERVICE
- ELECTRICAL SERVICE
- COMMUNICATIONS SERVICE
- EXISTING WATERMAIN
- EXISTING GASMAIN
- EXISTING TELEPHONE LINE
- EXISTING CABLE LINE
- EXISTING HYDRO LINE
- EXISTING UTILITY POLE
- EX. HP
- PROPOSED ELEVATION (63.17)
- MATCH EXISTING ELEVATION 264.13
- EXISTING ELEVATION
- EXISTING GAS/WATER VALVE
- WATER VALVE
- WATER METER - TO BE LOCATED IN A HEATED ROOM
- EXISTING FIRE HYDRANT AND VALVE
- DIRECTION OF SURFACE DRAINAGE ENTRANCE
- LANDSCAPED AREA
- REMOVE
- FIRE ROUTE

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THE PROPOSED GRADING AND APPROPRIATE DRAINAGE WORKS COMPLY WITH SOUND ENGINEERING DESIGN AND THAT THE PROPOSED GRADING IS COMPATIBLE WITH EXISTING DRAINAGE PATTERNS ON AND ACROSS THESE LANDS AND THE ADJOINING LANDS OR APPLICABLE CITY BY-LAWS.

METRIC

DISTANCES SHOWN ON THIS PLAN ARE IN METRES AND CAN BE CONVERTED TO FEET BY DIVIDING BY 0.3048

SITE BENCHMARK #1, TOP OF HOBART SPINDLE ELEVATION = 265.803

CONSTRUCTION NOTES:

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The Owner shall have its Professional Engineer provide adequate inspection during construction and a Certificate of Completion of works upon completion of all works which one to be assumed by the City.
 Boulevards to be restored with nursery sod on 100mm topsoil.

SEDIMENT CONTROL MEASURES

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Protect all exposed surfaces and control all runoff during construction.
 All erosion control measures to be in place before starting construction, and remain in place until restoration is complete.

Maintain erosion control measures during construction. All collected sediment to be disposed of at an approved location.
 Minimize area disturbed during construction.

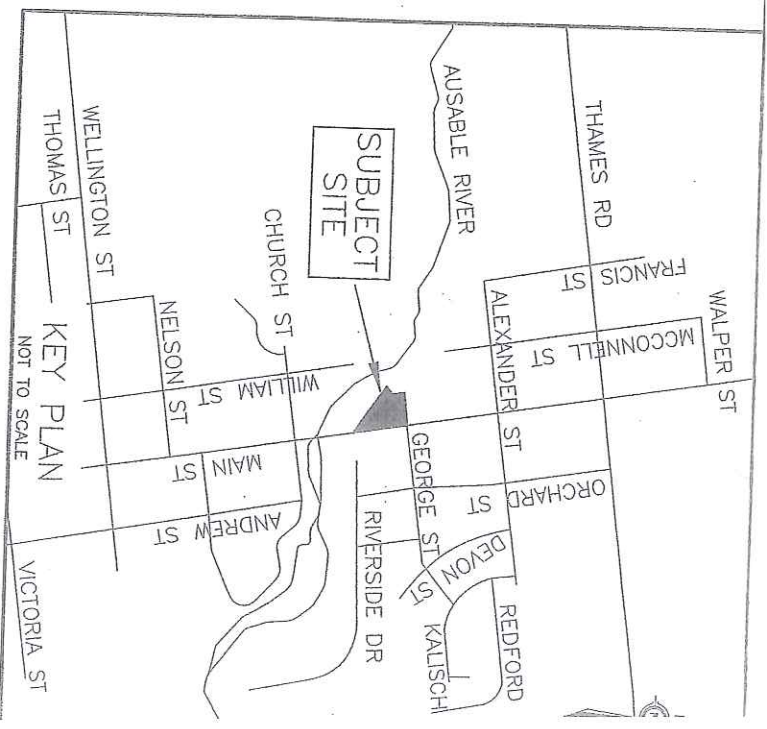
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 Protect all catchbasins, manholes, and pipe ends from sediment intrusion with geotextile (terradix 270 I).

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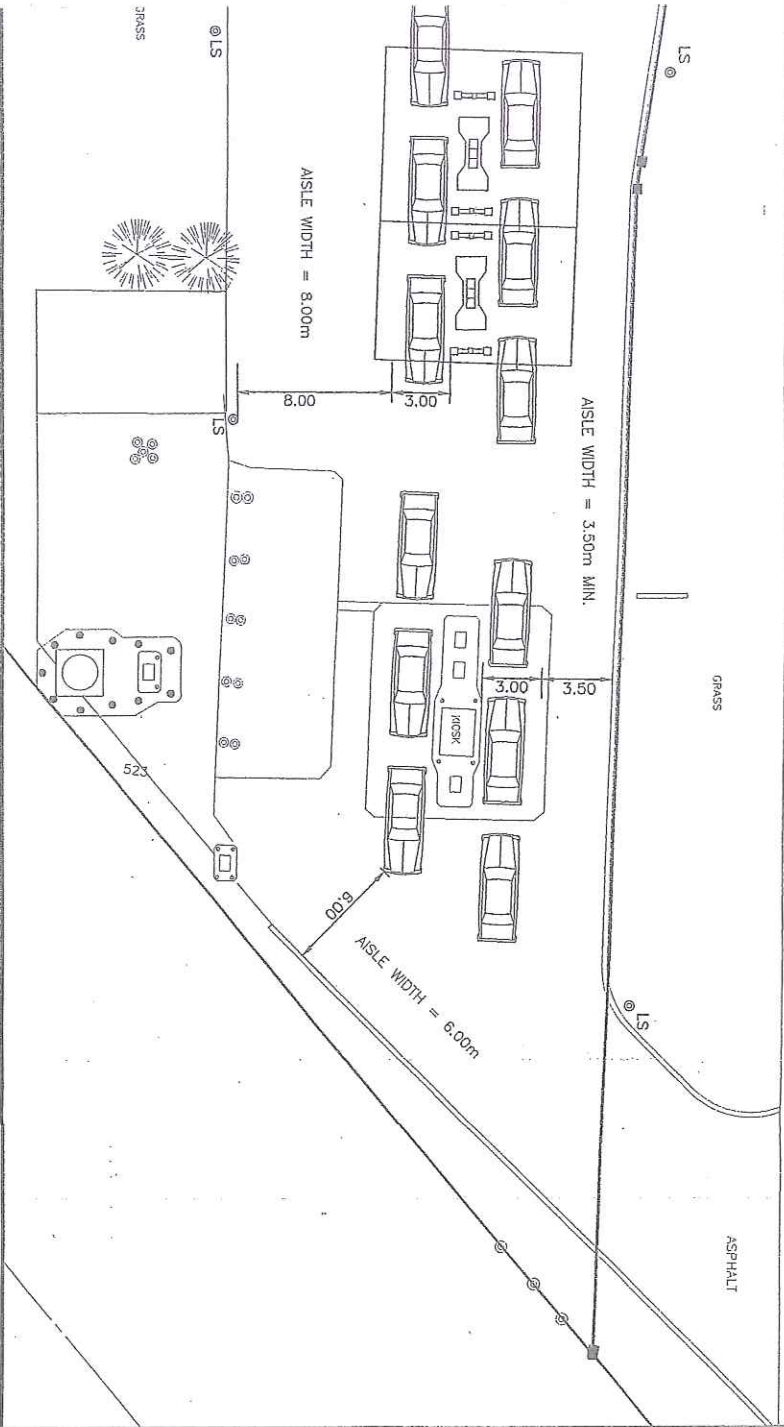


SITE PLAN

OF PART OF
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 (FORMERLY TOWN OF EXETER)
 NOW THE
MUNICIPALITY OF SOUTH HURON
 COUNTY OF HURON



STACKING LANES AND AISLE WIDTHS
SCALE 1:250



- EX. 300 W/M
- EX. 600 W/M
- EX. GAS
- BLULL.
- ROGERS UTILITY CABLE
- HYDRO
- EX. HP
- PROPOSED ELEVATION
- (63.17)
- 296.15
- EXISTING ELEVATION
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- WATER VALVE
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- LANDSCAPED AREA
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SITE BENCHMARK
#1, TOP OF HYDRANT SPINDLE - ELEVATION = 265.803

ENGINEER
LICENSED PROFESSIONAL ENGINEER
I. L. SCHUMMANS
PROVINCE OF ONTARIO
5-5300

HENSALL DISTRICT CO-OP

SCALE
1:250

TITLE
EXETER GAS BAR - MAIN ST.
GRADING PLAN

PROJECT No. 1128-1
SHEET No. 01
PLAN FILE No.

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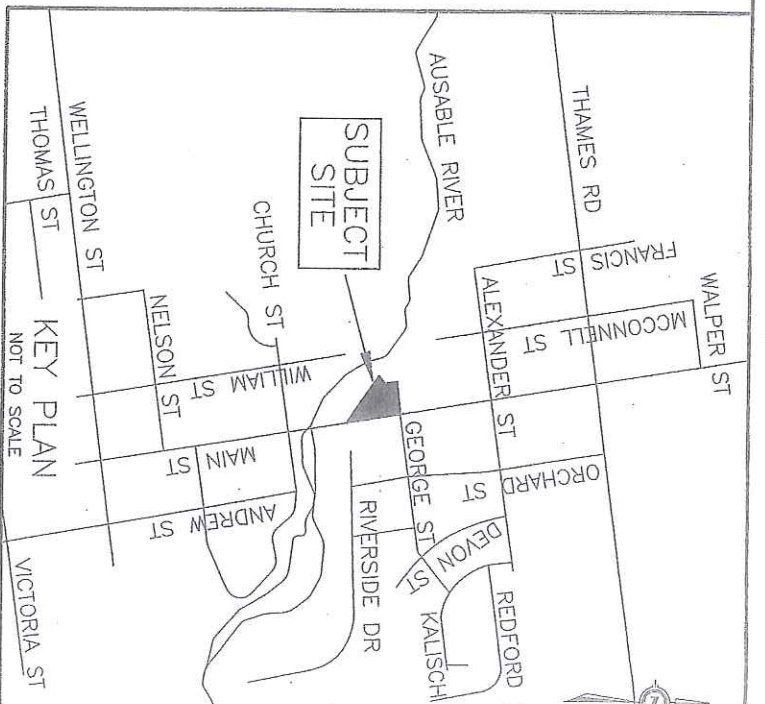
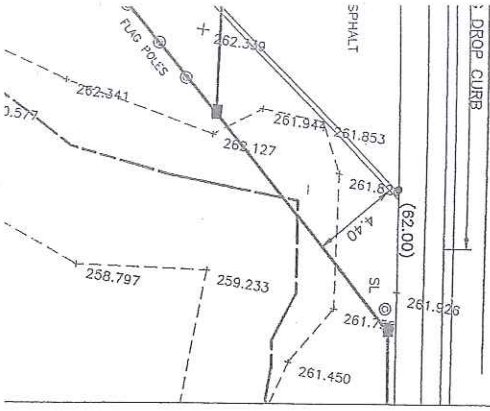
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LEGEND

— EX. STM. MH — EXISTING STORM SEWER AND MANHOLE