



Technical Standards and Safety Authority  
www.tssa.org  
14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4076  
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.

**A** Company Name: Parkland Industries Ltd Corporation No.: 1586632  
Operator Name (if different from above):

Telephone No.: 905-630-2060 Fax No.: E-mail:

**B** Street No.: 1122 Street Name / 911 Number / Address, if applicable: International Blvd  
Town / City or Township / County: Burlington Province: Ontario Postal Code: L7L 6Z8  
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**

**D** Location of facility:  
Street No.: 1365 Street Name / 911 Number / Address, if applicable: Colbourne Street Nearest Major Intersection: Shaver Street  
Town / City or Township / County: County of Brant Province: Ontario Postal Code: N3T 5M1

Name of Licence Holder: Parkland Industries Ltd  
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Brian Kilchen ROT type: PPO-3  
Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Burlington  
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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Print Name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: Parkland Industries Ltd.		24-06-2015
Name of Senior Management person as defined in the Regulation holding the Record of Training: Brian Kilchen		



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**SECTION A: GENERAL INFORMATION (cont'd)**

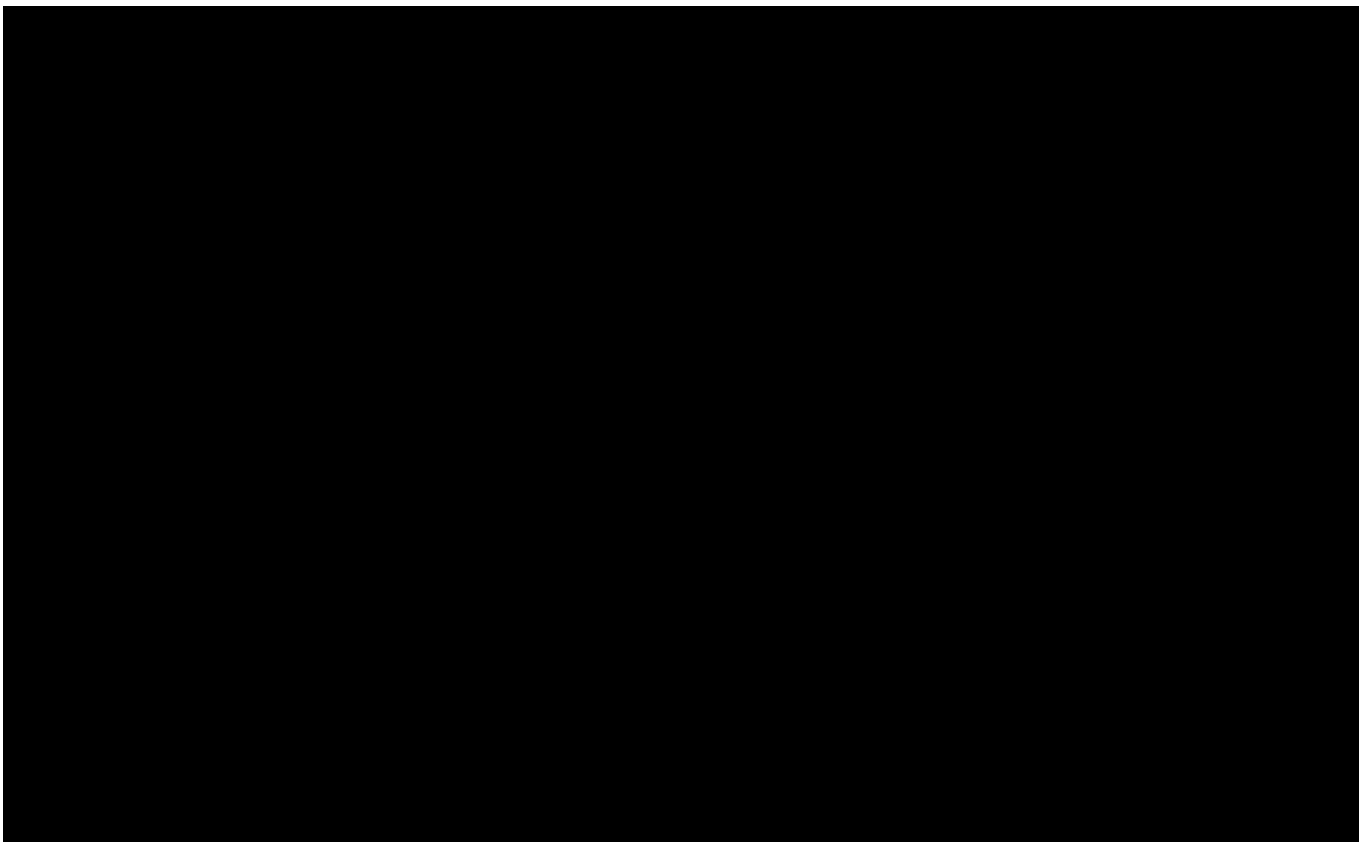
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1984      N/A

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

	PSIG	Serial Number
Tank 1:	250	5.693217
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 USWG      Portable: 145      Mobile: \_\_\_\_\_



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Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-639-2060	24-06-2015



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

Name of Propane Supplier(s) Suncor Energy Products		For Office Use - Party No.	
Street No. 2489	Street Name / 911 Number / Address, if applicable North Sheridan Way		
Town / City or Township / Country Mississauga		Province Ontario	Postal Code L5K 1A8
Telephone No. 905-804-4500	Fax No.	Contact Name Mable Kwok	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Primemax Energy			
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Road		
Town / City or Township / Country Ayr		Province Ontario	Postal Code N0B 1E0
Telephone No. 1-800-377-1666	Fax No.	Contact Name Dave Reinhart	
E-mail			

Off-site Cylinder and/or Mobile Storage	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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Signature 	Telephone No. 905-639-2060	Date (dd-mm-yyyy) 24-06-2015



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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 storage tanks, 3 X 25,000/ 2 X 25,000

The underground storage tanks have seal tight below grade caps with either fibreglass or steel grade caps. The pumps have below grade shear valves.

Description of fire and emergency equipment indicated on facility site map.  
4 X ABC fire extinguishers

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.

Spring loaded door shut off. A steel cable with fusible link attached to the door. In the event of a leak the door can be closed which will close main valve at the bottom of the tank stopping any further release of propane

Maintenance and testing schedule for fire protection controls and devices.

Annual contractors inspection of the propane equipment

Fire extinguishers to be maintained in accordance with the Ontario Fire Code

Site daily sign off

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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Mike Brown	For Office Use - Party No.	Name Mike Dietrich	For Office Use - Party No.
Official Title Manager		Official Title Manager, Facilities	
Telephone No. 519-752-3119	Fax No.	Cell No. 905-515-2698	Fax No.
E-mail Loc005@stns.pioneer.ca		E-mail miked@pioneer.ca	
Role and responsibilities in emergency Implement evacuation plan and call 911		Role and responsibilities in emergency Respond to incident, notify stakeholder of issue	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Julie Stinson	For Office Use - Party No.	Name Mike Brown	For Office Use - Party No.
Official Title Area Manager		Official Title Manager	
Telephone No. 905-320-4857	Fax No.	Telephone No. 519-752-3119	Fax No.
E-mail julies@pioneer.ca		E-mail loc005@stns.pioneer.ca	
Role and responsibilities in emergency Reactive response to emergency. No immediate response. Area Manager would be notified and then attend site promptly		Role and responsibilities in emergency Implement evacuation plan and call 911	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Paul Boissonneault	For Office Use - Party No.	Name Mable Kwok	For Office Use - Party No.
Official Title Fire Chief & CEMC	E-mail paul.boissonneault@brant.ca	Official Title Manager	E-mail
Telephone No. 519-442-4500	Fax No.	Telephone No. 905-804-4500	Fax No.
Role and responsibilities in emergency Coordinate/advise on fire service response-liaise with Police		Role and responsibilities in emergency None	
Fire Services Address 12 Garnet Road, County of Brant		Propane Supplier Address 2489 North Sheridan Way	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Geoff Hayman	For Office Use - Party No.	Name Heather Boyd	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail	Official Title Clerk/Manager	
Telephone No. 905-442-4500	Fax No. 519-442-4590	Telephone No. 519-449-2451	Fax No. 519-449-2454
Role and responsibilities in emergency Same as fire chief		E-mail heather.boyd@brant.ca	
Fire Services Address 12 Garnet Road, County of Brant		Municipality Name and Address County of Brant, 26 Park Ave PO box160 Burford, Ontario N0E 1A0	

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Signature 	Telephone No. 905-639-2060
	Date (dd-mmm-yyyy) 24-06-2015



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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.

N/A

[Empty lined area for describing additional safety measures]

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

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

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

Training Date (dd-mmm-yyyy) 06-2015	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 06-2015	Print Name of Training Provider: Retailer - no company
	Print Name of Instructor: Mike Brown
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 06-2015	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mmm-yyyy) 06-2016	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 06-2016	Print Name of Training Provider: Retailer - no company
	Print Name of Instructor: Mike Brown
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 06-2016	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**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).  
Upon discovery of an issue the staff will evacuate the site of all persons and move to the West. When they are at 3 Papple Road they will call Pioneer representatives as previously listed

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 staff would push the emergency stop button and then call 911 from the store or a cell phone, they will also move all employees and customers to the West and rally at 3 Papple road

**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).

In the event of an emergency the site staff would call 911 from the store or from the rally point at 3 Papple Road

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

The site has 24 hour clear access for the fire service

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

The on site employees will communicate with the situation commander when the fire service arrives

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

Approximately 30 minutes

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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>25 Meters</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>25 Meters</u>         |

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Signature 	Telephone No. 905-639-2060	Date (dd-mm-yyyy) 24-06-2015



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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.

**B. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

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

Yes

No



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

Fire services comments, if any:

**To be completed by the Licence Holder**

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

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

(dd-mmm-yyyy)

**LOCAL FIRE SERVICES**

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

Fire Chief Local Fire Services Name	Print name Paul Barssoneault	Signature 	Date (dd-mmm-yyyy) July 21/2015
--	---------------------------------	---------------	------------------------------------

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Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities	Date (dd-mmm-yyyy) 24-06-2015
Signature 	Telephone No. 905-639-2060	





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**SECTION C: SUBMISSIONS**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

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

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

**Map of Surrounding Area.**

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

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

**Required Mapping Information from Updated Site Plan**

Date map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
25-06-2015	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 8 m	Right side property line: 6 m
Rear: 115 m	Left side property line: 112 m
GPS coordinates of single largest vessel:	N43°09'1" W80°10'52"

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Mike Dietrich	Manager, Facilities	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-639-2060	24-06-2015



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

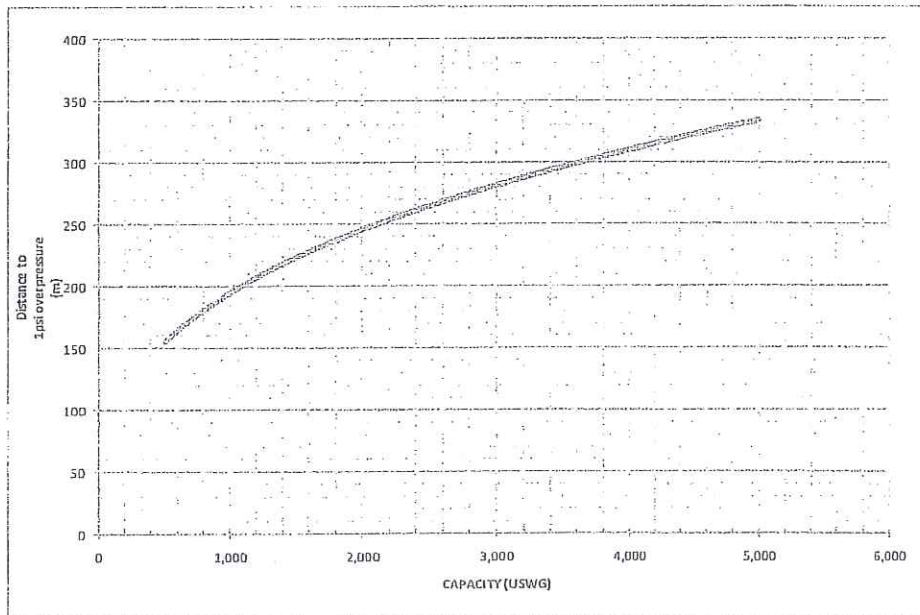
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* 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>Germihpene</u> Address: <u>1379 Colbourne Street</u> City: <u>County of Brant</u> Province <u>Ontario</u> Postal Code <u>N3T 5M1</u>			X		<u>23</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities	
Signature 	Telephone No. 905-639-2060	Date (dd-mm-yyyy) 24-06-2015





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: 1.877.692.9772

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

**WORKSHEET**

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	25	145
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		145	

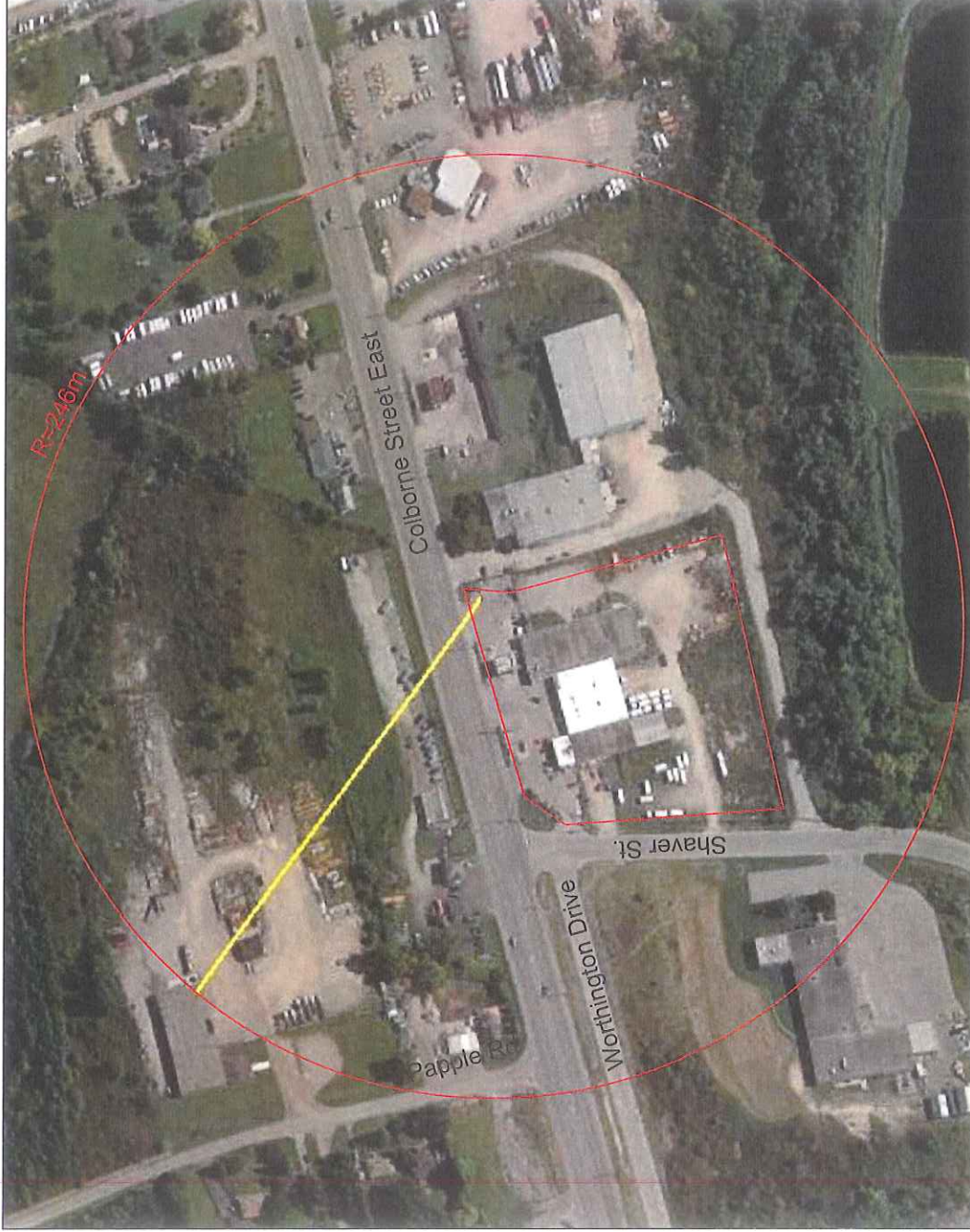
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	145
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	145

# Map of Surrounding Area

1365 Colborne Street East, Brantford



Municipal Contact Information	
NAME:	JAN FORBES
TITLE:	FIRE ADMINISTRATION
TELEPHONE No.:	519 442 4500
E-MAIL:	jan.forbes@brant.ca
MUNICIPALITY:	County of Brant

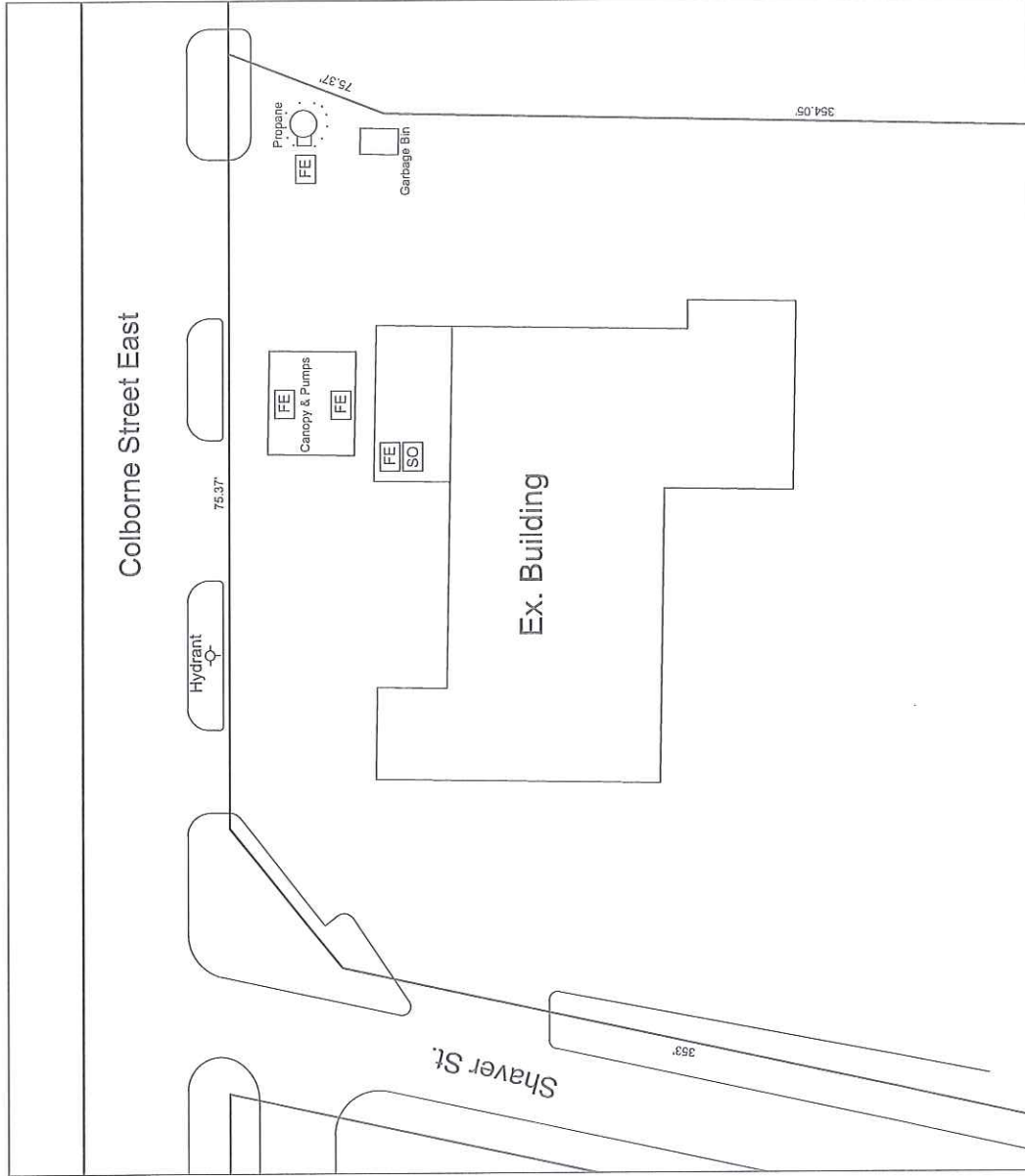
DATE MAP PREPARED: (25-06-2013)	CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL	2000USWG
IMAGERY DATE: 9/27/2013	TANK SETBACK COORDINATES:	
	FRONT: 8m	RIGHT SIDE PROPERTY LINE: 6m
	BACK: 115m	LEFT SIDE PROPERTY LINE: 112m
GPS COORDINATES OF SINGLE LARGEST VESSEL N43°09'1" W80°10'52"		



1122 International Blvd., Suite 700  
 Burlington, Ontario L7L 6Z8  
 Ph. 905 633 2060 Fax. 905 639 2366

# Facility Site Plan

1365 Colborne Street East, Brantford



**Legend**

- FE Fire Extinguisher
- Hydrant Fire Hydrant
- SO Shut off Switch

**PIONEER**  
1122 International Blvd., Suite 700  
Burlington, Ontario L7L 6Z8  
Ph. 905 633 2060 Fax 905 639 2366