

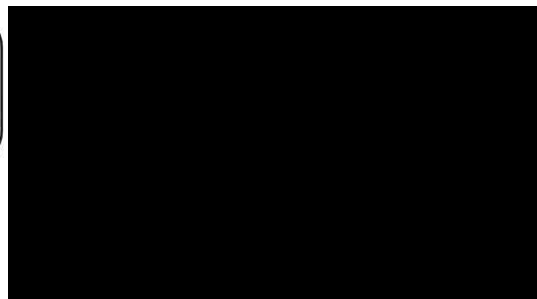


Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

Application for a Review of a Risk and Safety Management Plan (RSMP) for an Existing Propane Facility
Technical Standards and Safety Act
Propane Storage and Handling Regulation

Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution.



The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Firm Name		Ontario Corporation No., if applicable	
A MINIT AUTO SERVICE CENTRE		901899	
E-mail Address			
hdaya@mail.com			
Area Code	Telephone No.	Contact Person	
905	684-4740	HABIBA DAYA	
Street No.		Street Name, Lot / Concession No.	
1393		FOURTH AVENUE LOUTH	
Town / City or Township / County		Province	Postal Code
ST. CATHERINES		ONTARIO	L2R-6P9

Information on Container Refill Centre or Filling Plant

Location of premises to be licensed

Street No.		Street Name, Lot / Concession No.	
C 1393		FOURTH AVENUE LOUTH	
Town / City or Township / County		Province	Postal Code
ST. CATHERINES		ONTARIO	L2R-6P9
Supplier			
D EDPRO ENERGY GROUP INC.			
Street No.		Street Name, Lot / Concession No.	
520		SOVEREIGN ROAD	
Town / City or Township / County		Province	Postal Code
LONDON		ONTARIO	N5V-4K4
Licence Number		Total Storage Capacity	
0060007001C		2000	
In U.S. Water Gallons			

Persons employed that hold a required certificate or Record of Training.
Add an additional sheet if insufficient space.

Name	Certificate Number
SHIRAZ DAYA	49758
GUY MELHEY	94931

Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.

I certify that the above information is true.

Print name of Owner/Operator SHIRAZ DAYA

Position PRESIDENT

Date (mm-dd-yyyy)

15-09-2011

Signature



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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.

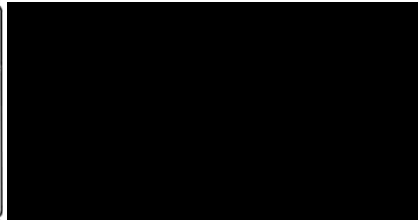
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Licence Number 0060007001C

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 MINIT AUTO SERVICE CENTRE Ontario Corporation No., if applicable 901899

Operator Name (if different from above) _____

Telephone No. 905-684-4740 Fax No. 905-684-4565 E-mail HDAYA@MAIL.COM

Street No. 1393 Street Name / 911 Number / Address, if applicable FOURTH AVENUE LOUTH

Town / City or Township / County ST. CATHARINES Province ONTARIO Postal Code L2R 6P9

Mailing address if different from above.

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.

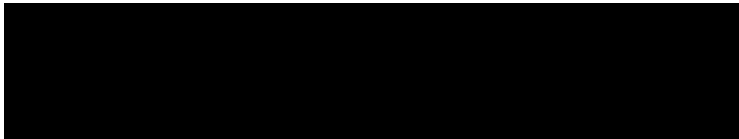
Street No. 1393 Street Name / 911 Number / Address, if applicable FOURTH AVENUE LOUTH Nearest Major Intersection FOURTH AVE. LOUTH & THIRD ST. LOUTH

Town / City or Township / County ST. CATHARINES Province ONTARIO Postal Code L2R 6P9

Name of Licence Holder 901899 ONTARIO INC.

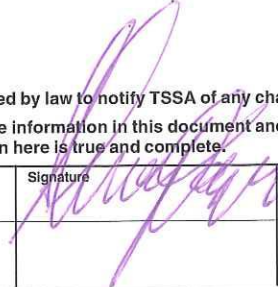
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). SHIRAZ DAYA ROT type P.T.I. 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CITY OF ST. CATHARINES

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>901899 ONTARIO INC.</u>		<u>15-09-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>SHIRAZ DAYA</u>		



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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)

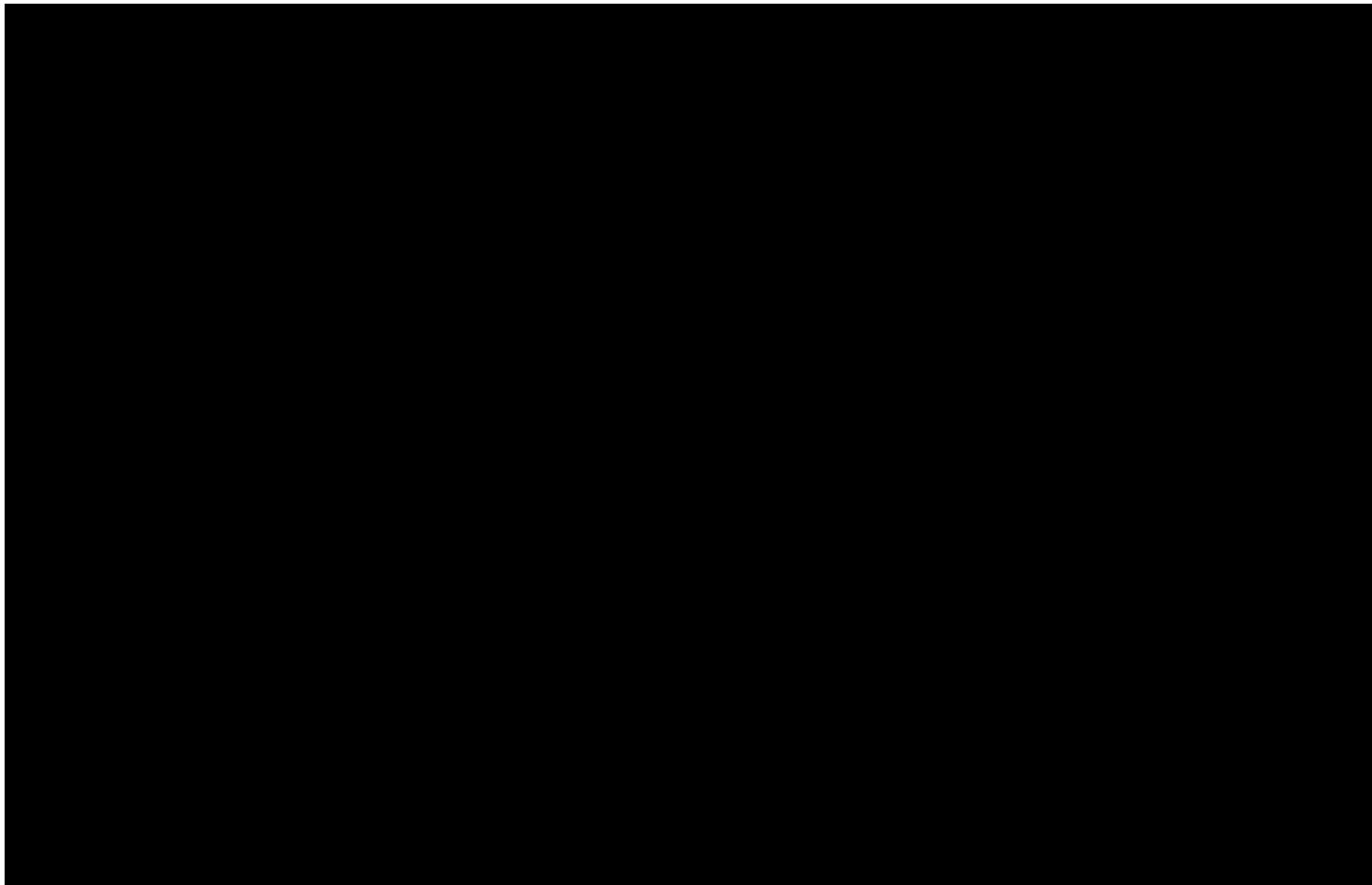
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2001 None.

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

	PSIG	Serial Number
Tank1:	250	5.563729
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: 185.04 USWG Mobile: 0



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Name of person completing this form (please print) SHIRAZ DAYA	Official Title PRESIDENT
Signature 	Telephone No. 905-684-4740
	Date (dd-mm-yyyy) 15-09-2011



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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) DIRECT PROPANE Inc.			
Street No.	Street Name / 911 Number / Address, if applicable PO Box 14		
Town / City or Township / Country ORANGEVILLE		Province ON	Postal Code L9W 2Z5
Telephone No. 416 523-0499	Fax No.	Contact Name Doug Fiegehen	
E-mail doug@directpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
PRIMEMAX ENERGY			
Street No.	Street Name / 911 Number / Address, if applicable RR 4		
Town / City or Township / Country CAMBRIDGE		Province ON	Postal Code N1R 5S5
Telephone No. 519 740-8209	Fax No.	Contact Name MIKE TAYLOR	
E-mail primemax@primemaxenergy.com			

Off-site Cylinder and/or Mobile Storage NA	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
Telephone No.	Fax No.	Contact Name

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

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Signature 	Telephone No. 905-684-4740
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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.

20,000 liters of diesel, 54,300 liters of gasoline, 500 liters of used oil

Consumer quantities of items such as engine oil, spray paint, cleaners, etc.

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

Fire extinguisher - Identified on site plan

Emergency shut-off - Identified on site plan

Municipal fire hydrant - Identified on site plan

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.

Internal Safety Control (ISC) valve activator

Maintenance and testing schedule for fire protection controls and devices.

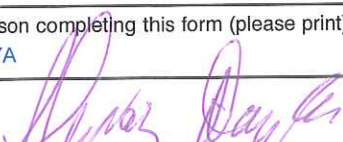
Fire extinguisher is inspected by outside company annually

Fire extinguisher inspected in-house monthly

Comprehensive dispenser inspection conducted annually by G2-LP certificate holder or higher

Facility inspection by TSSA completed annually

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Signature 	Telephone No. 905-684-4740	Date (dd-mm-yyyy) 15-09-2011



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

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 SHIRAZ DAYA	For Office Use - Party No.	Name SHIRAZ DAYA	For Office Use - Party No.
Official Title PRESIDENT		Official Title PRESIDENT	
Telephone No. 905-684-4740	Fax No. 905-684-4565	Cell No. 905-327-4160	Fax No. 905-684-4565
E-mail shirazdaya.minitauto@computan.on.ca		E-mail hdaya@mail.com	
Role and responsibilities in emergency Represent licence holder/operator on interaction with authorities Ensure regulations are met		Role and responsibilities in emergency Site liaison for enacting internal and external emergency procedures Communication with emergency responders, supplier and subcontractors	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name HABIBA DAYA	For Office Use - Party No.	Name SHIRAZ DAYA	For Office Use - Party No.
Official Title CONTROLLER		Official Title VICE-PRESIDENT	
Telephone No. 905-684-4740	Fax No. 905-684-4565	Telephone No. 905-684-4740	Fax No. 905-684-4565
E-mail hdaya@mail.com		E-mail hdaya@mail.com	
Role and responsibilities in emergency Facility 24 Hr Contact in other unavailable		Role and responsibilities in emergency Ensure approved procedures are followed Ensure internal emergency procedures are current and employees aware	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name MARK MEHLENBACHER	For Office Use - Party No.	Name JOE ERSKINE	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title CEO	
Telephone No. 905-688-5601	Fax No. 905-685-4690	Telephone No. (519) 690-0000	Fax No. (519) 690-1948
E-mail mmehlenbacher@stcatharines.ca		E-mail jerskine@edproenergy.com	
Role and responsibilities in emergency Review and provide guidance on fire safety, emergency response and preparedness. Interface for invitation to conduct annual site review		Role and responsibilities in emergency Technical assistance; dispatch of service technician and specialized equipment Activate Emergency Response Assistance Plan by LPGERC	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name DAVE WOOD	For Office Use - Party No.	Name PAUL CHAPMAN	
Official Title DEPUTY FIRE CHIEF		Official Title DIRECTOR OF PLANNING SERVICES	
Telephone No. 905-688-5601	Fax No. 905-685-4690	Telephone No. 905-688-5600	Fax No. 905-682-3631
E-mail dwood@stcatharines.ca		E-mail	
Role and responsibilities in emergency Same as Fire Services - Key Contact if other unavailable		Municipality City of St. Catharines	

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Name of person completing this form (please print) SHIRAZ DAYA	Official Title PRESIDENT
Signature 	Telephone No. 905-684-4740
	Date (dd-mm-yyyy) 15-09-2011



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Technical Standards and Safety Act
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

[Large empty area with horizontal dashed lines 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-mm-yyyy) 2011-07-26	Print Name of Training Provider: EDPRO ENERGY GROUP INC.
	Print Name of Instructor: JOE ERSKINE
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:

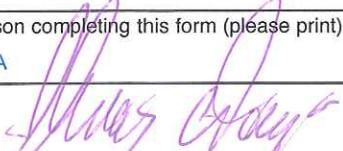
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 2011-07-26	Print Name of Training Provider: EDPRO ENERGY GROUP INC.
	Print Name of Instructor: JOE ERSKINE
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) 2008-08-25	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: DOUG FIEGEHEN
Training Date (dd-mm-yyyy) 2010-12-20	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: DOUG FIEGEHEN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. 905-684-4740 Date (dd-mm-yyyy) 15-09-2011



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

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) 2012-08-01	Print Name of Training Provider: EDPRO ENERGY GROUP INC.
	Print Name of Instructor: TBD
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) 2012-08-01	Print Name of Training Provider: MINIT AUTO SERVICE CENTRE
	Print Name of Instructor: SHIRAZ DAYA
Target Date (dd-mm-yyyy) 2011-08-01	Print Name of Training Provider: EDPRO ENERGY GROUP INC.
	Print Name of Instructor: TBD
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) 2011-08-15	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: TBD
Target Date (dd-mm-yyyy)	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor:
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).

In the event of a fire/significant propane leak the operator will activate the Emergency Stop control on the dispenser and/or delivery truck

The operator will contact Fire Services by calling 9-1-1 and initiate facility evacuation

Fire Services will oversee public notification and/or evacuation

Facility Contact will contact Propane Supplier Key Contact who will activate ERAP (if necessary) and report to TSSA through Spills Action Centre

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 operator, immediately after activating the Emergency Stop control, will orally notify any other employees and visitors on site to evacuate, then call 9-1-1

All employees and visitors will immediately vacate the building and premises to evacuation point (indicated on site plan)

and await direction from emergency responders.

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).

All employees are instructed to and authorized to activate emergency response authorities by calling 9-1-1 upon occurrence of fire and/or significant leak

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

Facility is not gated or fenced. Fire services has access to the propane equipment from Fourth Ave.

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

Emergency Services are formally invited for a full site review on an annual basis with supplementary site access for training or orientation as requested.

TSSA conducts a comprehensive inspection annually. Site specific emergency procedures are reviewed annually with all employees.

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

Facility 24 Hour Contact would be able to respond to site in 1 minute

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Signature 	Telephone No. 905-684-4740
	Date (dd-mm-yyyy) 15-09-2011



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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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input 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 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>25 m</u>	

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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:

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 MARK MEHLENBACHER	<i>[Signature]</i>	20/07/2011

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Name of person completing this form (please print)	Official Title	
SHIRAZ DAYA	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i> See previous Page (p. 13)	905-684-4740	30/8/11



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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 MARK MEHLENBACHER	<i>previous attachment</i>	

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) SHIRAZ DAYA	Official Title PRESIDENT	
Signature <i>Shiraz Daya</i>	Telephone No. 905-684-4740	Date (dd-mm-yyyy) 15-09-2011



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

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) 18-07-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 11m	Right side property line: 62m
Rear: 104m	Left side property line: 7m
GPS coordinates of single largest vessel: 43°9'18.05"N, 79°17'23.92"W	

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SECTION C: SUBMISSIONS (cont'd)

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

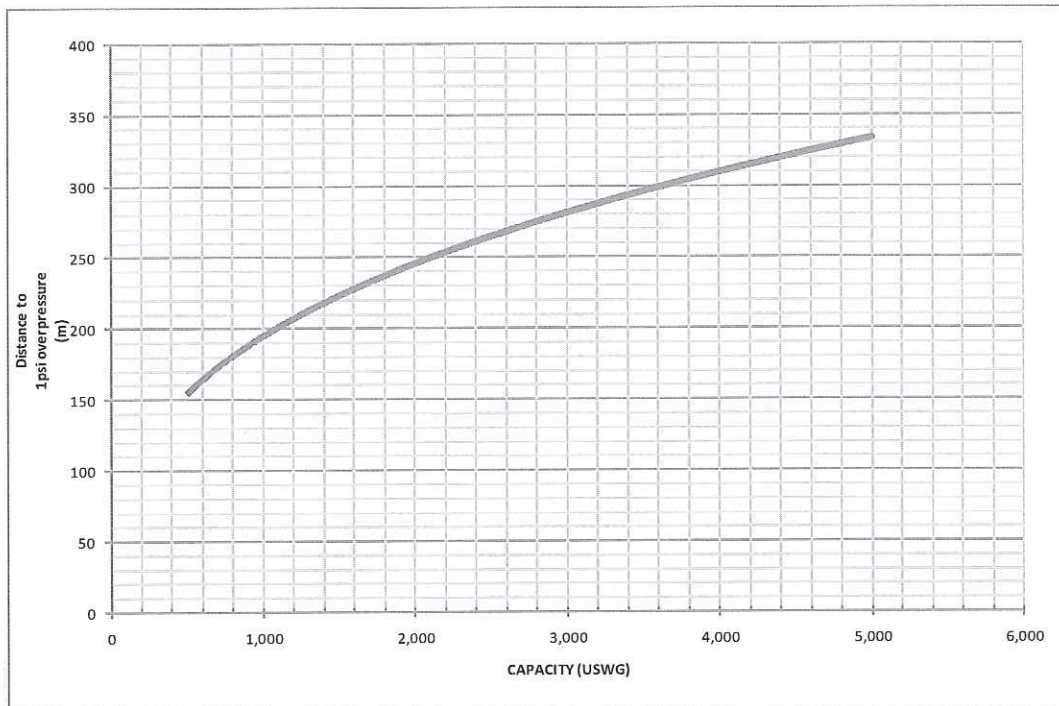
Table 1: Distance Table

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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	Date (dd-mm-yyyy) 15-09-2011



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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>Storage Compounds</u> Address: <u>1395 Fourth Avenue Louth</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2R 6P9</u>			X		<u>59</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		<u>178</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Kathleen O'Brian & Associates</u> Address: <u>1396 Fourth Avenue Louth</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2R 6P9</u>			X		<u>71</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature 	Telephone No. <u>905-684-4740</u> Date (dd-mm-yyyy) <u>15-09-2011</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	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	12	115.44
# 30	8.8	0	0
# 20	5.8	12	69.6
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			185.04 USWG

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
NONE	0	0
Total Tank Capacity		0

Total Cylinder Capacity	185.04 USWG
Total Tank Capacity	0 <i>2000 USWG</i>
Total Portable Capacity	185.04 USWG

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Signature <i>Shiraz Daya</i>	Telephone No. 905-684-4740	Date (dd-mm-yyyy) 15-09-2011

Minit Auto - Map of Surrounding Area

Minit Auto Dispenser

GPS Coordinates of 2000 USWG Tank: 43°9'18.05"N, 79°17'23.92"W

Legal Description: TBD

Address: 1393 Fourth Avenue Louth

St. Catharines, Ontario

City of St. Catharines

Paul Chapman, Director of Planning Services

50 Church Street, P.O. Box 3012

St. Catharines, ON, L2R 7C2

Tel: (905) 688-5600 Fax: (905) 682-3631

Public Receptors of Note

1	Residential
2	New Holland Dealership
3	Rittenhouse
4	Kathleen O'Brian & Associates
5	Vehicle storage compound
6	Home Hardware
7	Residential
8	Storage Compounds
9	All Care Landscape
10	Residential
11	Residential

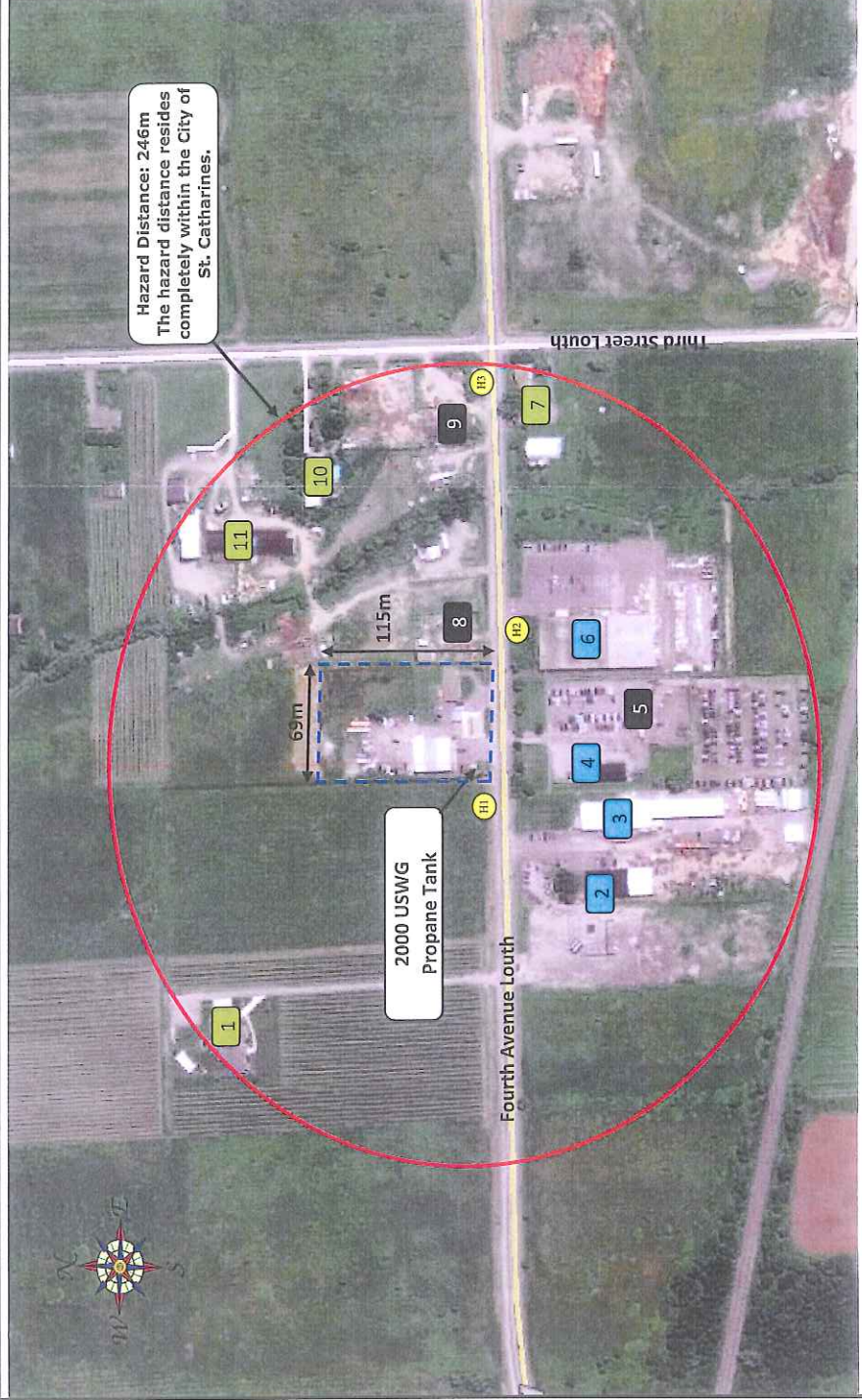
Setbacks

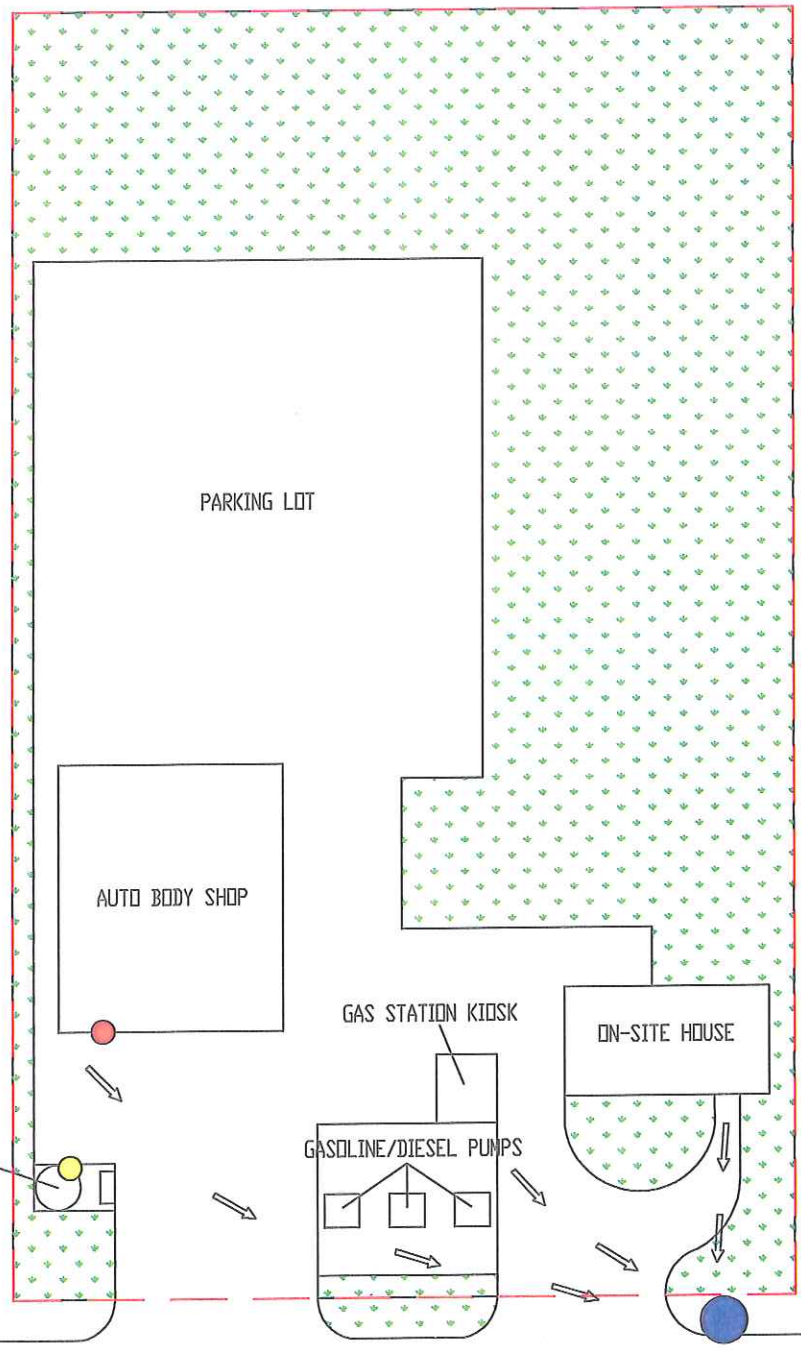
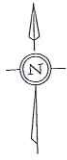
Front (South): 11m
 Rear (North): 104m
 Right (East): 62m
 Left (West): 7m

Fire Hydrants

H1	25m
H2	85m
H3	230m

LDR	Low Density Residential
HDR	High Density Residential
IND	Industrial
LDC	Low Density Commercial
HDC	High Density Commercial
SPB	Sensitive public





SETBACKS:
 FRONT (S): 11m
 REAR (N): 104m
 RIGHT (E): 62m
 LEFT (W): 7m

- FIRE EXTINGUISHER
- EMERGENCY STOP
- EVACUATION POINT

STORAGE:
 2,000 USWG PROPANE TANK
 54,300L U/G GASOLINE TANK
 20,000L U/G DIESEL TANK
 500L WASTE OIL TANK

BOLLARDS:
 -SPACED AT MOST 4.5' APART
 -BURIED AT LEAST 3'
 -SPACED AT LEAST 3.5' FROM TANK
 -AT LEAST 2.5' ABOVE GRADE

● FIRE HYDRANT (25m away)

FOURTH AVENUE SOUTH

SLEEGERS ENGINEERED PRODUCTS INC.	
CUSTOMER	MINIT AUTO SERVICE CENTRE
REFERENCE	1393 FOURTH AVENUE SOUTH, ST. CATHARINES, ONTARIO
TITLE	MINIT AUTO SITE PLAN
SCALE- NFS	WORK ORDER No. JRS11019
DATE- 2011/07/18	
DRAWN- DA	DESIGNED- JE
APP'D- JE	DRAWING No. SP MINIT RO

NOTE:
 THIS DRAWING GOVERNS OVER ANY CUSTOMER SPECIFICATIONS.

THE INFORMATION CONTAINED HEREIN IS PROPRIETARY TO SLEEGERS ENGINEERED PRODUCTS INC. AND SHALL NOT BE REPRODUCED OR DISCLOSED IN WHOLE OR IN PART, NOR USED FOR ANY REASON WHATSOEVER INCLUDING RESEARCH, DEVELOPMENT, DESIGN, AND MANUFACTURE EXCEPT WHEN SUCH USER POSSESSES DIRECT, WRITTEN AUTHORIZATION FROM SLEEGERS ENGINEERED PRODUCTS INC.

No.	DATE	REVISION	BY	APP'D

PROPRIETARY NOTICE