



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.

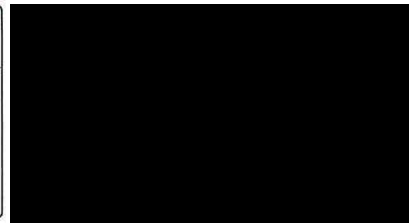
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 0076560820-C

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: Cripath One Corporation Ontario Corporation No., if applicable: 1649940

Operator Name (if different from above): Mallorytown KOA Kampground

Telephone No.: 613-923-5339 Fax No.: 613-923-1114 E-mail: fun@1000islandscamping.com

B Street No.: 1477 Street Name / 911 Number / Address, if applicable: County Road #2, RR3 PO Box 29

Town / City or Township / County: Mallorytown Province: ON Postal Code: K0E 1R0

Mailing address if different from above.

C Street No.: Street Name / 911 Number / Address, if applicable: Province: Postal Code:

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No.: 1477 Street Name / 911 Number / Address, if applicable: County Road #2 Nearest Major Intersection: County Road #5

Town / City or Township / County: Mallorytown Province: ON Postal Code: K0E 1R0

Name of Licence Holder: Mallorytown KOA Kampground

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Richard Marcoux ROT type: PPO-3 LPG

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Front of Yonge Township

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: Mallorytown KOA Kampground | | 15-02-2012 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training: Richard Marcoux | | |



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SECTION A: GENERAL INFORMATION (cont'd)

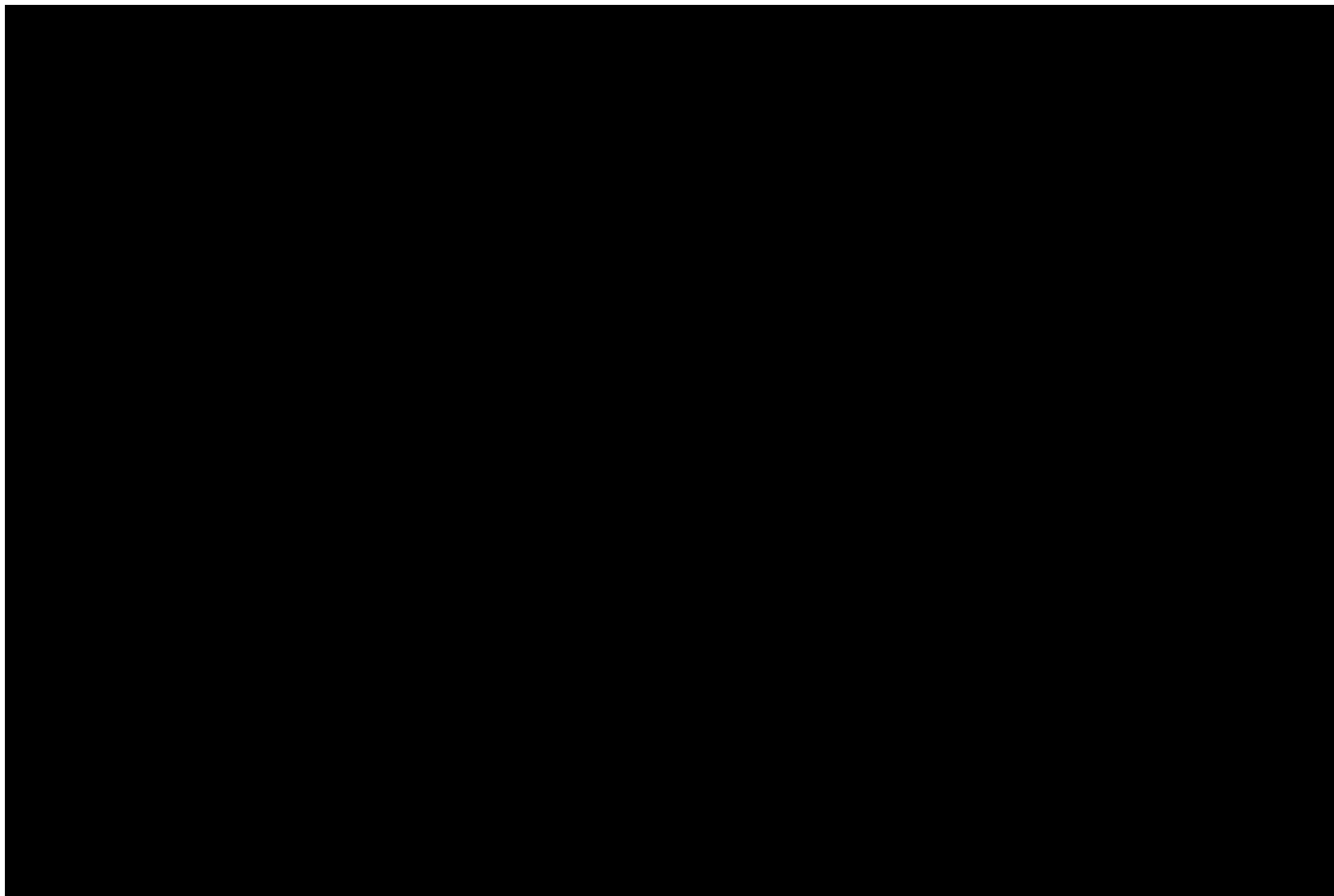
Indicate the year the facility was established. 2000 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2009

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

| | PSIG | Serial Number |
|--------|------------|---------------|
| Tank1: | <u>250</u> | <u>1454-9</u> |
| 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: 1000 USWG Portable: 495.6 Mobile: 0



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| | | |
|---|-------------------------------|---------------------------------|
| Name of person completing this form (please print) Richard Marcoux | | Official Title President |
| Signature | Telephone No. 613-923-5339 | Date (dd-mm-yyyy) 15-02-2012 |



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | | |
|--|--|-----------------------------|----------------------------|------------------------|
| Name of Propane Supplier(s) W.O. Stinson & Son LTD | | | For Office Use - Party No. | |
| Street No. 4726 | Street Name / 911 Number / Address, if applicable Bank Street | | | |
| Town / City or Township / Country Ottawa | | | Province ON | Postal Code K1T 3W7 |
| Telephone No. 613-822-7400 | Fax No. 613-822-6305 | Contact Name Brad Fisher | | |
| E-mail BFISHER@WOSTINSON.COM | | | | |

| | | | | |
|---|---|--------------|----------------------------|-------------|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> | | | For Office Use - Party No. | |
| Street No. | Street Name / 911 Number / Address, if applicable | | | |
| Town / City or Township / Country | | | Province | Postal Code |
| Telephone No. | Fax No. | Contact Name | | |
| E-mail | | | | |

| | | | | |
|--|---|-----------------------------------|----------------------------|-------------|
| Off-site Cylinder and/or Mobile Storage | | 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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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.

4 x 420 Standard Cylinders LPG (2 at pool, 2 behind main building)

1 x 1200 liters unleaded gas double wall tank (behind garage)

1 x 1200 liters colored diesel double wall tank (behind garage)

1 x 1000 liters furnace oil tank (east side of main building)

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

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.

- 1) Solenoid valve shuts off flow when power is shut off.
- 2) Tank shut off valve closes when door to filing cabinet is closed.
- 3) Fusible link allows tank shut off valve to close when it melts.
- 4) Emergency shut down kills all power from remote location.

Maintenance and testing schedule for fire protection controls and devices.

Daily when we are open

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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 Richard Marcoux | | Name Richard Marcoux | |
| Official Title President | | Official Title President | |
| Telephone No. 613-923-5339 | Fax No. 613-923-1114 | Cell No. 613-345-8984 | Fax No. 613-923-1114 |
| E-mail fun@1000islandscamping.com | | E-mail fun@1000islandscamping.com | |
| Role and responsibilities in emergency Phone 911, assist with evacuation | | Role and responsibilities in emergency Phone 911, assist with evacuation | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Susan Marcoux | | Name same as above | |
| Official Title Vice President | | Official Title | |
| Telephone No. 613-923-5339 | Fax No. 613-923-1114 | Telephone No. | Fax No. |
| E-mail koa@1000islandscamping.com | | E-mail | |
| Role and responsibilities in emergency Phone 911, assist with evacuation | | Role and responsibilities in emergency | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Greg Halladay | | Name Paul Finniss | |
| Official Title Fire Chief | | Official Title Manager | |
| Telephone No. 613-923-5216 | Fax No. 613-923-5736 | Telephone No. 613-622-7400 | Fax No. 613-822-6305 |
| E-mail Halladay, Greg [halladay.dg@pg.com] | | E-mail pfinniss@wostinson.com | |
| Role and responsibilities in emergency FOYFD Liason | | Role and responsibilities in emergency ERAP LPG First Responder | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Richard Marcoux | | Name Elaine Covey | |
| Official Title Chief Fire Prevention Officer | | Official Title Clerk | |
| Telephone No. 613-923-5216 | Fax No. 613-923-5736 | Telephone No. 613-923-2251 | Fax No. 613-923-2421 |
| E-mail richardmarcoux@frontofyonge.com | | E-mail admin@frontofyonge.com | |
| Role and responsibilities in emergency Fire Prevention Liason | | Municipality Front of Yonge Township | |

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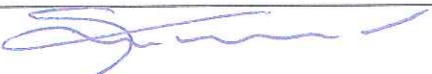
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

None

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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) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| 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) | Print Name of Training Provider: Richard Marcoux |
| 15-04-2011 | Print Name of Instructor: Richard Marcoux |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: Richard Marcoux |
| 15-06-2011 | Print Name of Instructor: Richard Marcoux |
| 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) | Print Name of Training Provider: Richard Marcoux |
| 15-04-2011 | Print Name of Instructor: Richard Marcoux |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: Richard Marcoux |
| 15-06-2011 | Print Name of Instructor: Richard Marcoux |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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| | | |
|--|----------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| Richard Marcoux | President | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 613-923-5339 | 15-02-2012 |



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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) 30-11-2012 | Print Name of Training Provider: STINSON |
| | Print Name of Instructor: TRD |
| 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) 16-04-2012 | Print Name of Training Provider: Richard Marcoux |
| | Print Name of Instructor: Richard Marcoux |
| Target Date (dd-mm-yyyy) 18-06-2012 | Print Name of Training Provider: Richard Marcoux |
| | Print Name of Instructor: Richard Marcoux |
| Target Date (dd-mm-yyyy) Seasonal | 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) 16-04-2012 | Print Name of Training Provider: Richard Marcoux |
| | Print Name of Instructor: Richard Marcoux |
| Target Date (dd-mm-yyyy) 18-06-2012 | Print Name of Training Provider: Richard Marcoux |
| | Print Name of Instructor: Richard Marcoux |
| 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).
Filling station attendant will notify main office who will call 911 to report a possible hazard such as an uncontrolled leak, fire or possible fire. Seasonal campers will be given a sketch of area including danger zone and emergency assembly area, along with written instructions of warning alert and responsibilities. Sketch and instructions will be posted on bulletin boards. Campers will be advised to evacuate by a triple blast from an air horn and a second blast of three after a short pause.

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).

Operator will initiate emergency shutdown then notify office. Office will contact 911 and then sound the alarm. Office will contact facility manager who will coordinate emergency evacuation to the respective meeting places. Facility manager will conduct a roll call for all employees. Facility manager will brief arriving first 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).

Office will call 911 by land line telephone. Facility manager will also call 911 to give update and confirm emergency.

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

Fire department will only proceed as far as edge of hazard zone as detailed in site map.

Wide open space, 24 hr access.

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

Plan will be reviewed on an annual basis and key contacts will be informed of changes.

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

Immediate. Lives on site.

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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)? <i>Dispensing equipment is locked in cabinet.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input type="checkbox"/> | <input checked="" 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? <i>Call Stinson 613 892 7400 Brad Fischer</i> | <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 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>340 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>997 Meters</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

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

Fire services comments, if any:

Fire safety plan in place meets the needs of this fire department.

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 Greg Halladay, Fire Chief | | 21-02-2012 |

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

| | |
|--|---|
| Date Map Prepared (dd-mm-yyyy) 15-02-2012 | Capacity of single largest propane storage vessel (USWG) 1000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 330 M | Right side property line: 125 M |
| Rear: 150 M | Left side property line: 222 M |
| GPS coordinates of single largest vessel: 44deg28'11.69"N, 75deg52'46.58"W | |

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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) 15-02-2012 | Capacity of single largest propane storage vessel (USWG) 1000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 330 M | Right side property line: 125 M |
| Rear: 150 M | Left side property line: 222 M |
| GPS coordinates of single largest vessel: 44deg28'11.69"N, 75deg52'46.58"W | |

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) Richard Marcoux | Official Title President |
| Signature | Telephone No. 613-923-5339 |
| | Date (dd-mm-yyyy) 15-02-2012 |



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

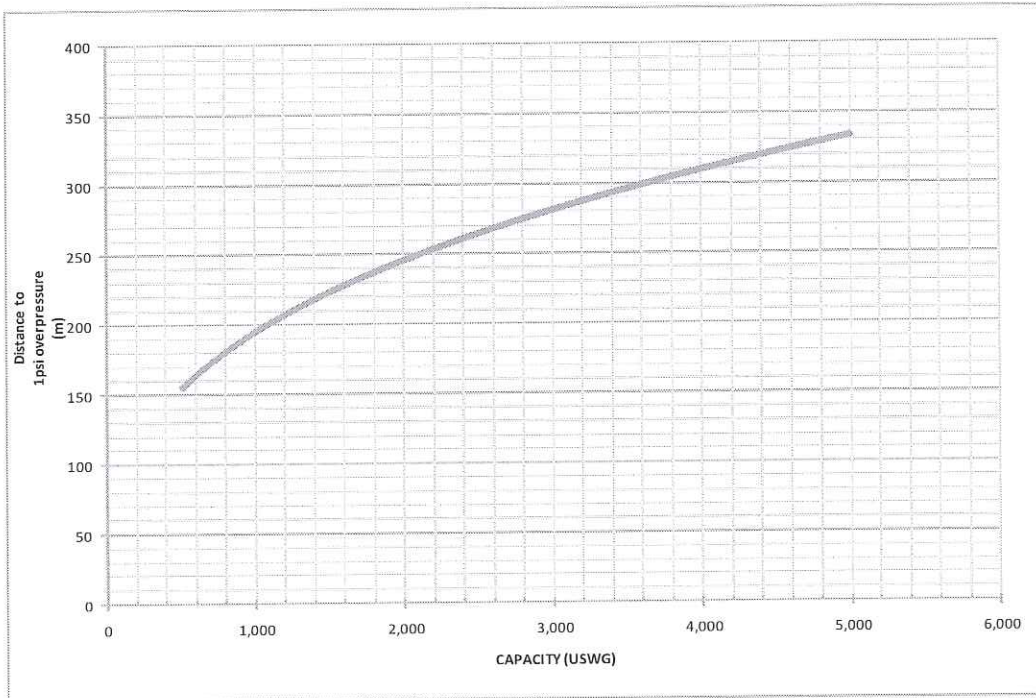
Table 1: Distance Table

| 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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| | | | |
|---|--|-------------------------------|---------------------------------|
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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: _____ Address: _____ City: _____ Province _____ Postal Code _____ | | | | | _____ m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED] | | | X | | 40 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Campground Office, Rec Hall & Garage Address: 1477 County Rd 2 City: Mallorytown Province ON Postal Code K0E1R0 | | | X | | 42 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Campground Rental Units Address: 1477 County Rd 2 City: Mallorytown Province ON Postal Code K0E1R0 | | | X | | 40 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".

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| | | |
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| Signature | Telephone No. 613-923-5339 | Date (dd-mm-yyyy) 15-02-2012 |



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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 | 4 | 495.6 |
| # 100 | 29.5 | | |
| # 40 | 11.75 | | |
| # 33.3 | 9.62 | | |
| # 30 | 8.8 | | |
| # 20 | 5.8 | | |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity | | | |

Tanks Stored On-site Not Connected for Use

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

| | |
|--------------------------------|-------|
| Total Cylinder Capacity | 495.6 |
| Total Tank Capacity | 1000 |
| Total Portable Capacity | |

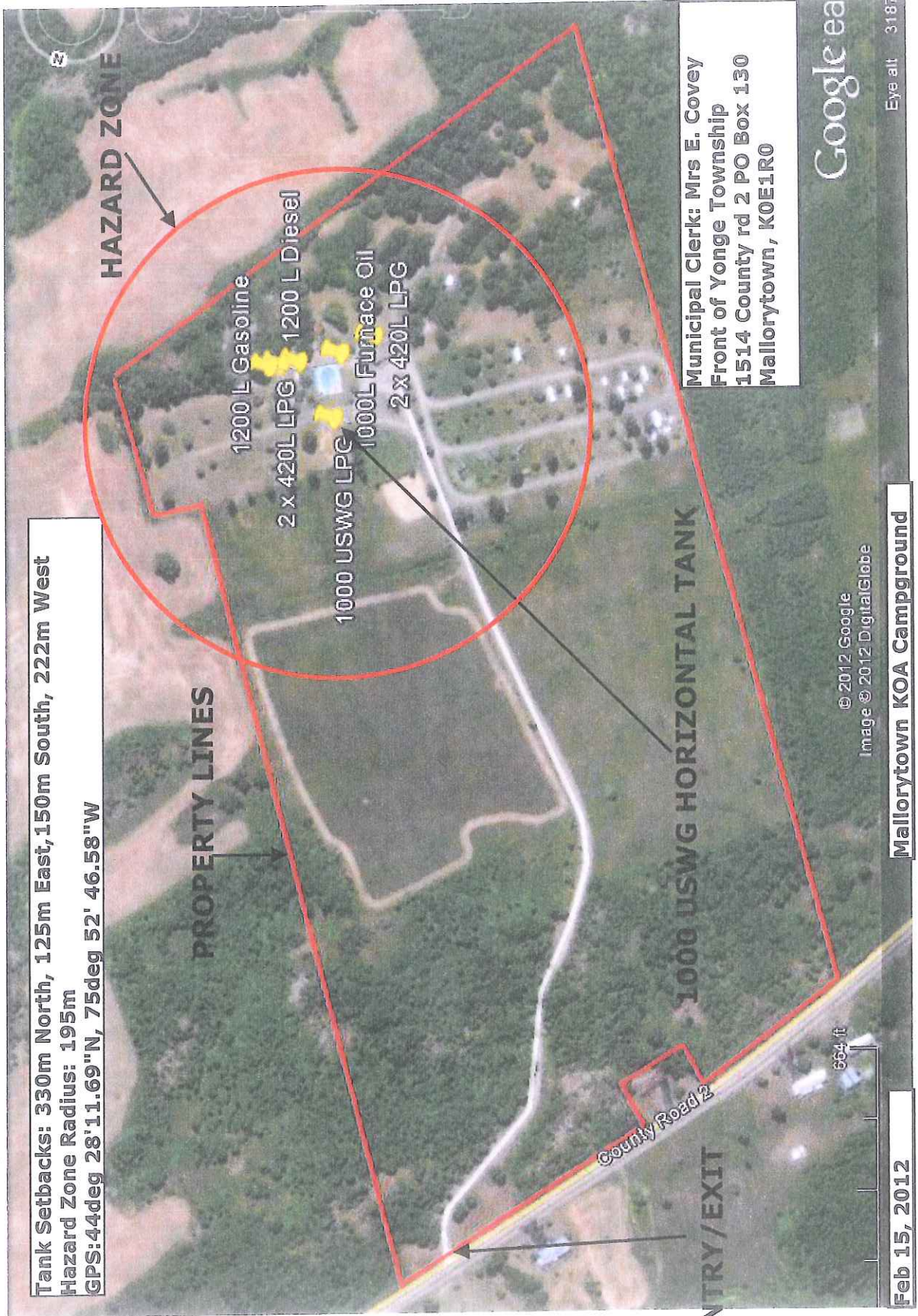
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

| | | |
|--|-------------------------------|---------------------------------|
| Name of person completing this form (please print) Richard Marcoux | Official Title President | |
| Signature  | Telephone No. 613-923-5339 | Date (dd-mm-yyyy) 15-02-2012 |

1000 ISLANDS/MALLORYTOWN KOA CAMPGROUND AREA MAP

1477 County Rd 2, Mallorytown, Ontario K0E1R0 Part of BF Concession 23 Front of Yonge Township

Tank Setbacks: 330m North, 125m East, 150m South, 222m West
Hazard Zone Radius: 195m
GPS: 44deg 28' 11.69"N, 75deg 52' 46.58"W



Municipal Clerk: Mrs E. Covey
Front of Yonge Township
1514 County rd 2 PO Box 130
Mallorytown, K0E1R0

Google

Eye alt 318

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Mallorytown KOA Campground

Feb 15, 2012

1000 ISLANDS/MALLORYTOWN KOA CAMPGROUND - SITE PLAN FEB 15, 2012

OUR SINCERE THANKS

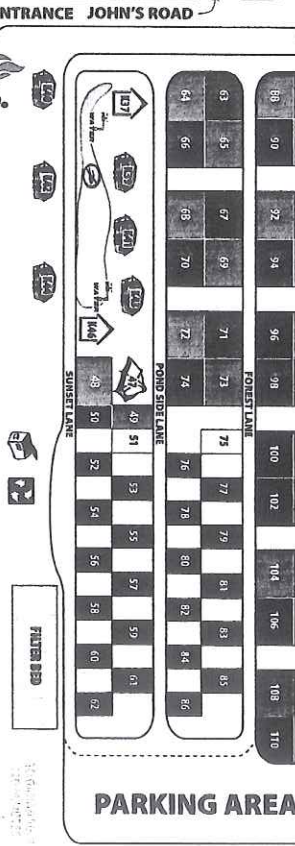
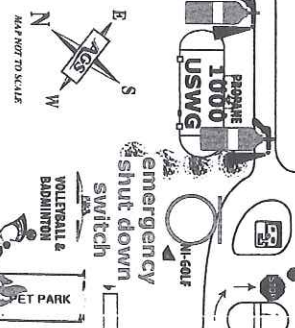
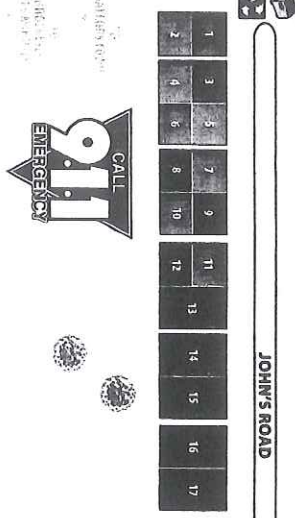
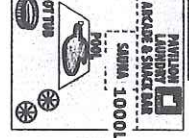
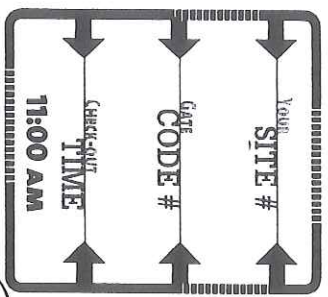
It is a pleasure serving you. Please let us know what we can do to make your stay more fun. We recommend that you make your next reservation at a KOA. We'd be more than happy to provide information about the KOA campground at your next destination—just ask. Enjoy your stay and come back soon!

Happy Campin'!
Your 1000 Islands / Malloytown KOA Team

NOS REMERCIEMENTS SINCERES

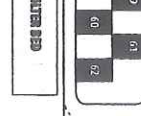
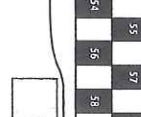
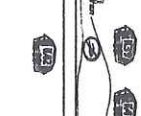
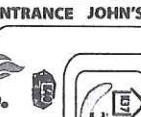
Vous servir est un plaisir. Laissez-nous savoir ce que nous pouvons faire pour améliorer votre séjour. Nous vous recommandons de faire votre prochaine réservation dans un KOA. Nous serons très heureux de vous fournir l'information nécessaire pour votre prochaine destination.

Bon séjour et à la prochaine!
Votre équipe KOA 1000 îles / Malloytown
Où, nous parlons Français!



SITE MAP LEGEND

- IN 24 AMP FULL HOOKUP
- IN 30 AMP FULL HOOKUP
- IN 30 AMP AND WATER
- IN 31 AMP AND WATER
- IN 31 AMP AND WATER
- TENT 15 AMP AND WATER
- 2 ROOM LAMPING CABIN*
- LAMPING CABIN*
- TENT DISTRICT*
- LAMPING KITCHEN*
- WATER
- POUR-IN (PUMP-IN & WASH)
- DUMPSTER
- DUMP STATION
- SITE
- LAMPING
- RESTCLING
- WOMEN'S RESTROOM
- MEN'S RESTROOM
- PHONE
- AMBI-GOLF
- POOL
- LOTTERY
- PLAYGROUND
- TENNIS



1000 ISLANDS/MALLORYTOWN KOA CAMPGROUND AREA MAP

1477 County Rd 2, Mallorytown, Ontario K0E1R0 Part of BF Concession 23 Front of Yonge Township

Tank Setbacks: 330m North, 125m East, 150m South, 222m West
Hazard Zone Radius: 195m
GPS: 44deg 28'11.69"N, 75deg 52' 46.58"W



- 1200 L Gasoline
- 2 x 420L LPG
- 1200 L Diesel
- 1000L Furnace Oil
- 2x 420L LPG
- 1000 USWG LPG

Municipal Clerk: Mrs E. Covey
Front of Yonge Township
1514 County rd 2 PO Box 130
Mallorytown, K0E1R0

Feb 15, 2012

Mallorytown KOA Campground

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