



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.

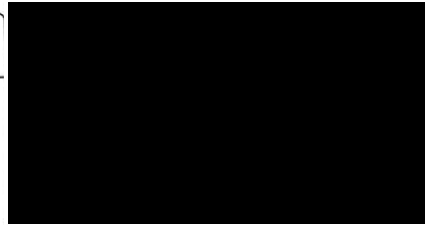
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076640283

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 A GTS GAS STATIONS INC. Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. 613-936-2252 Fax No. 613-936-2252 E-mail gts-1@cogeco.ca

Street No. 601 Street Name / 911 Number / Address, if applicable Tollgate Rd E.

Town / City or Township / County Cornwall Province Ont Postal Code K6H 5R6

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. 601 Street Name / 911 Number / Address, if applicable Tollgate Rd E. Nearest Major Intersection McCormick Ave & Tollgate

Town / City or Township / County Cornwall Province Ont. Postal Code K6H 5R6

Name of Licence Holder N. Tharmabala

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type 105769

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

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>GIOWRI THARMABALA</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>27-09-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>GIOWRI THARMABALA</u>		



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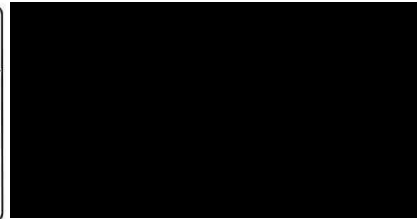
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Licence Number 000076640283

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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Company Name GTS GAS STATIONS INC. Ontario Corporation No., if applicable

A Operator Name (if different from above)

Telephone No. 613-936-2252 Fax No. 613-936-2252 E-mail gts-1@copeco.ca

B Street No. 601 Street Name / 911 Number / Address, if applicable Tollgate Rd E.

Town / City or Township / County Cornwall Province Ont Postal Code K6H 5R6

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

Location of facility.

D Street No. 601 Street Name / 911 Number / Address, if applicable Tollgate Rd E. Nearest Major Intersection McCormick Ave & Tollgate

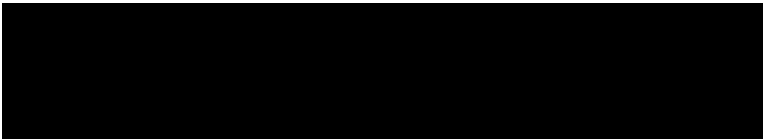
Town / City or Township / County Cornwall Province Ont. Postal Code K6H 5R6

Name of Licence Holder N. Tharmabala

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type Cowri Tharmabala

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

Hours of operation.



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Name of Licence Holder	Print name <u>COWRI THARMABALA</u>	Signature <u>C Thal</u>	Date (dd-mm-yyyy) <u>27-09-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>COWRI THARMABALA</u>		



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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.

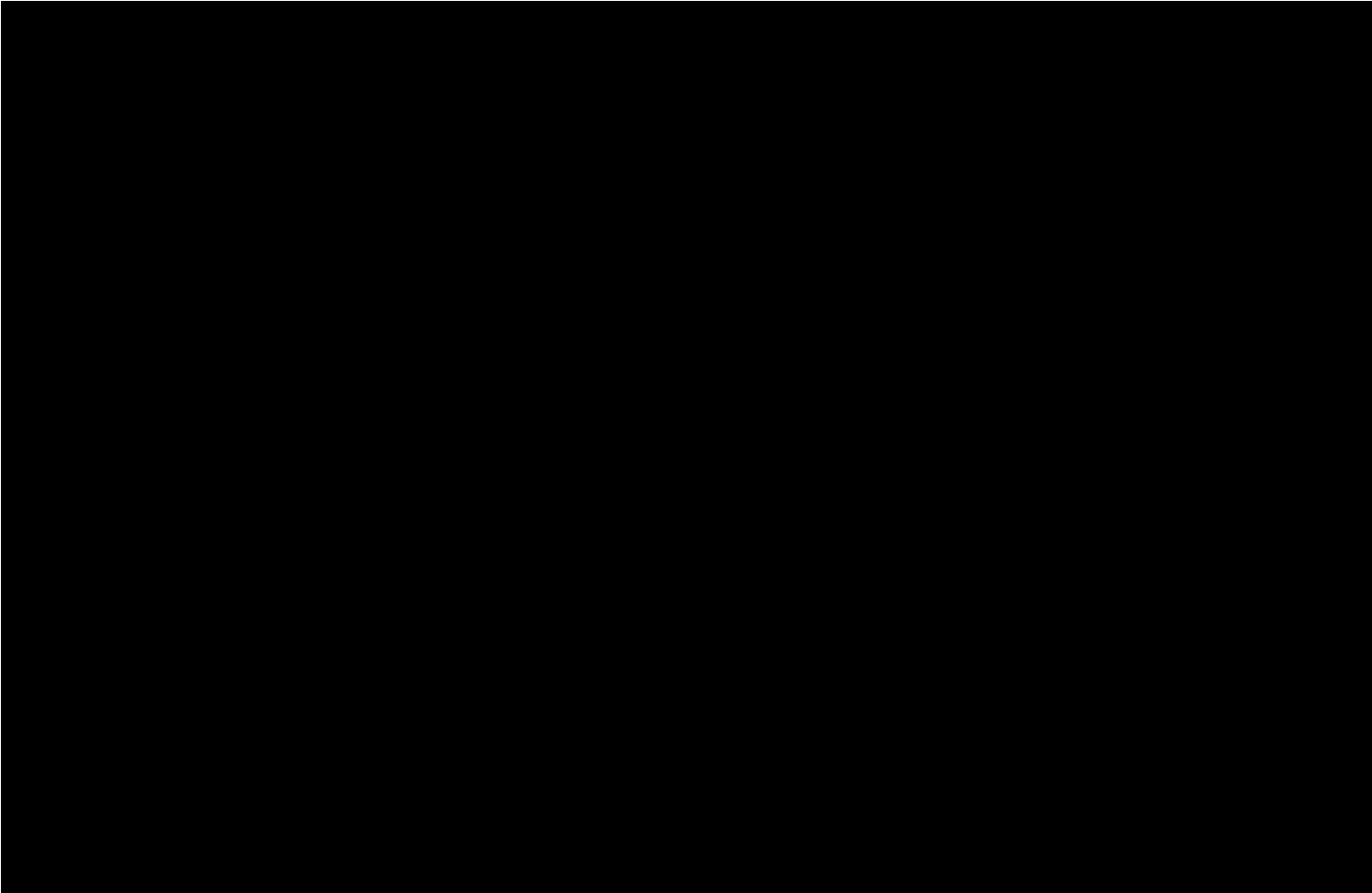
2000

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

	PSIG	Serial Number
Tank1:	120	SN 7309
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: 2,000 USWG Portable: _____ Mobile: _____



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Name of person completing this form (please print) Gowri Tharmabala		Official Title President	
Signature <i>G. Tharmabala</i>		Telephone No. 613-936-2252	Date (dd-mm-yyyy) 27-09-2011



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

Name of Propane Supplier(s)		[Redacted]	
Superior Propane			
Street No.	Street Name / 911 Number / Address, if applicable		
63	Roydon place		
Town / City or Township / Country		Province	Postal Code
Ottawa		Ont	K2E 1A3
Telephone No.	Fax No.	Contact Name	
1-877-873-7267		Robion vejar	
E-mail			
vejar@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
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.
MDN E.		
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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Name of person completing this form (please print)	Official Title	
GOURI THARMABALA	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-936-2252	27.09.2011



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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.

Refrigerant - R22 (Chlorine) 1 A Gas 35000 L max capacity
NONE max capacity max c. Diesel 25000 L max capacity
Waste Oil Gas BHP

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

3 Right front of the Spencer light post hanging mounted.
Fire extinguishers 60 lbs ABC - Fire hydrant at front of my property and two other on the street and across the street.

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. Automatic shut valve.
2. Emergency Switch
3. Fire Extinguisher and Sand
The alarm system is monitored.

Maintenance and testing schedule for fire protection controls and devices.

Superior propane they track and they do the maintenance
Fire Hydrant are City of Cornwall responsibility
Maintenance and testing records shall be made available to the fire dept.

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Name of person completing this form (please print) GOURI THARNABALA	Official Title President
Signature G. Tharnabala	Telephone No. 613-936-2252 Date (dd-mm-yyyy) 27.09.2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name: N. Tharmabale
Official Title: Manager
Telephone No.: 613-933-2252
Fax No.: 613-933-2252
E-mail:

Role and responsibilities in emergency:
Owner for insurance claims with

2. Facility Contact Personnel - Alternate Contact

Name: GOURI THARMABALA
Official Title: owner
Telephone No.: 613-936-2252
Fax No.:
E-mail:

Role and responsibilities in emergency:
GOURI

3. Local Fire Services - Key Contact

Name: Richard McCullough
Official Title: Deputy Fire Chief
Telephone No.: 613-930-2787 ex: 2338
E-mail: rmccullough@cornwall.ca
Fax No.: 613-930-9089

Role and responsibilities in emergency:
Review & provide guidance for emergencies
Fire Services Address:
10 Fourth Street West Cornwall ON K6J 2R6

4. Local Fire Services - Alternate Contact

Name: Clifford Crites
Official Title: Senior Fire Prevention Officer
Telephone No.: 613-930-2787 ex: 2381
E-mail: c.crites@cornwall.ca
Fax No.: 613-930-9089

Role and responsibilities in emergency:
Same as #3
Fire Services Address:
Same as #3

5. Facility 24-Hour Contact Person

Name: N. Tharmabale
Official Title: Manager
Cell No.: 613-360-2252
Fax No.:
E-mail:

Role and responsibilities in emergency:
Comms in emergency and Supervision

6. Name of Facility Manager

Name: BALA
Official Title: Manager
Telephone No.: 613-932-5161
Fax No.:
E-mail:

Role and responsibilities in emergency:
Bala

7. Propane Supplier Key Contact Person

Name: Robin
Official Title: Sales Manager
Telephone No.: 613-727-8807
E-mail: W.W.W. Superiorpane.com
Fax No.: 613-727-1316

Role and responsibilities in emergency:
Propane Supplier Address:

8. Municipal Contact

Name: Stephen Alexander
Official Title: General Manager - Planning Parks & Rec
Telephone No.: 613-930-2787 ex 2353
Fax No.: 613-930-7426
E-mail: Salexander@Cornwall.ca
Municipality Name and Address:
City of Cornwall 100 Water Street East K6H 6G4

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Name of person completing this form (please print) <u>GOURI THARMABALA</u>	Official Title <u>President</u>
Signature <u>G Tharmabale</u>	Telephone No. <u>613-936-2252</u> Date (dd-mm-yyyy) <u>27.09.2011</u>



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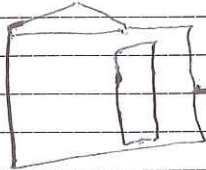
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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



Whimis book ^{hanging} right side of the wall.
_{hanging}

pumps have automatic shut off valves. Super propane do the maintenances.

"Reach. even. purchase an AUEBACH ~~are Reach~~ on site"

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Name of person completing this form (please print) GOURI THARMABALA	Official Title President	
Signature <i>G. Thar</i>	Telephone No. 613-936-2252	Date (dd-mm-yyyy) 27.09.2011



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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) 13-06-2011	Print Name of Training Provider: Robert Wood.
	Print Name of Instructor: Robert wood
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) 13-06-2011	Print Name of Training Provider: HA Bala - Tharmabala
	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:

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

Training Date (dd-mm-yyyy) 13-06-2011	Print Name of Training Provider: Robert wood.
	Print Name of Instructor: Robert wood.
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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Name of person completing this form (please print) Gowri THARMABALA	Official Title President
Signature G. Thal	Telephone No. 603-936-2252
	Date (dd-mm-yyyy) 27-09-2011



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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)	Print Name of Training Provider:
10-05-2012	Print Name of Instructor: Robert Wood
Target Date (dd-mm-yyyy)	Print Name of Training Provider: ROBERT WOOD
	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)	Print Name of Training Provider: Nathan Siva
10-05-2012	Print Name of Instructor:
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:

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider: Bala Tharmabala
10-05-2012	Print Name of Instructor:
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:

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GOWRI THARMABALA	President
Signature	Telephone No.
<i>G. Thal</i>	603-936-2252
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	27-09-2011



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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.

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).

I have to call emergency response 911. NSAP
Fire Department - 911.
Superior Propane 877-873-7467.
We have emergency shut off switch

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).

Service attendant has to give warning
we would leave the site and go to the Fullwood
truck stop. Visitors and employees to evacuate.

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).

As soon as we see an emergency do then we would call 911.

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

Fire Department have access to get in. (NO gate)

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

By phone and cell phone.
During an inspection or site visit, Superpropane do the maintenance.

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

15 min.

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Signature G. Thar	Telephone No. 60-936-2252
	Date (dd-mm-yyyy) 27-09-2011



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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 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>35m</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 <u>E. Thal</u>	Telephone No. <u>613-936-2252</u>
	Date (dd-mm-yyyy) <u>27-09-2011</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:

Amendments enclosed to Licence Holder to review Sept 26, 2012
- Amendments reviewed with owner Sept 28, 2011.

To be completed by the Licence Holder

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

Amendments were prepared

The licence holder will respond to the Local Fire Services comments by: *X* *SEPT 28, 2011*
(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 <i>Richard M'Callough</i>	<i>Richard M'Callough</i>	<i>29/09/2011</i>

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Signature <i>G. Thal</i>	Telephone No. <i>613-936-2252</i>
	Date (dd-mm-yyyy) <i>27-09-2011</i>

GPS Visualizer

- About GPSV
- Atlas: Share a map
- Calculators
- Partner s
- DRAW A MAP
- Geocode an address
- GPSBabel
- GlobalMo
- DRAW A PROFILE
- Look up elevations
- Help/FAQ
- EveryTra
- CONVERT A FILE
- Google Earth overlays
- Examples
- EveryTra



GPS Visualizer's Quick Geocoder

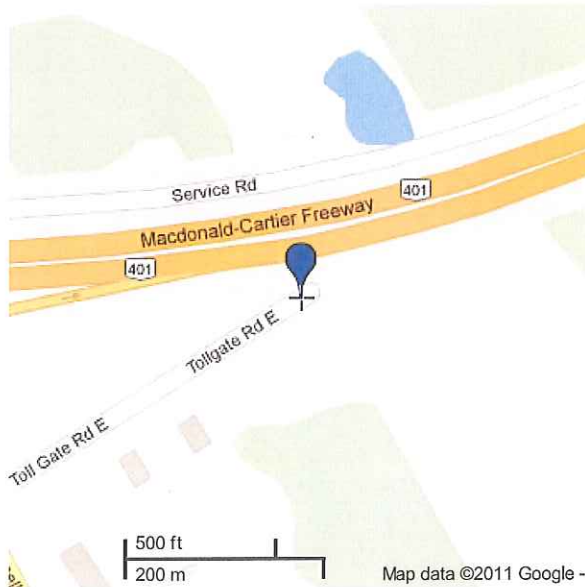
Find the latitude and longitude of an address

This page returns coordinates provided by the [Yahoo!](#) and [Google](#) Geocoding APIs. Both services only allow each Web site and/or IP address a limited number of queries per day; please don't abuse it.

If you disagree with the coordinates shown here, you'll have to register your complaints with [Yahoo!](#) or [Google](#). (If the res you get are close but not exact, you can move the map around until the center crosshair is over the proper location, then the coordinates from the "Center:" box in the lower-left corner of the map.)

To geocode many locations at once, see GPS Visualizer's [Easy Batch Geocoder](#).

Enter an address or location: or Source:



You entered: **601 tollgate road east cornwall ontario**

The Google geocoder found:

601 Tollgate Rd E, Cornwall, ON K6H 5R6, Canada	
street address:	Tollgate Rd E
ZIP/postal code:	K6H 5R6
city:	Cornwall
state/province:	ON
country:	Canada
latitude, longitude:	45.0523365, -74.7330943 45.0523365 -74.7330943 N45° 3.1402', W074° 43.9857' (precision: address)

[Return to the main GPS Visualizer page](#)



Print or download travel guides to your iPhone or GPS: Skyline to the Sea Trail • Hiking the Grand Canyon to Rim • Half Dome • The Boston Freedom Trail • Upper Yosemite Falls Hike • Lands End, San Francisco • Angel Island State Park • Cataract Trail Loop in Marin County • Coyote Creek Loop at Henry Coe State Park • Half Moon Bay Coastal Trail • Bay Area Wildflower Hikes • Bay Area Scenic Drives • Sunol Wilderness • Stanford Dish Hike • Grand Canyon: Kaibab to Bright Angel Trail • The Grand Canyon Rim Trail • Best Bay Area Backpacking • The High Sierra Trail • Best Bay Area Day Hikes • Great Hikes in the Grand Canyon • Queen's Garden Trail, Bryce Canyon Utah • Berry Creek Falls Loop at Big Basin Redwoods State Park • more...

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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

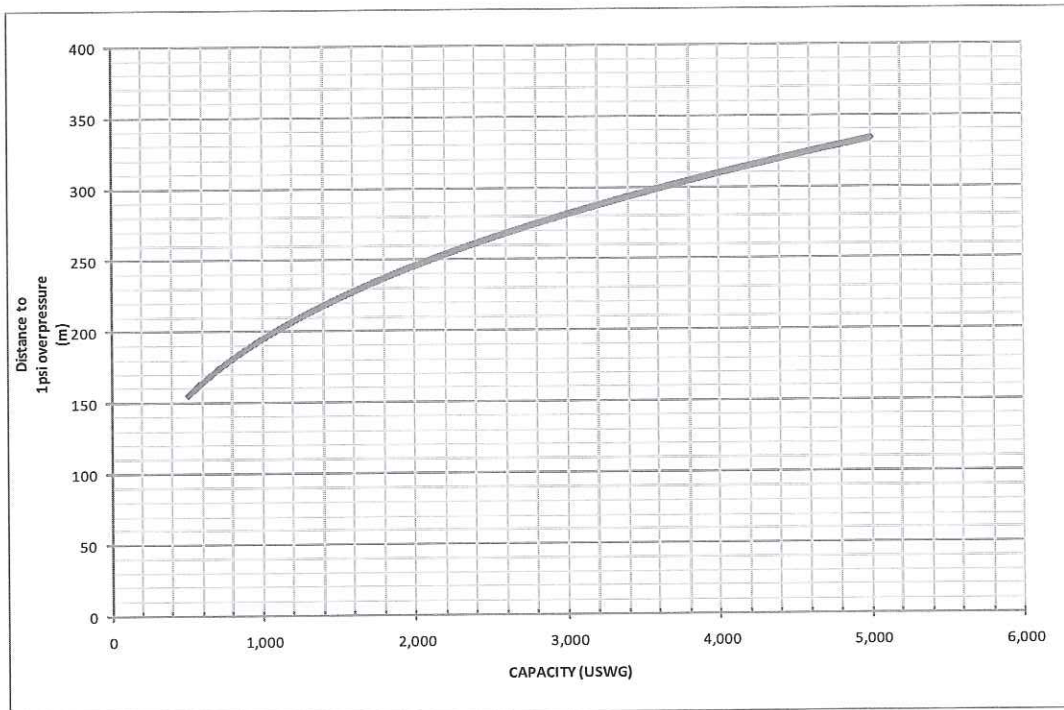
Table 1: Distance Table

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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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. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Fifth Wheel Truck stops</u> Address: <u>Mc. Cornal St</u> City: <u>Cornwall</u> Province <u>ont</u> Postal Code _____		1			<u>180</u> 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: <u>B.C.M.P</u> Address: <u>Tollgate Rd 495</u> City: <u>Cornwall</u> Province <u>ont</u> Postal Code _____		1			<u>50</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>A fire Department</u> Address: <u>second st</u> City: <u>Cornwall</u> Province <u>ont</u> Postal Code _____	0				_____ 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>GOWRI THARMABALA</u>	Official Title <u>President</u>
Signature <u>E. Jhal</u>	Telephone No. <u>613-936-2252</u> Date (dd-mm-yyyy) <u>27-09-2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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Signature <u>G. Thar</u>	Telephone No. <u>613-936-2252</u> Date (dd-mm-yyyy) <u>27.09.2011</u>



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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 6.)
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)
07-11-11	2000 USWG
Tank setback coordinates. Indicate placement on the map	
Front: 14' 3" setback	Right side property line: 45 ft
Rear: 17' 8" setback	Left side property line: 15' setback
GPS coordinates of single largest vessel: attach	

GPS: N 45 201, 722, W 742, 201

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
George THARAKISAKA	President
Signature	Date (dd-mm-yyyy)
<i>E. Tharakisaka</i>	07-11-2011
Telephone No	
613-956-3552	



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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		
# 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	21
Total Tank Capacity	2000 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

Google

601 to gate to



Done

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Intern

200 US 101

6.125 acres or 728, 1/4th 2nd lot

Comwall,

Stephan Alexander

Get Tollgate Rd East

Warrant trigger planning Dept
2 Box

Comwall (cont)

BGH SRG

City of Comwall 100 water
street East

LOT 1000

Exit to 401

Avenue

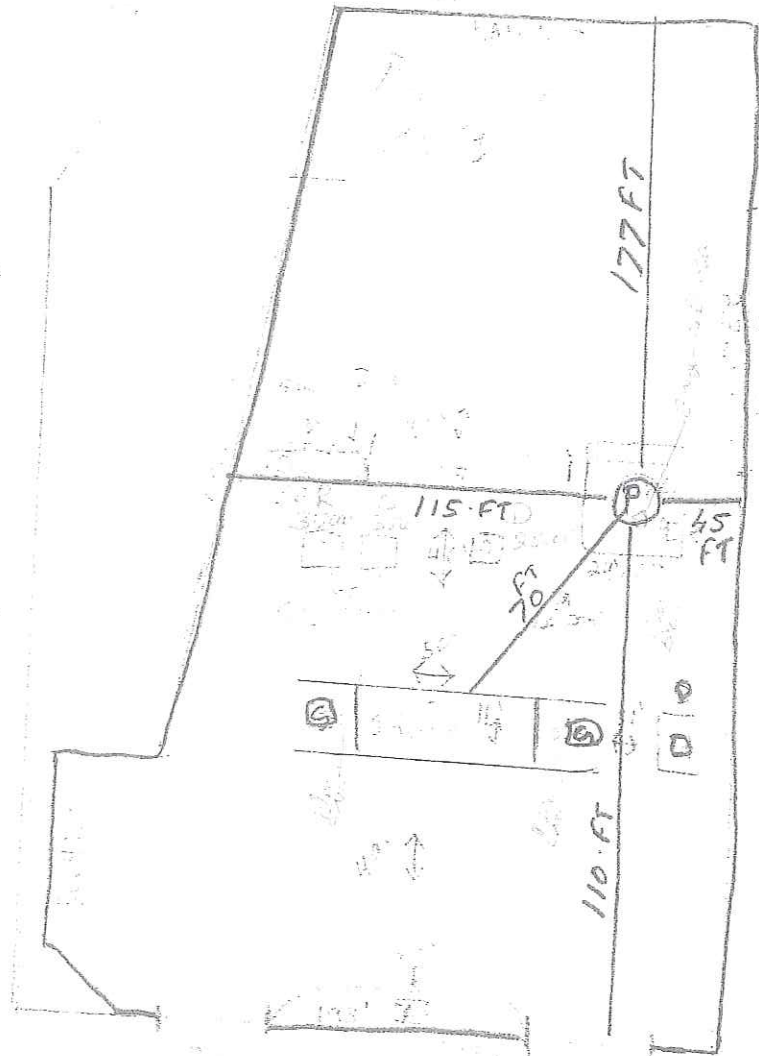
Read

← Toll Exp

→

Map

1000



Q

70 FT

110 FT

177 FT

115 FT

45 FT

P

D

D

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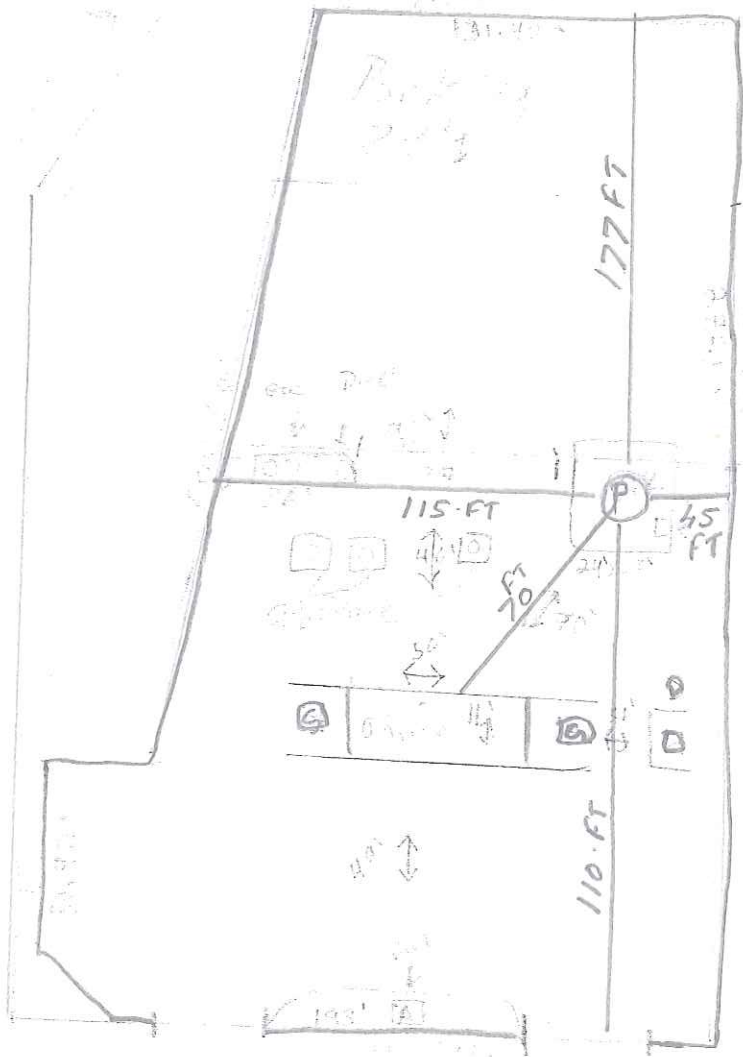
1000

LOTS 1, 2, 3

EXIT 40
401



↑
Avenue



← Toll Gate Road →

Mc
C

Fifty

LOT 6, Con. 3

GT's Gas Station

601 Tollgate Rd East

Cornwall, ON. K6H 5R6

Tel: 613-930-9007 / 613-932-5161

Fax: 613-933-9318

40'

40'

Exit to
McConnell

Exit to
401

RCMP & OPP
Station

natural
gas

Connett Avenue

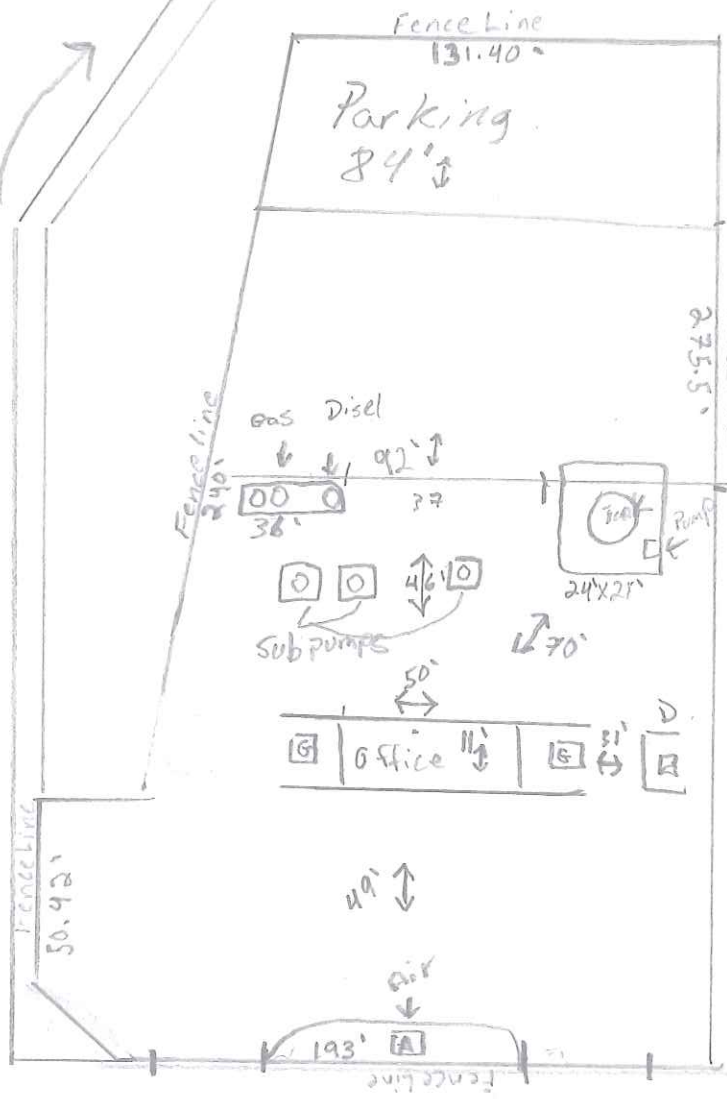
Toll Gate

Road

Fair View
Trucksades

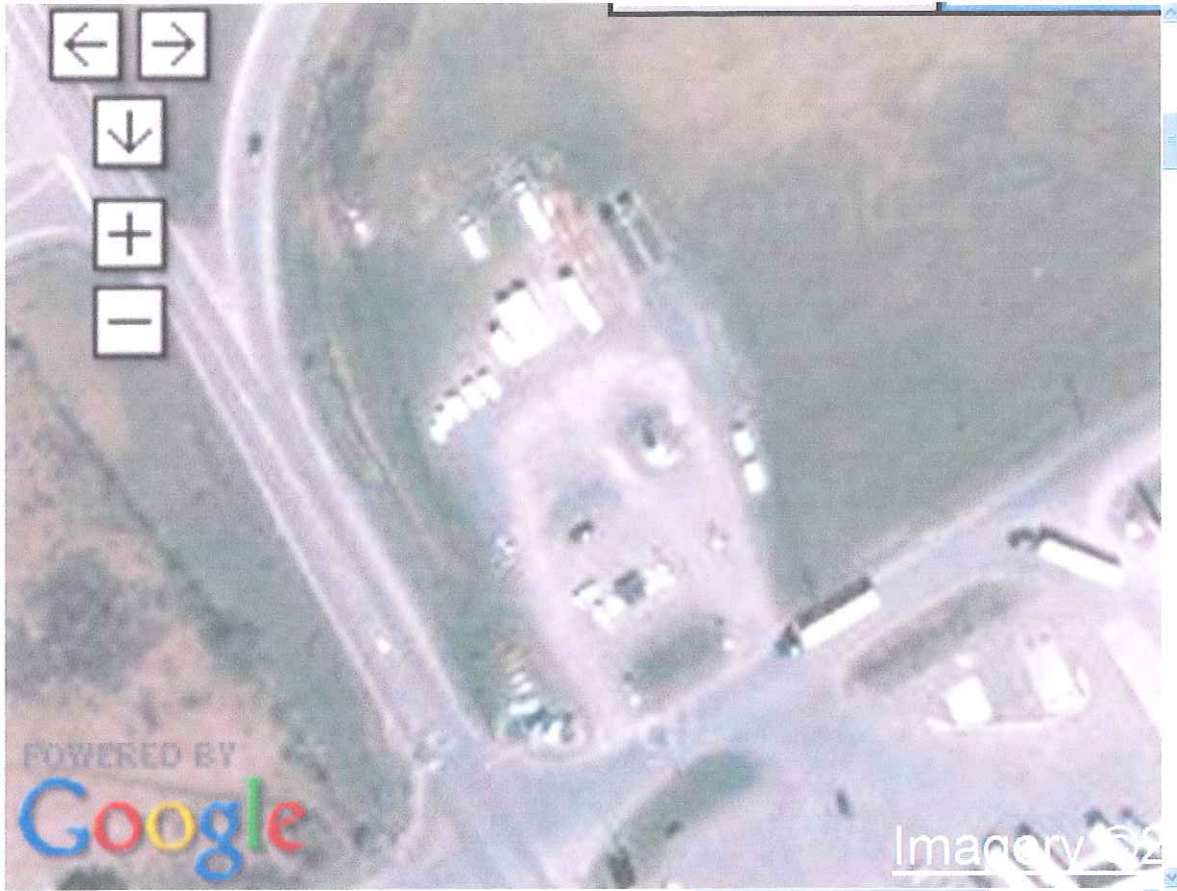
Mc

Fifth Wheel



Field

Fire Hydrant





McConnell Avenue, Cornwall, Ontario, Canada
Address is approximate



Google

To see all the details that are visible on the screen, use the Print link next to the map.



PROPANE TANK

That's the Best picture I can point it.



McCounell Avenue, Cornwall, Ontario, Canada

Address in map data



100%

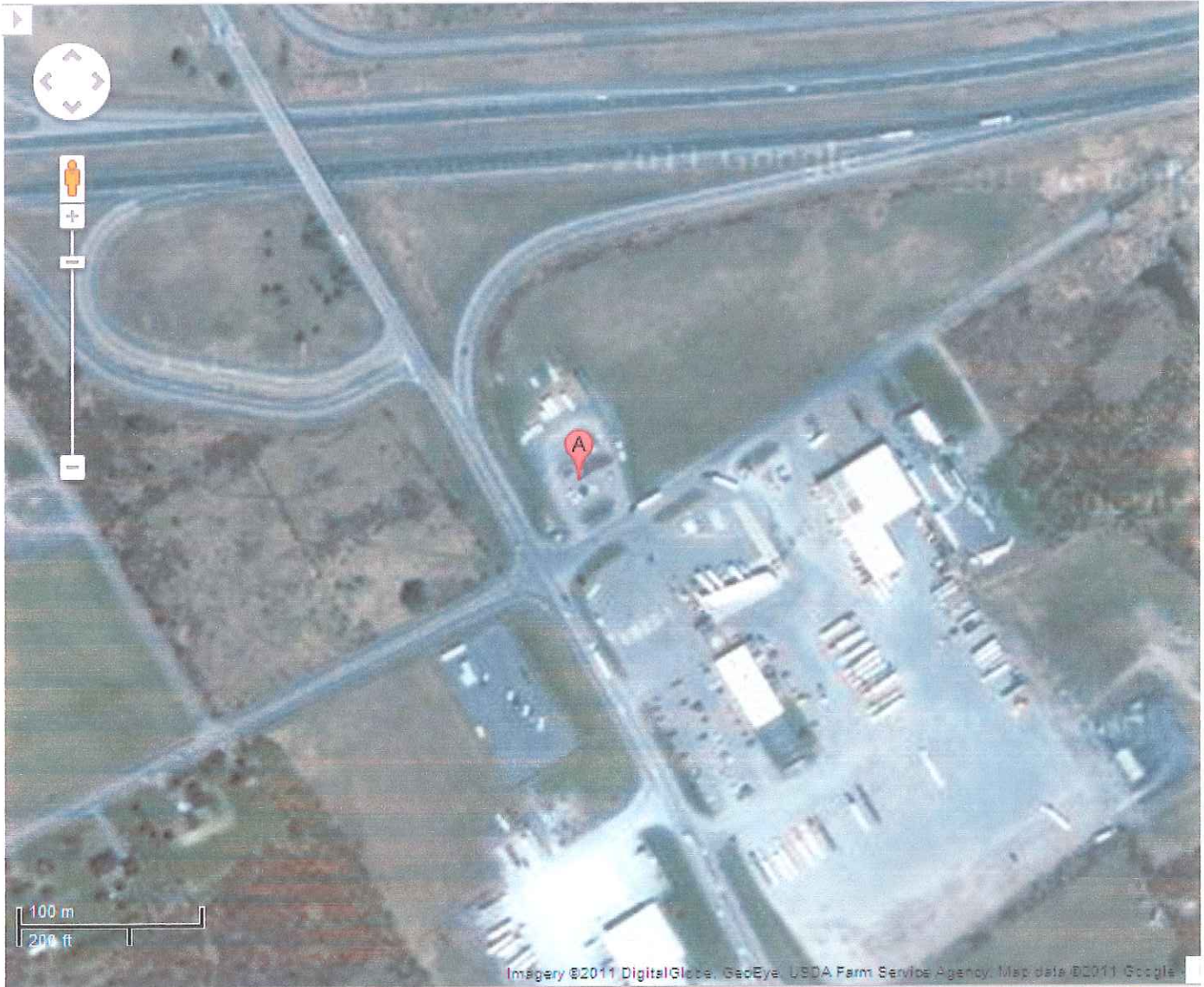
Internet



Done



601 tollgate rd



Imagery ©2011 DigitalGlobe, GeoEye, USDA Farm Service Agency, Map data ©2011 Google

Done



Internet

McCamp

Tolgate

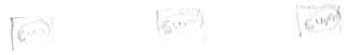
PP-178

177 FT

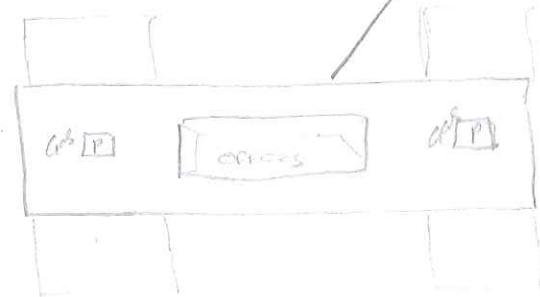
19 Post

45 FT

115 FT



72 FT



110 FT

Diesel P

Hydrant Fire

LOT 6, CON. 3
CORNWALL TR. NOW IN THE CITY OF CORNWALL.

ROAD ALLOWANCE BETWEEN LOT 6 and LOT 7

INST. N^o. 46003
(MTC PLAN P-3147-9)

SIB
L.P. STIDWILL
FILE 77 S.I.

SIB
L.P. STIDWILL
FILE 77 S.I.

N 58° 46' 00" E
131.40'
FENCE TO LINE

N 23° 12' 30" W
BEARING REFERENCE 240.14'
FENCE TO LINE

PART 1

INST. N^o. 151268
(REMAINDER)

275.5'
FENCE TO LINE

INST. N^o. 93732 & 112251

N 59° 24' 00" E
PART 1
INST. N^o. 62349

N 59° 30' 00" E 43
N 59° 44' 40" E 62
N 67° 51' W INST 34
N 68° 10' W
23.66
(1212)

N 30° 32' 30" W
27.11 (SET-FILE 77S-11)
N 30° 37' 10" W

9.96'
SIB UNMARKED
SIB UNMARKED

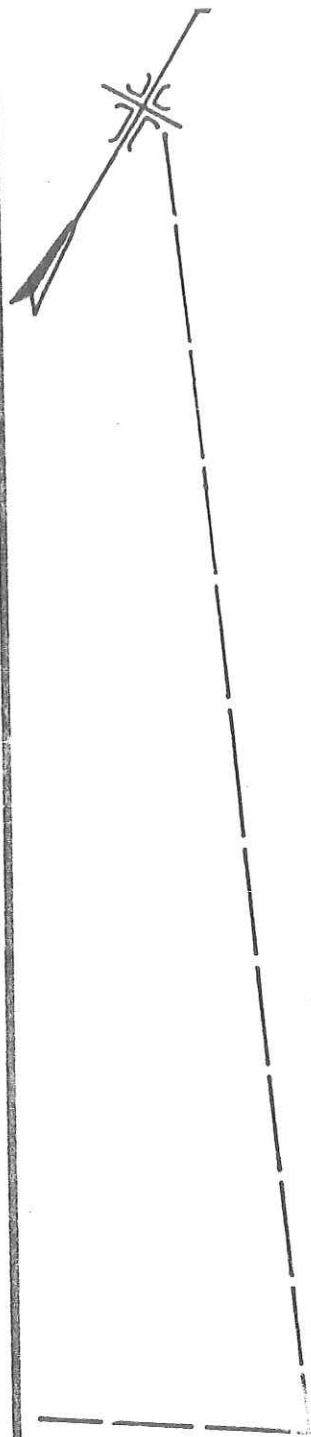
FENCE -

ROAD ALLOWANCE BETWEEN CON. 2 and CON. 3

TOLL GATE ROAD

MC CONNELL AVENUE

LOT 6, CON. 2
CORNWALL TR. NOW IN THE CITY OF CORNWALL



To see all the details that are visible on the screen, use the Print link next to the map.

