



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.

<p style="text-align: center;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <u>000076648060</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%;"></div>
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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 SANTAK PITSTOP INC. Ontario Corporation No., if applicable _____
 Operator Name (if different from above) _____

Telephone No. 905-840-6400 Fax No. _____ E-mail _____

B Street No. 11865 Street Name / 911 Number / Address, if applicable HURONTARIO ST.
 Town / City or Township / County BRAMPTON Province ONTARIO Postal Code L6Z 4P7

Mailing address if different from above.

C Street No. _____ Street Name / 911 Number / Address, if applicable _____
 Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

D Location of facility.
 Street No. 11865 Street Name / 911 Number / Address, if applicable HURONTARIO ST. Nearest Major Intersection MAYFIELD RD AND HWY 10
 Town / City or Township / County BRAMPTON Province ONTARIO Postal Code L6Z 4P7

Name of Licence Holder SANTAK PITSTOP INC.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). FRANK SANTELLI ROT type PPO-3LPG

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

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 Name of Licence Holder <u>FRANK SANTELLI</u>	Signature 	Date (dd-mm-yyyy) <u>17-04-2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>FRANK SANTELLI</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.

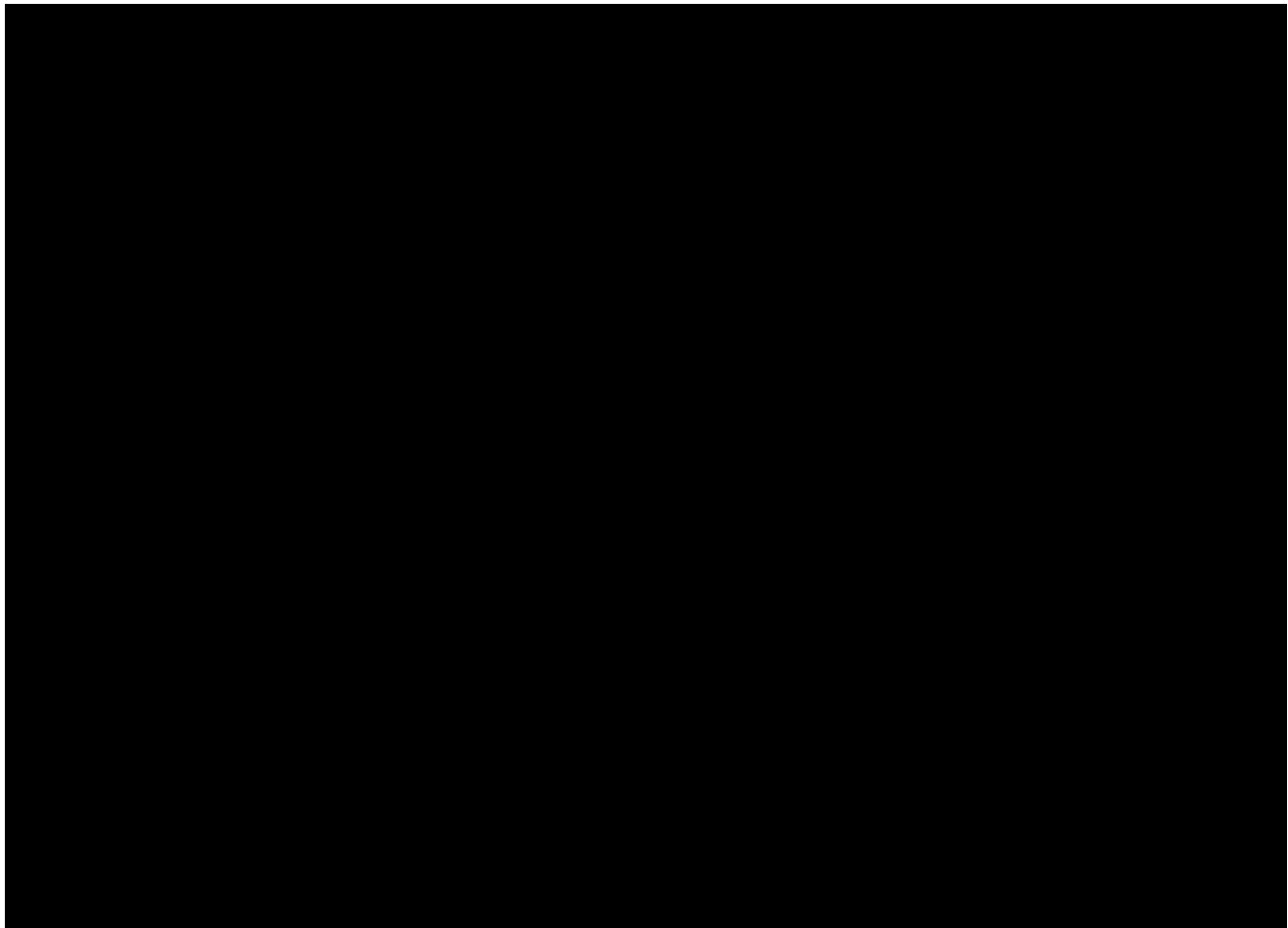
1996

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

	PSIG	Serial Number
Tank1:	250	5.829654
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: _____ Mobile: _____



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Name of person completing this form (please print) FRANK SANTELLI	Official Title VICE PRESIDENT
Signature 	Telephone No. 905-840-6400
	Date (dd-mm-yyyy) 17-04-2012



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

Name of Propane Supplier(s) CARLING PROPANE INC.		For Office Use - Party No. [REDACTED]	
Street No. 19752	Street Name / 911 Number / Address, if applicable HOLLAND LANDING ROAD		
Town / City or Township / Country HOLLAND LANDING		Province ONTARIO	Postal Code L9N 0A1
Telephone No. 905-952-0146	Fax No. 905-952-0155	Contact Name ALEX L. GOERK	
E-mail carlingpropane@bellnet.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [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 N/A		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.

1 - 25,000 LITRE PREMIUM GASOLINE - UNDERGROUND STORAGE

2 - 45,000 LITRE REGULAR GASOLINE - UNDERGROUND STORAGE

1 - 45,000 LITRE DIESEL - UNDERGROUND STORAGE

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

1 - 20 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED AT PROPANE DISPENSER.

3 - 10 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED AT GASOLINE ISLAND.

1 - 5 LB DRY CHEMICAL FIRE EXTINGUISHER IN CONVENIENCE STORE.

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.

EMERGENCY SHUT DOWN LOCATED AT PROPANE DISPENSER.

EMERGENCY SHUT DOWN LOCATED IN CONVENIENCE KIOSK FOR GASOLINE.

Maintenance and testing schedule for fire protection controls and devices.

INSPECTED ONCE A YEAR

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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 FRANK SANTELLI	For Office Use - Party No.
Official Title VICE PRESIDENT	
Telephone No. 905-840-6400	Fax No. 905-840-6401
E-mail santak@on.aibn.com	Cell No. 905-301-5135
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	

5. Facility 24-Hour Contact Person

Name FRANK SANTELLI	For Office Use - Party No.
Official Title VICE PRESIDENT	
Cell No. 905-301-5135	Fax No. 905-840-6401
E-mail santak@on.aibn.com	Cell No. 905-301-5135
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	

2. Facility Contact Personnel - Alternate Contact

Name LANCE TAKALUOMA	For Office Use - Party No.
Official Title PRESIDENT	
Telephone No. 905-840-6400	Fax No. 905-840-6401
E-mail santak@on.aibn.com	Cell No. 905-302-8259
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	

6. Name of Facility Manager

Name LANCE TAKALUOMA	For Office Use - Party No.
Official Title PRESIDENT	
Telephone No. 905-840-6400	Fax No. 905-840-6401
E-mail santak@on.aibn.com	Cell No. 905-302-8259
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	

3. Local Fire Services - Key Contact

Name ANDY MACDONALD	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail andy.macdonald@brampton.ca
Telephone No. 905-874-2721	Fax No. 905-874-2727
Role and responsibilities in emergency FIRE CHIEF	
Fire Services Address 8 RUTHERFORD ROAD SOUTH, BRAMPTON, ON L6W 3J1	

7. Propane Supplier Key Contact Person

Name ALEX L. GOERK	For Office Use - Party No.
Official Title PRESIDENT	E-mail carlingpropane@bellnet.ca
Telephone No. 905-952-0146	Fax No. 905-952-0155
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	
Propane Supplier Address 19752 HOLLAND LANDING ROAD, HOLLAND LANDING, ON L9N 0A1	

4. Local Fire Services - Alternate Contact

Name GARY LAGERQUIST	For Office Use - Party No.
Official Title 905-874-2722	E-mail gary.lagerquist@brampton.ca
Telephone No. 905-874-2722	Fax No. 905-874-2727
Role and responsibilities in emergency DEPUTY FIRE CHIEF	
Fire Services Address 8 RUTHERFORD ROAD SOUTH, BRAMPTON, ON L6W 3J1	

8. Municipal Contact

Name PETER FAY	For Office Use - Party No.
Official Title CITY CLERK	
Telephone No. 905-874-2172	Fax No. 905-874-2119
E-mail peter.fay@brampton.ca	
Municipality Name and Address CITY OF BRAMPTON, 2 WELLINGTON ST. W., BRAMPTON, ON L6Y 4R2	

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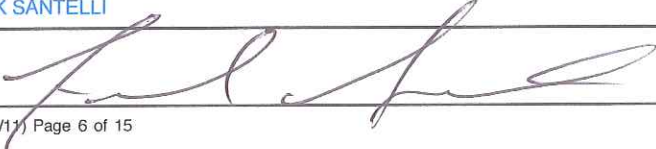
2. Additional Safety Measures

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

DAILY VISUAL INSPECTION OF FACILITIES.

EMERGENCY SHUT DOWN AT PROPANE DISPENSER.

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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) 28-04-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: FRANK CHERRY
Training Date (dd-mm-yyyy) 22-09-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

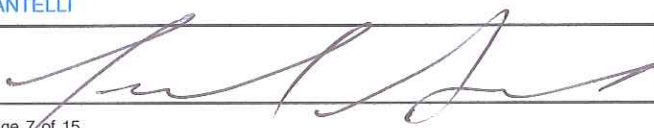
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 28-04-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: FRANK CHERRY
Training Date (dd-mm-yyyy) 22-09-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
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) 28-04-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: FRANK CHERRY
Training Date (dd-mm-yyyy) 22-09-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
Training 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)

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 26-04-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
Target Date (dd-mm-yyyy) 20-09-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER/DAVE SHEPPARD
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) 26-04-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
Target Date (dd-mm-yyyy) 20-09-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER/DAVE SHEPPARD
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) 26-04-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER/DAVE SHEPPARD
Target Date (dd-mm-yyyy) 20-09-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER/DAVE SHEPPARD
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).

ON-SITE ATTENDANT WOULD CONTACT EMERGENCY SERVICES - 911.

LOCAL FIRE SERVICES WOULD ADVISE DIRECTION.

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).

LOCAL FIRE SERVICES WOULD CO-ORDINATE WITH LOCAL POLICE IF AN EVACUATION PLAN WERE NECESSARY.

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

IN THE EVENT OF AN EMERGENCY A 911 CALL WOULD BE PLACED BY THE ATTENDANT ON DUTY, FOLLOWED BY A CALL TO THE LICENCE HOLDER FOR FURTHER ACTION AND CONTACT WITH EMERGENCY RESPONSE PERSONNEL.

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

ENTRANCES AND EXITS ARE ACCESSIBLE AT ALL TIMES FOR EMERGENCY PERSONNEL.

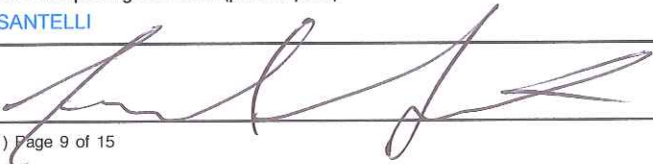
Describe how the licence holder will ensure continual flow of updated information to authorities.

A FIRE SAFETY PLAN LOCK BOX WILL BE INSTALLED INSIDE THE KIOSK CONTAINING THE COMPLETE RSMP AND ALL RELEVANT MSDSs. CO-ORDINATION OF UPDATED INFORMATION TO AUTHORITIES WOULD BE ON A CONTINUAL BASIS AS WARRANTED BY THE CIRCUMSTANCE AND AT THE DIRECTION OF THE AUTHORITIES.

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

PHONE CONTACT - IMMEDIATE

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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 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>75 METRES</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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	Date (dd-mm-yyyy) 17-04-2012

Brenda Thompson

To: mike.clark@brampton.ca
Subject: Santak Pitstop

Michael Clark
Deputy Fire Chief
Brampton

Michael,

Received your recent phone call; please forward the confirmation letter for Santak Pitstop to my email address:

alex@carlingpropane.ca or
carlingpropaneinc@bellnet.ca

Thank you for your attention in this matter and look forward to receiving the confirmation letter.

Regards,

Alex Goerk

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(905) 952-0155 (fax)
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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).

RSMP DELIVERED TO FIRE SERVICES, ATTENTION FIRE CHIEF, ANDY MACDONALD, 8 RUTHERFORD ROAD SOUTH, BRAMPTON, ON.

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: _____

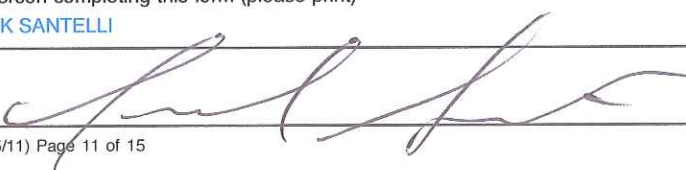
(dd-mm-yyyy)

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		

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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.

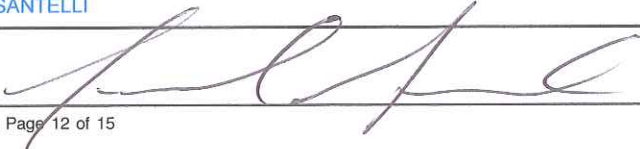
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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) <u>16-03-2012</u>	Capacity of single largest propane storage vessel (USWG) <u>1 X 2000 USWG VERTICAL TANK</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>52 METRES (S/W)</u>	Right side property line: <u>19.5 METRES (S/E)</u>
Rear: <u>52 METRES (N/E)</u>	Left side property line: <u>3.5 METRES (N/W)</u>
GPS coordinates of single largest vessel: <u>43°43'59.59"N / 79°49'23.43"W</u>	

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>FRANK SANTELLI</u>	Official Title <u>VICE PRESIDENT</u>
Signature 	Telephone No. <u>905-840-6400</u> Date (dd-mm-yyyy) <u>17-04-2012</u>



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

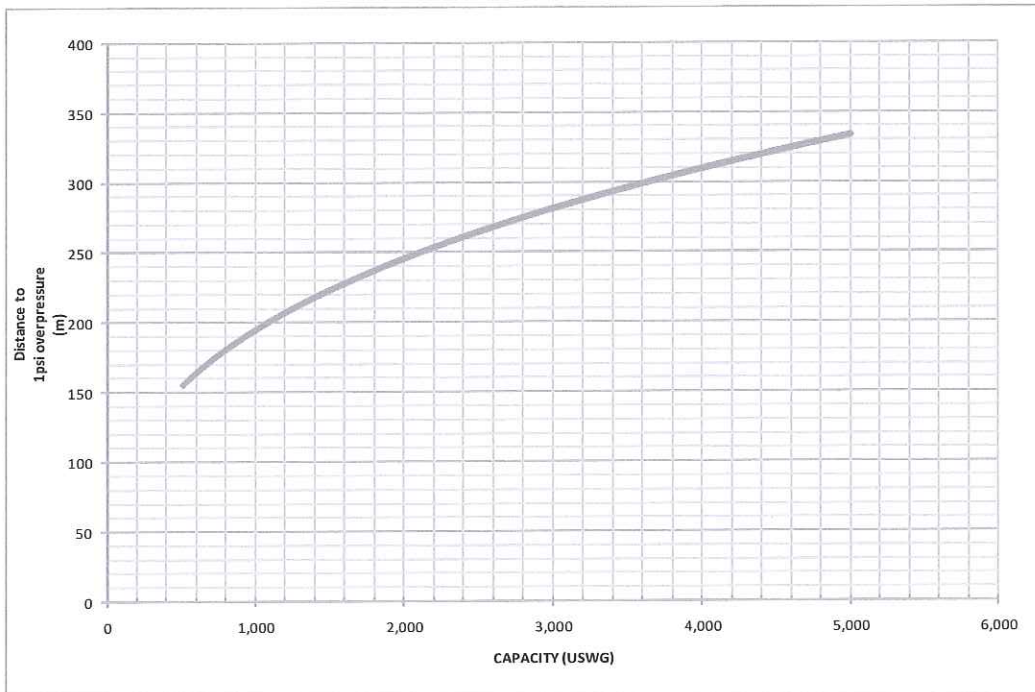
Table 1: Distance Table

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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SECTION C: SUBMISSIONS (cont'd)

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

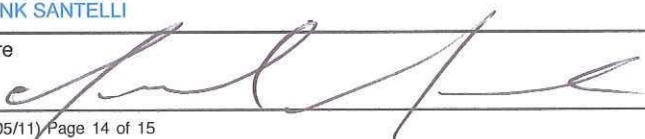
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>67</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>SOBEY'S & SHOPPERS DRUG MART, TIM HORTON'S, 2 PETRO CANADA GAS BAR'S</u> Address: <u>11947, 11975, 12011 AND 11980 HURONTARIO STREET</u> City: <u>BRAMPTON</u> Province <u>ON</u> Postal Code _____			X		<u>31</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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	Date (dd-mm-yyyy) <u>17-04-2012</u>



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WORKSHEET

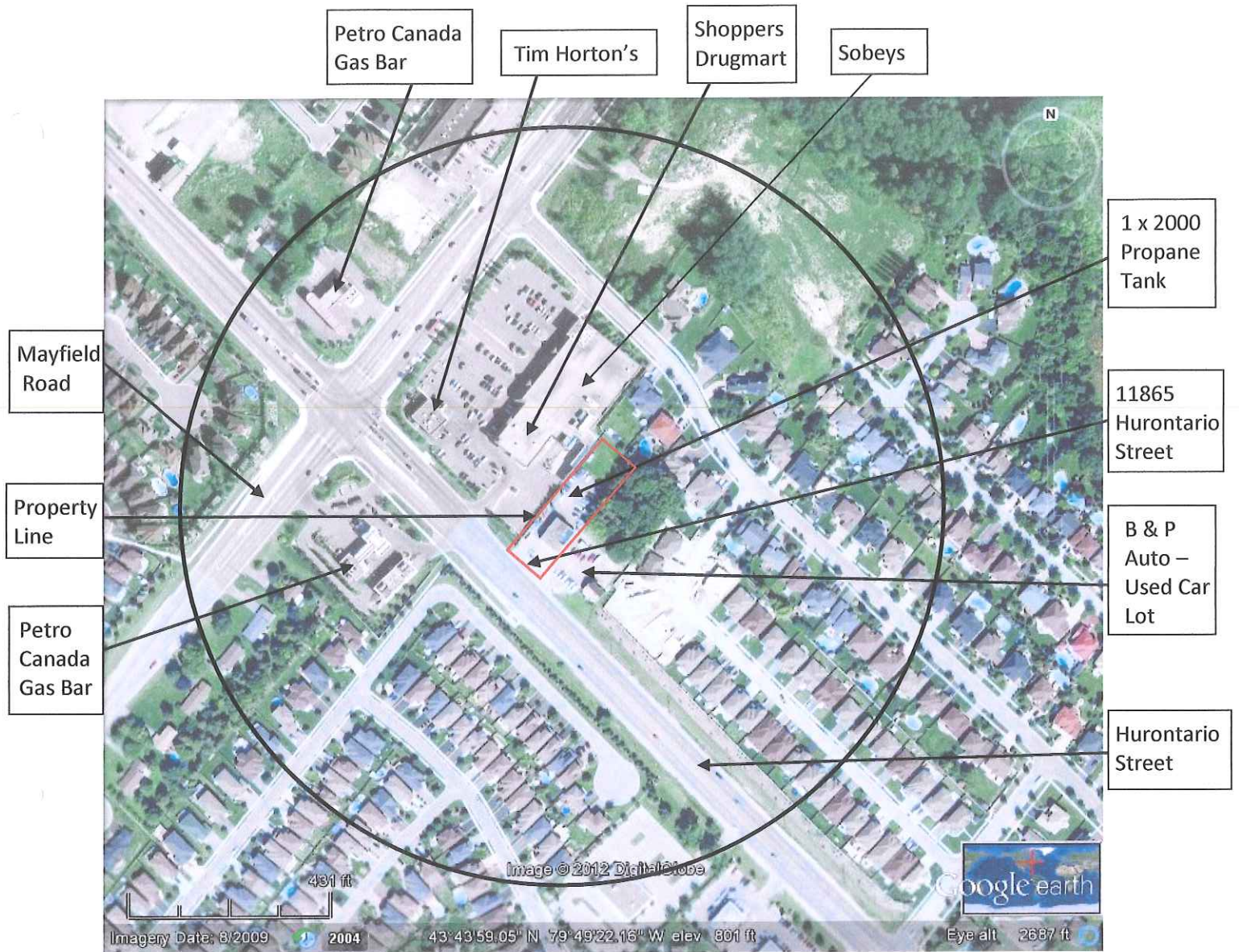
Portable Storage Additional Information Worksheet

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



SANTAK AUTO

LOCATION:	11865 Hurontario Street, Brampton, On
PREPARED:	March 16, 2012
TANK CAPACITY:	1 x 2000 USWG Vertical Tank
TANK SETBACKS:	Front – 52 Metres (S/W), Right side – 19.5 Metres (S/E) Rear – 52 Metres (N/E), Left side – 3.5 Metres (N/W)
RADIUS:	250 Metres
GPS COORDINATES:	43°43'59.59"N / 79°49'23.43" W
MUNICIPALITY:	City of Brampton
MUNICIPAL CLERK:	Peter Fay
MUNICIPAL ADDRESS:	2 Wellington Street West Brampton, ON L6Y 4R2