



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax 416.231.4078
 Customer Service: 1-877-892-4772

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

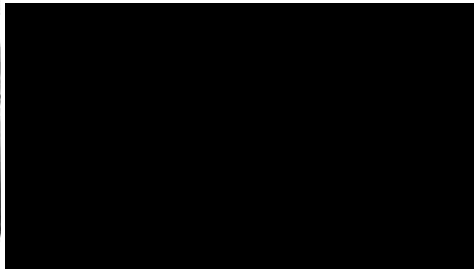
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number

Check applicable type of propane operations:

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

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

Company Name: **A HP SUPERSTORE** Corporation No.

Operator Name (if different from above)

Telephone No. **705-226-2421** Fax No. **705-226-4184** E-mail **hpsuperstorepropane@gmail.com**

Street No. **12818** Street Name / 911 Number / Address, if applicable **Hwy 35**

Town / City or Township / County **Minden** Province **ON** Postal Code **K0M 2K0**

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. **D 12818** Street Name / 911 Number / Address, if applicable **Hwy 35** Nearest Major Intersection

Town / City or Township / County **Minden** Province **ON** Postal Code **K0M 2K0**

Name of Licence Holder **Haisung Hong**

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

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

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	Printname Haisung Hong	Signature	Date (dd-mm-yyyy) 21/05/2016
Name of Senior Management person as defined in the Regulation holding the Record of Training	Greg Saville	Signature	Date 07/06/2016



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1993

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

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

	PSIG	Serial Number
Tank 1:	250	1050
Tank 2:		
Tank 3:		

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 5000 USWG Portable: none Mobile: none

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>Haisung Hong</u>	Official Title <u>OWNER</u>	
Signature <u>Haisung Hong</u>	Telephone No. <u>705-286-2421</u>	Date (dd-mm-yyyy) <u>2/05/2016</u>

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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Budget Propane Corporation		For Office Use - Party No.	
Street No. 1011	Street Name / 911 Number / Address, if applicable Beiers Road		
Town / City or Township / Country Gravenhurst		Province ON	Postal Code P1P 1R1
Telephone No. 705 687-5608	Fax No. 705 687-1305	Contact Name James Callow	
E-mail james@budgetpropane.net			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Primemax Energy Inc			
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Rd		
Town / City or Township / Country AYR		Province ON	Postal Code N0B 1E0
Telephone No. 519 740-8209	Fax No.	Contact Name Mike Taylor	
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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Name of person completing this form (please print) Haisung Hong	Official Title OWNER		
Signature Haisung Hong	Telephone No. 705-286-2421	Date (dd-mmm-yyyy) 2/05/2016	



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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 X 420 # Lbs cylinder for Heating for HP Superstore

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

One 10Lb ABC Extinguisher for Dispenser area
One 5Lb ABC Extinguisher for 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.

- ① Emergency Shutdown button to stop Propane Pump
- ② ISC Valve on tank to shut off propane flow when not in use
- ③ ISC Valve on tank to shut off propane flow if ISC is open and a hose break
- ④ Excess flow valve on piping to shut off propane flow if hose break
- ⑤ Fusible link on ISC valve operating cable that will melt in case of a fire and close ISC valve

- ① Annual fire Extinguisher Inspection
- ② Annual Dispenser Inspection

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Signature Haisung Hong	Telephone No. 705-286-2421	Date (dd-mmm-yyyy) 02/05/2016



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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 Haisung Hong	For Office Use - Party No.
Official Title OWNER	
Telephone No. 705-286-2421	Fax No. 705-286-4134
E-mail hpsuperstorepropane@gmail.com	
Role and responsibilities in emergency Emergency identification Activate alarm Report to management	

5. Facility 24-Hour Contact Person

Name Haisung Hong	For Office Use - Party No.
Official Title OWNER	
Cell No. 705-344-6143	Fax No.
E-mail hb3hong@hotmail.com	
Role and responsibilities in emergency Emergency identification Activate alarm call 911 if required	

2. Facility Contact Personnel - Alternate Contact

Name Greg Saville	For Office Use - Party No.
Official Title Manager	
Telephone No. 705-286-2421	Fax No. 705-286-4134
E-mail hpsuperstorepropane@gmail.com	
Role and responsibilities in emergency Emergency Evacuation call 911 if Required, notify Budget propane	

6. Name of Facility Manager

Name Greg Saville	For Office Use - Party No.
Official Title Manager	
Telephone No. 705-559-4799	Fax No. 705-286-4134
E-mail hpsuperstorepropane@gmail.com	
Role and responsibilities in emergency Evacuation Procedure	

3. Local Fire Services - Key Contact

Name Doug Schell	For Office Use - Party No.
Official Title Fire Chief	E-mail dschell@mindenhills.ca
Telephone No. 705-286-1260	Fax No.
Role and responsibilities in emergency CONTINUOUS WATER ON GAS TANK	
Fire Services Address 7 milne st. Minden. ON	

7. Propane Supplier Key Contact Person

Name James Callow	For Office Use - Party No.
Official Title President	E-mail James@budgetpropane.net
Telephone No. 1-888-405-7777	Fax No.
Role and responsibilities in emergency BUDGET CREW ON SITE EMERGENCY DUTIES	
Propane Supplier Address 1011 Beiers Rd, Gravenhurst. ON	

4. Local Fire Services - Alternate Contact

Name Deanna Smith	For Office Use - Party No.
Official Title Acst	E-mail dsmitth@mindenhills.ca
Telephone No. 705-286-1260 x209	Fax No. 705-286-6005
Role and responsibilities in emergency Firechief's main contact	
Fire Services Address 7 milne st. Minden. ON	

8. Municipal Contact

Name Colin McKnight	For Office Use - Party No.
Official Title Building Inspector	
Telephone No. 705-286-1260 x210	Fax No. 705-286-6005
E-mail cmcknight@mindenhills.ca	
Municipality Name and Address Minden Hills, 7 milne st, Minden	

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Name of person completing this form (please print) Haisung Hong	Official Title OWNER
Signature <i>Haisung Hong</i>	Telephone No. 705-286-2421
	Date (dd-mmm-yyyy) 02/05/2010



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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.

See ERAP attached

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Signature <i>Haisung Hong</i>	Telephone No. 705-286-2421	Date (dd-mmm-yyyy) 02/05/2016



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

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

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

Training Date (dd-mmm-yyyy) 29/04/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 29/04/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 15/04/2015	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: James Callow
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Haisung Hong	Official Title OWNER
Signature <i>Haisung Hong</i>	Telephone No. 705-286-2421
	Date (dd-mmm-yyyy) 02/05/2016



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mmm-yyyy) 10/08/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Target Date (dd-mmm-yyyy) 11/18 28/11/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 10/08/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Target Date (dd-mmm-yyyy) 28/11/2016	Print Name of Training Provider: Haisung Hong
	Print Name of Instructor: Greg Saville
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) N/A	Print Name of Training Provider: ROT expires 28 May 2018
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature <i>Haisung Hong</i>	Telephone No. 705-286-2424
	Date (dd-mmm-yyyy) 02/05/2016



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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).

See Evacuation plan attached

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).

See Evacuation plan attached

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).

See Evacuation plan Attached

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

No restricted Access to site

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

licence holder Lives nearby and will attend site

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

5 minutes

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Name of person completing this form (please print) Haisung Hong	Official Title OWNER
Signature <i>Haisung Hong</i>	Telephone No. 705-286-2421
	Date (dd-mmm-yyyy) 02/05/2016



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

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>25 m</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>none</u>	

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Signature <i>Haisung Hong</i>	Telephone No. 705-286-2421	Date (dd-mmm-yyyy) 02/05/2016



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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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		

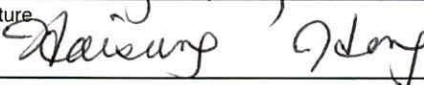
Fire services comments, if any:		

To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		

The licence holder will respond to the Local Fire Services comments by: _____		
(dd-mmm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Print name Minden Hills Fire Dept. Local Fire Services Name	Signature 	Date (dd-mmm-yyyy) June 2/16
Doug Schell		

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Name of person completing this form (please print) Haisung Hong	Official Title OWNER
Signature 	Telephone No. 705-286-2421
	Date (dd-mmm-yyyy) 02/06/2016



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) MAY 31, 2016	Capacity of single largest propane storage vessel (USWG) 5,000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 4.6 m	Right side property line: 21.3 m
Rear: 49.9 m	Left side property line: 25.3 m
GPS coordinates of single largest vessel: 44.938602, -78.711259	

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Name of person completing this form (please print) Haisung Hong	Official Title OWNER
Signature Haisung Hong	Telephone No. 705-286-2421
	Date (dd-mmm-yyyy) 01/06/2016



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SECTION C: SUBMISSIONS (cont'd)

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

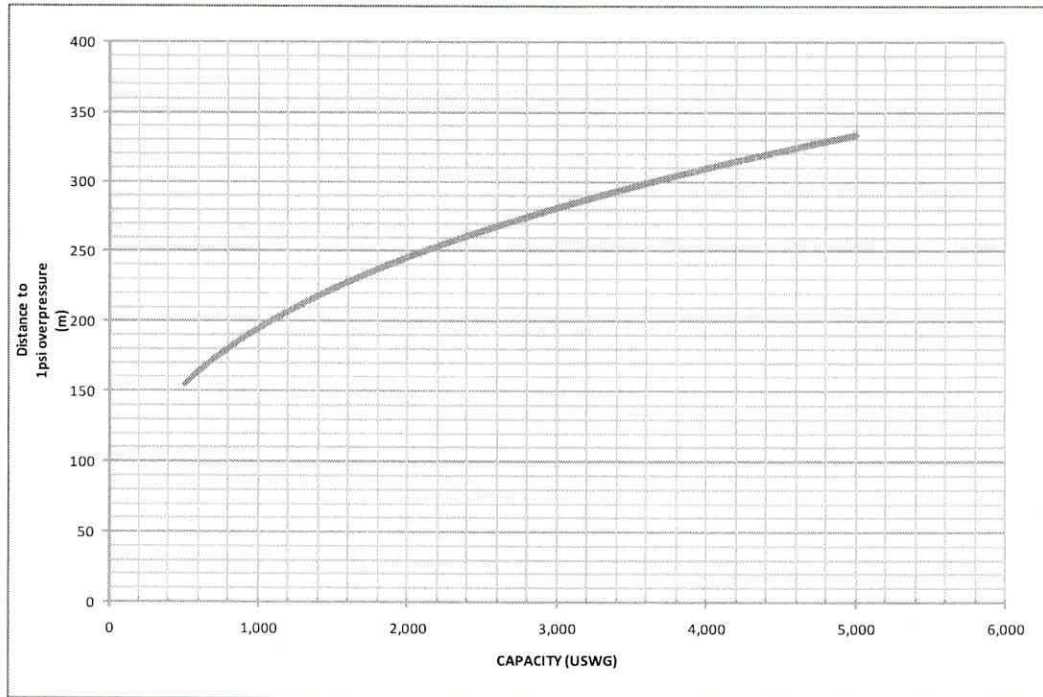
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>BEAVERBROOK GOLF COURSE, BLUEWAVE ENERGY</u> Address: <u>1022 LUZER'S ROAD</u> City: <u>MINDEN</u> Province <u>ON</u> Postal Code <u>K0M 2K0</u>			X		±70 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]			X		±35 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>TURBY'S HOT TUBS</u> Address: <u>1017 HALIBURTON COUNTY ROAD 21</u> City: <u>MINDEN</u> Province <u>ON</u> Postal Code <u>K0M 2K0</u>			X		±114 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) <u>Haisung Hong</u>	Official Title <u>OWNER</u>
Signature <u>Haisung Hong</u>	Telephone No. <u>705-286-2421</u>
	Date (dd-mmm-yyyy) <u>01/06/2016</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	5	147.5
# 40	11.75	1	11.75
# 33.3	9.62	0	
# 30	8.8	4	35.2
# 20	5.8	50	290
# 10	2.9	1	2.9
# 5	1.5	1	1.5
Total Cylinder Capacity			491.75

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	491.75
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	491.75

333 m Hazard
Distance

HP Superstore

Relay Park Rd

35

21

5,000 USWG Horizontal Tank
44.939277°N 78.7111058°W
12818 Highway 35, RR3
Minden, ON, K0M 2K0
Township of Minden Hills
Haliburton County

Image © 2011 GeoEye
© 2011 Google

Prepared: 10/26/11

Imagery Date: 4/9/2010

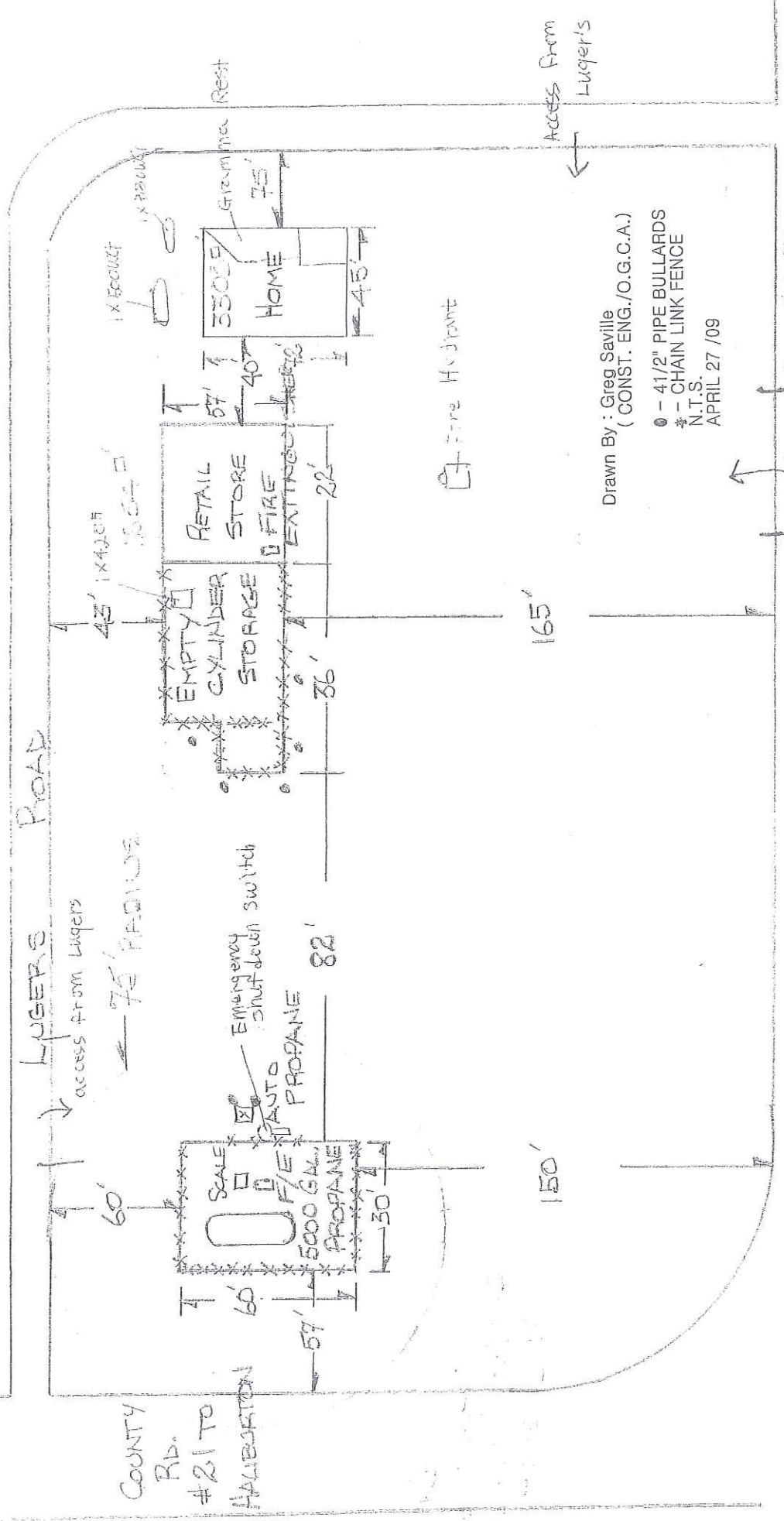
2009

174 m

44.939183°N -78.710521°W Elev: 287 m

Eye alt

NO BUILDING IN 300' RADIUS THIS SIDE



Drawn By : Greg Saville
(CONST. ENG./O.G.C.A.)
● - 4 1/2" PIPE BULLARDS
★ - CHAIN LINK FENCE
N.T.S.
APRIL 27 / 09

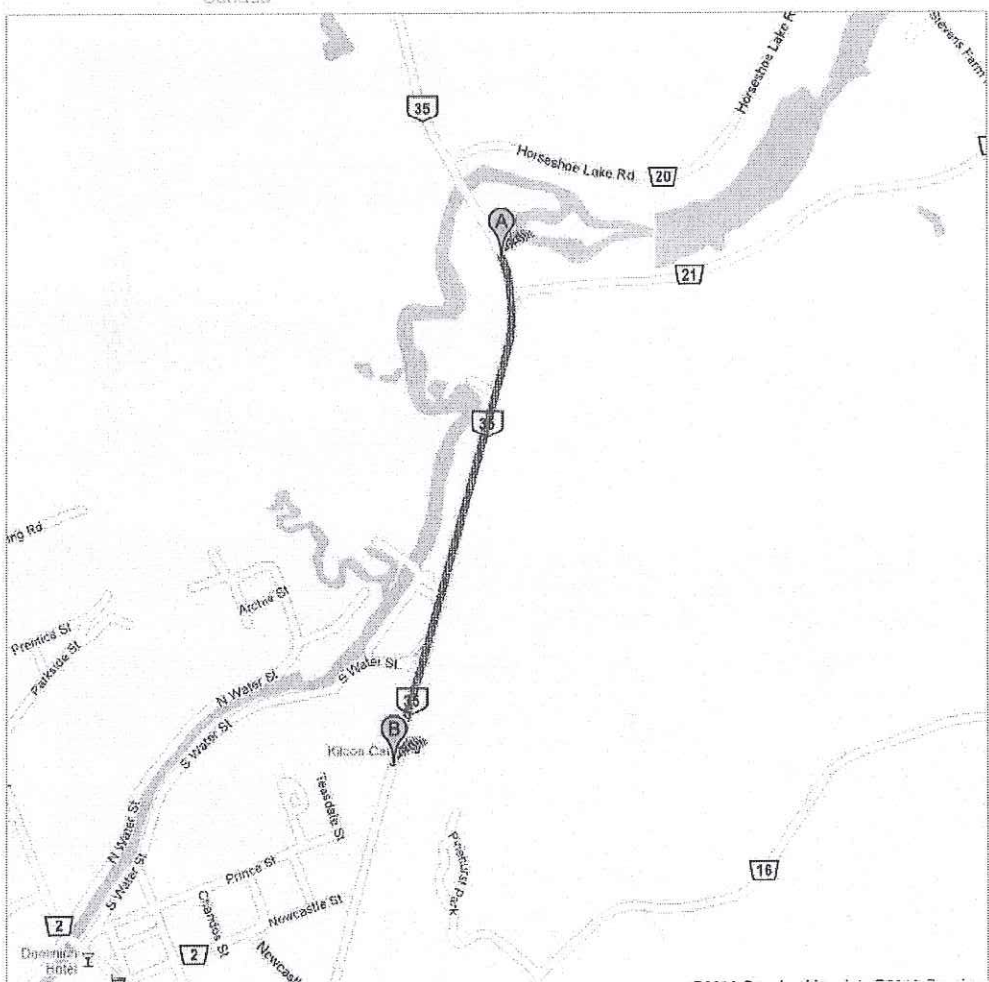
NO BUILDING IN 300' RADIUS THIS SIDE

MINDEN

DIRECTIONS TO FINAL MEETING PLACE
TIM HORTON'S – HWY 35

Google maps
Canada

Directions to ON-35 S
1.3 km – about 1 min



A ON-35 N

1. Head **southeast** on **ON-35 S** toward **County Road 21**
About 1 min

go 1.3 km
total 1.3 km

B ON-35 S



NO BUILDING IN 300' RADIUS THIS SIDE

LYGERS ROAD

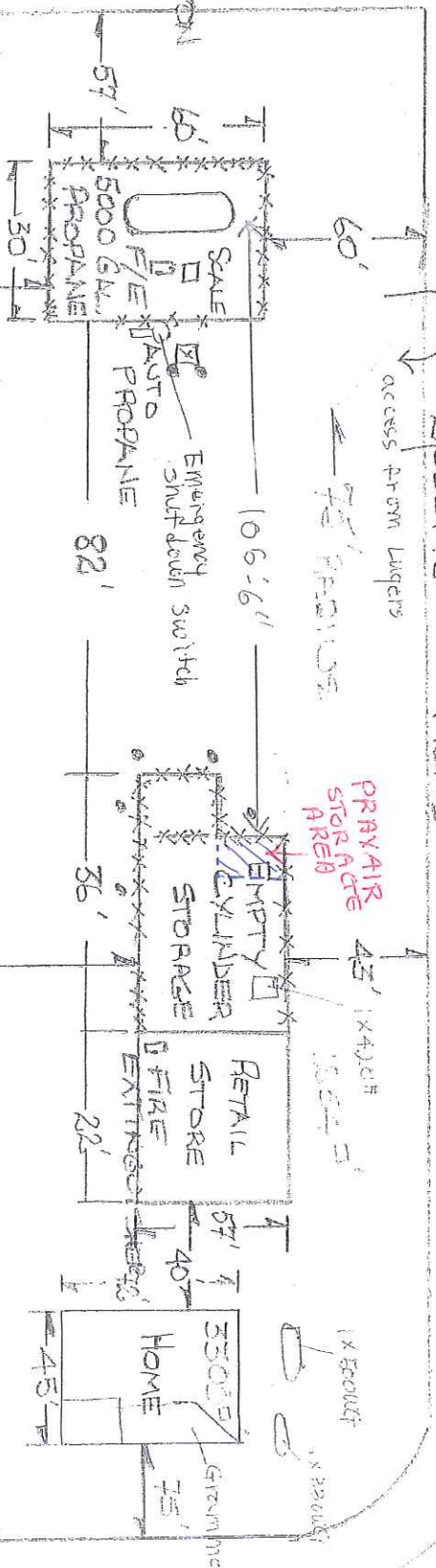
access from Lygers

PRAYAIR STORAGE AREA

1x 40' 1x 40' 1x 40' 1x 40'

1x 30' 1x 30'

COUNTY R.D. #21 TO HYDEGTON



NO BUILDING IN 300' RADIUS THIS SIDE

150'

165'

Access from Lygers

Drawn By : Greg Saville (CONST. ENG./O.G.C.A.)

- 0 - 4 1/2" PIPE BULLARDS
- 3 - CHAIN LINK FENCE
- N.T.S.
- APRIL 27 /09

Access from Hwy 35

NO BUILDING IN 300' RADIUS THIS SIDE

MINDEN