



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.

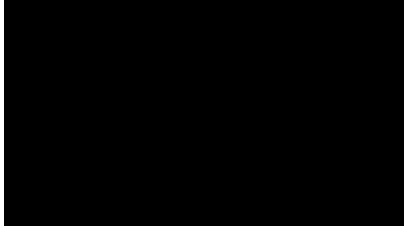
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number 007639577-C 0076395797-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 Broughs Service Centre Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 519-793-4743 Fax No. E-mail

**B** Street No. 2872 Street Name / 911 Number / Address, if applicable Highway # 6 R. R. # 1

Town / City or Township / County Ferndale, Municipality of Northern Bruce Peninsula, County of Bruce Province Ontario Postal Code N0H 1W0

Mailing address if different from above.

**C** Street No. 2872 Street Name / 911 Number / Address, if applicable Highway # 6 RR # 1

Town / City or Township / County Lions Head Province Ontario Postal Code N0H 1W0

**Information on Container Refill Centre or Filling Plant**

**D** Location of facility.

Street No. 2872 Street Name / 911 Number / Address, if applicable Highway # 6 R.R. #1 Lot 26, Conc 3 Nearest Major Intersection Highway # 6 and Bruce County Road # 9

Town / City or Township / County Ferndale, Municipality of Northern Bruce Peninsula, County of Bruce Province Ontario Postal Code N0H 1W0

Name of Licence Holder Broughs Service Centre

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

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Municipality of Northern Bruce Peninsula, County of Bruce

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Broughs Service Centre</u>		<u>29-11-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Judy Brough</u>		



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**SECTION A: GENERAL INFORMATION (cont'd)**

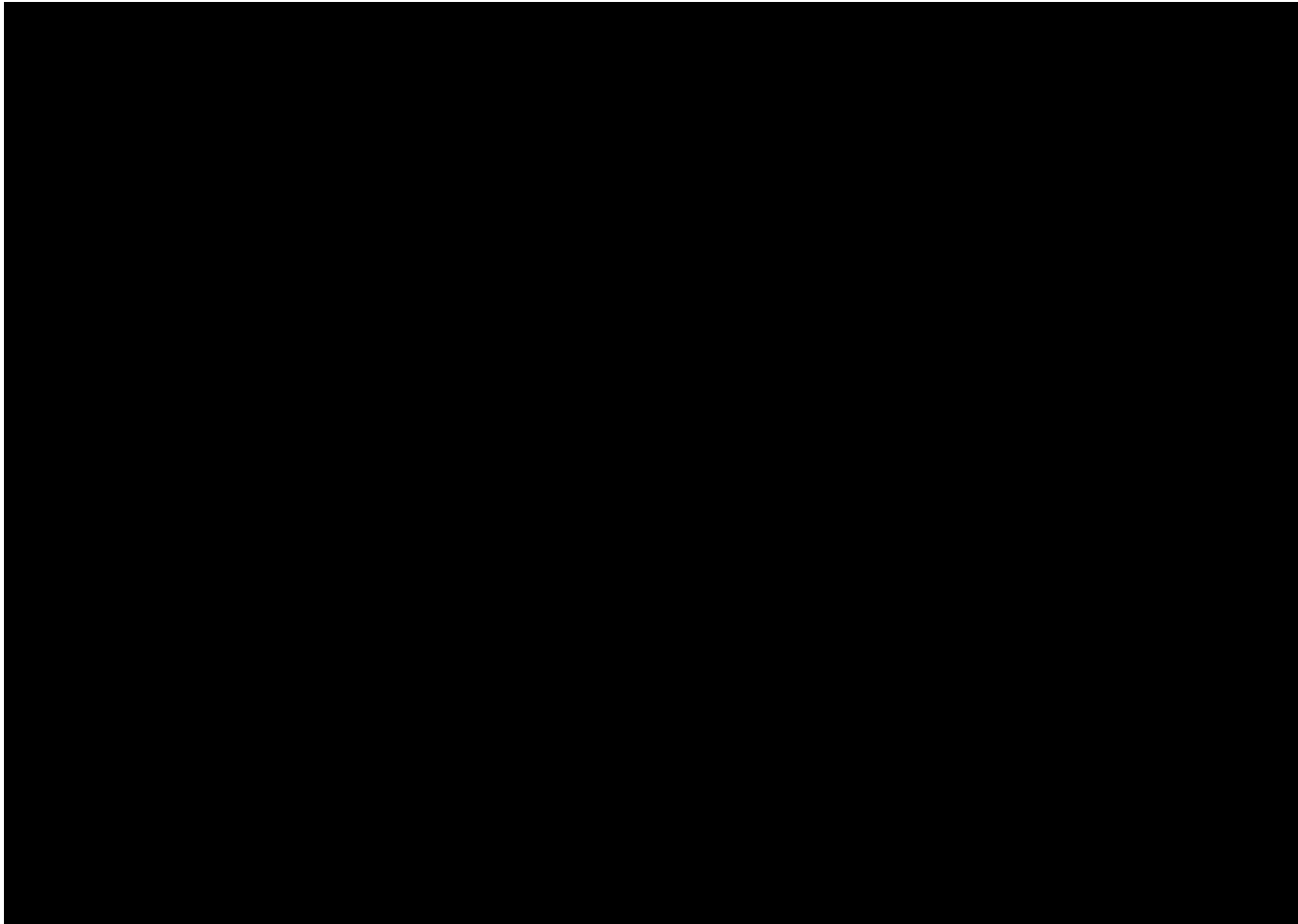
Indicate the year the facility was established. 1993      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>24511984</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: 2,000      Portable: 262      Mobile: None



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Name of person completing this form (please print) <u>Judy Brough</u>	Official Title <u>Owner/Operator</u>	
Signature 	Telephone No. <u>519-793-4743</u>	Date (dd-mm-yyyy) <u>29-11-2011</u>



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

Name of Propane Supplier(s)		SPARLING'S PROPANE COMPANY LTD.		
Street No.	Street Name / 911 Number / Address, if applicable			
774304	Hwy # 10 North			
Town / City or Township / Country			Province	Postal Code
FLESHERTON			ONTARIO	N0C 1E0
Telephone No.	Fax No.	Contact Name		
519-924-3331	519-924-3823	Fiona Gosetto		
E-mail				
flg@sparlings.com				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>				
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.
NONE	NONE	
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Judy Brough	Owner/Operator	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-793-4743	29-11-2011



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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.

Two (2) -22,700 litre capacity underground gasoline storage tanks as indicated on the facility site drawing.

Two (2) above ground 1040 litre capacity heating oil tanks as indicated on the facility site drawing. These tanks are for private use only

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

There is five (5) portable fire extinguisher: one (1) at the propane dispenser, two (2) in the store and two (2) in the garage.

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.

The internal safety control (ISC) valve in the tank outlet is protected with a fusible link. The normally closed valve is pulled open by a cable attached to the cabinet door and can only be in the open position when the cabinet door is open. In the event of a fire, the fusible link will melt, allowing the ISC valve to close within the tank. When not in use, the cabinet door is returned to the closed position, thus closing the ISC valve.

Maintenance and testing schedule for fire protection controls and devices.

The facility is inspected on a monthly basis by the Site Operator. The operation of the ISC valve movement and a visual inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to Sparling's Propane for immediate attention. Sparling's Propane conducts an annual inspection of the entire propane facility.

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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Judy Brough	For Office Use - Party No.	Name Judy Brough	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. 519-793-4743	Fax No.	Cell No. 519-793-4743	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Colleen Huehn	For Office Use - Party No.	Name Judy Brough	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. 519-793-4743	Fax No.	Telephone No. 519-793-4743	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Mike Henderson	For Office Use - Party No.	Name Fiona Gosetto	For Office Use - Party No.
Official Title Fire Chief		Official Title REGIONAL MANAGER	
Telephone No. 519-793-3522	Fax No. 519-793-3823	Telephone No. 519-924-3331	Fax No. 519-924-3823
E-mail firechief.nbp@amtelecom.net		E-mail flg@sparlings.com	
Role and responsibilities in emergency Co-ordinate Fire Service Response		Role and responsibilities in emergency Key Contact to activate Sparling's Propane ERAP # 2-0220	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Wilf Barnes	For Office Use - Party No.	Name Brian Finger	
Official Title Deputy Chief		Official Title FPO	
Telephone No. 519-793-3713	Fax No. 519-793-4004	Telephone No. 519-793-3713	Fax No. 519-793-4004
E-mail		E-mail	
Role and responsibilities in emergency Co-ordinate Fire Service Response.		Municipality Municipality of Northern Bruce Peninsula	

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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.

A sign is affixed to the dispenser that identifies Sparling's Propane as the supplier of fuel as well as the 24/7 Sparling's Propane emergency response contact number (1-800-561-7727).

The dispenser cabinet is closed at all times (unless in use) thus closing the ISC valve


Monthly inspections of the facility are completed and recorded by the Safety Manager. Any deficiencies found are corrected or reported immediately to Sparling's Propane.

Yard personnel conduct a daily visual inspection of the dispenser.

There are five (5) additional fire extinguishers available on the premises.

See the Emergency Response Procedure listed in Tab 8.

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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) July 12, 2011	Print Name of Training Provider: Broughs Service Centre
	Print Name of Instructor: Judy Brough
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) July 12, 2011	Print Name of Training Provider: Broughs Service Centre
	Print Name of Instructor: Judy Brough
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) July 12, 2011	Print Name of Training Provider: Broughs Service Centre
	Print Name of Instructor: Judy Brough
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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**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) July 12, 2012	Print Name of Training Provider: Brouchs Service Centre
	Print Name of Instructor: Judy Brough
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) July 12, 2012	Print Name of Training Provider: Brouchs Service Centre
	Print Name of Instructor: Judy Brough
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: Brouchs Service Centre
	Print Name of Instructor: Judy Brough
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) July 12, 2012	Print Name of Training Provider: Brouchs Service Centre
	Print Name of Instructor: Judy Brough
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: Brouchs Service Centre
	Print Name of Instructor: Judy Brough
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).

The on duty operator will call 911 and notify management of the situation

Also see the Emergency Response Procedures listed in Tab 8.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The on-duty operator is to call 911

The manager (or in his absence the on duty operator) will evacuate the premises and instruct persons to report to the pre-assigned meeting place on the opposite side of Highway 6 immediately west of the subject property. In the event of a catastrophic failure persons inside the hazard distance will be advised to move to a safe location outside the hazard distance

**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).

The on-duty operator is to call 911. Once at the meeting place, the on-duty operator will confirm that emergency services were notified.

The on-duty operator will relay information to emergency services until a key contact is on site who will assume responsibility.

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

There is no fence around the dispenser. The fire department has 24 hour access to the site

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

The on-duty operator will assume the responsibility of tracking information until a key contact is present. The key contact will then assume responsibility for keeping emergency services updated.

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

1 minute

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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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**7. Water Supply**

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" 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>4,682.5 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>4,682.5 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:

**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 <i>MIKE HENDERSON</i>	<i>Mike Henderson</i>	<i>Dec. 7, 11</i>

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Name of person completing this form (please print) <i>Judy Brough</i>	Official Title <i>Owner/Operator</i>
Signature <i>Judy Brough</i>	Telephone No. <i>519-793-4743</i> Date (dd-mm-yyyy) <i>29-11-2011</i>



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**SECTION C: SUBMISSIONS (cont'd)**

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

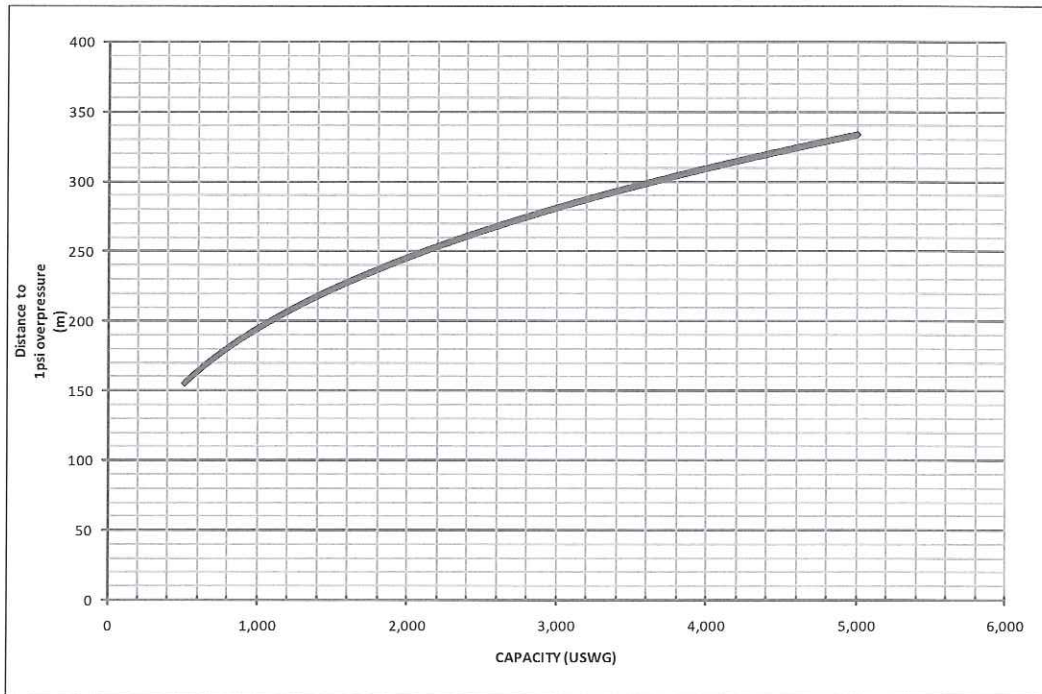
Table 1: Distance Table

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**

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) 29-11-2011	Capacity of single largest propane storage vessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 21 metres	Right side property line: 35 metres
Rear: 36 metres	Left side property line: 5 metres
GPS coordinates of single largest vessel: North 44.58.335 x West 081.17.249	

**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) Judy Brough	Official Title Owner/Operator
Signature 	Telephone No. 519-793-4743 Date (dd-mm-yyyy) 29-11-2011



Technical Standards and Safety Authority  
www.tssa.org

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

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

**SECTION C: SUBMISSIONS (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 _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				x	60 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Remax Realtor</u> Address: <u>2876 Hwy # 6</u> City: <u>Ferndale</u> Province <u>Ontario</u> Postal Code <u>NOH 1W0</u>				x	11 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

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Signature 	Telephone No. <u>519-793-4743</u> Date (dd-mm-yyyy) <u>29-11-2011</u>



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**SECTION C: SUBMISSIONS (cont'd)**

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

**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	10	88
# 20	5.8	30	174
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			<b>262</b>

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		<b>0</b>

<b>Total Cylinder Capacity</b>	<b>262</b>
<b>Total Tank Capacity</b>	<b>0</b>
<b>Total Portable Capacity</b>	<b>262</b>

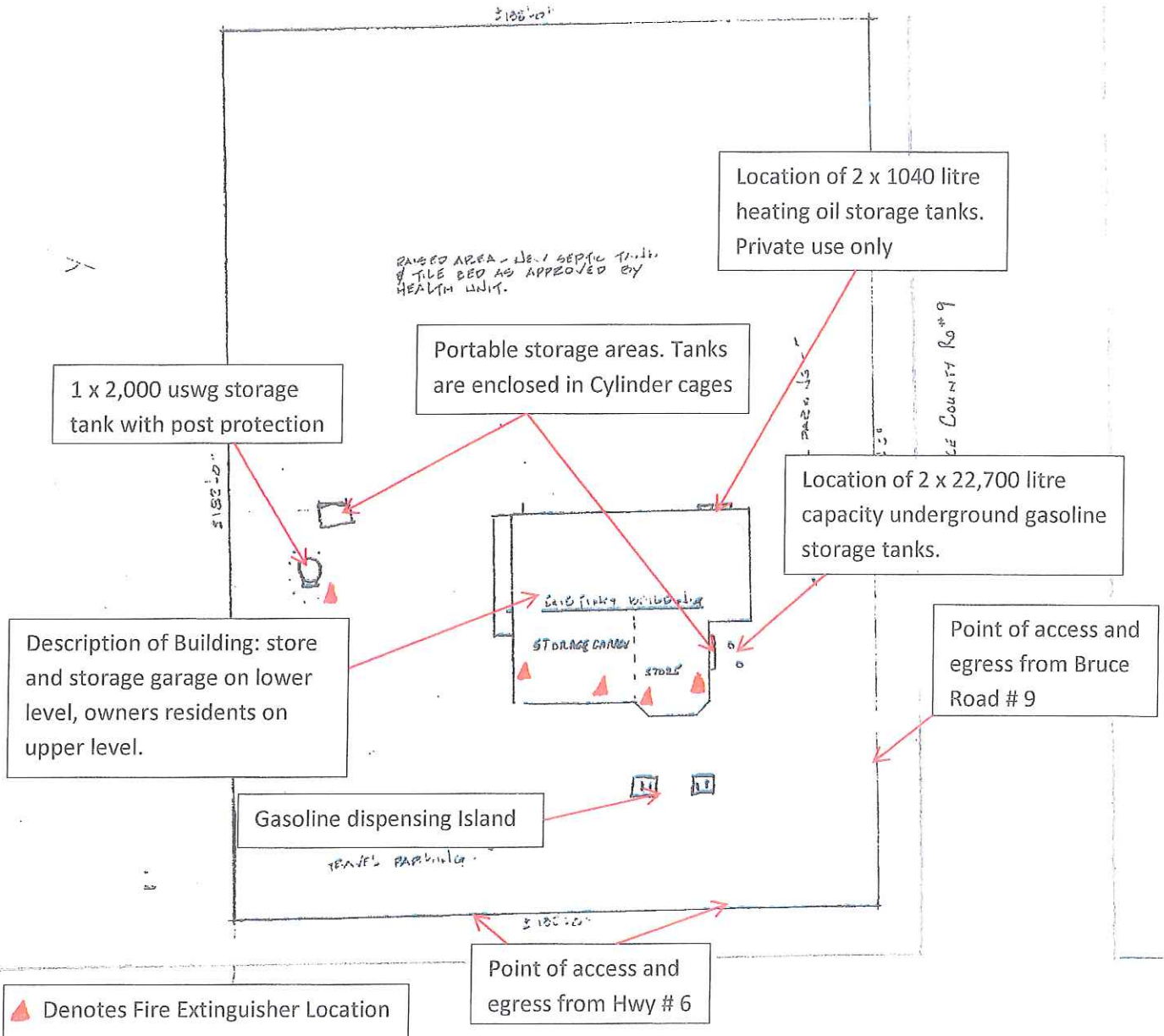
**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) Judy Brough		Official Title Owner/Operator	
Signature 		Telephone No. 519-793-4743	Date (dd-mm-yyyy) 29-11-2011

# BROUGHT'S SERVICE CENTRE - Site Plan

2872 - Lot 26 - CONCESSION #3

FERRISBURG, ONT.



1 x 2,000 uswg storage tank with post protection

RAISED AREA - 12.1 SEPTIC TANK & TILE BED AS APPROVED BY HEALTH UNIT.

Portable storage areas. Tanks are enclosed in Cylinder cages

Location of 2 x 1040 litre heating oil storage tanks. Private use only

Location of 2 x 22,700 litre capacity underground gasoline storage tanks.

Description of Building: store and storage garage on lower level, owners residents on upper level.

Point of access and egress from Bruce Road #9

Gasoline dispensing Island

Point of access and egress from Hwy #6

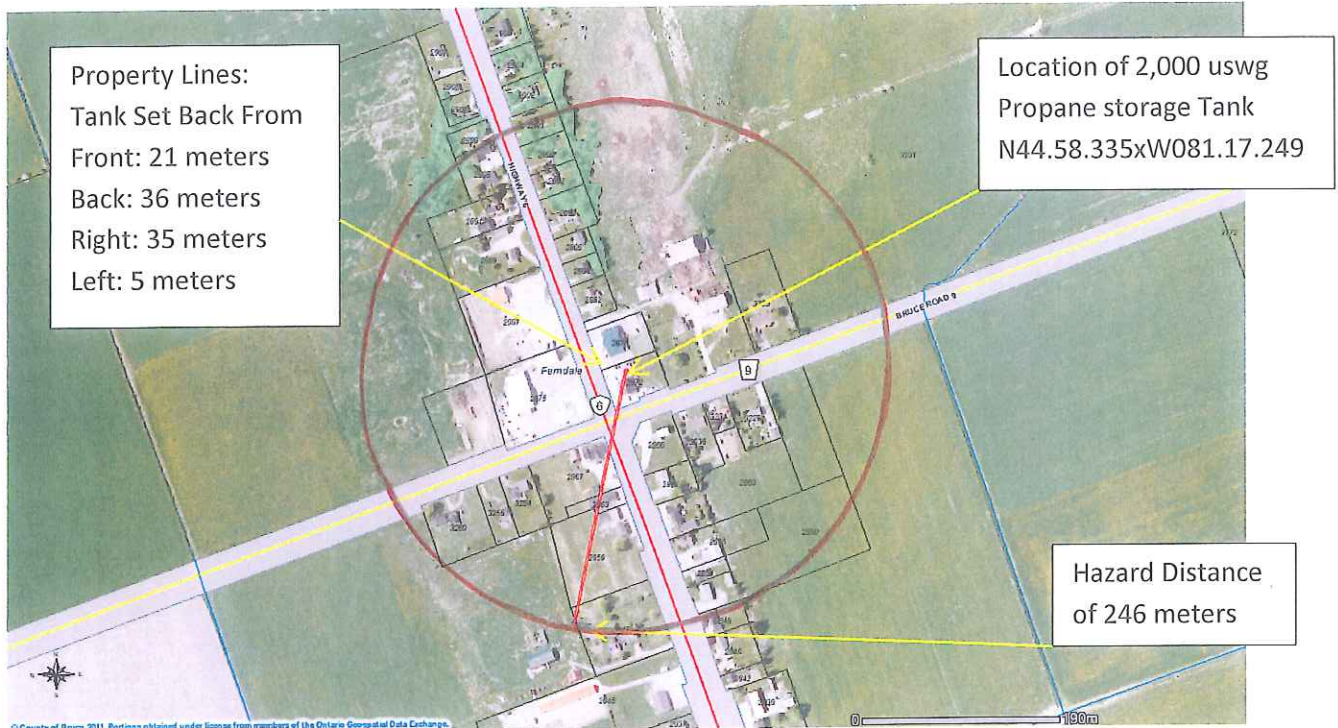
▲ Denotes Fire Extinguisher Location

HIGHWAY No. 6



# AERIAL MAP OF BROUGH'S SERVICE CENTRE

2872 Hwy # 6 R R # 1 Ferndale Ontario



Property Lines:  
Tank Set Back From  
Front: 21 meters  
Back: 36 meters  
Right: 35 meters  
Left: 5 meters

Location of 2,000 uswg  
Propane storage Tank  
N44.58.335xW081.17.249

Hazard Distance  
of 246 meters

Facility Address: 2872 Hwy # 6 Ferndale Ontario	Legal Description of Property: 2872 Hwy # 6 Lot 26 Concession 3 Northern Bruce Peninsula, County of Bruce
Municipal Contact Information: Mary Lynn Standen 56 Lindsay Road 5 Lions Head, Ontario N0H 2R0 519-3522 ex 229 e-mail: marylynn.nbp@eastlink.ca	Date Map Prepared: November 29, 2011