



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>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>For Office Use Only</p> |
| <p>Licence Number <u>000178862</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> | |

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 | | Ontario Corporation No., if applicable | |
| A | <u>Georgia Pacific North Woods LP</u> | | |
| Operator Name (if different from above) | | | |
| | | | |
| Telephone No | Fax No | E-mail | |
| <u>705-544-6126</u> | <u>N/A</u> | <u>Tom.Mosher@gapac.com</u> | |
| B | Street Name / 911 Number / Address, if applicable | | |
| <u>327022</u> | <u>Highway 11 North</u> | | |
| Town / City or Township / County | | Province | Postal Code |
| <u>Englehart</u> | | <u>ON</u> | <u>P0J 1H0</u> |
| Mailing address if different from above. | | | |
| C | Street Name / 911 Number / Address, if applicable | | |
| <u>327022</u> | <u>Highway 11 North, P.O. Box 960</u> | | |
| Town / City or Township / County | | Province | Postal Code |
| <u>Englehart</u> | | <u>ON</u> | <u>P0J 1H0</u> |

| | | | |
|--|---------------|---|------------------------------|
| Information on Container Refill Centre or Filling Plant | | | |
| Location of facility | | | |
| D | Street No | Street Name / 911 Number / Address, if applicable | Nearest Major Intersection |
| | <u>327022</u> | <u>Highway 11 North</u> | <u>Highway 11/Highway 64</u> |
| Town / City or Township / County | | Province | Postal Code |
| <u>Englehart</u> | | <u>ON</u> | <u>P0J 1H0</u> |

| | |
|--|---------------|
| Name of Licence Holder | |
| <u>Gary Lafrance, Mill Manager, on behalf of Georgia Pacific LP</u> | |
| Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) | ROT type |
| <u>Pat Rodgers</u> | <u>100-08</u> |
| Municipality (or municipalities if the facility or its hazard distance touches multiple borders) | |
| <u>Temiskaming Shores</u> | |
| Hours of operation | |

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

| | | |
|---|-----------|-------------------|
| Print name | Signature | Date (dd-mm-yyyy) |
| Name of Licence Holder <u>Gary Lafrance, Mill Manager, on behalf of Georgia Pacific LP</u> | | <u>11-08-2011</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Pat Rodgers</u> | | <u>11/09/11</u> |



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**Application for Renewal of
Level 1 Propane Licence**
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

| | PSIG | Serial Number | Capacity |
|------------------------------|------|---------------|-----------|
| Tank 1: | 250 | 20J8262 | 2000 USWG |
| Tank 2: | | | |
| Tank 3: | | | |
| Total Fixed Capacity: | | | 2000 USWG |

B. Portable Storage

| Cylinder Size | Capacity in USWG | Quantity | Total Capacity in USWG |
|--------------------------------|------------------|----------|------------------------|
| # 420 | 123.9 | | |
| # 100 | 29.5 | 1 | 29.5 |
| # 40 | 11.75 | 3 | 35.25 |
| # 33.3 | 9.62 | 30 | 288.6 |
| # 30 | 8.8 | | |
| # 20 | 5.8 | 3 | 17.4 |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity | | | Line A 370.75 |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Capacity in USWG |
|----------------------------|----------|------------------------|
| | N/A | |
| Total Tank Capacity | | Line B |

Total Portable Capacity, Line A plus Line B: 370.75

C. Mobile Tanks

| Type | Tank Size In USWG | Quantity | Total Capacity in USWG |
|-----------------------------------|-------------------|----------|------------------------|
| Tankers | N/A | | |
| Cargo Liners | N/A | | |
| Total Mobile Tank Capacity | | | |

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

| | | |
|---|---|----------------------------------|
| 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 of person completing this form. Cristy Knott | Official Title Environmental Coordinator | |
| Signature | Telephone No. 705-544-6126 | Date (dd-mmm-yyyy) 05-05-2016 |



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

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | |
|--|---|--|------------------------|
| Name of Propane Supplier(s) Superior Propane - Ontario Regional Operations Centre | | For Office Use - Party No. [REDACTED] | |
| Street No. 251 | Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 217 | | |
| Town / City or Township / Country Guelph | | Province Ontario | Postal Code N1H 8J1 |
| Telephone No. 1-877-873-7467 | Fax No. 519-836-7766 | Contact Name Mike Mullins | |
| E-mail mullinsm@superiorpropane.com | | | |

| | | | |
|---|--|--|------------------------|
| Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/> | | For Office Use - Party No. [REDACTED] | |
| Superior Propane - New Liskeard | | | |
| Street No. 121 | Street Name / 911 Number / Address, if applicable Regina Street | | |
| Town / City or Township / Country New Liskeard | | Province Ontario | Postal Code P0J 1P0 |
| Telephone No. 705-471-9202 | Fax No. | Contact Name Lonnie Duquette | |
| E-mail duquettl@superiorpropane.com | | | |

| | | | |
|--|-----------------------------------|----------------------------|-------------|
| Off-site Cylinder and/or Mobile Storage None | 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) Tom Mosher | Official Title Regional Environmental Manager | |
| Signature | Telephone No. 705-544-6126 | Date (dd-mm-yyyy) 11-08-2011 |



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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.
Maximum 90,000 litres diesel stored at scale house.

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

Fire Extinguisher in Propane area - Chem Dry Class 10-A 120 BC. There are numerous others at various locations throughout the facility.

There is an alarm system and a fire suppression system in the adjoining building.

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. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months) 2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.
4. Georgia Pacific North Woods LP to maintain fire extinguishers in accordance with Ontario fire service regulations

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

1. Contacts for Emergency Response

| | | | |
|---|------------------------------|--|---|
| 1. Facility Contact Personnel - Key Contact | | 5. Facility 24-Hour Contact Person | |
| Name Pat Rodgers | For Office Use - Party No. | Name 24 Hr.General number | For Office Use - Party No. |
| Official Title Health and Safety Manager | | Official Title | |
| Telephone No. 705-544-6128 | Fax No. 705-544-2418 | Cell No. 705-544-6130 | Fax No. |
| E-mail pat.rodgers@gapac.com | | E-mail | |
| Role and responsibilities in emergency Coordinate site response | | Role and responsibilities in emergency Identify and dispatch GP North Woods emergency response personnel as required. | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Sean Lauzon | For Office Use - Party No. | Name Gary Lafrance | For Office Use - Party No. |
| Official Title Production Manager | | Official Title Mill Manager | |
| Telephone No. 705-544-6147 | Fax No. 705-544-2418 | Telephone No. 705-544-6194 | Fax No. 705-544-2418 |
| E-mail sean.lauzon@gapac.com | | E-mail gary.Lafrance@gapac.com | |
| Role and responsibilities in emergency Coordinate site response if agent unavailable. | | Role and responsibilities in emergency Coordinate site response | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Tom Henderson | For Office Use - Party No. | Name Superior Propane Hotline | For Office Use - Party No. |
| Official Title Fire Chief, Town of Englehart | | Official Title | |
| Telephone No. 705-544-2498 | Fax No. 705-544-0087 cell | Telephone No. 1-877-873-7467 | Fax No. |
| E-mail | | E-mail | |
| Role and responsibilities in emergency Coordinate/advise on the Town of Englehart Fire Service Response. Liaise with police. | | Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required. | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Rodney Plaunt | For Office Use - Party No. | Name Kelly Church | For [REDACTED] |
| Official Title Deputy Fire Chief, Town of Englehart | | Official Title Public Works Superintendent | |
| Telephone No. 705-544-8216 | Fax No. | Telephone No. 705-544-2288 | Fax No. This number has 24 hr.dispatch ability |
| E-mail | | E-mail | |
| Role and responsibilities in emergency Alternate - Coordinate/advise on Town of Englehart Fire Service Response. Liaise with police. | | Municipality Town of Englehart | |

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| | |
|--|--|
| Name of person completing this form (please print) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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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.

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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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) None | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|------------------------------------|----------------------------------|
| Training Date (dd-mm-yyyy) None | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | | |
|--|---|---|
| Training Date (dd-mm-yyyy) 30-06-2010 | Print Name of Training Provider: Propane Training Institute | Please Note: a ROT is valid for 3 years |
| | Print Name of Instructor: unknown | |
| 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) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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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) Q4 2011 | Print Name of Training Provider: Superior Propane or Other | Please Note: the TSSA is currently developing the content of this course and it and its provider should be in place the fourth quarter of this year |
| | Print Name of Instructor: to be arranged | |
| 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) Q4 2011 | Print Name of Training Provider: Key Site Contact to train staff |
| | Print Name of Instructor: to be arranged |
| 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) As required | Print Name of Training Provider: PTI, FSN, Superior Propane or Other | Please Note: a ROT is valid for 3 years |
| | Print Name of Instructor: TBA | |
| 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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| | |
|--|--|
| Name of person completing this form (please print) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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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).

The owner/operator or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached

"Propane Emergency Response Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so, this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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 owner/operator or alternate should first follow the Actions in the ERP provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. The facility has an alarm system and when activated employees proceed to the muster location at the scale house.

Subsequent evacuation instructions, potentially up to the Hazard Distance to be provided by municipal emergency responders.

Communication with Emergency Response Authorities

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

When the system is operational, site staff will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/ accident events and implement the appropriate emergency response actions including calling 911. Calling 911 will occur immediately after any attempts to shut the system down. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended but shut down. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or staff.

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

The propane tank system is located in a wide open parking lot area that is easily accessible by the west on Highway 11.

The fire access route is identified in the attached site plan.

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

The critical information required from the license holder is a) how to shut the system down and b) the fill level in the tank(if known).

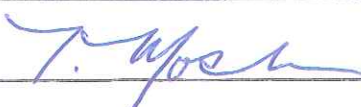
Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).

This information will be provided to the authorities by agent - Pat Rodgers.

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

Approximately 5 minutes, after having received the emergency call.

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| | |
|--|--|
| Name of person completing this form (please print) Tom Mosher | Official Title Regional Environmental Manager |
| Signature  | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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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 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 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>20 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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| | | |
|--|--|---------------------------------|
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| Signature | Telephone No. 705-544-6126 | Date (dd-mm-yyyy) 11-08-2011 |



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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.

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?

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 | | |

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| | |
|--|--|
| Name of person completing this form (please print) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |

September 2, 2011

Chief Tom Henderson
Fire Chief
Town of Englehart Fire Services
61 5th Avenue, PO Box 399
Englehart, ON P0J 1H0

Dear Chief Henderson;

As you are aware, the new Ontario Regulation 211X01 requires all propane handlers in Ontario to complete a Risk and Safety Management Plan (RSMP).

This RSMP is required by the Technical Standards and Safety Authority (TSSA) in order to renew a propane license.

Part of the process includes that the local Fire Department review the RSMP.

Therefore, we kindly ask you to review this RSMP for Georgia Pacific North Woods LP located in Englehart, Ontario.

Please complete page 11, with your comments and recommendations, sign, and return to:

Mr. Gary Lafrance
Mill Manager
Georgia Pacific North Woods LP
327022 Highway 11 North
P.O. Box 960
Englehart, ON P0J 1H0
Phone: (705) 544-6194

A response by September 30, 2011 would be greatly appreciated.

Sincerely,

Kelly Almey
Risk & Process Safety Coordinator
Superior Propane
6860 Century Avenue
East Tower, Suite 2001
Mississauga, ON L5N 2W5
Phone: (905) 285-2480 ext. 5549

Enclosure: 1



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

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) 10-01-2011 | Capacity of single largest propane storage vessel (USWG) 2000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 27 m | Right side property line: 183 m |
| Rear: 240 m | Left side property line: 867 m |
| GPS coordinates of single largest vessel: Lat. 48.7958, Long. -87.1042 | |

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) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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SECTION C: SUBMISSIONS (cont'd)

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

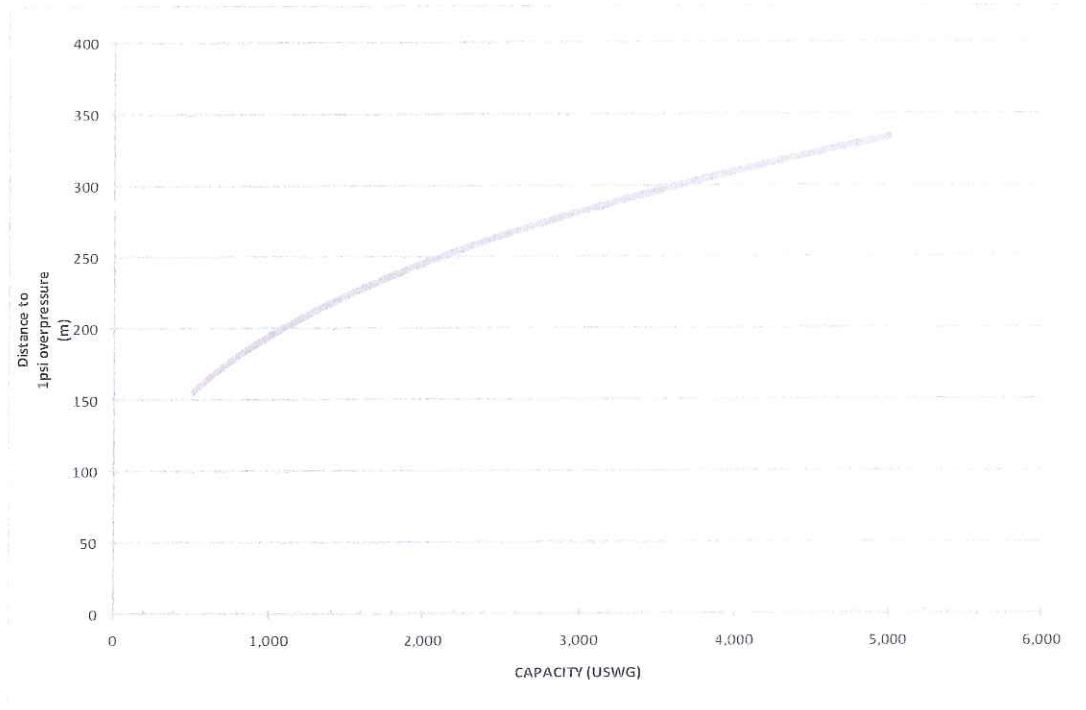
Table 1: Distance Table

| 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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| | | |
|---|----------------|-------------------|
| Name of person completing this form (please print) Nothing completed on this page. | Official Title | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |



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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 _____ | X | | | | 0 m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ | | | X | | 246 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Living Way Church</u> <u>Shepherd Church (7th St. & 2nd Ave - 246m)</u> Address: <u>4th Ave. & 7th St.</u> City: <u>Englehart</u> Province <u>ON</u> Postal Code <u>P0J 1H0</u> | | | X | | 225 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | 0 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 | | | | 0 m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | 0 m |

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

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| | |
|--|--|
| Name of person completing this form (please print) Tom Mosher | Official Title Regional Environmental Manager |
| Signature | Telephone No. 705-544-6126 |
| | Date (dd-mm-yyyy) 11-08-2011 |



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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 | 25 | 240.5 |
| # 30 | 8.8 | | |
| # 20 | 5.8 | | |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity 240 USWG | | | |

Tanks Stored On-site Not Connected for Use

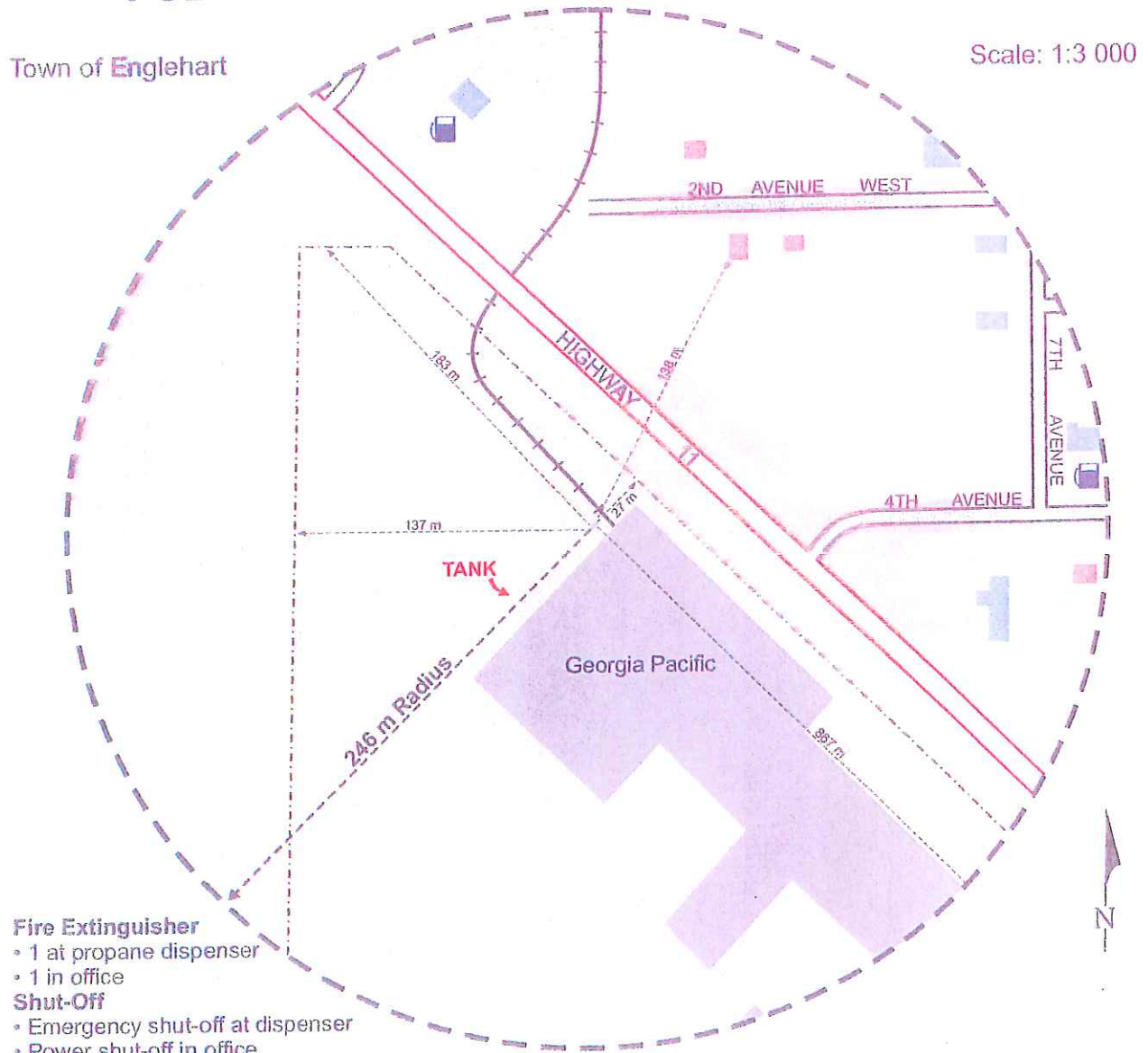
| Tank Size In USWG | Quantity | Total Volume in USWG |
|---------------------|----------|----------------------|
| 2000 USWG | 1 | 2000 USWG |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | |

| | |
|-------------------------|-----------|
| Total Cylinder Capacity | 2000 USWG |
| Total Tank Capacity | 240 USWG |
| Total Portable Capacity | 2000 USWG |

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) Tom Mosher | Official Title Regional Environmental Manager | |
| Signature | Telephone No. 705-544-6126 | Date (dd-mm-yyyy) 11-08-2011 |

Risk and Safety Management Plan Area Map Showing PUBLIC RECEPTORS WITHIN HAZARD DISTANCE



- Fire Extinguisher**
- 1 at propane dispenser
 - 1 in office
- Shut-Off**
- Emergency shut-off at dispenser
 - Power shut-off in office

| LEGEND | |
|--------|--------------------------|
| | Industrial/Park |
| | Office/Retail/Restaurant |
| | Residential |
| | Gas Station |
| | Highway |
| | Road |
| | Railway |
| | Property Boundary |

Municipal Contact
 Kelly Church,
 Public Works Superintendent
 Town of Englehart
 Telephone: 705-544-2288

GPS Coordinates
 48.7958 N, -87.1042 W

| Nominal Water Capacity (USWG) | Distance to Endpoint (m) |
|----------------------------------|-----------------------------|
| 500 | 155 |
| 1000 | 195 |
| 1,300 | 213 |
| 1,750 | 235 |
| 1,885 | 241 |
| 2,000 | 246 |
| 5,000 | 333 |

KennKart Digital Mapping ©2011

Superior Propane Inc. ©2011

Georgia Pacific North Woods LP

327022 Highway 11 North, Englehart, Ontario, Canada, P0J 1H0

Lot 1, Concession 5, Township of Dack & Lot 12, Concession 5, Township of Evanturel, Municipality of Englehart

Georgia Pacific North Woods LP - Englehart Facility - Site Plan

Evacuation Muster Area

