



2ND COPY

- 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.

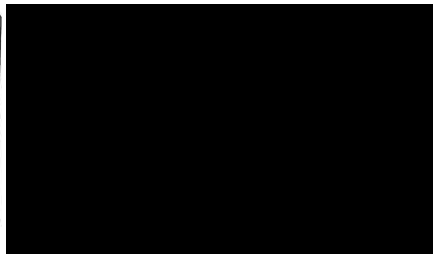
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number 000076641808

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 SOUTH ALBONQUIN COUNTRY STORE Ontario Corporation No., if applicable

Operator Name (if different from above) BONG KIM

Telephone No. 905-448-3788 Fax No. E-mail

Street No. 3895 Street Name / 911 Number / Address, if applicable HWY 648

Town / City or Township / County HARCOURT Province ONT Postal Code R0L 1X0

Mailing address if different from above.

Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County SAME AS ABOVE Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 3895 Street Name / 911 Number / Address, if applicable HWY 648 Nearest Major Intersection ELEPHANT LAKE RD

Town / City or Township / County HARCOURT Province ONT Postal Code R0L 1X0

Name of Licence Holder BONG KIM

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). BONG KIM ROT type PPC-3

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

Hours of operation.

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

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

Name of Licence Holder	Print name	Signature	Date (dd-mm-yyyy)
<u>BONG KIM</u>	<u>BONG KIM</u>	<u>Bong/K</u>	<u>MAR 11/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>BONG KIM</u>	<u>Bong/K</u>	<u>MAR 11/11</u>



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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)

Indicate the year the facility was established. 2004 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2005 changed Supplier

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>6 SF 016129</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: 1x 1000 USG Portable: 0 Mobile: 0

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>BONG KIM</u>	Official Title <u>owner</u>
Signature <u>Bong Kim</u>	Telephone No. <u>765-448-3788</u> Date (dd-mm-yyyy) <u>Mar 11 / 11</u>

Section A General information.

established
2.004

2005 changed supplier.

Task 1 250

Serial No.
BSF 01629

Fixed 1x1,000 USG.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov.	Dec
30	30	30	35	40	65	70	70	30	30	30	30

Date occurrence	Through hput (l)
1. Apr 24/10	- 180 l
2. May 15/10	- 260 l
3. Aug 3/10	- 180 l
4. Aug 29/10	- 250 l
5. Sept 5/10	- 200 l
6. Oct 10/10	- 100 l
7. Nov 7/10	- 80 l
8. Dec 10/10	- 30 l
9. Jan 7/11	- 20 l
10. Feb 10/11	- 30 l

*



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

GENERAL 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 R1P 1R1
Telephone No. 705 687-5608	Fax No. 687-1305	Contact Name James Callow	
E-mail james@budgetpropane.net			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
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.

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. BONG KM		Official Title owner	
Signature Bong Li		Telephone No. 705-448-3788	Date (dd-mm-yyyy) 14/03/13



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

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.

1x 1000 Dispenser 200 using oil Tank
 1x 30,000 Regular Gas - Fibre glass under ground
 1x 15,000 Super Gas - Fibre glass underground
 1x 15,000 Diesel - Fibre glass under ground

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

1x 10lb ABC Dry chemical Fire Extinguisher
 1x 20^{lb} " " " "

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- Smoke Detector inside Building
 1- Propane Emergency Shut off switch
 1- Propane tank ISC controlled by Fusible Link, melts during fire shutting off propane.

Maintenance and testing schedule for fire protection controls and devices.

6 months inspection by Bolan Fire Protection.

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) BONG KIM	Official Title owner
Signature <i>Bong Kim</i>	Telephone No. 705-448-3188
	Date (dd-mm-yyyy) Mar 11/11



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety Authority
Propane Storage and Handling Regulation

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 BONG KIM	For Office Use - Party No.	Name BONG KIM	For Office Use - Party No.
Official Title owner		Official Title owner	
Telephone No. 705-448-3788	Fax No. 705-448-3788	Cell No. 705-448-3788	Fax No. 705-448-3788
E-mail		E-mail	
Role and responsibilities in emergency call - 911 / Evacuating people		Role and responsibilities in emergency Call - 911 - Evacuating people	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name LISA KIM	For Office Use - Party No.	Name BONG KIM	For Office Use - Party No.
Official Title owner		Official Title owner	
Telephone No. 705-448-3788	Fax No. 705-448-3788	Telephone No. 705-448-3788	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency call-911 Evacuating people		Role and responsibilities in emergency call-911 Evacuating	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name MILES Maughan	For Office Use - Party No.	Name ROGER Kellar	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title Dispatcher	
Telephone No. 705 457-2126	Fax No. 705 457-1964	Telephone No. 613-332-2294	Fax No.
E-mail m.maughan@dysartetal.ca		E-mail	
Role and responsibilities in emergency Actual Municipality Fire Chief		Role and responsibilities in emergency Activate Mutual Aid	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name BILL WINGROVE	For Office Use - Party No.	Name PATRICIA E MARTIN	For Office Use - Party No.
Official Title FIRE CHIEF HIGHLAND EAST		Official Title PLANNER	
Telephone No. 705 448-2440	Fax No.	Telephone No. 705 457-1740	Fax No. 705 457 1964
E-mail bwingrove@highlandseast.ca		E-mail p.martin@dysartetal.ca	
Role and responsibilities in emergency first chief on site		Municipality Dysart et al.	

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Name of person completing this form (please print) BONG KIM	Official Title owner
Signature <i>Bong Kim</i>	Telephone No. 705-448-3788
	Date (dd-mm-yyyy) Mar 11/11



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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.

- Daily inspections with lock out of service if anything looks wrong
- Monthly Safety Meeting for all ~~employ~~ Staff
- regular maintenance check of equipment by suppliers.
- regular on site clean up and parking areas.
- posted contact info + procedures for all to see.

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Name of person completing this form (please print)	Official Title	
Bong Kim	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
	not used



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Level 1 Risk and Safety Management Plan (RSMP)
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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) Dec 20/10	Print Name of Training Provider: Kelly's Fuel
	Print Name of Instructor: Bruce Howson PPO-3
Training Date (dd-mm-yyyy) Dec 26/10	Print Name of Training Provider: Kelly's Fuel
	Print Name of Instructor: Bruce Howson PPO-3
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) Dec 28/10 BONG KIM	Print Name of Training Provider: Kelly's Fuel
	Print Name of Instructor: Bruce Howson PPO-3
Training Date (dd-mm-yyyy) Dec 28/10 LISA KIM	Print Name of Training Provider: Kelly's Fuel
	Print Name of Instructor: Bruce Howson PPO-3
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) JONG Hee LEE	Print Name of Training Provider: BONG KIM
	Print Name of Instructor: BONG KIM Fire Extinguisher
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) BONG KIM	Official Title Owner
Signature Bong Kim	Telephone No. 705-448-3788
	Date (dd-mm-yyyy) Mar 11/11



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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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) 15/11/12	Print Name of Training Provider: BONG KIM Kelly's Fuel
	Print Name of Instructor: BONG KIM
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) 15/11/12 #12	Print Name of Training Provider: BONG KIM
	Print Name of Instructor: BONG KIM
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) 13/12/2013	Print Name of Training Provider: LEO ALKENBRACK FSN TRAINING
	Print Name of Instructor: LEO ALKENBRACK
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) BONG KIM	Official Title OWNER
Signature Bong Kim	Telephone No. 705-448-3788
	Date (dd-mm-yyyy) 04/11/2011



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Level 1 Risk and Safety Management Plan (RSMP)
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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).

1. Evacuate (the Public) Call 911 cellphone IMMEDIATELY
2. When Licking - shut off Emergency valve
call Kelly's propane Service

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).

1. Shut OFF POWER Owner meeting place Algonquin Cook Ho
2. call 9-11
3. Fire Department

Communication with Emergency Response Authorities

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

As soon as possible call Fire dept / 9-11 / supplier
Kelly's propane

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

Fire Department could enter any time
No Barrier
and shut off power

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

if any change / Let Fire department know
at least Every Year, Discuse it.

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

Neighbour Don Maddison (Ex - Fire Chief) is across Road.
Closest person and
He could arrive right away

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) BONG KIM		Official Title OWNER	
Signature 		Telephone No. 705-448-3788	Date (dd-mm-yyyy) 04/11/11



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Level 1 Risk and Safety Management Plan (RSMP)
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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)? <i>Turn off isc valve, lock cabinet</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? <i>Door put sign emergency e.a.s leak</i> | <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 <u>daily</u> 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? <i>Call Kelly's Propane Fuel 705-745-4629 contact Bill</i> | <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 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>2 Km</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> | |

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) <i>Miles Maughan</i>	Official Title <i>FIRE Chief</i>
Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>4/10/2011</i>
Telephone No. <i>705-457-2126</i>	



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Level 1 Risk and Safety Management Plan (RSMP)
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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

TTC

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:

reviewed content of plan with licence holder

To be completed by the Licence Holder

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

1. Evacuate ~~the area~~ ~~at the~~ ~~time~~ ~~of~~ ~~the~~ ~~emergency~~
2. call 911
3. call propane supplier Kelly's Service

The Licence holder will respond to the Local Fire Services comments by: Phone / FAX / in Person
(dd-mm-yyyy) 6/11/2011

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name <i>Dyart Fire Department</i> Local Fire Services Name <i>Miles Maughan</i>	Signature <i>Miles Maughan</i>	Date (dd-mm-yyyy) <i>6/11/2011</i>
--	-----------------------------------	---------------------------------------

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) <i>Miles Maughan</i>	Official Title <i>FIRE Chief</i>
Signature <i>Miles Maughan</i>	Telephone No. _____ Date (dd-mm-yyyy) _____



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Level 1 Risk and Safety Management Plan (RSM)
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

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)	Capacity of single largest propane storage vessel (USWG)
18/10/11	1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 17 m	Right side property line: 6 m
Rear: 48 m	Left side property line: 36 m
GPS coordinates of single largest vessel: N45.08276°, W79.15440	

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Name of person completing this form (please print)	Official Title	
BONG KIM	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705 448-3788	18/10/11



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SECTION C: SUBMISSIONS (cont'd)

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

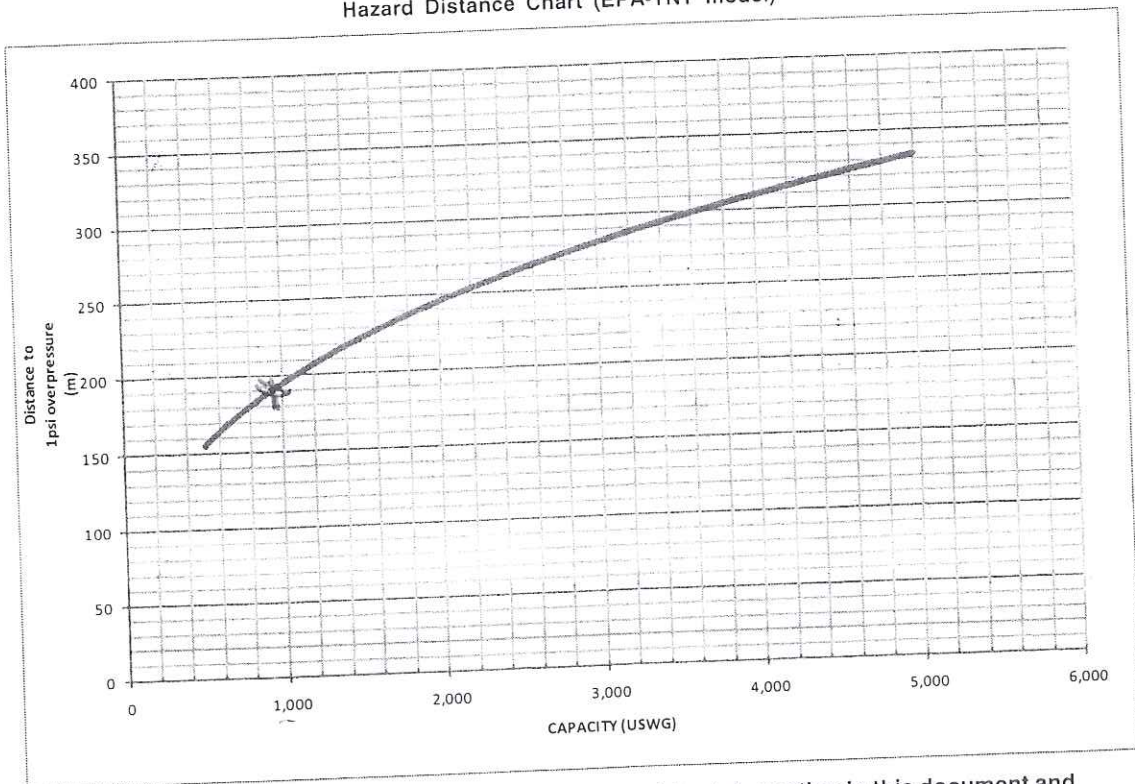
Table 1: Distance Table

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) KIM BOWG		Official Title OWNER	
Signature <i>[Signature]</i>		Telephone No. 1705 1116 2700	Date (dd-mm-yyyy) 10/10/11



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Fax: 416.231.4903
Customer Service: 1.877.682.8772

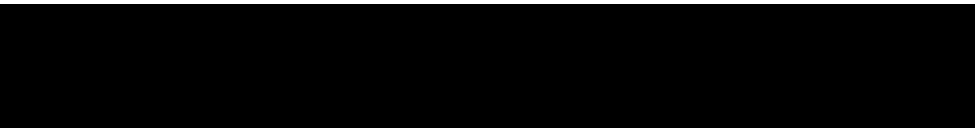
Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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: <u>HARCOURT BALL Park</u> Address: <u>HARCOURT ROAD NO #</u> City: <u>HARCOURT</u> Province <u>ONT</u> Postal Code _____		X			<u>250</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name:  Address: _____ City: _____				X	<u>10</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>SOUTH ALGONQUIN COOK HOUSE</u> Address: <u>NEXT DOOR. HWY 648 3895</u> City: <u>HARCOURT</u> Province <u>ONTARIO</u> Postal Code _____		X			<u>45</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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: <u>HARCOURT COMMUNITY CENTRE</u> Address: <u>MIDWAY / HARCOURT RD #103</u> City: <u>HARCOURT</u> Province <u>ONTARIO</u> Postal Code _____		X			<u>144</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>FIRE Station</u> Address: _____ City: <u>WILBERFORCE</u> Province <u>ONTARIO</u> Postal Code _____		X			<u>8 KMS</u> 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>BONG KIM</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>705 448 3788</u>
	Date (dd-mm-yyyy) <u>18/10/11</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

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	692-0	1,000 USG
Tank 2:			
Tank 3:			
Total Fixed Capacity:			1,000 USG

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity 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		Line A	

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: ~~1,000 USG~~

C. Mobile Tanks

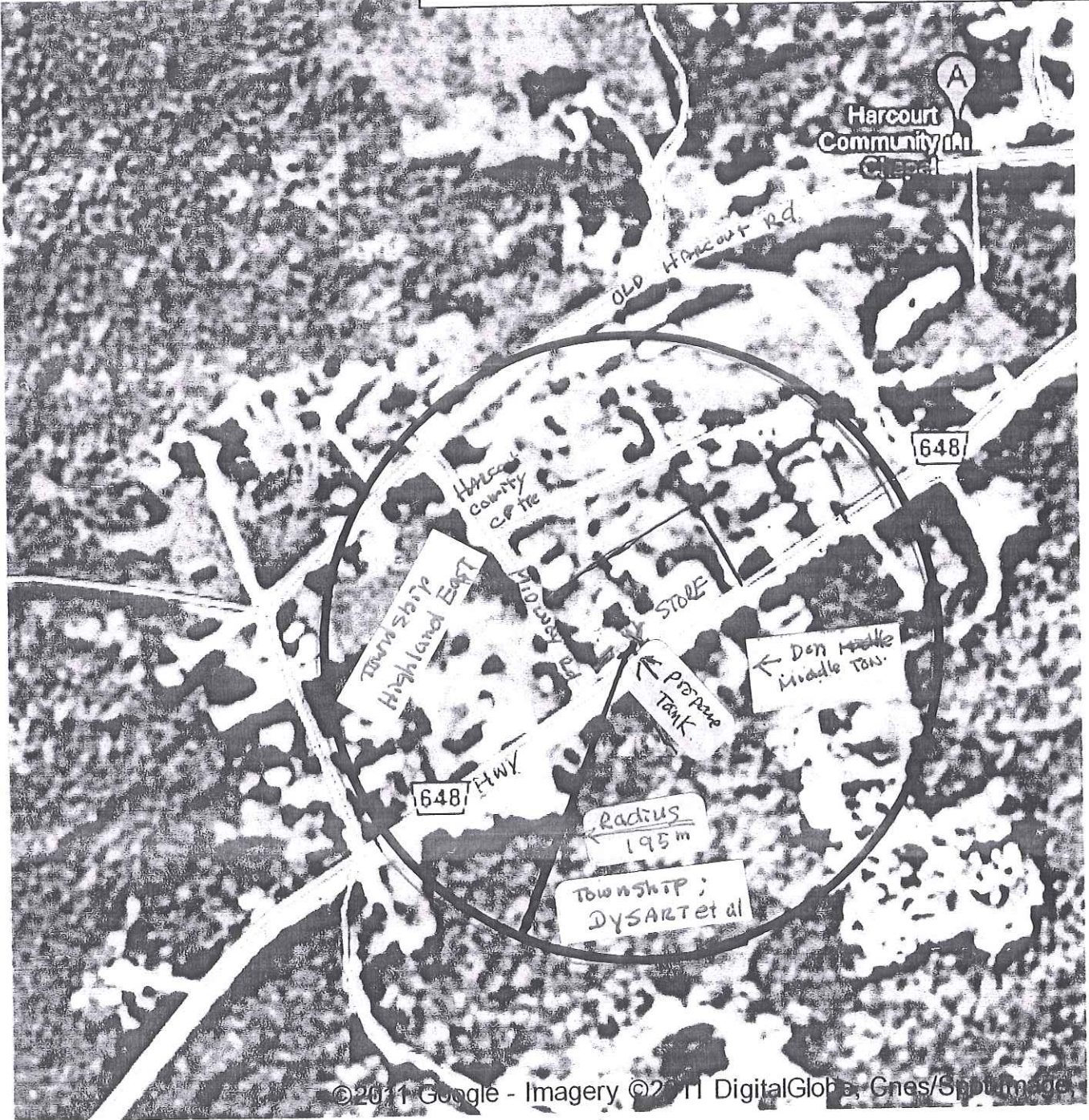
Type	Tank Size in USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

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.	Official Title		
BONG KIM	owner		
Signature	Telephone No.	Date (dd-mm-yyyy)	
Bong Kim	705-442-3788	14/03/13	

SOUTH ALBANY
Country STORE
HARCOURT ON K0L 6X0

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



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Capacity of propane storage tank ; 1,000 USG.

1,000 USG.
 Tank Set Back ;
 Front - 17m
 Rear - 48m

Right Side Property Line ; 6m
 Left Side Property Line ; 36m

GPS ; N45.08276°, W 7815 44.0
 Radius ; 195m

Township ; DYSART et al.

PLAN

HIGHWAY

DEPOSITED

BOUNDARY

210

.99

N56°31'35"E
165.0

N20°52'W

17m
1000USW
PROpane
TANK

DRILLED
WELL

48m

102.0

19

55.85

EXISTING
STORE
40'x50'

CONCRETE BUILDING

0.45

N28°30'W

1151.523540 SETI

OIL
TANK

EXISTING
TANK

EXISTING
HOUSE
24x28

1151.174300 SETI

TOWNSHIP

15N

:SEE AGR

- 1 X 3000 Regular Gas
- 1 X 15000 Super
- 1 X 15000 Diesel Gas

PROPOSED
16x20 GARAGE LOCATION
FOR STORAGE

0.30
(ENCROACHMENT)

POST & CHAIN LINK FENCE 293.87'

160K BRG.
75.0'
N56°31'35"E

1151.259250 SETI
100

FOUND 11(994)
PLANTED 518

Hwy 648.

Access

Facility Site Plan
(South ALCONQUIN COUNTRY STORE)
Oct/2011

3- Con 2 PT Lot 16
RP 19R 3831 PART 1

4- Patricia E. MARTW
ph - 705-457-1740

