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Technical 14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X2X4 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.

	Failu Makin	re to fully complete this for g a false statement may re under the <i>Technical Stan</i>	orm may result in rejection. suit in a fine or prosecution dards and Safety Act		For Office Use Only
Che	ence Number ck applicable type of pro y Cylinder rnit along with this comp	opane operations. Motor Fill Jeted appäcation a Facility Site	☐ Filling Plant ☐ C Plan and a Map of the Surroundin		
		SI	CTION A: GENERA	AL INFORMATION	
Pro	Company Name ACE Services	nd Handling Regula	review for an RSMP tition.	under Ontario's <i>Technica</i>	Ontario Corporation No., if applicable
	Operator Name (if diffing Darren Hastings Telephone No.	Fax No.			
_	(519)654-8140	(519)821-3314	E-mail darren,hastings@gmail.c	om	
В	Street No. 5454 Town / City or Towns Township of Guelp	•	/ Address, if app5cable	Province	Postal Code N1H 6J4
С	<u> </u>	different from above. Street Name / 911 Number	r/ Address, if app≅cable	ON	1918 034
	Town / City or Townsh Guelph	Governors Rd.		Province ON	Postal Code N1K 1E3
In D	formation on Con Location of facility. Street No. 5454 Town / City or Townshi	Street Name / 911 Number Wellington Rd, 86 tp / County	-	Nearest Major Interse Elmira Rd. and Woo Province	
	Township of Guelph	n/Eramosa		ON	N1H 6J4
	Darren Hastings	agement person as defined in	the regulation holding the Record	-	ROT type PTI 100-08
I.	Township of Guelph/	Eramosa	•		

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.

green nere is due and complete.				
Printname	Signature	Date (dd-mm-yyyy)		
Name of Licence Holder ACE Services				
Name of Senior Management person as defined in the Regulation holding the Record of Training Darren Hastings	dy	A46 14/12		
Transfer of the same of the sa	- A			



14th Floor - Centre Tower 3300 Bloor Street West Standards and Toronto Ontario M8X2X4
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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)
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ndicate the year the facility was established. 2005	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since N/A	e establishment.
dentify the psig rating and serial number for e	each fixed propane storage tank on site.	
PSIG	Serial Number	
Tank1: 250	190.80-56	
	ortable, and mobile, and provide detailed inventory that includes the number of tank/vec	ssel for
ach type (fixed, portable, and mobile) and the	ne capacity of each tank/vessel, on a separate document.	
Fixed: 1,000 USWG	Portable: 1,169.7 USWG 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.

ame of person completing this form (please print)	Official Title Owner		
Signature	Telephone No. (519)654-8140	Date (dd-mm-yyyy) Aus rs/12	
w /		<u> </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)

		Activity Information		
			For Offi	œ Use - Party No.
Name of Propa	ne Supplier(s)		- Ot One	oo ooo ii aay noo
JPI Energy LP				
Street No.	Street Name / 911 Number / A	ddress, if applicable		
05	Silvercreek Parkway North		Province	1 Postal Code
Town / City or ⁻ Suelph	Fownship / Country		ON	N1H 8M1
Telephone No.	Fax No.	Contact Name		
519)821-2667	(519)821-4919	Bob Hodgson		
E-mail				
				Total Donallo
Name of Propa	ne Transporter. If same as ab	ove, please check box.	For On	īce Use - Party No.
Street No.	Street Name / 911 Number / A	Address, if applicable		
Town / City or	Township / Country		Province	Postal Code
Telephone No.	ı Fax No.	Contact Name		
Totophione the				
	1			
E-mail				
E-mail				
	er and/or Mobile Storage	, Capacity stor	red off-site, in USWG For O	fice Use - Party No.
Off-site Cylind	er and/or Mobile Storage	Capacity stor	red off-site, in USWG For O	ffice Use - Party No.
Off-site Cylind N/A			red off-site, in USWG For O	fice Use - Party No.
Off-site Cylind	er and/or Mobile Storage Street Name / 911 Number / /		red off-site, in USWG For O	
Off-site Cylind N/A Street No.			red off-site, in USWG For Of	fice Use - Party No. Postal Code
Off-site Cylind N/A Street No.	Street Name / 911 Number / /		rea on-site, in oswa	

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Official Title Owner	
Telephone No.	Date (dd-mm-yyyy)
(519)654-8140	Au6 14/12
	Owner Telephone No.

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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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. 2x500 USWG diesel
1x300 USWG diesel
2 acetylene bottles and 10 automotive batteries
2x5 gallon gas cans
Description of fire and emergency equipment indicated on facility site map. Fire extinguisher
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. Fusible link melts at temperature greater than 100°C and automatically shuts off Internal Safety Valve (ISC). ISC closes automatically when fusible link is
exposed to heat great than 100°C. Also closes automatically if line break were to allow flow to exceed 50 gallons per minute.
Maintenance and testing schedule for fire protection controls and devices. C is tested prior to use on the day of use. Fire extinguishers are checked prior to use on the day of use and third party annually inspects.
yo is about prior to do six as any

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ame of person completing this form (please print) Darren Hastings	Official Title Owner	
Signature	Telephone No. 519)654-8140	Date (dd-mm-yyyy) Aut 11/12
FS 09195 (11/10) Page 4 of 1		



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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)

1. Contacts for Emergency Response

1. Facility Contact Personnel - K	ey Contact	<u> </u>	5. Facility 24-Hour Contact	Person]
Name Darren Hastings	Į.	or Office Use - Party No.	Name Darren Hastings		For Office Use - Party No.
Official Title Owner			Official Title Owner		
Telephone No. (516)654-8140	Fax No. (519)821-33	14	Cell No. (519)654-8140	Fax No. (519)821-3314	4
E-mail darren.hastings@gmail.com			E-mail darren.hastings@gmail.com		
Role and responsibilities in emergency			Role and responsibilities in em	nergency	
See Schedule 1			See Schedule 1		
2. Facility Contact Personnel - A	Alternate Con	tact	6. Name of Facility Manager		
Name Ewa Wardach	F	or Office Use - Party No.	Name Darren Hastings		For Office Use - Party No.
Official Title	<u> </u>		Official Title Owner		
Telephone No. (519)822-6256	Fax No.		Telephone No. (519)654-8140	Fax No. (519)821-3314	
E-mail ewa@projoy.com			E-mail	(0.0)021-001	
Role and responsibilities in emergen	ICV		darrenhastings@gmail.com Role and responsibilities in emergency		
ne Schedule 1	•		See Schedule 1		
3. Local Fire Services - Key Cont	act		7. Propane Supplier Key Con	itact Person	
Name John Osborne	F	or Office Use - Party No.	Name Bob Hogdson		For Office Use - Party No.
Official Title Fire Chief	-		Official Title Propane Service Manager		
Telephone No. (519) 824-6590	Fax No.		Telephone No. (519)821-2667 Fax No. (519)821-4919		
E-mail			E-mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Role and responsibilities in emergen	су		Role and responsibilities in emergency		
Coordinate emergency response actio	ns		See Schedule 1		
4. Local Fire Services - Alternate	Contact		8. Municipal Contact		
Name Richard Renaud	F	or Office Use - Party No.	Name Meaghen Reid		For Office Use - Party No.
Official Title Deputy Chief (Rockwood)			Official Title Clerk		
Telephone No. (519) 856-9637	Fax No.		Telephone No. (519) 856-9951 ext. 107	Fax No.	
E-mail			E-mail mreid@get.on.ca	•	
Role and responsibilities in emergend	су		Municipality		
Alternate coordinate emergency respons	nse actions		Township of Guelph/Eramosa		

I hereby declare that the information I have given here is true and complete.

, .ame of person completing this form (please print)	Official Title	
Darren Hastings	Ownwer	
Signature	Telephone No.	Date (dd-mm-yyyy)
Wy .	(519)654-8140	Aux 14/12

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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.
Describe any other measures in place at the reason, since the
N/A

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1110100) 40014110		
.ame of person completing this form (please print)	Official Title	
Darren Hastings	Owner	
	Telephone No.	Date (dd-mm-yyyy)
Signature	(519)654-8140	Aug 14/12

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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.

Print Name of Instructor: Alex Beatty	Training on Emergency Res	sponse Plan and Procedures provided to facility key contacts.
Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor: Training Date (dd-mm-yyyy) Print Name of Instructor: Darren Hastings Print Name of Instructor: Print Name of Instructor: Print Name of Instructor:	Training Date (dd-mm-yyyy)	Print Name of Training Provider: Beatty Petroleum Consulting Inc.
Print Name of Instructor: 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) Print Name of Training Provider: ACE Services Print Name of Instructor: Darren Hastings Print Name of Instructor:	03-05-2012	Print Name of Instructor: Alex Beatty
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) Print Name of Training Provider: ACE Services Print Name of Instructor: Darren Hastings Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider:	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 (ød-mm-yyyy) Print Name of Training Provider: ACE Services Print Name of Instructor: Darren Hastings Training Date (ød-mm-yyyy) Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor:		Print Name of Instructor:
Training on the facility's Emergency Management Procedures provided to staff. Training Date (dd-mm-yyyy) Print Name of Training Provider: ACE Services Print Name of Instructor: Darren Hastings Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor:	Training Date (dd-mm-yyyy)	Print Name of Training Provider:
Training Date (dd-mm-yyyy) Print Name of Training Provider: ACE Services Print Name of Instructor: Darren Hastings Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor:		Print Name of Instructor:
O1-06-2010 Print Name of Instructor: Darren Hastings Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: On-site specific training provided to certificate holders / persons with Records of Training. 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 Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider:	Training on the facility's Em	ergency Management Procedures provided to staff.
Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor:	Training Date (dd-mm-yyyy)	Print Name of Training Provider: ACE Services
Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor:	01-06-2010	Print Name of Instructor: Darren Hastings
Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor:	Training Date (dd-mm-yyyy)	Print Name of Training Provider:
Print Name of Instructor: n-site specific training provided to certificate holders / persons with Records of Training. Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider:		Print Name of Instructor:
n-site specific training provided to certificate holders / persons with Records of Training. Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Training Provider: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider:	Training Date (dd-mm-yyyy)	Print Name of Training Provider:
Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Instructor:		Print Name of Instructor:
Print Name of Instructor: Print Name of Training Provider: Print Name of Instructor: Print Name of Instructor: Print Name of Training Provider:	n-site specific training pro	vided to certificate holders / persons with Records of Training.
Training Date (dd-mm-yyyy) Print Name of Training Provider: Print Name of Instructor: Print Name of Training Provider:	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 Date (dd-mm-yyyy) Print Name of Training Provider:	Training Date (dd-mm-yyyy)	Print Name of Training Provider:
		Print Name of Instructor:
Print Name of Instructor:	Training Date (dd-mm-yyyy)	Print Name of Training Provider:
		Print Name of Instructor:

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lame of person completing this form (please print)	Official Title	
Darren Hastings	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
lu lu	(519)654-8140	Aug 14/12

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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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

4. Emergency Training Plan for Coming Year

Training on Emorgency Re	sponse Plan and Procedures provided to facility key contacts.
	Print Name of Training Provider: Ace Services
Target Date (dd-mm-yyyy) 01-05-2013	Print Name of Instructor: Darren Hastings
	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training on the facility's En	nergency Management Procedures provided to staff.
Target Date (dd-mm-yyyy)	Print Name of Training Provider: ACE Services
01-05-2013	Print Name of Instructor: Darren Hastings
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Talget Date (60-31111) 3377	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
raigot bato (do timi)))))	Print Name of Instructor:
	Decords of Training
n-site specific training pr	ovided to certificate holders / persons with Records of Training.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
v	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Andrew Sale for the sale	Print Name of Instructor:

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I neleby declare that the inter-		
Name of person completing this form (please print)	Official Title	
	Owner	
Darren Hastings	Telephone No.	Date (dd-mm-yyyy)
Signature	(519)654-8140	Aus 14/12
		•

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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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 I See Schedule 1	how and when the warning will be given (including public notification as appropriate).
· · · · · · · · · · · · · · · · · · ·	
Describe what action is to be taken and by whon activating the evacuation plan, if necessary). See Schedule 1	n when a warning is issued (including details of a meeting place in a safe identified area and
Communication with Emergency Response	
Describe when and how the licence holder will gi placed to 911). ee Schedule 1	ive early warning to emergency response authorities (including a process to ensure that a call is
Describe provisions for fire department entry wh Code at gate is 1515*	nen there are no operations or staffing at the propane site.
Describe how the licence holder will ensure continuous See Schedule 1	nual flow of updated information to authorities.
How long will it take the facility liaison person Darren Hastings: lives on site	to respond to the site.
Ewa Wardach: lives 20 minutes away from site	

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ame of person completing this form (please print)	Official Title	
Darren Hastings	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
ly	(519)654-8140	Ans 14/12

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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety ActPropane Storage and Handling Regulation

	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)?	\checkmark	
2.	Is there adequate night lighting at the site?	\checkmark	
3.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	\checkmark	
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?	√	
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	\checkmark	
6.	Are weighing systems validated for accuracy?	\checkmark	
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	V	and the state of t
9	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)		N/A Site does not operate with QCC or OPD valve
9.	Is the schedule of maintenance and testing activities retained on site?	\checkmark	Or OPD valve
	7. Water Supply		
	e propane licence holder should work with the local fire department to determine water ply 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?		\checkmark
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	\checkmark	
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	N/A	
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)	3,700 m	

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Darren Hastings	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
Wy	(519)654-8140	Au6 14/12

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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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 Senices Review

	ocal File Services newew	
To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency R	esponse and Preparedness Plan?	Yes No □
If not, please explain (e.g., no fire services).		
Fire services comments, if any: RURAL LOCATIO	N	
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:		
ne licence holder will respond to the Local Fire Services comments	by:	
		ım-yyyy)
LOCAL FIRI	SERVICES	
The undersigned has reviewed Section B of the Risk and Safety M	lanagement Plan Fire Services.	
Print name FINERGENCY SERVICES / FIRE DEPT Local Fire Services Name CUELPH	Signature	Date (dd-mm-yyyy) Aery 22/12

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ame of person completing this form (please print) Darren Hastings	Official Title Owner	
Signature	Telephone No. (519)654-8140	Date (dd-mm-yyyy) And 14/12



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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.
- 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) 19/07/2012	Capacity of single largest propane storagevessel (USWG) 1,000 USWG
Tank setback coordinates. Indicate placement on the Front: $\frac{2700'}{823} = \frac{2700'}{125} = \frac{2700'}{125} = \frac{125}{125} = 125$	Right side property line: 5467' 1666M Left side property line: 204' 62M
GPS coordinates of single largest vessel: 43°32'2	28.38"N 80°19'58.32"

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dame of person completing this form (please print)	Official Title	
Darren Hastings	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
wy	(519)654-8140	AUG 14/12



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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

Name:	AND Name and Address of Closest Building or Feature buildings or parks or golf courses	0	* Number of Buildings and Features (mark with an "X")			Distance from Tank to Closes Building or
Name:	hulldings or sade or salf source	_	1	2-10	11+	Feature
	N/A					
Address:						0 m
		X				
City:	Province Postal Code	1				
Residentia	l building units appairingly paragraph start of the sure		<u> </u>			
						440.5
			X			119.5m
Commercia	building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.		_			
Name:	N/A					
idress:		Х				m
	Province Postal Code	, ,				
	7 3314 3345					
Commercia Name:	building units – continuous occupancy specifically hotels, campgrounds, and resorts.					····
Address: _		Х			1	m
	Province Postal Code					
Sensitive ir	nstitutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health				*	
institutions,	and prisons.					
Name: _	N/A					m
Address: _		X			ſ	
City: _	Province Postal Code				l	
Emergency	responders specifically fire stations, ambulance stations, and police stations.					
Name: _	N/A					
Address: _		×		İ		0m
City:	Province Postal Code	- 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.

.√ame of person completing this form (please print) Darren Hastings	Official Title Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
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^{*} For multi-unit buildings, count each unit as "1".



Technical Standards and Safety Authority Fax: 416.231.4903 www.tssa.org

14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X2X4 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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	10	295 USWG
# 40	11.75	0	0
# 33.3	9.62	30	288.6 USWG
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	20	58 USWG
# 5	1.5	2	3 USWG
Cylinder Capacity			644.6 USWG

Tanks Stored On-site Not Connected for Use

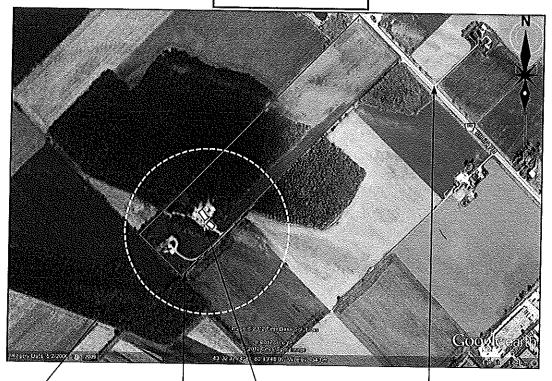
Tank Size In USWG	Quantity	Total Volume In USWG
123.9	3	371.7 USWG
29.5	1	29.5 USWG
61,95	2	123.9 USWG
2000	1	2,000 USWG
Total Tank Capacity		525.1 USWG

Total Cylinder Capacity	644.6 USWG	
Total Tank Capacity	525.1 USWG	
Total Portable Capacity	3,169.7USWG	

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) Darren Hastings	Official Title Owner	16.
Signature FS 09195 (11/10) Page 15	Telephone No. (519)654-8140	Date (dd-mm-yyyy) Au6 4 12

ACE Services 5454 Wellington Rd. 86 Guelph, ON N1H 6J4



195 Meter Radius

Property Line

Wellington Rd. 86

Location	5454 Wellington Rd. 86 Guelph, ON N1H	
Prepared	13 July 2012	
Largest Tank	1,000 USWG Horizontal Propane Tank	
Tank Set Backs	Front = 2700'/ Back = 608' Right=467'/ Left=204'	
Radius	195 Meter Radius	
GPS Coordinates	43°32'28.38"N 80°19'58.32"	
Municipality 1	Township of Guelph/Eramosa	
City Clerk	Meaghen Reid	
Address	8348 Wellington Road 124 P.O. Box 700 Rockwood, ON NOB 2K0	
Phone	(519) 856-9951 ext. 107	
Municipality 2	County of Wellington	
Regional CAO	Scott Wilson	
Address	74 Woolwich St. Guelph ON N1H 3T9	
Phone	(519) 837-2600 ext, 2330	

