



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

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

This Level 1 RSMP applies to:
 

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.



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

Licence Number: 000289712

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Mechlock

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

SECTION A: GENERAL INFORMATION

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

**A** Company Name: CHOWDHRY ENTERPRISE LIMITED    Corporation No.: 002355211  
 Operator Name (if different from above):

Telephone No.: 519-538-2514    Fax No.: 519-538-2626    E-mail: MEAFORD.ULTRAMAR@GMAIL.COM

**B** Street No.: 354    Street Name / 911 Number / Address, if applicable: SYKES STREET N  
 Town / City or Township / County: MEAFORD    Province: ONTARIO    Postal Code: N4L 1J4

Mailing address if different from above.

**C** Street No.:    Street Name / 911 Number / Address, if applicable:  
 Town / City or Township / County:    Province:    Postal Code:

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

**D** Location of facility.  
 Street No.: 354    Street Name / 911 Number / Address, if applicable: SYKES ST N    Nearest Major Intersection: SUSAN & SYKES ST  
 Town / City or Township / County: MEAFORD    Province: ONTARIO    Postal Code: N4L 1J4

Name of Licence Holder: MUHAMMAD SALMAN HASAN  
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): MUHAMMAD SALMAN HASAN    ROT type: PTI 100-1  
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders): MUNICIPALITY OF MEAFORD  
 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: MUHAMMAD SALMAN HASAN		6-DEC-2017
Name of Senior Management person as defined in the Regulation holding the Record of Training: MUHAMMAD SALMAN HASAN		



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

Indicate the year the facility was established. 2015	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	250	484
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: 2000 USWG      Portable: 278.4 USWG      Mobile: N/A

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Name of person completing this form (please print) MUHAMMAD SALMAN HASAN	Official Title OWNER	
Signature 	Telephone No. 4162751500	Date (dd-mmm-yyyy) 6-DEC-2017



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

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 6750	Street Name / 911 Number / Address, if applicable CENTURY AVE		
Town / City or Township / Country MISSISSAUGA		Province ONTARIO	Postal Code L5N 2Y8
Telephone No. 613-391-9604	Fax No. 613-822-5221	Contact Name KEN GILLIS - REGULATORY & TECHNICAL SUPPORT REP	
E-mail GILLISK@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
SUPERIOR PROPANE OWEN SOUND			
Street No. 718020	Street Name / 911 Number / Address, if applicable HWY 6		
Town / City or Township / Country OWEN SOUND		Province ONTARIO	Postal Code N4K 5N7
Telephone No. 519-831-6564	Fax No.	Contact Name CHRIS VAN HERSKEN	
E-mail VANHERKC@SUPERIORPROPANE.COM			

Off-site Cylinder and/or Mobile Storage N/A	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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**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.

UNDERGROUND DOUBLE WALL FIBRE GLASS TANKS HOLDING DIESEL AND GASOLINE , SITUATED BETWEEN CONVINIENACE STORE AND PROPANE TANKS , SITUATED MORE THAT THE MIN DISTANCE AS PER PROPANE CODE

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

2 FIRE EXTINGUISHERS AT THE DIESEL AND GASOLINE DISPENSERS ONE AT THE PROPANE TANK LOCATION AND ONE INSIDE THE MAIN ENTRANCE OF CONVINIENCE STORE. EMERGENCY SHUT DOWN BUTTON LOCATED AT THE TANK ON ONE OF THE POSTS

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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.

EMERGENCY STOP PUSH BUTTON AT THE TANK THAT SHUTS DOWN THE PUMP AND STOPS FLOW TO THE SCALE. FUSIBLE LINK ON THE SUCTION SIDE WILL MELT IF A FIRE OCCURS AND THIS WILL AUTOMATICALLY CLOSE THE ISC VALVE AND STOP FUEL FROM RELEASING FROM TANK

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Maintenance and testing schedule for fire protection controls and devices.

1. PUMPS, PUMP MOTOR, ISC VALVES INSPECTED AND TESTED ANNUALLY
2. STORAGE TANK RELIEF VALVE INSPECTED TO MEET PROVINCIAL REGULATIONS
3. FIRE EXTINGUISHERS MAINTAINED BY OWNER IN ACCORDANCE WITH ONTARIO FIRE REGULATIONS ,RECORDS MAINTAINED BY LICENSEE

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
 1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name MUHAMMAD SALMAN HASAN	For Office Use - Party No.	Name LIAQAT REHMAN	For Office Use - Party No.
Official Title OWNER		Official Title ASST MANAGER	
Telephone No. 5195382614	Fax No. 5195382626	Cell No. 7058880929	Fax No. 5195382626
E-mail EMAFORD.ULTRAMAR@GMAIL.COM		E-mail LIAQATKHAN70@HOTMAIL.COM	
Role and responsibilities in emergency INSURE ALL STAFF IS TRAINED ON THE EMERGENCY RESPONSE		Role and responsibilities in emergency TO CALL FIRE AND POLICE , INSURES CUSTOMERS LEAVE THE SITE	

<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name JALWA SADAAT	For Office Use - Party No.	Name MUHAMMAD SALMAN HASAN	For Office Use - Party No.
Official Title ASST MANAGER		Official Title FACILITY MANAGER	
Telephone No. 7058880929	Fax No.	Telephone No. 4162751500	Fax No. 5195382626
E-mail		E-mail SALMAN1@YAHOO.COM	
Role and responsibilities in emergency IN THE ABSENCE OF 24-HR CONTACT, ENSURES : TO CALL FIRE AND POLICE , CUSTOMERS LEAVE THE SITE		Role and responsibilities in emergency INSURE ALL STAFF IS TRAINED ON THE EMERGENCY RESPONSE	

<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name	For Office Use - Party No.	Name Mathew Oliveira	For Office Use - Party No.
Official Title	E-mail	Official Title Territory Manager	E-mail matthew_oliveira@SuperiorPropane.co
Telephone No.	Fax No.	Telephone No. 877-873-7467 / 519-379-6037	Fax No.
Role and responsibilities in emergency		Role and responsibilities in emergency Identify and dispatch superior propane or LPERGC emergency response personel	
Fire Services Address		Propane Supplier Address 6750 Century Ave Suite 400, Mississauga, Ontario	

<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name S. GRANAHAN	For Office Use - Party No.	Name Liz Buckton	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail SGRANAHAN@MEAFORD	Official Title Senior Planner	
Telephone No. 519-538-6717	Fax No. 519-538-6730	Telephone No. 519-538-1060 x 1120	Fax No.
Role and responsibilities in emergency INCIDENT COMMANDER		E-mail lbuckton@meaford.ca	
Fire Services Address 81 STEWART ST.		Municipality Name and Address 21 Trowbridge Street West , Meaford	

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Name of person completing this form (please print) Muhammad Salman Hasan	Official Title Owner
Signature 	Telephone No. 4162751500
	Date (dd-mm-yyyy) 6-DEC-2017





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
 3. Record of Emergency Training Provided - For most recent 12-month period.

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

Training Date (dd-mmm-yyyy) 10-OCT-2017	Print Name of Training Provider: MEAFORD ULTRAMAR
	Print Name of Instructor: MUHAMMAD HASAN
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 10-OCT-2017	Print Name of Training Provider: MEAFORD ULTRAMAR
	Print Name of Instructor: MUHAMMAD HASAN
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 6-10-2017	Print Name of Training Provider: FSN TRAINING
	Print Name of Instructor: BOB DIGIUSEPPE (T 2424)
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
 4: Emergency Training Plan for Coming Year

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

Target Date (dd-mmm-yyyy) 1-OCT-2018	Print Name of Training Provider: MEAFORD ULTRAMAR
	Print Name of Instructor: M SALMAN HASAN
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 1-OCT-2018	Print Name of Training Provider: MEAFORD ULTRAMAR
	Print Name of Instructor: M SALMAN HASAN
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 1-OCT-2019	Print Name of Training Provider: FSN TRAINING INSTITUTE
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**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 operator will contact emergency services by calling 9111 and will provide warnings as outlined in the attached Propane Emergency Response procedures placard (to be posted at site and be part of employee training) . If safe to do so, it will involve evacuation of neighbours. The owner / operator may also contact superior propane via 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 agent or operator will first follow the ERP actions. Otherwise stage evacuation, if the release of propane cannot be stopped  
 Cutting electricity maybe required. The initial muster location will be at the entrance of the facility and away from the dispersing propane cloud  
 Subsequent evacuation instructions will be provided for the hazard distance by municipal emergency responders  
 Residences and businesses beyond the site boundary will be notified 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. The key contact or alternate will be implementing ER actions and notifications , including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system  
 When the system is not in operation , the ISC valve (main isolation valve is closed) and the propane system is unattended But it is shutdown  
 Any accidents involving propane tank during such times will be due to random nearby individuals

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
 The propane tank system is located in an open area that is easily accessible from Sykes Street and Susan Street

Describe how the licence holder will ensure continual flow of updated information to authorities.  
 The critical information required from the license holder is information on how to shut the system down and the fill level (if known) in the tank  
 This will be provided by the facility manager. Fill level is relevant from a time to BLEVE ( boiling liquid expanding vapor explosion ) perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank

How long will it take the facility liaison person to respond to the site.  
 5 minutes if not on site

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Name of person completing this form (please print) MUHAMMAD SALMAN HASAN	Official Title OWNER	
Signature <i>M. Hasan</i>	Telephone No. 4162751500	Date (dd-mmm-yyyy) 6-DEC-2017



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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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Are weighing systems validated for accuracy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Is the schedule of maintenance and testing activities retained on site?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

*N/A - confirmed with customer on Jan 12 @ 10:58am*

**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>&lt; 25m</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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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
 The licence holder will complete Section B in consultation with the local Fire Services.  
 B. Licence holder and local Fire Services Review

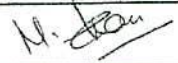
**To be completed by the Local Fire Services** Yes  No   
 Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?  
 If not, please explain (e.g., no fire services).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fire services comments, if any:  
**NONE**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**To be completed by the Licence Holder**  
 In response to the above comments, the following action(s) is required:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_  
(dd-mmm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <b>S. GRANHAU, CHIEF</b> <b>MEAFORD FIRE DEPT.</b>		<b>08-01-2018</b>

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**SECTION C: SUBMISSIONS**  
 Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

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

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

**Map of Surrounding Area.**

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

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

**Required Mapping Information from Updated Site Plan**

Date map prepared (dd-mmm-yyyy) 07-12-2015	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 18.5M	Right side property line: 14.5M
Rear: 8.0 M	Left side property line: 53.0M
GPS coordinates of single largest vessel: 44Deg36'52.39"N80Deg35'54.08"W	

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

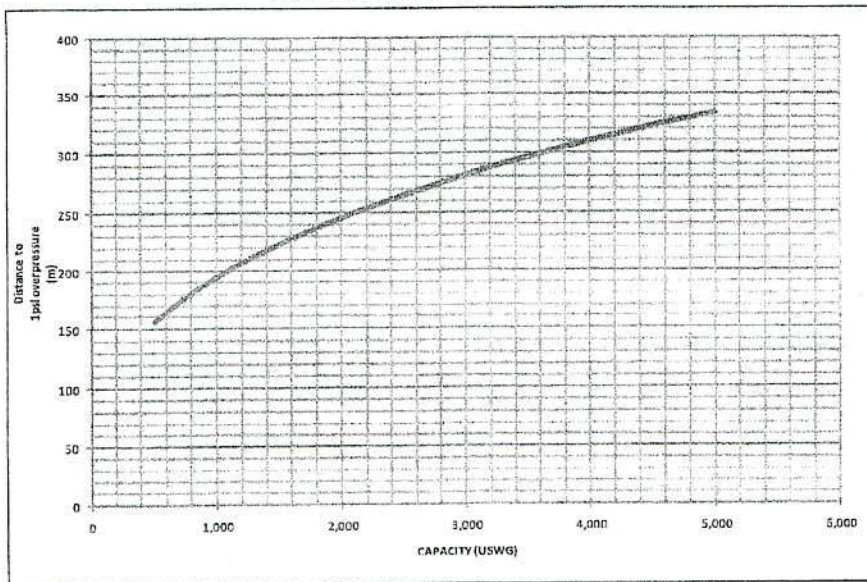
Table 1: Distance Table

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)





Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propaneLICensing@tssa.org  
 www.tssa.org

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

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____				X	14 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>ULTRAMAR GAS STATION</u> Address: <u>354 SYKES ST N</u> City: <u>MEAFORD</u> Province <u>ON</u> Postal Code <u>N4L1J4</u>			X		35 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>ONTARIO PROVINCIAL POLICE</u> Address: <u>390 SYKES ST UNIT 1</u> City: <u>MEAFORD</u> Province <u>ON</u> Postal Code <u>N4L1J4</u>		X			83 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) MUHAMMAD SALMAN HASAN	Official Title OWNER
Signature <i>M. Hasan</i>	Telephone No. 4162751500
	Date (dd-mm-yyyy) 6 DEC 2017



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**WORKSHEET**

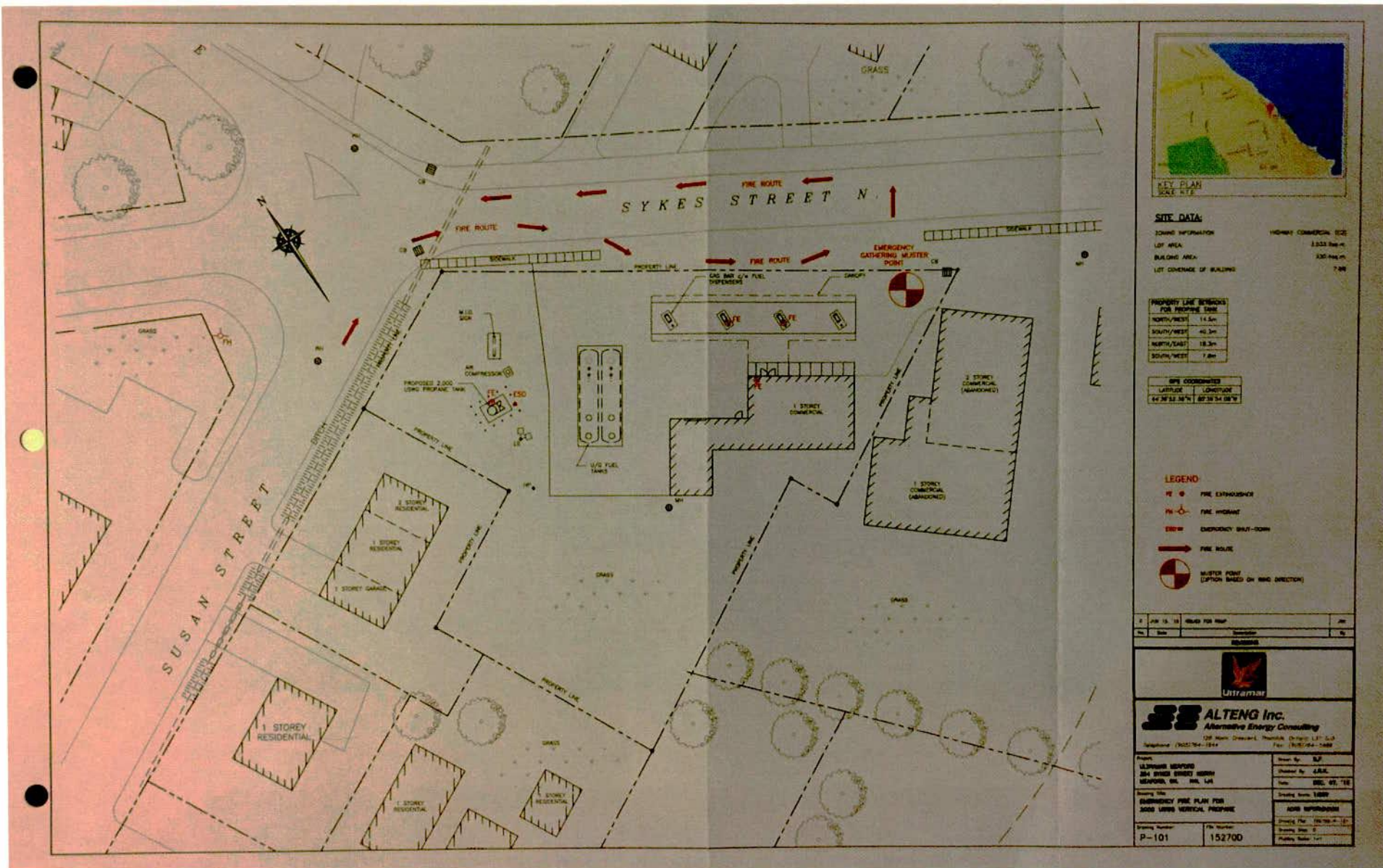
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	278.4
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

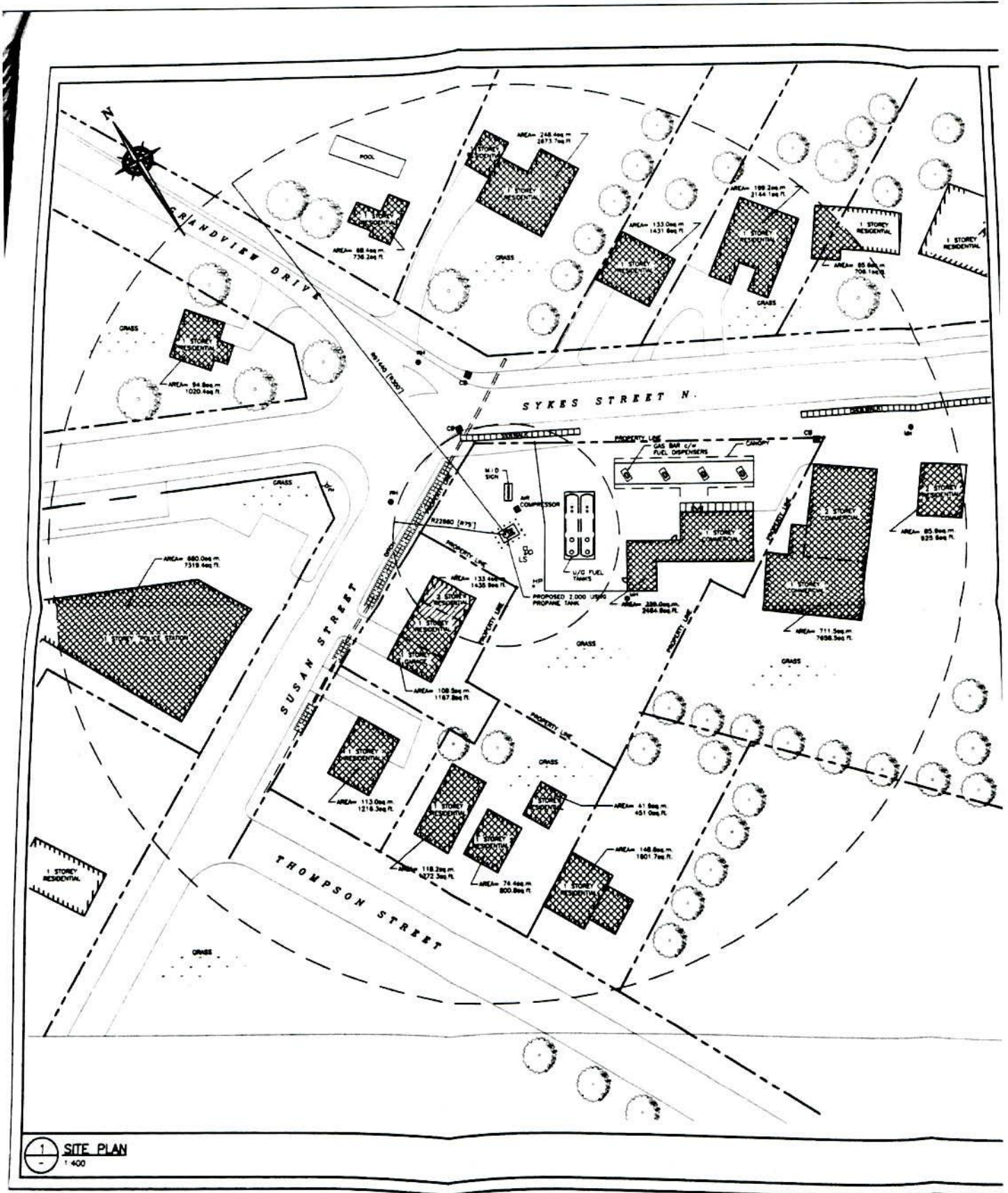
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
2000	1	2000
<b>Total Tank Capacity 2000 USWG</b>		

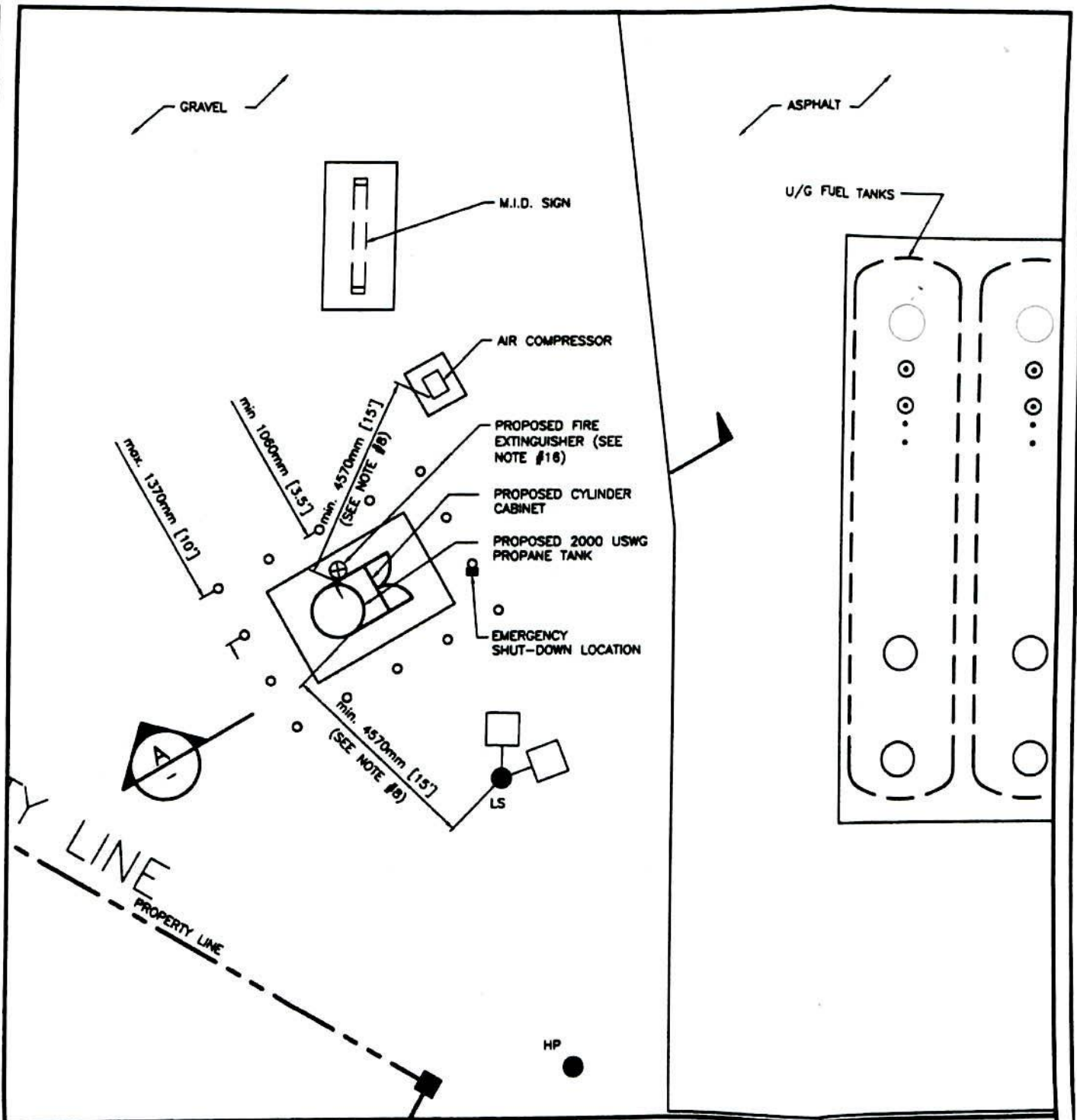
<b>Total Cylinder Capacity</b>	278.4
<b>Total Tank Capacity</b>	2000
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	2278.4







1 SITE PLAN  
1:400



2 PLAN DETAIL 2,000 USWG TANK INSTALLATION  
1:100

**PROPANE BRANCH STANDARD NUMBER 9 STATISTICS**

AREAS	DESCRIPTION	AREA MEASURED (SQ.FT)
AREA A	INDUSTRIAL AREA WITHIN 75'	0.0
AREA B	NON-INDUSTRIAL AREA WITHIN 75'	1,435.9
AREA C	INDUSTRIAL AREA BETWEEN 75' AND 300'	0.0
AREA D	NON-INDUSTRIAL AREA BETWEEN 75' AND 300'	34,523.1
AREA E	AREA A + (2 x AREA B)	2,871.8
AREA F	AREA C + (2 x AREA D)	69,046.2
A/G TANK AREA	AREA E + (0.1 x AREA F)	9,776.4

0	DEC. 07, '15	ISSUED FOR T.S.S.A. APPROVAL	D.F.
No.	Date	Description	By

**REVISIONS**



**ALTENG Inc.**

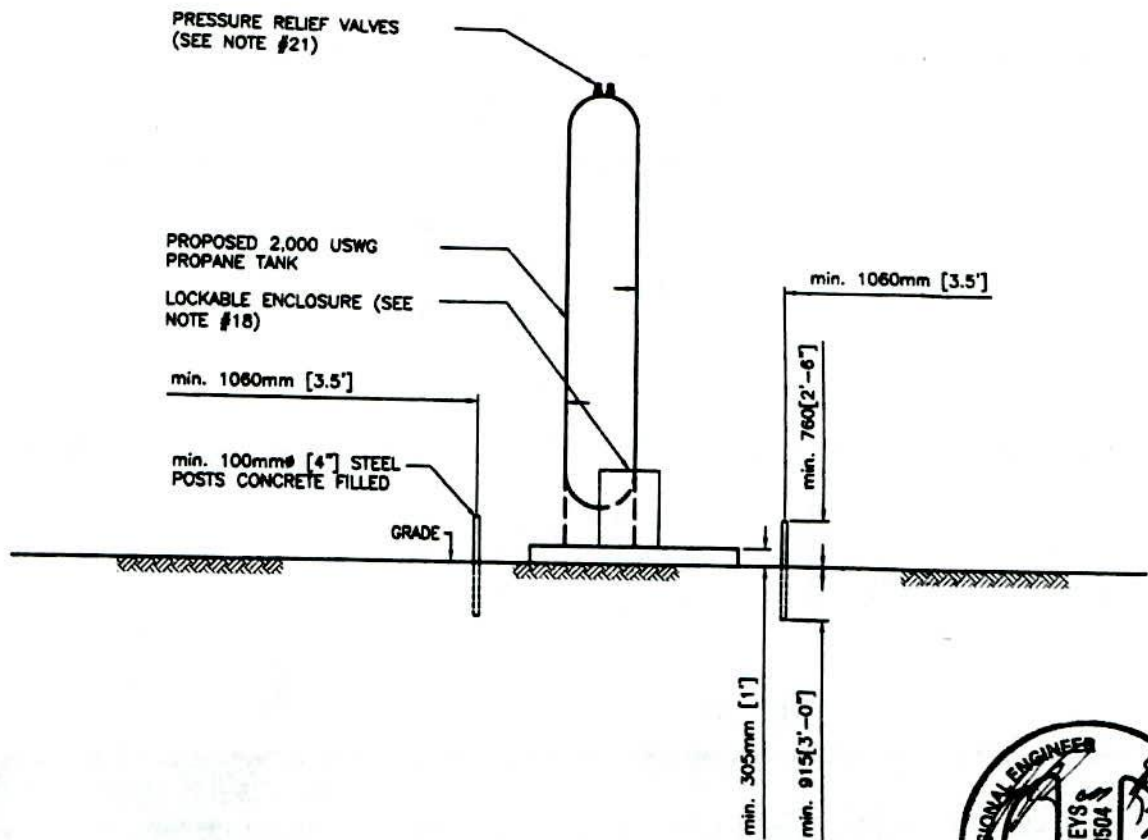
**Alternative Energy Consulting**

126 Holm Crescent, Thornhill, Ontario L3T 5J3

Telephone: (905)764-1644

Fax: (905)764-5986

<b>Project:</b> 2345095 ONTARIO Inc. (o/a Ultramar Meaford) 354 SYKES STREET NORTH MEAFORD, ON. N4L 1J4		<b>Drawn By:</b> D.F.
		<b>Checked By:</b> J.R.K.
		<b>Date:</b> DEC. 07, '15
<b>Drawing Title:</b> PROPOSED 2000 USWG VERTICAL PROPANE TANK c/w RETAIL CYLINDER SCALE		<b>Drawing Scale:</b> AS SHOWN
		<b>ACAD INFORMATION</b>
		<b>Drawing File:</b> 152700-P-100
		<b>Drawing Size:</b> D
		<b>Plotting Scale:</b> 1=1
<b>Drawing Number:</b> P-100	<b>File Number:</b> 15270D	



**A** **DETAIL ELEVATION OF TANK**  
 - 1:100