



Technical Standards and Safety Authority
www.tssa.org

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

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



This Level 1 RSMP applies to:

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

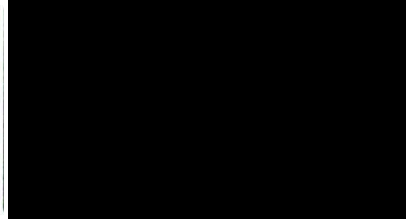
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076615210-C

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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



SECTION A: GENERAL INFORMATION

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

Company Name Jimmy G's Variety Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. (519)627-4931 Fax No. (519)627-4931 E-mail kys6274931@hotmail.com

Street No. 445 Street Name / 911 Number / Address, if applicable Murray Street

Town / City or Township / County Wallaceburg Province ON Postal Code N8A 1V7

Mailing address if different from above.

Street No. 445 Street Name / 911 Number / Address, if applicable Murray Street

Town / City or Township / County Wallaceburg Province ON Postal Code N8A 1V7

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 445 Street Name / 911 Number / Address, if applicable Murray Street Nearest Major Intersection Murray / Earl Streets / Bridle Path Road

Town / City or Township / County Wallaceburg Province ON Postal Code N8A 1V7

Name of Licence Holder Yang-Sun Kim

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Yang-Sun Kim ROT type 100-08

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Wallaceburg

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>Yang-Sun Kim</u>		<u>01-06-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Yang-Sun Kim</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

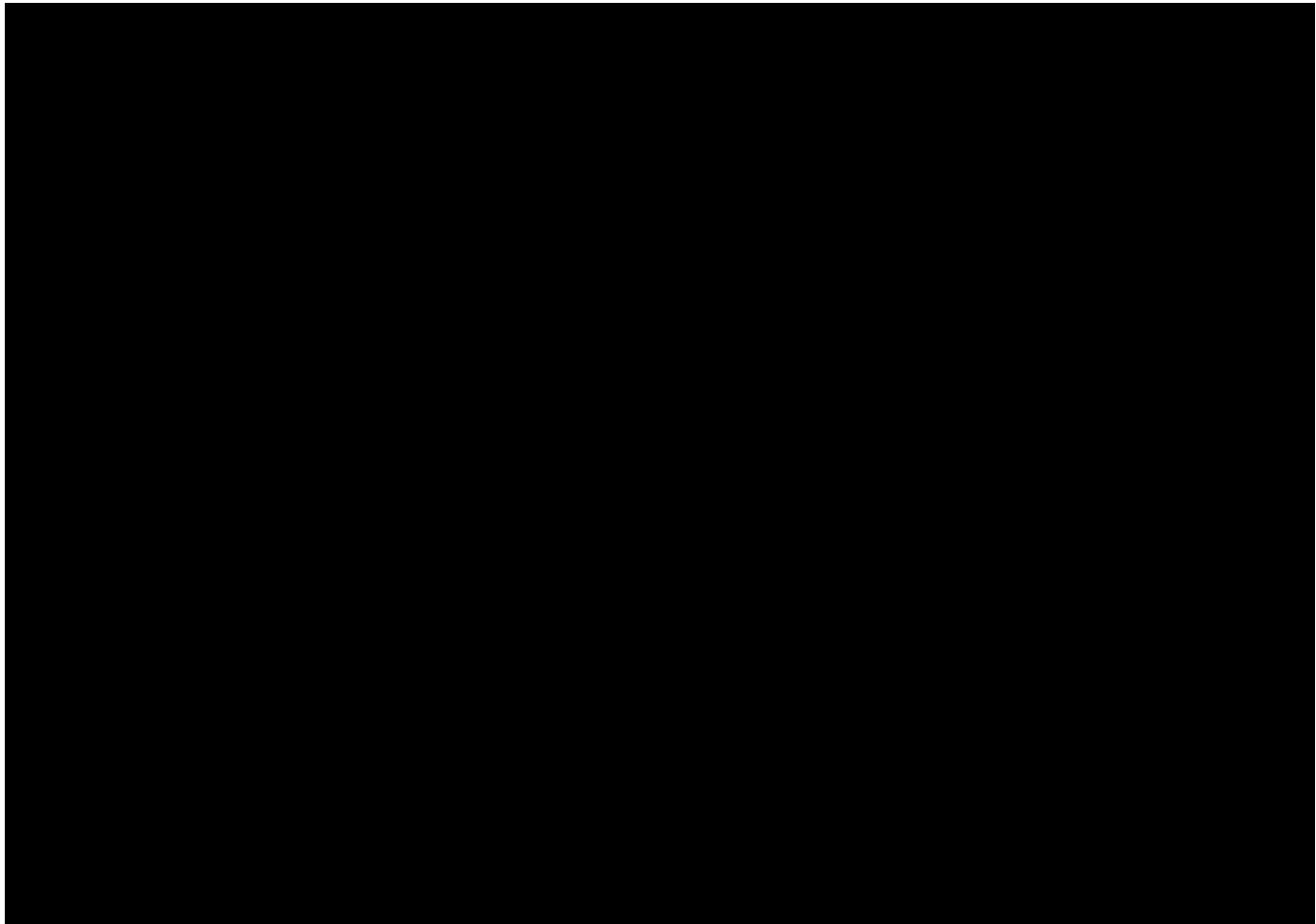
Indicate the year the facility was established. Not available <u>2001</u>	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None
--	---

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

	PSIG	Serial Number
Tank 1:	<u>250 PSIG</u>	<u>120468</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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: 116 USWG Mobile: 0



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Name of person completing this form (please print) Yang-Sun Kim	Official Title Owner
Signature 	Telephone No. <u>519-627-2062</u> <u>519-627-4931</u> Date (dd-mm-yyyy) 01-06-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

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

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Superior Propane - Chatham			
Street No.	Street Name / 911 Number / Address, if applicable		
7652	Hwy. 2 West		
Town / City or Township / Country		Province	Postal Code
Chatham		ON	N7M 5J5
Telephone No.	Fax No.	Contact Name	
(519) 401-1095		Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
None		
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)	Official Title	
Kelly Almey	Risk & Safety Coordinator, Superior Propane	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(905) 285-2480 ext. 5549	06-01-2011



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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.

Gasoline tanks stored underground (3 @ 25,000 litres) = 75,000 litres

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

Fire extinguisher located within 2 meters from storage tank.

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 gas bar 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.

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Name of person completing this form (please print) Yang-Sun Kim	Official Title Owner
Signature 	Telephone No. <u>519-627-4931</u> (519) 827-2062 
	Date (dd-mm-yyyy) 01-06-2011



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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 Yang-Sun Kim	For Office Use - Party No.	Name Yang-Sun Kim	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. (519) 627-4931	Fax No. (519) 627-4931	Cell No. (519) 359-7199	Fax No. (519) 627-4931
E-mail kys6274931@hotmail.com		E-mail kys6274931@hotmail.com	
Role and responsibilities in emergency Coordinate site response		Role and responsibilities in emergency Coordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Sophia Kim	For Office Use - Party No.	Name Yang-Sun Kim	For Office Use - Party No.
Official Title Co-owner		Official Title Owner	
Telephone No. (519) 627-4931	Fax No. (519) 627-4931	Telephone No. (519) 627-4931	Fax No. (519) 627-4931
E-mail Unavailable		E-mail kys6274931@hotmail.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 Bob Crawford Robert J Crawford	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. (519) 436-3270 352-8401	Fax No. (519) 352-8620	Telephone No. 1-877-873-7467	Fax No.
E-mail BobC@chatham-kent.ca		E-mail	
Role and responsibilities in emergency Coordinate/advise on Fire Service response. Liaise with police. fire chief		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 Rick Amet RAY Stone	For Office Use - Party No.	Name Nancy Havens Judy Smith	
Official Title Assistant Fire Chief		Official Title Manager clerk	
Telephone No. (519) 436-3270 ext. 3019 352-8401	Fax No. (519) 352-8620	Telephone No. (519) 360-1998 352-8401	Fax No. (519) 436-3215 436-3237
E-mail RickA@chathamkent.ca rays@chatham-kent.ca		E-mail NancyH@chathamkent.ca JudySmith@chatham-kent.ca	
Role and responsibilities in emergency Alternate - Coordinate/advise on Fire Service Response. Liaise with police.		Municipality Chatham-Kent	

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Name of person completing this form (please print) Yang-Sun Kim	Official Title Owner
Signature <i>Yang-Sun Kim</i>	Telephone No. 519-627-4931 (519) 627-2062 KL
	Date (dd-mm-yyyy) 01-06-2011



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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.

None

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	Date (dd-mm-yyyy) 01-06-2011



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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) 15-06-2010	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) Yang-Sun Kim	Official Title Owner
Signature <i>Mike Kim</i>	Telephone No. 519-627-4931 (519) 827-2062 Date (dd-mm-yyyy) 01-06-2011



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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 Alternate	Please note - this course is currently being developed and should be available in 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: Superior Propane, FSN, or Other	Please Note - a ROT is valid for 3 years
	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:	

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Signature 	Telephone No. 519-627-4931 (519) 827-2062 Date (dd-mm-yyyy) 01-06-2011



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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 operator or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency

Response Procedures" card(to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbours 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 initial muster location will be on Murray Street, at least 80 m from the site and away from a dispensing

cloud. Subsequent evacuation, 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, a ROT person 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 notifying emergency responders. 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 area that is easily accessible by Murray Street.

The fire access routes are 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 how to shut the system down and 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 -Yang-Sun Kim.

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

Approximately 1 minute after having received the emergency call.

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Name of person completing this form (please print) Yang-Sun Kim	Official Title Owner
Signature 	Telephone No. 519-627-4931 (519) 627-2062
	Date (dd-mm-yyyy) 30-03-2001



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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 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"/>

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>30 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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Signature 	Telephone No. <u>519-627-4931</u> (519) 827-2062 Date (dd-mm-yyyy) 01-06-2011



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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

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:

SEE ATTACHED PAGES FOR CHANGES & ADDITIONS REQUESTED

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.

Local Fire Services Name	Print name R STONE	Signature R Stone	Date (dd-mm-yyyy) JUNE 21/11
--------------------------	-----------------------	----------------------	---------------------------------

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)	Official Title		
Signature Arlene K	Telephone No.	Date (dd-mm-yyyy)	



Uf di ojdbm 25 u! Gppsl Df ouf Upx f s
 Tubeobset lboe 4411 CrppsTusf f uX ft u
 Tbgf uz! Bvui psjuz UspouplPousjplN9YBY5
 www.tssa.org Gby: 527/3425: 14
 Dvt upn f sTf svjdf ; 988/793/9883

Mf wf r2!Sjt l !boe!Tbgf uz!Nbobhf n f ouQrbo!)STNQ*
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

TFDUPOIC;!!FNFSHFODZ!BOE!QSFQBSFE OFTT!SFTQPOTF!QMBO!)dpoufe*
 The licence holder will complete Section B in consultation with the local Fire Services.
 8. Licence holder and local Fire Services Review

Up!cf ldpn qrfuf e!cz!u f !MpdbrtGsf !Tf svjdf t Zft Op
 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:

1. Want a photo of the tank, shutoff, fusible links and emergency stops included as part of the plan as indicated on Page 4 . Completed
3. Change contact information on Page 5 to information supplied and also change municipal contract on map of surrounding area. Completed
4. Page 4 " Maintenance & Testing"- Include test, check & inspect schedules for "fire extinguishers" as identified in the fire code "attached to the package"

Up!cf ldpn qrfuf e!cz!u f !Mdf od f !! praf s ↳ Mr. Kim requesting docs from servicing company
 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)

MP DBMGJSF!TFSWDF T

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		

Ef drbsbjpo;!Jbn !bx bsf lu bujujt !bo!pgf od f !p!hjwf !gbrnf !jogpsn bijo!jolu jt lepdvn f ouboe
 Ji f sf cz!ef drbsf !u bulu f !jogpsn bijo!li bwf !hjwf o!i f sf !jt luvf !boeldpn qrfuf /

Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



Uf di ojdbm
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5i Kppsl Df ouf Upx f s
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 Uppoup PoubspjN9YBY5
 Gby: 52/3425: 14
 Dvt upn f slf svjdf : 988/793/9883

Mf wf r2!Sjt l !boe!Tbg uz !Nbobhf n f ouQrbo!)STNQ*

Technical Standards and Safety Act
Propane Storage and Handling Regulation

TFDUPO!C;!!FNFSHFODZ!BOE!QSFQBSFE OFTT!SFTQP OTF!QMBO!)dpou(e*

1. Contacts for Emergency Response

2/! Gbdjrjuz! Dpoubdu Qf st poof rth! Lf z! Dpoubdu		6/! Gbdjrjuz! 35.1 pvs! Dpoubdu Qf st po	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Cell No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3/! Gbdjrjuz! Dpoubdu Qf st poof rth! !Brf sobuf !Dpoubdu		7/! Obn f !pg Gbdjrjuz! Nbobhf s	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4/! MpdbrtGjsf !Tf svjdf t !!Lf z! Dpoubdu		8/! Qspqbof !Tvqqjff s!Lf z! Dpoubdu Qf st po	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title	E-mail	Official Title	E-mail
Telephone No.	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency		Role and responsibilities in emergency	
Fire Services Address		Propane Supplier Address	
5 Second Street, Chatham, N7M 5X2			
5/! MpdbrtGjsf !Tf svjdf t !!Brf sobuf !Dpoubdu		8. Municipal Contact	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title	E-mail	Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency		E-mail	
Fire Services Address		Municipality Name and Address	
5 Second Street, Chatham, N7M 5X2		Municipality of Chatham-Kent	

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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) 08-06-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 56 ft. _____	Right side property line: 133 ft. _____
Rear: 6 ft _____	Left side property line: 30 ft. _____
GPS coordinates of single largest vessel: Lat. 42.5898, Long. -82.3798	

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) Yang-Sun Kim	Official Title Owner
Signature 	Telephone No. 519-627-4931 (519) 627-2062 Date (dd-mm-yyyy) 01-06-2011



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SECTION C: SUBMISSIONS (cont'd)

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

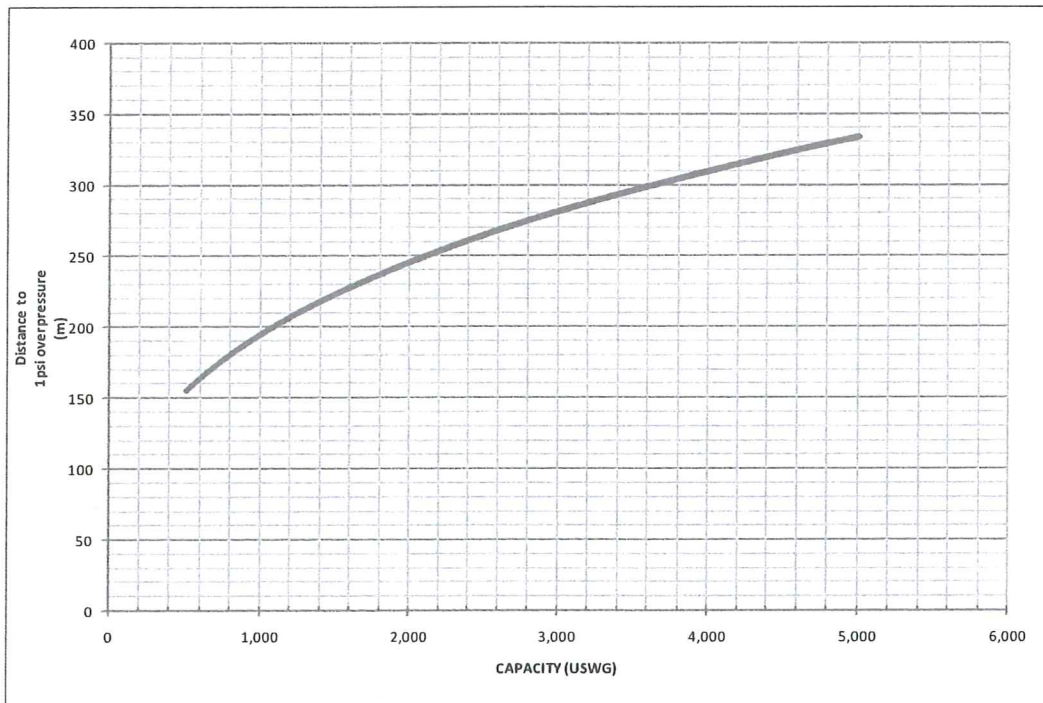
Table 1: Distance Table

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)



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) Nothing completed on this page.		Official Title	
Signature <i>[Handwritten Signature]</i>		Telephone No.	Date (dd-mm-yyyy)



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Toronto Ontario M8X 2X4
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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: _____ Province _____ Postal Code _____				X	110 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Subway Sandwiches & Salads, McDonald's, A-1 Chinese Restaurant, Harvey's, Tim Hortons</u> Address: _____ City: _____ Province _____ Postal Code _____			X		472 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".

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) Yang-Sun Kim	Official Title Owner
Signature <i>Mike H</i>	Telephone No. 519-627-4931 (519) 827-2002 Date (dd-mm-yyyy) 01-06-2011



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www.tssa.org

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3300 Bloor Street West
Toronto Ontario M8X 2X4
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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 116 USWG			

Tanks Stored On-site Not Connected for Use

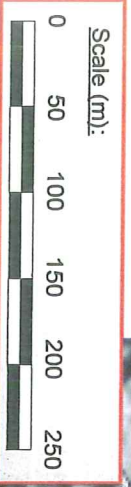
Tank Size In USWG	Quantity	Total Volume in USWG
None 2000 USWG	1	2000 USWG
Total Tank Capacity		

Total Cylinder Capacity	116 USWG
Total Tank Capacity	2000 USWG
Total Portable Capacity	116 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) Yang-Sun Kim	Official Title Owner
Signature <i>Yang-Sun Kim</i>	Telephone No. <i>519-827-2062</i> / <i>519-627-4931</i> Date (dd-mm-yyyy) 01-06-2011

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 Map data ©2011 Google, Tele Atlas



Setback Distances to Site Boundary
 North : 6 m East: 2 m
 South: 20 m West: 10 m

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates of Propane Storage Tank = 42.5898, -82.3798

Circular Distance to 1 psi overpressure = 246 m

Denoted by circle centred on tank; radial distance = 246 m

Municipality (ies) within the 1 psi overpressure circle:
 Chatham-Kent

Municipal Contact

Judy Smith
 Clerk, Chatham-Kent
 (519) 352-8401
 judy.smith@chatham-kent.ca

Map of Surrounding Area

Jimmy G Variety (Esso)
 445 Murray Street, Wallaceburg ON, N8A 1V7
 Part of Lot "V", Plan 418

Drawn by: L. Oliverio

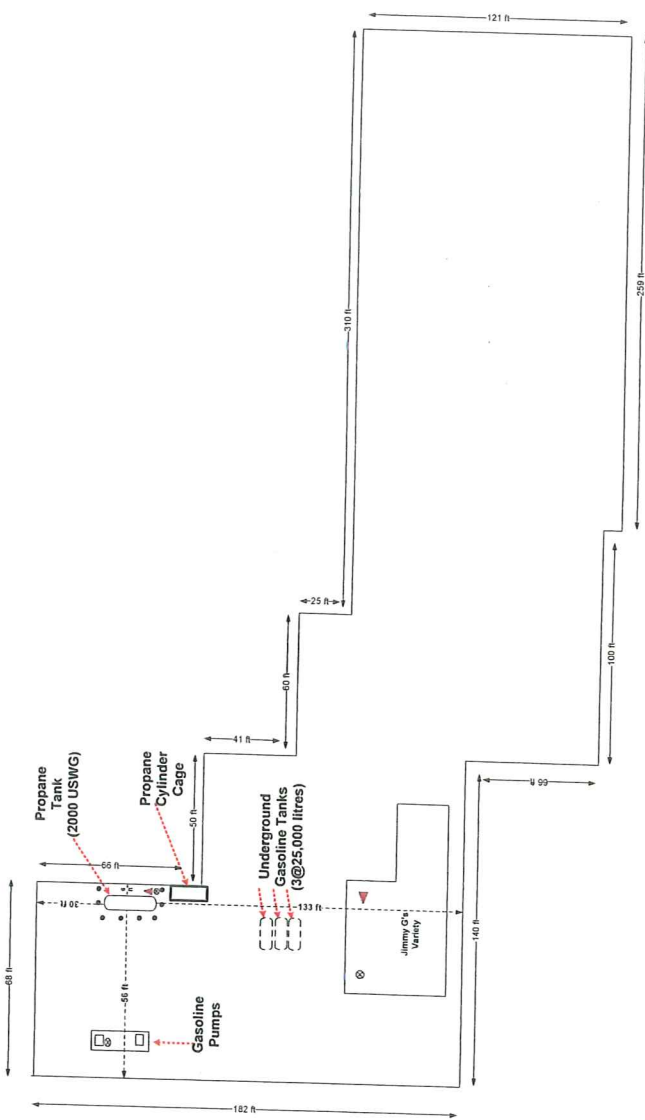
Date: February 19, 2011



Municipal Fire Hydrant
(Corner of Earl St. and
Murray St.)

Earl Street

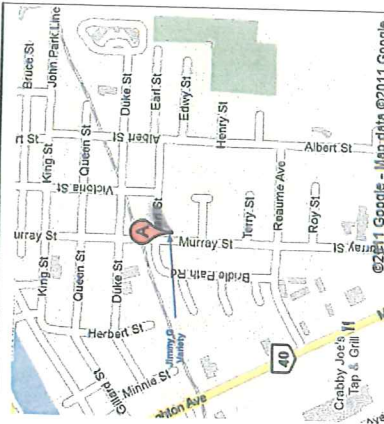
Murray Street



Scale (ft):



Key Plan:



Notes:

1. Tank distances to property lines:

Property Line Setbacks	Distance
East (Back Side)	6 ft
South (Right Side)	133 ft
West (Front Side)	56 ft
North (Left Side)	30 ft

2. Fire Extinguisher

3. Egress/Fire Access Route:
Site is open, egress/access point available from Murray St and Earl St.

4. E-Stop

Superior Propane Ltd.

Title: **Site Plan**

Jimmy G's Variety
445 Murray St, Wallaceburg, Ontario N8A 1V7

PART LOT 13, CONCESSION 1
PART LOT "V" PLAN 418

Drawn by: L. Forget

Checked by: C. Britsky

Date: June 8th, 2011

Rev 0