



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.

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 003248001 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: **A** GRUNDY LAKE SUPPLY POST Corporation No. 510521 ONTARIO LTD.

Operator Name (if different from above): _____

Telephone No. 705-383-2251 Fax No. N/A E-mail grundylakesupply@hotmail.com

Street No. 20395 Street Name / 911 Number / Address, if applicable HWY 522, R. R. #1

Town / City or Township / County BRITT Province ONTARIO Postal Code POG 1A0

Mailing address if different from above.

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

Location of facility.

Street No. D 20395 Street Name / 911 Number / Address, if applicable HWY 522 Nearest Major Intersection HWY 69 & HWY 522

Town / City or Township / County BRITT Province ONTARIO Postal Code POG 1A0

Name of Licence Holder JAMES MOORE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). JAMES MOORE ROT type 100-II

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) KILLARNEY ***NOTE* OPERATION IS SEASONAL, EXTENDED HOURS FROM JULY 1 TO SEPT 5, OPEN TILL 9:00 PM**

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-mmm-yyyy)
Name of Licence Holder <u>GRUNDY LAKE SUPPLY POST</u>		<u>30 MAY 2017</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>JAMES MOORE</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

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

2017 2017

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

	PSIG	Serial Number
Tank 1:	250	6SF002158
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: 1000 USWG Horizontal Portable: 278.4 USWG (20 lb cyls) Mobile: N/A

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Name of person completing this form (please print)	Official Title	
JAMES MOORE	PRESIDENT	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	705-383-2251	30 MAY 2017



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) GEORGIAN BAY PROPANE INC.		For Office Use - Party No.	
Street No. 55	Street Name / 911 Number / Address, if applicable GREAT NORTH ROAD		
Town / City or Township / Country PARRY SOUND		Province ONTARIO	Postal Code P2A 2N9
Telephone No. 705-746-2175	Fax No. 705-746-6389	Contact Name MICHAEL GOERK	
E-mail michael@bracebridgepropane.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage 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.

10,000 L ABOVE GROUND - 5,000 DIESEL AND 5,000 SUPER

15,000 L GAS TANK

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

1 X 20 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED AT PROPANE DISPENSER

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.


"NO SMOKING" SIGNS LOCATED AT PROPANE DISPENSER, GASOLINE ISLANDS AND VARIOUS LOCATIONS AROUND THE BUILDINGS.

Maintenance and testing schedule for fire protection controls and devices.

REGULAR VISUAL INSPECTION OF FACILITIES.

MONTHLY VISUAL AND YEARLY INSPECTION OF FIRE EXTINGUISHERS.

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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 JAMES MOORE		For Office Use - Party No.		Name JAMES MOORE		For Office Use - Party No.	
Official Title PRESIDENT				Official Title PRESIDENT			
Telephone No. 705-383-2251		Fax No. N/A		Cell No. 705-662-9879		Fax No. N/A	
E-mail grundylakesupply@hotmail.com				E-mail grundylakesupply@hotmail.com			
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES				Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES			
2. Facility Contact Personnel - Alternate Contact				6. Name of Facility Manager			
Name TRISHA MOORE		For Office Use - Party No.		Name JAMES MOORE		For Office Use - Party No.	
Official Title MANAGER				Official Title PRESIDENT			
Telephone No. 705-383-2251		Fax No. N/A		Telephone No. 705-383-2251		Fax No. N/A	
E-mail grundylakesupply@hotmail.com				E-mail grundylakesupply@hotmail.com			
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES				Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES			
3. Local Fire Services - Key Contact				7. Propane Supplier Key Contact Person			
Name LARRY OLDS		For Office Use - Party No.		Name MICHAEL GOERK		For Office Use - Party No.	
Official Title FIRE CHIEF		E-mail brittfd@personainternet.com		Official Title GENERAL MANAGER		E-mail michael@bracebridgepropane.ca	
Telephone No. 705-383-2411		Fax No. CELL # 705-773-2570		Telephone No. 416-716-3632		Fax No. 705-645-4186	
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES				Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES			
Fire Services Address 819 HIGHWAY 526, BRITT, ONTARIO P0G 1A0				Propane Supplier Address 55 GREAT NORTH ROAD, PARRY SOUND, ON P2A 2N9			
4. Local Fire Services - Alternate Contact				8. Municipal Contact			
Name LARRY ST. AMANT		For Office Use - Party No.		Name CANDY BEAUVAIS		For Office Use - Party No.	
Official Title		E-mail britt@personainternet.com		Official Title CLERK-TREASURER			
Telephone No. 705-383-2434		Fax No. N/A		Telephone No. 705-287-2424 ext 203		Fax No. 705-287-2660	
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES				E-mail cbeauvais@municipalityofkillarney.ca			
Fire Services Address 819 HIGHWAY 526, BRITT, ONTARIO P0G 1A0				Municipality Name and Address MUNICIPALITY OF KILLARNEY, 32 COMMISSION ST, KILLARNEY, ON P0M 2A0			

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

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

DAILY VISUAL INSPECTION OF FACILITIES AND SYSTEM.

[Large empty area with horizontal lines for describing additional safety measures]

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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) 08 MAY 2015	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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) 08 MAY 2015	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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) 08 MAY 2015	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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) 10 JUL 2017	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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) 10 JUL 2017	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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) 15-APR-2018	Print Name of Training Provider: GEORGIAN BAY PROPANE INC.
	Print Name of Instructor: LORNE MCALEER
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).

UPON NOTICING A FIRE OR PROPANE LEAK, ON-STAFF ATTENDANT SHOUTS "FIRE, FIRE, FIRE" AND CALLS 911.

KEY FACILITY CONTACT/LICENCE HOLDER IS CALLED IF NOT ON SITE.

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).

UPON HEARING "FIRE, FIRE, FIRE", STAFF MUST ENSURE THAT ALL CUSTOMERS AND STAFF HAVE EXITED FROM THE BUILDINGS AND YARD AND HAVE PROCEEDED TO THE SAFE MEETING PLACE.

IF SAFE TO DO SO, ROT HOLDER SHUTS OFF THE FLOW OF PROPANE AND EXITS YARD TO THE SAFE MEETING PLACE. LICENCE HOLDER TOGETHER WITH LOCAL FIRE SERVICES AND POLICE WOULD COORDINATE AN EVACUATION IF NECESSARY FOR THE GENERAL PUBLIC.

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).

ON-SITE ATTENDANT OR ANY STAFF MEMBER NOTICING A FIRE OR PROPANE LEAK WILL IMMEDIATELY CALL 911. THEN KEY FACILITY CONTACT/LICENCE HOLDER IS CALLED IF NOT ON SITE.

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

YARD, PARKING LOT AND BUILDING FACILITIES ARE ACCESSIBLE AT ALL TIMES.

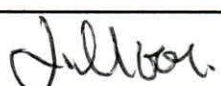
Describe how the licence holder will ensure continual flow of updated information to authorities.

LICENCE HOLDER WILL COMMUNICATE WITH FIRST RESPONDERS AS THEY ARRIVE AND WILL REMAIN IN CONTACT WITH THEM AND PROVIDE UPDATES AND ASISTANCE AS REQUIRED. IF ADDITIONAL RESOURCES ARE REQUIRED, LICENCE HOLDER WILL CONTACT PROPANE SUPPLIER (GEORGIAN BAY PROPANE) TO PROVIDE ADDITIONAL TRAINED STAFF AND TO ASIST WITH THE EMERGENCY RESPONSE PLAN. EMERGENCY RESPONSE PLAN, SITE MAP AND MSDS SHEETS ATTACHED TO THIS DOCUMENT.

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

PHONE CONTACT - IMMEDIATE

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Signature 		Telephone No. 705-383-2251	Date (dd-mmm-yyyy) 30 MAY 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>2 KM KEY RIVER</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>2 KM KEY RIVER</u>	

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Signature 		Telephone No. 705-383-2251	Date (dd-mmm-yyyy) 30 MAY 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.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		

Fire services comments, if any:		

To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		

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.		
BRITT FIRE DEPT. <small>Print name</small> LARRY OLOS <small>Local Fire Services Name</small>	<small>Signature</small> 	<small>Date (dd-mm-yyyy)</small> 30/04/2017

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<small>Name of person completing this form (please print)</small> James Moor	<small>Official Title</small> Owner	
<small>Signature</small> 	<small>Telephone No.</small> 705-383-2251	<small>Date (dd-mm-yyyy)</small> 10/04/2017



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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) 30 MAY 2017	Capacity of single largest propane storage vessel (USWG) 1 X 1000 USWG HORIZONTAL TANK
Tank setback coordinates. Indicate placement on the map.	
Front: <u>40 METRES (North)</u>	Right side property line: <u>6 METRES (West)</u>
Rear: <u>48 METRES (South)</u>	Left side property line: <u>85 METRES (East)</u>
GPS coordinates of single largest vessel: <u>45°54'45.92"N / 80°34'05.46"W</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

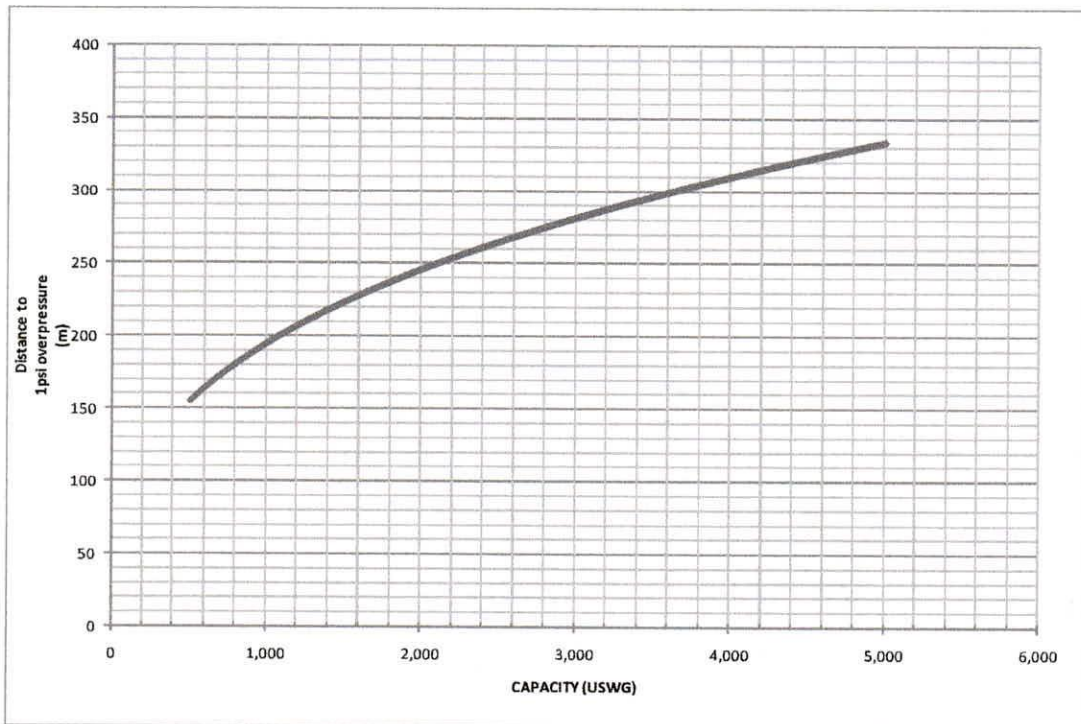
Table 1: Distance Table

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
 propane@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: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]		X			<u>61</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>RESTAURANT, STORE & STORAGE</u> Address: <u>20395 HWY 222</u> City: <u>BRITT</u> Province <u>ONTARIO</u> Postal Code <u>POG 1A0</u>			X		<u>3</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m

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

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

Name of person completing this form (please print) <u>JAMES MOORE</u>	Official Title <u>PRESIDENT</u>
Signature 	Telephone No. <u>705-383-2251</u> Date (dd-mmm-yyyy) <u>30 MAY 2017</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

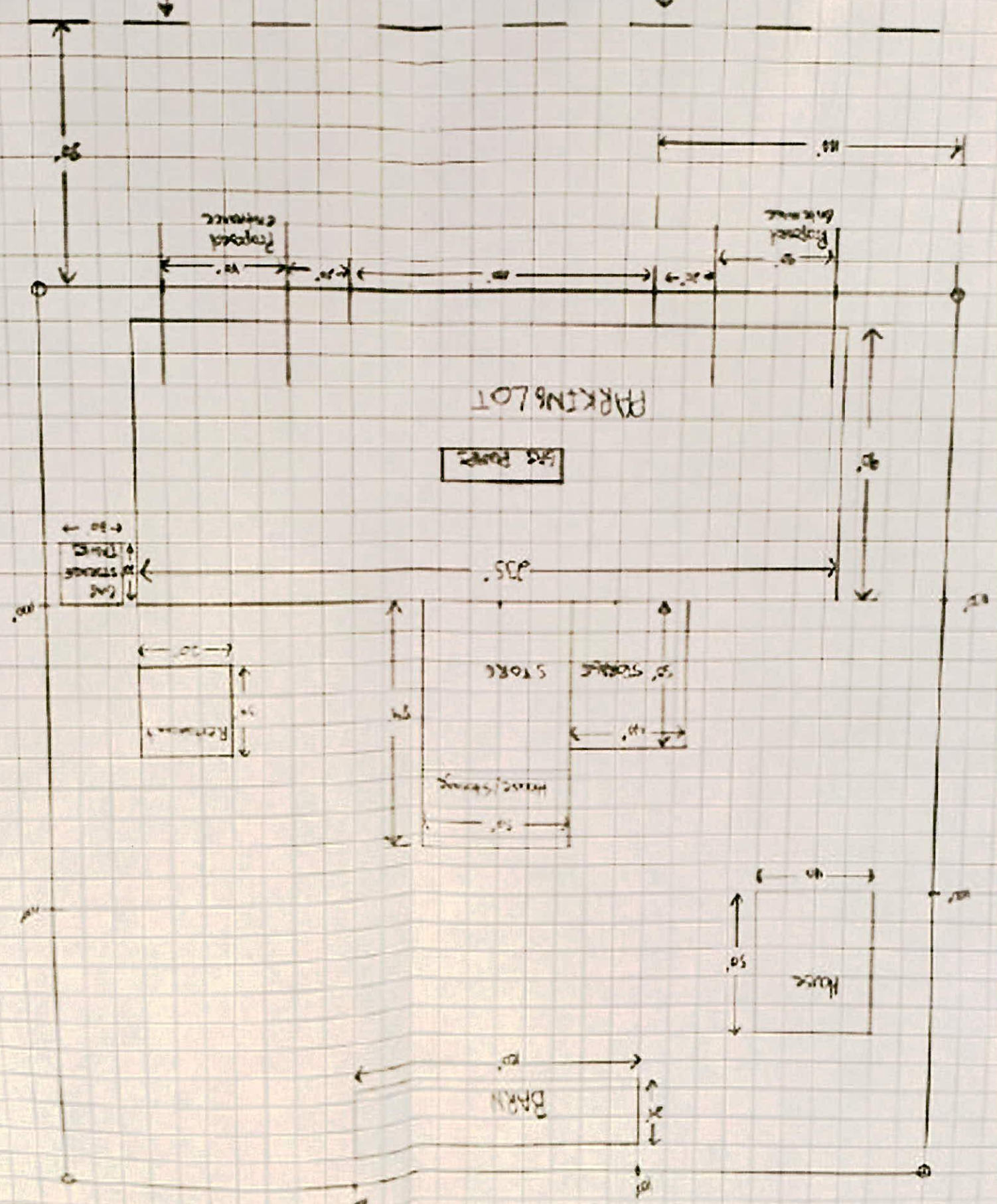
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	278.4 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

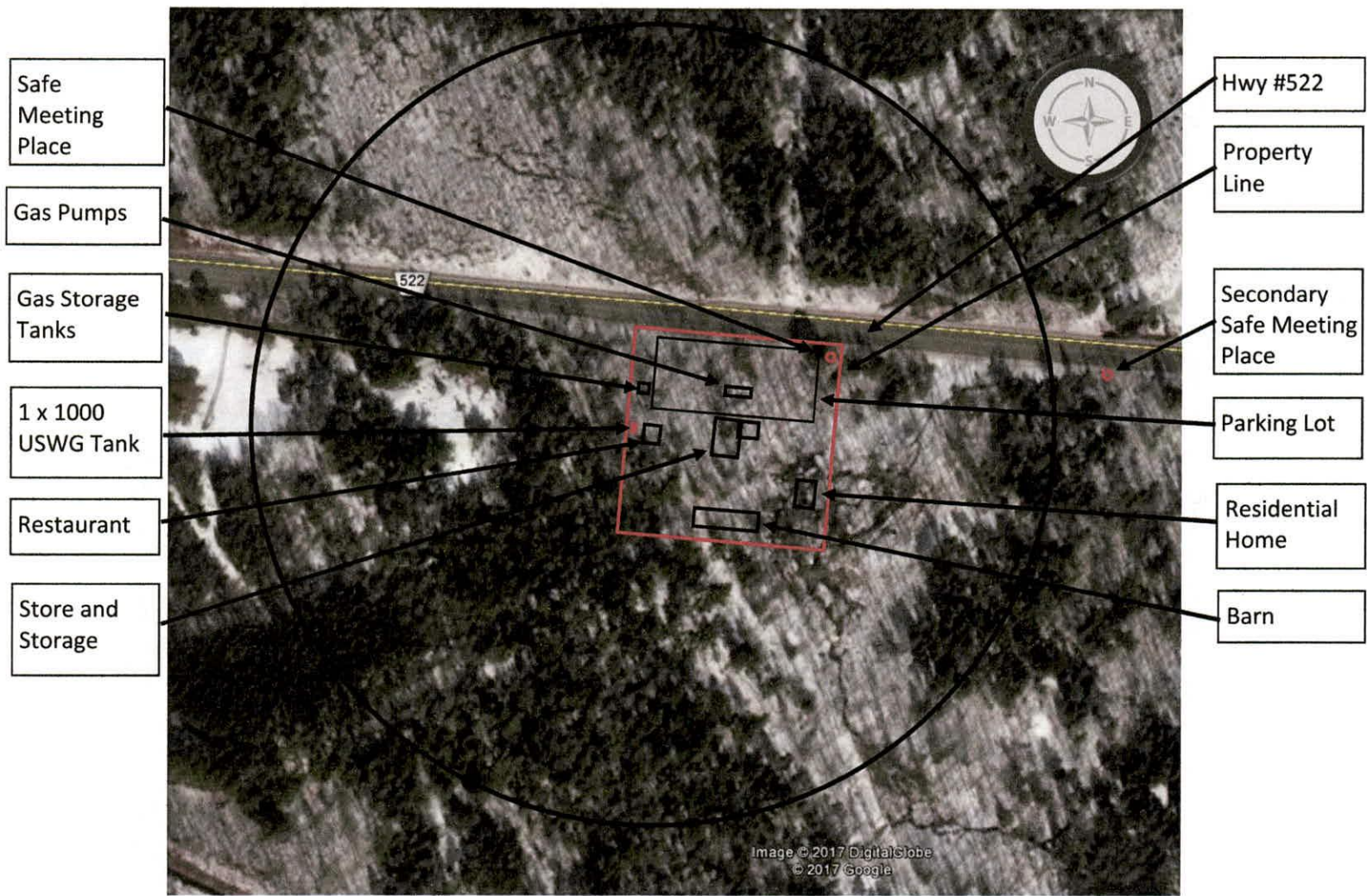
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume In USWG
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	278.4 USWG

Hwy 522 CENTER LINE





GRUNDY LAKE SUPPLY POST

LOCATION:	20395 HWY #522, BRITT, ONTARIO
PREPARED:	May 30, 2017
TANK CAPACITY:	1 x 1000 USWG Horizontal
TANK SETBACKS:	Front – 40 Metres (North), Right – 6 Metres (West) Rear – 48 Metres (South), Left – 57 Metres (East)
RADIUS:	195 METRES
GPS COORDINATES:	45°54'45.92"N / 80°34'05.46"W
MUNICIPALITY:	KILLARNEY
MUNICIPAL CLERK:	CANDY BEAUVAIS
MUNICIPAL ADDRESS:	32 COMMISSION ST., KILLARNEY, ON POM 2A0