



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.

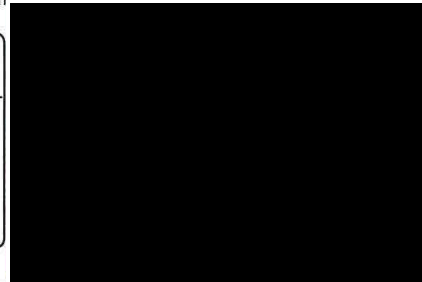
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076557834-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.



SEPT 1

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 I & D McEwen Ltd. Ontario Corporation No., if applicable

Operator Name (if different from above)
Ian McEwen

Telephone No. 905-793-4800 Fax No. 905-793-3949 E-mail ian.mcewen@cantires411.com

B Street No. 10 Street Name / 911 Number / Address, if applicable Great Lakes Drive

Town / City or Township / County Brampton Province Ontario Postal Code L6R 2K7

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

Location of facility.

D Street No. 10 Street Name / 911 Number / Address, if applicable Great Lakes Drive Nearest Major Intersection HWY 410 & BOVAIRD DR

Town / City or Township / County Brampton Province Ontario Postal Code L6R 2K7

Name of Licence Holder I & D McEwen Ltd.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Ian McEwen ROT type PTI Course: 100-08

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

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>Ian McEwen</u>		<u>June 28/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Ian McEwen</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1999
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	521 250	20382-55
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 Portable: 172 GAL Mobile: n/a

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Name of person completing this form (please print) Shaun McBride SEAN McBRIDE	Official Title Service Manager
Signature 	Telephone No. 905-793-4800
	Date (dd-mm-yyyy) 08/06/2011



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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 - GUELPH Propane Bulk Plant			
Street No.	Street Name / 911 Number / Address, if applicable		
7022	Wellington Road 124 S		
Town / City or Township / Country		Province	Postal Code
Guelph		Ontario	K8N 4Z2
Telephone No.	Fax No.	Contact Name	
(519) 831-6564	n/a	Jason Swan	
E-mail			
swanj@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
n/a		
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Province
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	
SEAN MCBRIDE	SERVICE MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905 793-4800	05/06/2011



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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.

Waste oil tank (5000L), waste coolant tank (1200L) in back compound facing Great Lakes Drive. 3 oxygen tanks and 3 acetylene tanks under staircase to lunch room chained to the wall

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

8LB fire extinguisher located inside filling station.

7LB fire extinguisher located by main door at front of shop. Extinguishers at Bays 2, 5, 10, 13, and 16

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 on ISC valve between tank and downstream propane dispensier. Pump shut off swtich at propane filling station to shut off power to the pump

ISC interlock cable back of cabinet that cuts power when the door is closed. Electrical shut of swtich at bay 7. Emergency fire pull in same spot at Bay 7.

Maintenance and testing schedule for fire protection controls and devices.

Done yearly with an annual inspection done by Superior Propane

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Name of person completing this form (please print) SEAN SEAN MCBRIDE	Official Title SERVICE MANAGER
Signature 	Telephone No. 905-793-4800 Date (dd-mm-yyyy) 20/07/2011



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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 Ian McEwen	For Office Use - Party No.	Name Ian McEwen	For Office Use - Party No.
Official Title Dealer		Official Title Dealer	
Telephone No. 905-793-4800	Fax No. 905-793-3949	Cell No. 647 968 4778	Fax No.
E-mail ian.mcewen@cantires411.com		E-mail ian.mcewen@cantires411.com	
Role and responsibilities in emergency Co-ordinate site response.		Role and responsibilities in emergency Co-ordinate site response.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Darren Butt	For Office Use - Party No.	Name Ian McEwen	For Office Use - Party No.
Official Title General Manager		Official Title Dealer	
Telephone No. 905 793 4800	Fax No. 905 793 3949	Telephone No. 905-793-4800	Fax No. 905-793-3949
E-mail darrenbutt@cantire411.com		E-mail ian.mcewen@cantires411.com	
Role and responsibilities in emergency Co-ordinate site response if Dealer not available.		Role and responsibilities in emergency Co-ordinate site response.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Matt Pegg	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Deputy Fire Chief		Official Title	
Telephone No. 905 874 2723	Fax No. 905 874 2727	Telephone No. 1-877-873-7467	Fax No.
E-mail matt.pegg@brampton.ca		E-mail	
Role and responsibilities in emergency potential incident commander		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Brian Maltby	For Office Use - Party No.	Name Alain Normand	For Office Use - Party No.
Official Title Chief Fire Official		Official Title Manager of Emergency Measures Office	
Telephone No. 905 874 2714	Fax No. 905 874 2735	Telephone No. 905 874 3360	Fax No. 905 874 2883
E-mail brian.maltby@brampton.ca		E-mail alain.normand@brampton.ca	
Role and responsibilities in emergency none		Municipality City of Brampton Peel Region After hours contact: 905 874 2111	

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Signature 	Telephone No. <i>905-793-4800</i>
	Date (dd-mm-yyyy) <i>08/06/2011</i>



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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.
Emergency shut off push button to shut down and close solenoid valve upstream of dispensing hose.

Lined area for describing additional safety measures.

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Signature 	Telephone No. <i>905-793-4800</i> Date (dd-mm-yyyy) <i>08/06/2011</i>



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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) 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:

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Name of person completing this form (please print) SEAN McBRIDE	Official Title SERVICE MANAGER
Signature 	Telephone No. 905-793-4800 Date (dd-mm-yyyy) AUG 12, 11



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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:
	Print Name of Instructor:
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:
	Print Name of Instructor:
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) Q4 2011	Print Name of Training Provider:
	Print Name of Instructor:
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. 905-793-4800 Date (dd-mm-yyyy) AUG-12, 11



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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).
Manager on duty will contact Emergency services by calling 911. They will have area evacuated and if the store is affected they will contact personnel using phone, paging system or 2 way radio.

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).

In the event of an emergency all staff will evacuate the building and meet at the far end of our parking lot under our large Canadian Tire sign.

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 manager will be present in the propane area. The person will be able to visually ascertain any abnormal actions and events and implement any necessary response actions. When the system is not operational the ISC valve is closed and the propane station is unattended. Any accident involving the propane tank during such times will require the intervention of near by individuals or store/service staff.

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

The propane site is in a large parking lot and the fire dept. will have no difficulty accessing it from Bovaird or Great Lakes Drive.

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

The critical information required by the license holder is the fill level of the tank. Fill level is relevant from a time to BLEVE perspective. In nearby empty tank will BLEVE sooner than a full tank if there is a fire

The information will be provided to authorities by the facility key contact time permitting.

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

It will take 10 minutes for the liaison person to respond to the site.

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Signature 		Telephone No. <i>905-793-4800</i>	Date (dd-mm-yyyy) <i>20/07/2011</i>



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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>20 meters</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>60 meters</u>

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Signature 	Telephone No. <i>905-793-4800</i>	Date (dd-mm-yyyy) <i>20/07/2011</i>



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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:

PLEASE SEE ATTACHED FIRE SERVICE COMMENTARY FOR SMALL FACILITY LEVEL 1 RSMP REVIEW AND COMMENT.

(SEE ATTACHED)

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 BRIAN MALIBY	Signature Bmaliby	Date (dd-mm-yyyy) 29/06/2011
--------------------------	----------------------------	----------------------	---------------------------------

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



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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

To be completed by the Licence Holder

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

Will aim to update as per Fire Dept. comments by September 30th.

The licence holder will respond to the Local Fire Services comments by: 30-09-2011

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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		

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) SEAN MCBRIDE	Official Title SERVICE MANAGER
Signature 	Telephone No. 905-793-4600x236 Date (dd-mm-yyyy) 20/07/2011



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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-mm-yyyy) 12-05-2009	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 3 meters	Right side property line: 3 meters
Rear: 3 meters	Left side property line: 3 meters
GPS coordinates of single largest vessel: 43.7301, -79.7627	

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Name of person completing this form (please print) <i>SEAN MCBRIDE</i>	Official Title <i>SERVICE MANAGER</i>
Signature 	Telephone No. <i>905-743-4800</i> Date (dd-mm-yyyy) <i>08/06/2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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

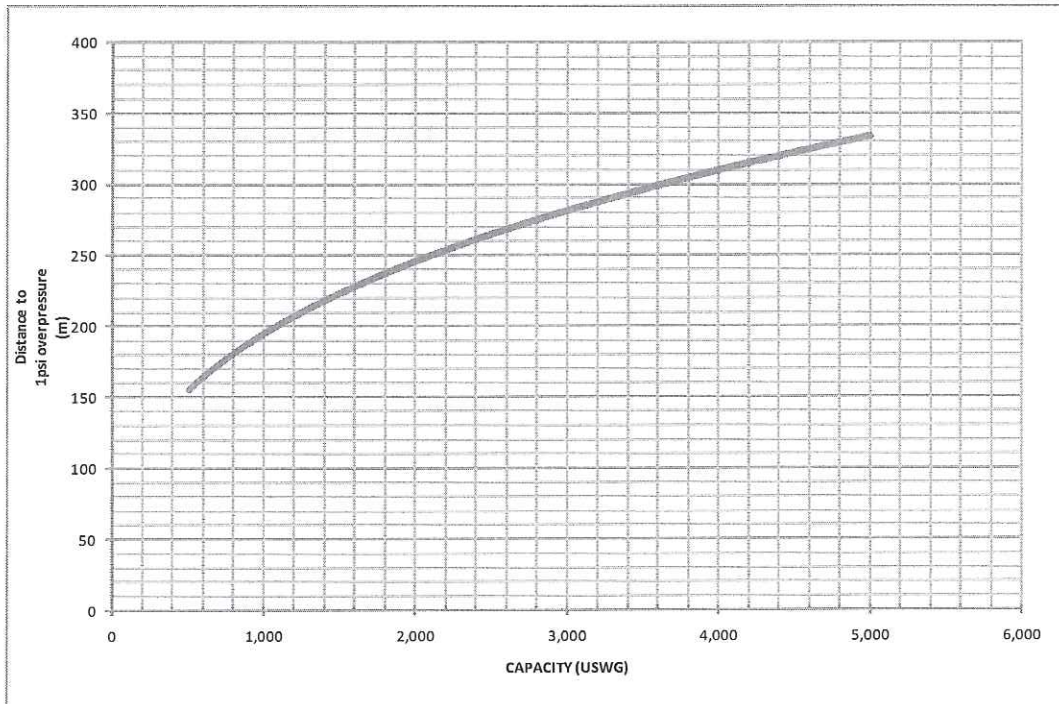
Table 1: Distance Table

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) <i>SEAN McBRIDE</i>	Official Title <i>SERVICE MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-793-4800</i>
	Date (dd-mm-yyyy) <i>05/06/2011</i>



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 (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. [REDACTED]				X	165 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Metro Address: 20 Great Lakes Dr City: Brampton Province Ontario Postal Code L6R 0J8				X	33 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) SEAN MCBRIDE	Official Title SERVICE MANAGER
Signature 	Telephone No. 905-793-4800 Date (dd-mm-yyyy) 08/06/2011



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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

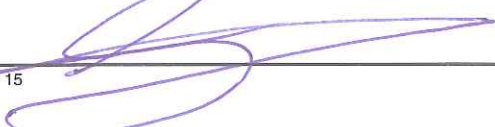
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	36	172
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

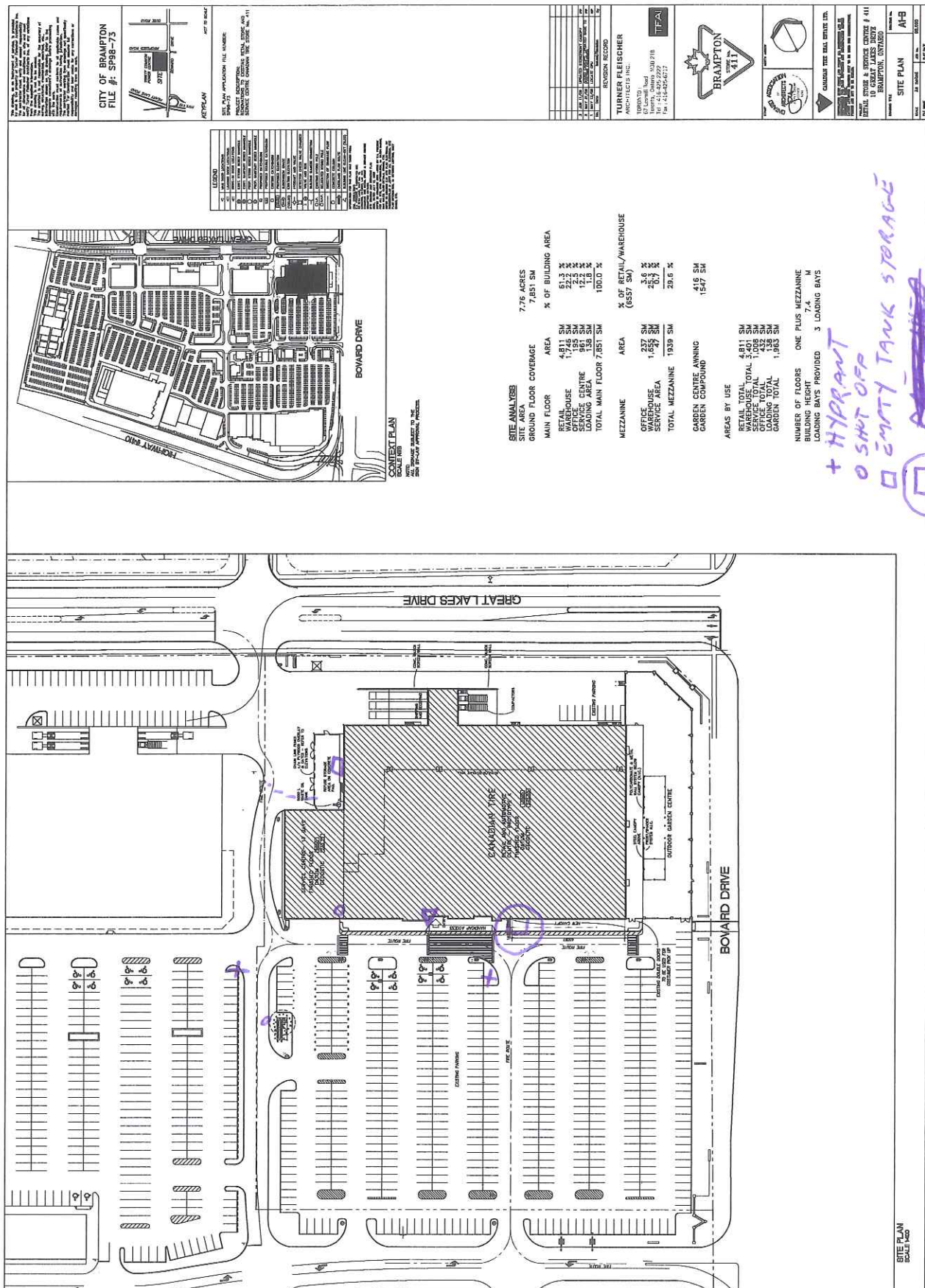
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

Total Cylinder Capacity	36
Total Tank Capacity	2000 USWG
Total Portable Capacity	172 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) <i>SEAN MCBRIDE</i>		Official Title <i>SERVICE MANAGER</i>	
Signature 		Telephone No. <i>905-793-4800</i>	Date (dd-mm-yyyy) <i>08/06/2011</i>



CITY OF BRAMPTON
FILE #: SP98-73



DATE: 10/15/08
BY: [Signature]
CHECKED: [Signature]

TURNER FLEISCHER
ARCHITECTS INC.
TORONTO
100 BAYVIEW AVE SUITE 210
SCARBOROUGH, ONTARIO M1S 5A8
TEL: 416-291-0077
FAX: 416-291-0077

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CONTEXT PLAN
SCALE: 1:500
DATE: 10/15/08
BY: [Signature]
CHECKED: [Signature]

SITE ANALYSIS

SITE AREA	7.76 ACRES
GROUND FLOOR COVERAGE	7,851 SM
MAIN FLOOR	51.3 %
RETAIL	22.2 %
WAREHOUSE	22.2 %
SERVICE CENTRE	15.2 %
LOADING AREA	11.8 %
TOTAL MAIN FLOOR	100.0 %
MEZZANINE	AREA (6557 SM)
OFFICE	237 SM
WAREHOUSE	1,655 SM
SERVICE AREA	47 SM
TOTAL MEZZANINE	1,939 SM
GARDEN CENTRE AWNING	419 SM
GARDEN COMPOUND	1,547 SM

AREAS BY USE	AREA	% OF BUILDING AREA
OFFICE	237 SM	3.6 %
WAREHOUSE	1,655 SM	23.3 %
SERVICE AREA	47 SM	0.7 %
TOTAL MEZZANINE	1,939 SM	28.6 %
GARDEN CENTRE AWNING	419 SM	6.1 %
GARDEN COMPOUND	1,547 SM	22.4 %

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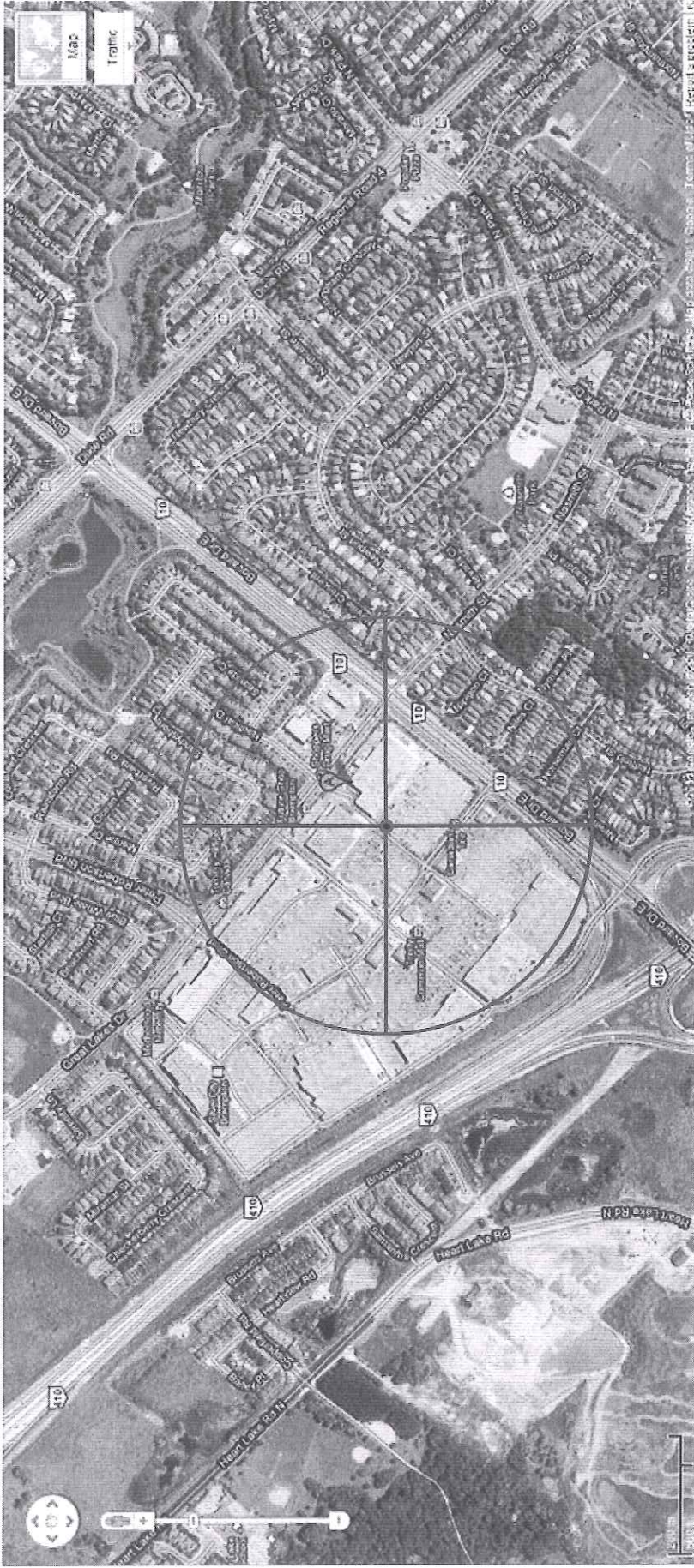
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+ HYDRANT
O SHUT OFF
□ EMPTY TANK STORAGE
PRE FILED TANK STORAGE
Δ AUTO SPRINKLER (WATER SUPPLY)
--- CHAINED DOUBLE GATE (KEY ON SITE)

SITE PLAN
SCALE 1:500



Map of Surrounding Area

Canadian Tire - 10 Great Lakes Drive

PT LT 11 CON 3 EHS DES PTS 1, 27, 28, 29, 40, 41 PL 43R23376 BRAMPTON S/T ROW OVER PT LT 11 CON 3 EHS DES PTS 27, 28, 40, 41 PL 43R23376 IN FAVOR OF PT LITS 11 & 12 CON 3 EHS DES PTS 4, 5, 6, 8, 9, 11, 12, 16, 17, 18, 19, 30, 31, 34, 35, 36, 37 PL 43R23376 AS IN LT1923466. T/W ROW OVER PTS 11 & 12 CON 3 EHS DES PTS 4, 5, 6, 8, 9, 11, 12, 16, 17, 18, 19, 30, 31, 34, 35, 36, 37 PL 43R23376 IN FAVOR OF PT 11 CON EHS DES PTS 1, 27, 28, 29, 40, 41 PL 43R23376 AS IN LT1923466 (S/T LT1816194) S/T ROW IN FAVOR OF PT LITS 11, 12 CON 3 EHS DES PTS 4, 5, 6, 8, 9, 11, 12, 16, 17, 18, 19, 30, 31, 34, 35, 36, 37 PL 43R23376 OVER PT LT 11 CON 3 EHS DES PTS 1, 27, 28, 29, 40, 41 AS IN LT1923466 (S/T LT1816194) S/T ROW OVER PT LT 11 CON 3 EHS DES PTS 28, 29 PL 43R23376 IN FAVOR OF PT LITS 11, 12 CON 3 EHS DES PTS 4, 5, 6, 8, 9, 11, 12, 16, 17, 18, 19, 30, 31, 34, 35, 36, 37 PL 43R23376 AS IN LT1923466

Note: Property Lines a setbacks shown on site plan.

Municipality (ies): within the 1 psi overpressure circle:

The Municipality of Peel

Municipal Contact:

Alain Normand

Manager of Emergency Measures Office

905 874 3360

City of Brampton Peel Region

After hours contact: 905 874 2111

Location of Propane Storage Tank:

Demarcated by ● in centre of circle.

Capacity of Propane Storage Tank:

Capacity of Propane Storage Tank = 2000 USWG

GPS Coordinates of Propane Storage Tank:

GPS Co-ordinates = 43.7301, -79.7627

Circular Distance to 1 psi overpressure:

Denoted by circle centred on tank radial distance = 246 m