



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

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.

A Company Name Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. Fax No. E-mail

B Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

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. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

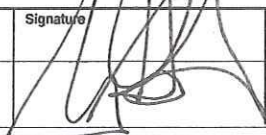
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

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

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.

| | | |
|---|--|---|
| Printname | Signature | Date (dd-mm-yyyy) |
| Name of Licence Holder <input type="text" value="McDougall Energy Inc."/> |  | <input type="text" value="Jan 15, 2012"/> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="Maria Kasch"/> | | |



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SECTION A: GENERAL INFORMATION (cont'd)

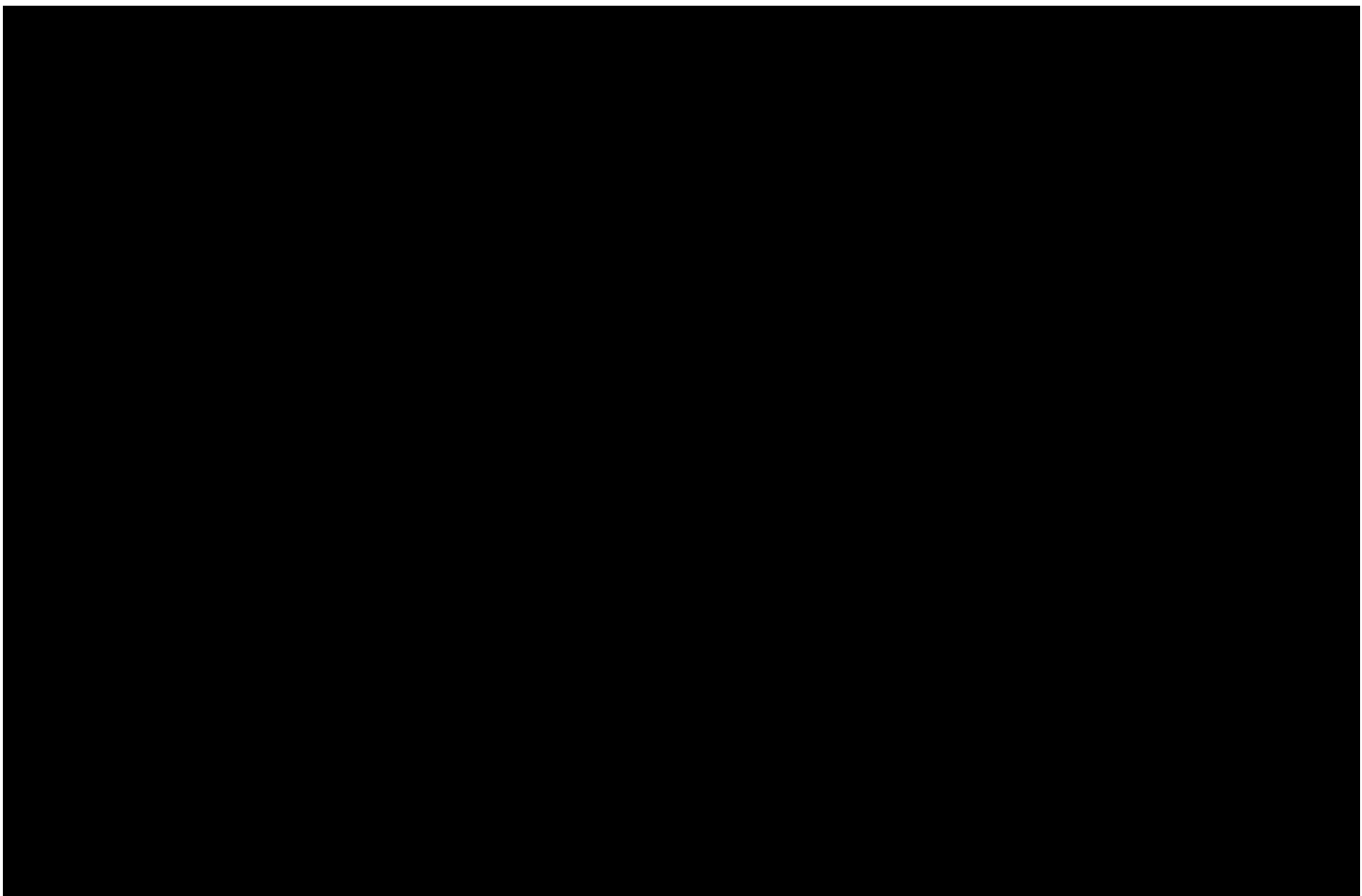
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

| | PSIG | Serial Number |
|---------|------------|---------------|
| Tank 1: | <u>250</u> | <u>2925</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: 1000 USWG Portable: 3000 USWG Mobile: _____



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| | | |
|---|--|-----------------------------------|
| Name of person completing this form (please print) Steve Hilderley | Official Title Corporate Regulatory Affairs Manager | |
| Signature | Telephone No. 705-941-5744 | Date (dd-mm-yyyy) aug 15, 2011 |



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

| | | | |
|--|---|---------------------------------|------------------------|
| Name of Propane Supplier(s) McDougall Energy Inc | | [Redacted] | |
| Street No. 421 | Street Name / 911 Number / Address, if applicable Bay Street | | |
| Town / City or Township / Country Sault Ste Marie | | Province Ontario | Postal Code P6A 1X3 |
| Telephone No. 705-941-5766 | Fax No. 705-941-5744 | Contact Name Steve Hilderley | |
| E-mail stevehilderley@mcdougallcorp.com | | | |

| | | | |
|---|---|--------------|-------------|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> | | [Redacted] | |
| 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 | 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 | | 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) Steve Hilderley | Official Title Corporate Regulatory Affairs Manager | |
| Signature | Telephone No. 75-941-5744 | Date (dd-mm-yyyy) Aug 15, 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.

this facility is a location that holds fuel trucks as well as lubricants. The trucks are held outside of the fenced compound that the propane tank is housed.

There are no other stationary fuel tanks located on this site. The fuel/propane trucks that may be in the yard may or maynot have fuel on board. And as a rule, the trucks are normally parked 50-400 feet away from the propane tank. WHIMS information for any substance in trucks or on site located in office at this location.

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

This location has a fire extinguisher located next to the filling cabinet of the propane tank within the fenced compound. The building has fire extinguishers located all around the shop and the office areas. Also each fuel truck that may be located within our yard also have extinguishers on board. Each employee is made aware of location of F/E and we do F/E training for most staff members. See site map for F/E locations.

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.

The tank itself has a fusible link located on the main cable that opens the main ISC valve. There is a Fire Extinguisher located next to the transfer location.

The main power to pump is located inside main building. All staff have been oriented on emergency exits and shut off switches for all on site hazards.

All our Fire Extinguishers are on a monthly inspection routine as well as annual recertifications. All documentation of such inspections are on file.

If heat in excess of 212 degrees F is sensed around main valve of propane tank, fusible link will melt and disconnect and shut off flow of propane

Maintenance and testing schedule for fire protection controls and devices.

this site performs regular site inspections and documents findings. this tank is annual serviced and maintained and documented. All these documents are available upon request. The entire fence line is posted "No Smoking" and there is a sign posted that there are to be NO sources of ignition within 10 feet.

Monthly inspections of all on site F/E and documentation are kept on file and are available upon request.

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| | | |
|---|--|-----------------------------------|
| Name of person completing this form (please print) Steve Hilderley | Official Title corporate Regulatory Affairs Manager | |
| Signature | Telephone No. 705-941-5744 | Date (dd-mm-yyyy) Feb 20, 2012 |



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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 Chns McDougall | For Office Use - Party No. | Name Chris McDougall | For Office Use - Party No. |
| Official Title Facility Manager | | Official Title Corporate Pricing and Distribution Manager | |
| Telephone No. 705-842-3013 | Fax No. 705-842-2568 | Cell No. 705-946-9212 | Fax No. 705-842-2568 |
| E-mail chrismcdougall@mcdougallcorp.com | | E-mail chrismcdougall@mcdougallcorp.com | |
| Role and responsibilities in emergency Site manager and emergency coordinator. Also a Fire Fighter | | Role and responsibilities in emergency Site Manager and emergency coordinator. Also a Fire Fighter | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Richard Royal | For Office Use - Party No. | Name Chris McDougall all info same as # 1 and 5 | For Office Use - Party No. |
| Official Title Regional Manager (North) | | Official Title | |
| Telephone No. 705-941-5747 | Fax No. 705-941-5766 | Telephone No. | Fax No. |
| E-mail richardroyal@mcdougallcorp.com | | E-mail | |
| Role and responsibilities in emergency First Responder and coordinator of resources | | Role and responsibilities in emergency | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Gibb Medve | For Office Use - Party No. | Name Steve Hilderley | For Office Use - Party No. |
| Official Title Fire Chief | E-mail email@huronshores.ca | Official Title Corporate Regulatory Affairs Mgr. | E-mail stevehilderley@mcdougallcorp.com |
| Telephone No. 705-843-2033 | Fax No. 705-843-2035 | Telephone No. 705-941-5744 | Fax No. 705-941-5766 |
| Role and responsibilities in emergency Fire Chief and Incident Commander | | Role and responsibilities in emergency Technical specialist and First Responder trained in propane emergencies | |
| Fire Services Address PO Box 460, 7 Bridge Street Iron Bridge, Ontario | | Propane Supplier Address 421 Bay Street. Sault Ste Marie, Ontario | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Henk Van Delft | For Office Use - Party No. | Name Gil Reeves | For Office Use - Party No. |
| Official Title Fire Prevention Officer Captain | E-mail email@huronshores.ca | Official Title Mayor of Huron Shores | |
| Telephone No. 705-843-2033 | Fax No. 705-843-2035 | Telephone No. 705-843-2033 | Fax No. 705-843-2035 |
| Role and responsibilities in emergency Second in command during incident and primary Fire Prevention Officer | | E-mail email@huronshores.ca | |
| Fire Services Address PO Box 460, 7 Bridge Street Iron Bridge Ontario | | Municipality Name and Address PO Box 460, 7 Bridge Street Iron Bridge Ontario | |

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| | |
|---|--|
| Name of person completing this form (please print) Steve Hilderley | Official Title Corporate Regulatory Affairs Manager |
| Signature | Telephone No. 705-941-5744 |
| | Date (dd-mm-yyyy) Jan 20, 2012 |



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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.

there are no other additional measures at this location that exceed the code required with respect to Emergency Response or Safety Measures.

McDougall Energy Inc does however have a very extensive training program for all personnel. We have emergency response plans for all sites.

McDougall Energy conducts site audits and inspections on a weekly and monthly basis for all sites. We have an extensive array of Policies and Procedures around health and safety. All staff are trained to these standards and most staff have fire extinguisher training.

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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) 15 06 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Kieran Foley |
| Training Date (dd-mm-yyyy) 15 06 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Richard Royal |
| Training Date (dd-mm-yyyy) 15 06 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Steve Hilderley |

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

| | |
|--|---|
| Training Date (dd-mm-yyyy) 30 10 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Steve Hilderley |
| Training Date (dd-mm-yyyy) 12 11 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Kieran Foley |
| Training Date (dd-mm-yyyy) 12 11 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Steve Hilderley |

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

| | |
|--|---|
| Training Date (dd-mm-yyyy) 30 10 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Steve Hilderley |
| Training Date (dd-mm-yyyy) 12 11 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Kieran Foley |
| Training Date (dd-mm-yyyy) 21 11 2011 | Print Name of Training Provider: McDougall Energy Inc |
| | Print Name of Instructor: Steve Hilderley |

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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) 15 07 2012 | Print Name of Training Provider: MEI (McDougall Energy Inc) |
| | Print Name of Instructor: Kieran Foley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Steve Hilderley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Richard Royal |

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

| | |
|--|---|
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Kieran Foley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Steve Hilderley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Richard Royal |

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

| | |
|--|---|
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Kieran Foley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Steve Hilderley |
| Target Date (dd-mm-yyyy) 15 07 2012 | Print Name of Training Provider: MEI |
| | Print Name of Instructor: Richard Royal |

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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).
Senior person on site will call for evacuation of site to muster station across the road my the MTO driveway. This will be handled verbally within the office and the yard. There is an internal intercom that can be used to assist in notification.

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).

Verbal orders to evacuate if required will be given to all on site. The muster station is across the street (east) at the entrance to the MTO yard office.

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).

the local office will notify via phone or truck radio dispatch to contact 911. Then each staff member required to render assistance will also be contacted via phone, cell phone or our internal radio system.

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

Local Fire Services can have access to a key or bolt cutters to cut chain and gain access to compound. Compound however is not very large and can be "attacked" with water from outside of the compound if required. Location is not far from many staff members if access to building is required. There are 24 hour numbers posted on property and fence line to contact our staff anytime.

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

any updates to this "plan" will be shared with the local Fire Services via email or hand delivered hard copies. MEI will also attempt to include Fire Services at any training on site pertinent to the propane tank and dispenser.

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

as a rule most staff are within 15 to 20 minutes of site with balance of staff assistance up to an hour away.

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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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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>None within 1km</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>4000</u> | |

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| Signature | Telephone No. 705-941-5744 | Date (dd-mm-yyyy) Jan 20, 2012 |



Propane Licensing <propanelicensing@tssa.org>

Level 1 submission for Thessalon

2 messages

Steve Hilderley <SteveHilderley@mcdougallcorp.com>

Mon, Mar 5, 2012 at 4:35 PM

To: Ann Brown <abrown@tssa.org>, "propanelicensing@tssa.org" <propanelicensing@tssa.org>

Cc: Richard LeBel <rlebel@tssa.org>

Ann, here is the application in full for the Level 1 RSMP for our site in Thessalon Ontario. License # 000152578.

As in other places, I have been struggling with the local volunteer fire service. We met the day before I went on Holidays and I think we are on the same page now. I have included what I have sent him (albeit without their signature still) I am hoping that following some tweaks to their protocol they will sign the attached Section B.

The check for the renewal went down to you a while ago along with some of the normal renewal stuff.

Here is the complete package, less a signed section B.

I am sorry for the delay, but I am not sure what else to do.

Let me know if you did get it all and what else you may need.

Thank you very much for your understanding in this and I hope this gets easier.

I am putting a hard copy in the mail as we speak. When I get the signed copy of section B, I will just scan and email it down to you.

Thanks again.

Steve Hilderley

CORPORATE REGULATORY AFFAIRS MANAGER
McDOUGALL ENERGY INC.

Station Tower, 421 Bay St, Suite 301
Sault Ste Marie, ON
P6A 1X3

T. [\(705\) 941-5744](tel:7059415744)
F. [\(705\) 941-5766](tel:7059415766)
TF. [\(800\) 461-0512](tel:8004610512)
C. [\(705\) 542-8116](tel:7055428116)

SteveHilderley@mcdougallcorp.com
www.mcdougallcorp.com

M^cDougall
ENERGY



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2 attachments

 **DOC.PDF**
406K

 **DOC.PDF**
3034K

Propane Licensing <propanelicensing@tssa.org>
To: Propane Licensing <PropaneLicensing@tssa.org>

Tue, Mar 6, 2012 at 8:24 AM

PRINTED

[Quoted text hidden]

Should you have any further questions or concerns please do not hesitate to ask.

Thank you,

Propane Intake and Licensing
Technical Standards & Safety Authority

Email: propanelicensing@tssa.org

Phone: [416-734-3587](tel:416-734-3587)

Fax: [416-231-4078](tel:416-231-4078)



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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: | | |
| | | |
| | | |
| 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. | | |
| 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) | 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) | Capacity of single largest propane storage vessel (USWG) | | |
| Sept 12, 2011 | 1000 USWG | | |
| Tank setback coordinates. Indicate placement on the map. | | | |
| Front: <u>160 meters</u> | Right side property line: <u>400 meters</u> | | |
| Rear: <u>114 meters</u> | Left side property line: <u>283 meters</u> | | |
| GPS coordinates of single largest vessel: | <u>46 16'25.77N 83 31'43.24W</u> | | |

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| | | |
|--|--------------------------------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| Steve Hilderley | Corporate Regulatory Affairs Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 705-971-5744 | Sep 2, 2011 |



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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: Ministry of Transportation Road Works yard across the street is the closes Address: Station Road City: Thessalon Province Ontario Postal Code P0R 1L0 | X | | | | 250 m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted] | X | | | | 225 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Sunset Beach Family Restaurant Address: 47 Frances Street City: Thessalon Province Ontario Postal Code P0R 1L0 | X | | | | 3400 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Carolyn Beach Motel Address: 1 Lakeside Drive City: Thessalon Province Ontario Postal Code P0R 1L0 | X | | | | 3600 m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: Algoma Manor Retirement Nursing Home Address: 135 Dawson Street City: Thessalon Province Ontario Postal Code P0R 1L0 | X | | | | 3000 m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: OPP Thessalon Detachment Address: corner of Highway 129 and Highway 17 City: Thessalon Province Ontario Postal Code P0R 1L0 | X | | | | 1950 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) Steve Hilderley | Official Title Corporate Regulatory Affairs Manager |
| Signature | Telephone No. 705-941-5744 |
| | Date (dd-mm-yyyy) Jan 20, 2012 |



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WORKSHEET

Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|-------------------------------------|------------------|----------|----------------------|
| # 420 | 123.9 | 18 | 2230 |
| # 100 | 29.5 | 10 | 300 |
| # 40 | 11.75 | | |
| # 33.3 | 9.62 | 20 | 200 |
| # 30 | 8.8 | | |
| # 20 | 5.8 | 10 | 58 |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity 3850 | | | |

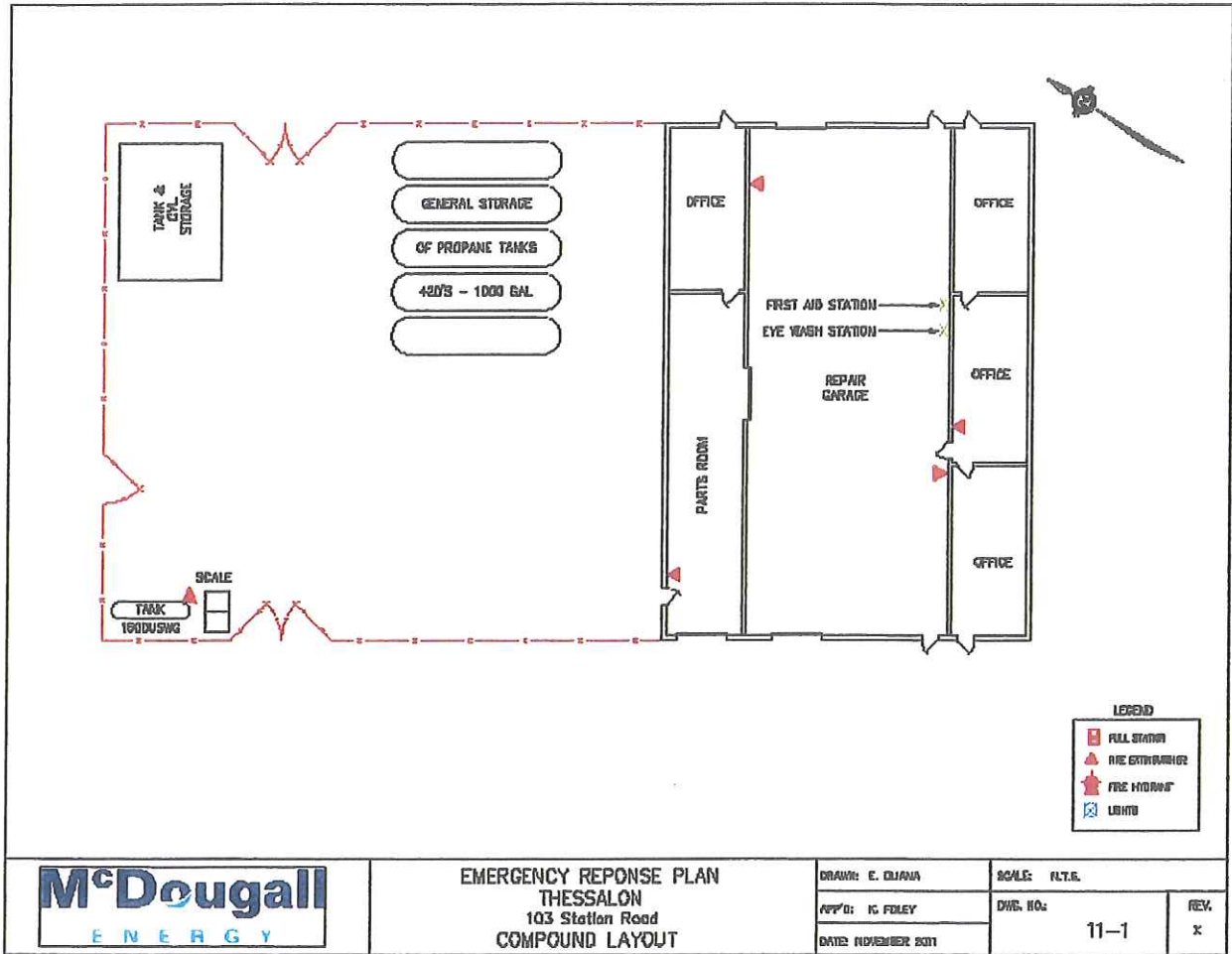
Tanks Stored On-site Not Connected for Use

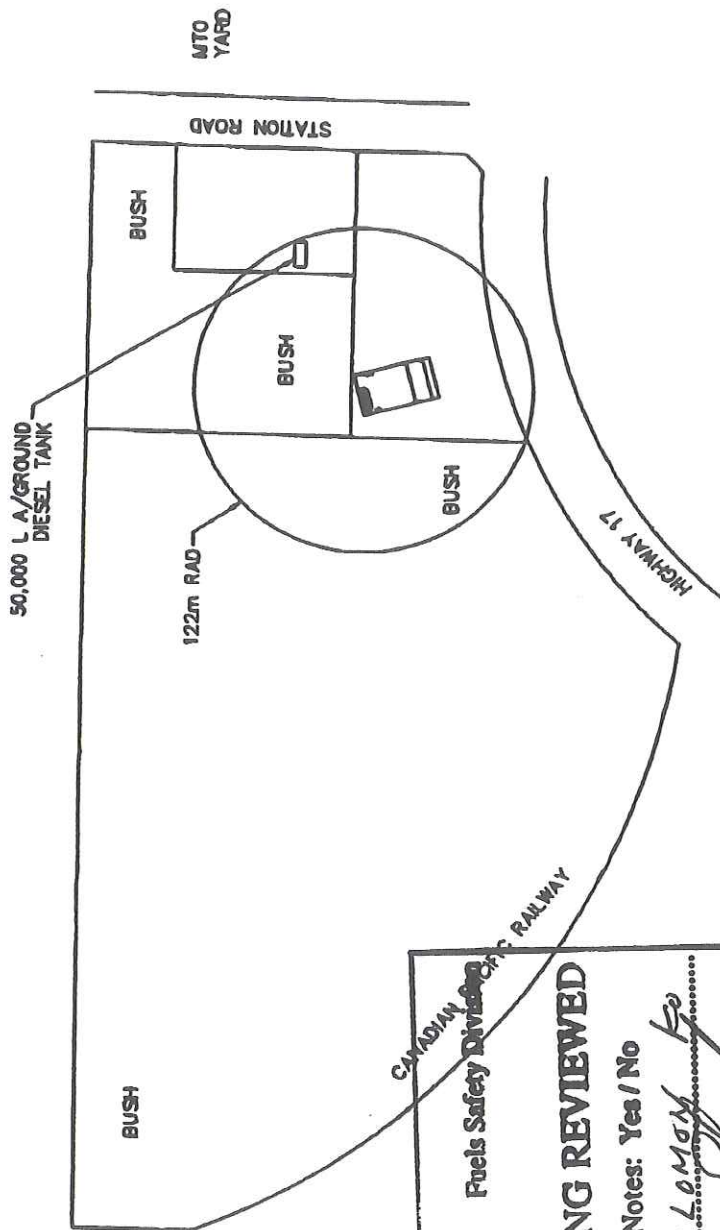
| Tank Size In USWG | Quantity | Total Volume in USWG |
|---|-------------------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Most "other tanks- Fuel or propane are empty | and in the adjacent yard outside of | |
| and in the adjacent yard outside of | | |
| the compound for the dispenser. | | |
| Total Tank Capacity most tanks that are on this site are brand new and factory purged. we have 1 500 gallon that has product for purging new | | |

| | |
|---|----------------------------------|
| Total Cylinder Capacity | 3000 |
| Total Tank Capacity | 500 gallons that has fuel in it. |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | |

EMERGENCY RESPONSE PLAN

Facility Sketch-





Technical Standards and Safety Authority
Fuels Safety Division
DRAWING REVIEWED
 Revisions/Notes: Yes / No
 Name: *Solomon Kp*
 Signature: *[Signature]*
 Date: *Oct 3, 2001*

| | | | |
|--|--|-----------------------|--------|
| WINCHURCH ENVIRONMENTAL INC. | | TITLE | |
| Environmental Engineers/Regulatory Compliance Consultants | | BRYAN McDOUGALL FUELS | |
| P.O. Box 71812, Aurora, Ontario L4C-6S9 Phone: 905-841-5074 Fax: 905-841-5494 | | SCALE | FIGURE |
| | | NTS | 3 |
| | | JOB No. | W1172 |