



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M9X 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.

Company Name  Ontario Corporation No., if applicable

A 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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <input type="text" value="Bowman Feeds Ltd."/>		<input type="text" value="7/2/2012"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="Jeff Bowman"/>		



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

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

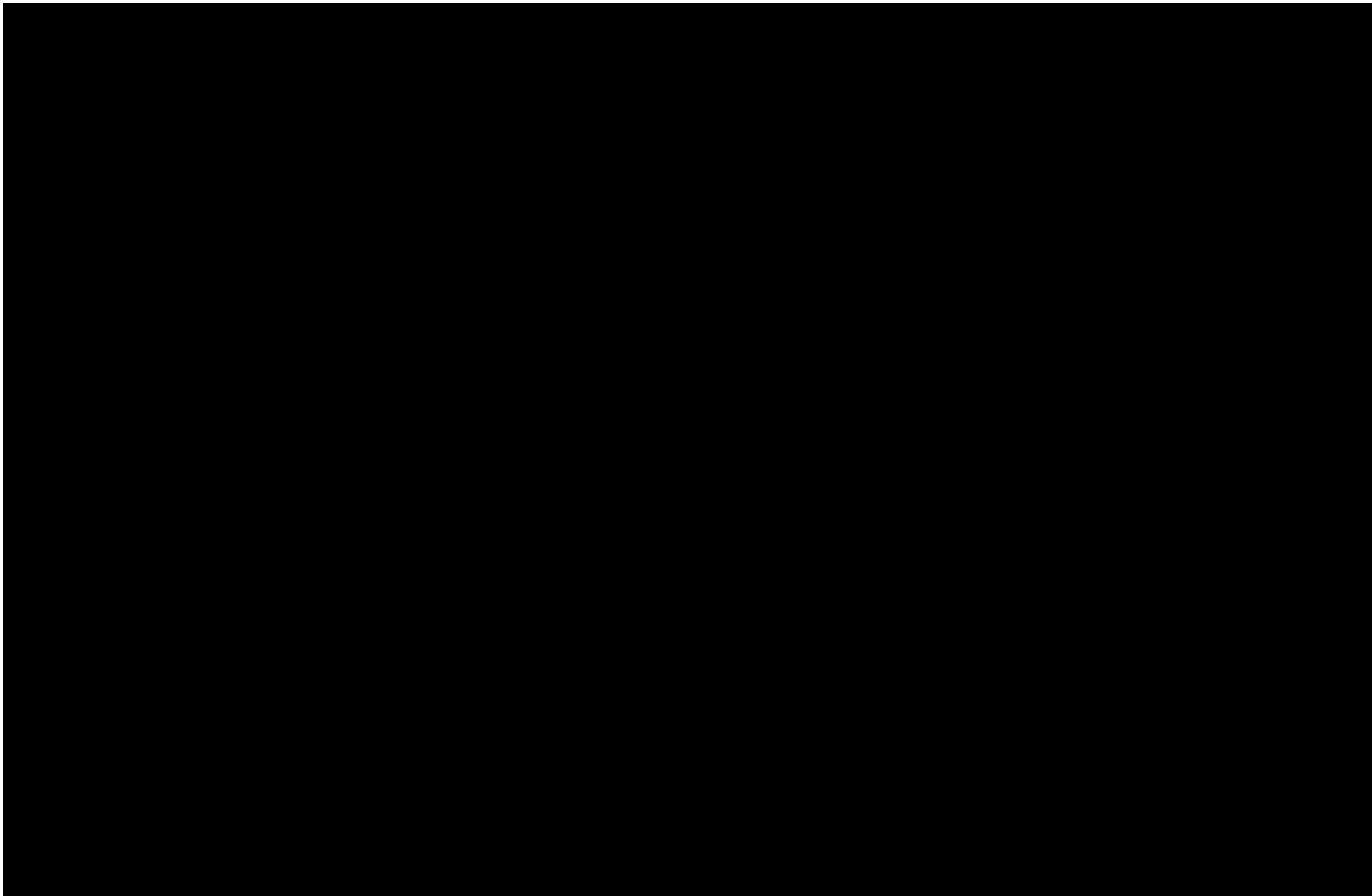
Indicate the year the facility was established. 1980      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None

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


	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.563246</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: 1152.25      Mobile: 0



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Name of person completing this form (please print) Jeff Bowman	Official Title General Manager
Signature 	Telephone No. 519-825-4122
	Date (dd-mm-yyyy) <u>07-02-2012</u>



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
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 propane@tssa.org  
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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b> Superior General Partner Inc. o/a Superior Propane			For Office Use - Party No.		
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 271				
Town / City or Township / Country Guelph			Province Ontario	Postal Code N1H 8J1	
Telephone No. 416-527-3551	Fax No.	Contact Name Tom Duncan, General Manager			
E-mail Tom_Duncan@SuperiorPropane.com					

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.		
Superior General Partner Inc. o/a Superior Propane					
Street No. 7652	Street Name / 911 Number / Address, if applicable Queens Line Highway				
Town / City or Township / Country Chatham			Province Ontario	Postal Code N7M 5J5	
Telephone No. (905) 979-1129	Fax No.	Contact Name Mac Sutherland, Market Manager			
E-mail sutherlm@SuperiorPropane.com					

<b>Off-site Cylinder and/or Mobile Storage</b>		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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Name of person completing this form (please print) Jeff Bowman		Official Title General Manager	
Signature 	Telephone No. (519) 825-4122	Date (dd-mmm-yyyy) 04/11/18	



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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 - 20 litre container (Shed)

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

A-B-C Fire Extinguishers. M.P. Dry Chemical ABC 20

1 Located @ Propane Dispenser Tank

1 in shop

1 in Warehouse

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 - isolation valve between the tank and the downstream propane dispensing equipment.

2- Power supply @ breaker inside the main 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.

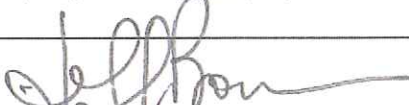
Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:

1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).

2- ISC valve (test for closure every 6 months).

3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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	Date (dd-mm-yyyy) 07-02-2012



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Jeff Bowman	For Office Use - Party No.	Name Jeff Bowman	For Office Use - Party No.
Official Title General Manager		Official Title General Manager	
Telephone No. 519-825-4122	Fax No. 519-835-3148	Cell No. 519-816-0717	Fax No. 519-835-3148
E-mail bowman@bellnet.net		E-mail bowman@bellnet.net	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Gerry Dewaal	For Office Use - Party No.	Name Jeff Bowman	For Office Use - Party No.
Official Title Asst Manager		Official Title General Manager	
Telephone No. 519-825-9430	Fax No. 519-835-3148	Telephone No. 519-825-4122	Fax No. 519-835-3148
E-mail bowman@bellnet.net		E-mail bowman@bellnet.net	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Robert Crawford	For Office Use - Party No.	Name Superior Propane Hot Line	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 519-436-3270	Fax No. 519-342-8620	Telephone No. 877-873-7467	Fax No. N/A
E-mail bobc@chatham-kent.ca		E-mail n/a	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Service Response. Liaise with police services.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personal as required	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Ray Stone	For Office Use - Party No.	Name Judy Smith	For Office Use - Party No.
Official Title Assistant Fire Chief & Prevention & Public Education		Official Title City Clerk	
Telephone No. 519-436-3270	Fax No. 519-342-8620	Telephone No. 519-360-1998	Fax No. 519-436-3237
E-mail rstone.chatham-kent.ca		E-mail judy.smith@chatham.ca	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Response when key contact is not available and liaise with police services.		Municipality Municipality of Chatham-Kent	

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Signature 	Telephone No. 519-825-4122
	Date (dd-mm-yyyy) 07-02-2012



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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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**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) 19-01-2012	Print Name of Training Provider: Propane Training Institute	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Rene Cadotte	(Last trained 19-01-2012)
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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**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) Q1-2012	Print Name of Training Provider: Superior Propane or Alternate	Please note: Canadian Propane Gas Association
	Print Name of Instructor: to be arranged	is currently offering PTI 911-02 the course
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	content and it and its provider is available now to be
	Print Name of Instructor:	taught in the first quarter of this 2012.
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) Q1-2012	Print Name of Training Provider: Key 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) 12-02-2012	Print Name of Training Provider: Propane Training Institute	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Rene Cadotte	
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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Name of person completing this form (please print) Jeff Bowman	Official Title General Manager
Signature 	Telephone No. 519-825-4122
	Date (dd-mm-yyyy) 07-02-2012





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

**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" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors 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. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

**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 event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.

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 (a) how to shut the system down and (b) 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 a fire impingement on the tank).

This information will be provided to the authorities by Jeff Bowman or alternate.

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

Key Contact: -2 minutes to arrive at the facility in the event of an emergency

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Signature 	Telephone No. 519-825-4122	



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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 type="checkbox"/>	<input checked="" 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>50 m fire hydrant</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. 519-825-4122	Date (dd-mm-yyyy) 07-02-2012



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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
<input type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

---

Fire services comments, if any:

---



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**To be completed by the Licence Holder**

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

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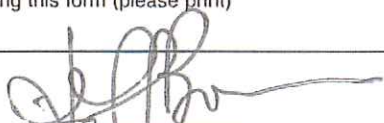
The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_ (dd-mm-yyyy)

**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		

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Name of person completing this form (please print) Jeff Bowman	Official Title General Manager	
Signature 	Telephone No. 519-825-4122	Date (dd-mm-yyyy) 07-02-2012

**From:** Dave Kennedy  
**Sent:** February-13-12 6:09 PM  
**To:** '[rstone@chatham-kent.ca](mailto:rstone@chatham-kent.ca)'  
**Cc:** Jeff Bowman  
**Subject:** TSSA Level 1 RSMP- Fire Services Review - Bowman Feeds - 117 Talbot St. E. Wheatley, ON

**Attachments:** TSSA Level 1 RSMP - SIGNED COPY - Bowman Feeds.pdf; Appendix - Section B Bowman Feed.docx; Aerial Map - Bowman Feeds.pdf; Site Plan - Bowman Feeds.pdf; RSMP Cover Page - Bowman Feeds.doc; MSDS - Propane.pdf; ROT - Bowman Feeds.pdf; Facility License - Bowman Feeds.pdf; SP Propane Dispenser Operating Procedures.PDF; SP Propane Emergency Response Placard.pdf

Dear Chief Stone:

Please find attached the Level 1 Risk & Safety Management Plan for Bowman Feeds. FSN has assisted in developing the plan on behalf of the Bowman Feeds and Superior Propane, their propane supplier.

Per TSSA's requirement we are asking for your review and comment on the document. We have sent it to your in several files to make it easier to download and review. Once you have had a chance to review the content please let us know if there are any changes or additions required.

*More specifically,*

- 1. Could you please review pages 4 – 11 of Section B – Emergency & Preparedness Response Plan in the TSSA document and forward any recommendations or changes to me*
- 2. Sign page 11 and return a copy to me .*



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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) 29-01-2012	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 44.9 m	Right side property line: 72.8
Rear: 8.7 m	Left side property line: 27.0
GPS coordinates of single largest vessel: 42.096598 -82.458513	

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Name of person completing this form (please print) Jeff Bowman	Official Title General Manager
Signature 	Telephone No. 519-825-4122
	Date (dd-mm-yyyy) 07-02-2012



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

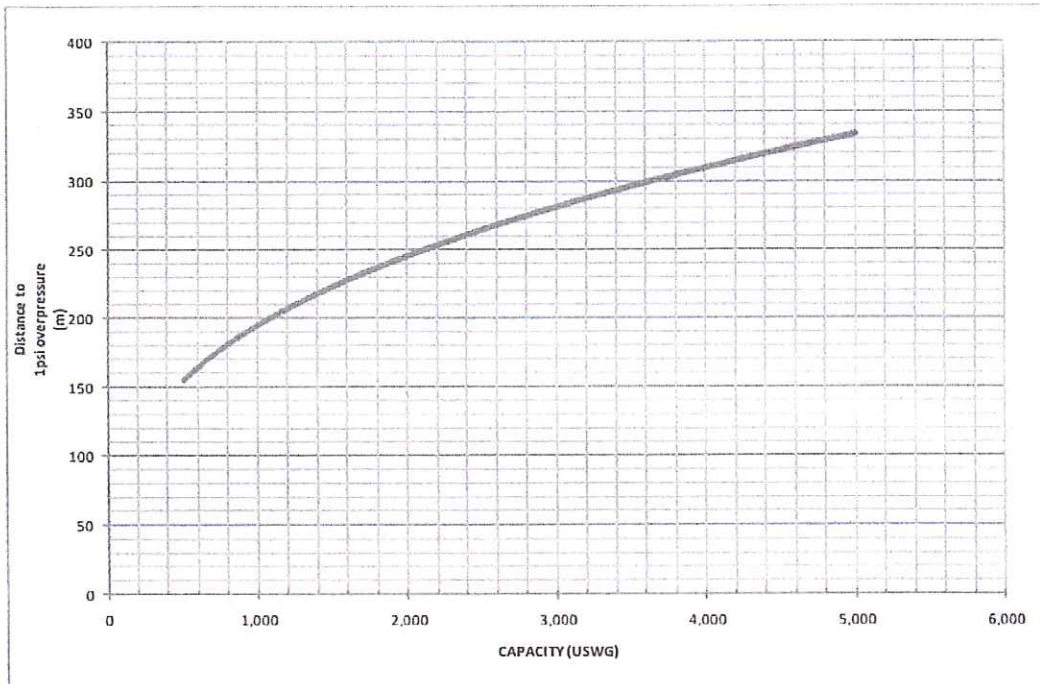
Table 1: Distance Table

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.**

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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: Mercer's Service Centre Address: 71 Talbot Street east City: Wheatley Province On Postal Code N0P 2P0			x		150 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				x	50 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Car Barn Restaurant Address: 23 Talbot Street City: Wheatley Province On Postal Code N0P 2P0		x			230 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: None 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: None Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: None Address: _____ City: _____ Province _____ Postal Code _____	x				0 m

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

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**SECTION C: SUBMISSIONS (cont'd)**

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**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	20	590
# 40	11.75	3	35.25
# 33.3	9.62	10	96.2
# 30	8.8	15	132
# 20	5.8	50	290
# 10	2.9	2	5.8
# 5	1.5	2	3
<b>Total Cylinder Capacity</b>			1152.25

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
<b>Total Tank Capacity</b>		0

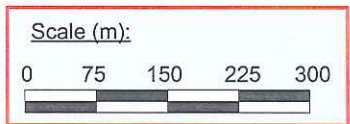
<b>Total Cylinder Capacity</b>	1152.25
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b>	1152.25

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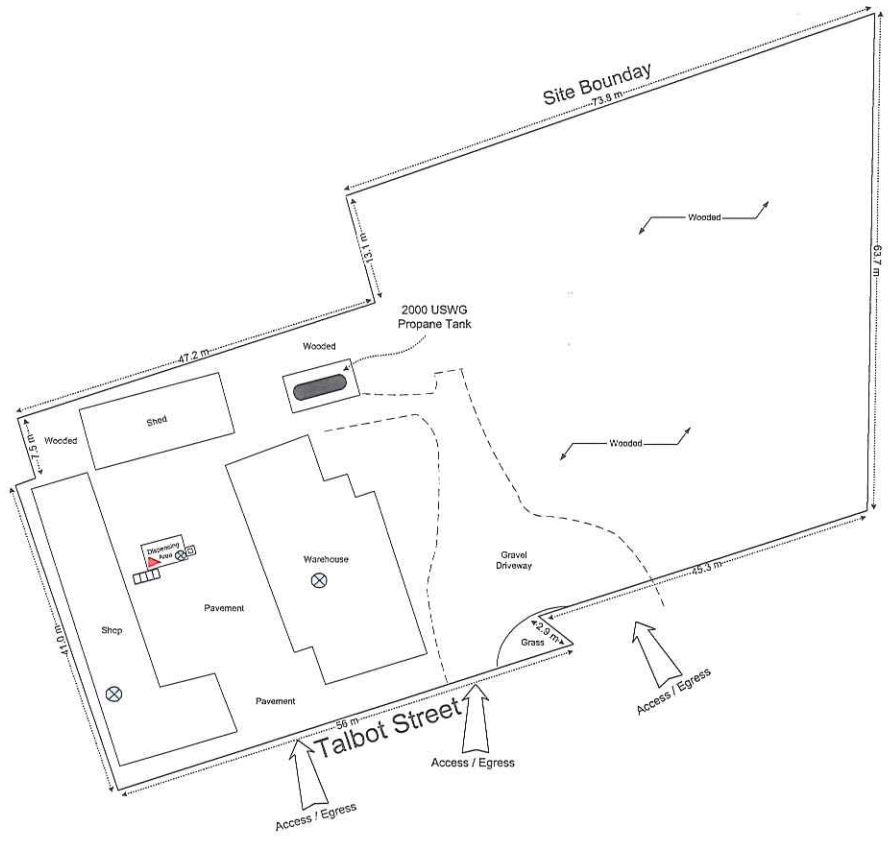
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<b>Setback Distances to Site Boundary</b> North: 8.7 m    East: 72.8 m South: 44.9 m    West: 27.0 m	<b>Municipality (ies) within the 1 psi overpressure circle:</b> Municipality of Chatham-Kent	<b>Map of Surrounding Area</b>  Bowman Feeds Ltd. 127 Talbot St. E., Box 239, Wheatley, ON N0P 2P0 <i>Legal Description</i> LT 17 & PT LT 16 BLK B, LT 8 & PT LT 7 BLK B, CON 2 PT LT 6 24R3883 PTS 3,4,5
<b>Capacity of Propane Storage Tank:</b> Capacity of Propane Storage Tank = 2000 USWG	<b>Municipal Contact:</b>  Judy Smith Clerk, Municipality of Chatham-Kent 315 King Street West, Box 640, Chatham, ON, N7M 5K8 Tel: 519-360-1998    Fax: 519-436-3237 email: judy.smith@chatham-kent.ca	
<b>GPS Co-ordinates of Propane Storage Tank:</b> GPS Co-ordinates = 42.096598,-82.458513	Drawn by: L. Wills                      Date: January 29, 2012	
<b>Circular Distance to 1 psi overpressure:</b> Denoted by circle centred on tank; radial distance = 246 m		



**Key Plan:**



**Notes:**

1. Tank distances to property lines:

Property Line Setbacks	Distance
North	8.7 m
South (Front)	44.9 m
East	72.8 m
West	27 m

- 2. Fire Extinguisher
- 3. Egress/Fire Access Route:  
Egress/access points along Talbot Street E.
- 4. E-Stop
- 5. Propane Cylinder Storage Area

**FSN Training & Development**

**Site Plan**  
**Bowman Feeds Ltd.**  
 117 Talbot Street E., Box 239, Wheatley, ON N0P 2P0

*Legal Description*  
 LT 17 & PT LT 16 BLK B, LT 8 & PT LT 7 BLK B, CON 2 PT LT 6 24R3883 PTS 3,4,5

Drawn by: L. Wills	Checked by:
Date: January 28, 2012	Rev 0