



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: 0076563485-C

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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



SECTION A: GENERAL INFORMATION

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

Company Name: A SHEDDEN MANAGEMENT & SERVICES LTD Ontario Corporation No., if applicable: _____

Operator Name (if different from above): BOB'S SERVICE CENTER

Telephone No.: 705 844 2332 Fax No.: 705 844 2203 E-mail Address: _____

Street No.: 151 Street Name, Lot / Concession No.: FRONT ST

Town / City or Township / County: SPANISH Province: ON Postal Code: POP 2A0

Mailing address if different from above.

Street No.: _____ Street Name, Lot / Concession No.: _____

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No.: 151 Street Name, Lot / Concession No.: FRONT ST Nearest major intersection: HAMILTON ST & Hwy 17

Town / City or Township / County: SPANISH Province: ON Postal Code: POP 2A0

Name of Licence Holder: ROBERT MELIS

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): ROBERT MELIS ROT type: PPO-3

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

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.

Name of Licence Holder	Print name	Signature	Date (dd-mm-yyyy)
	<u>Robert MELIS</u>	<u>Rm des</u>	<u>March 5/12</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Robert MELIS</u>	<u>Rm des</u>	<u>March 5/12</u>

05/03/2012



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SECTION A: GENERAL INFORMATION (cont'd)

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

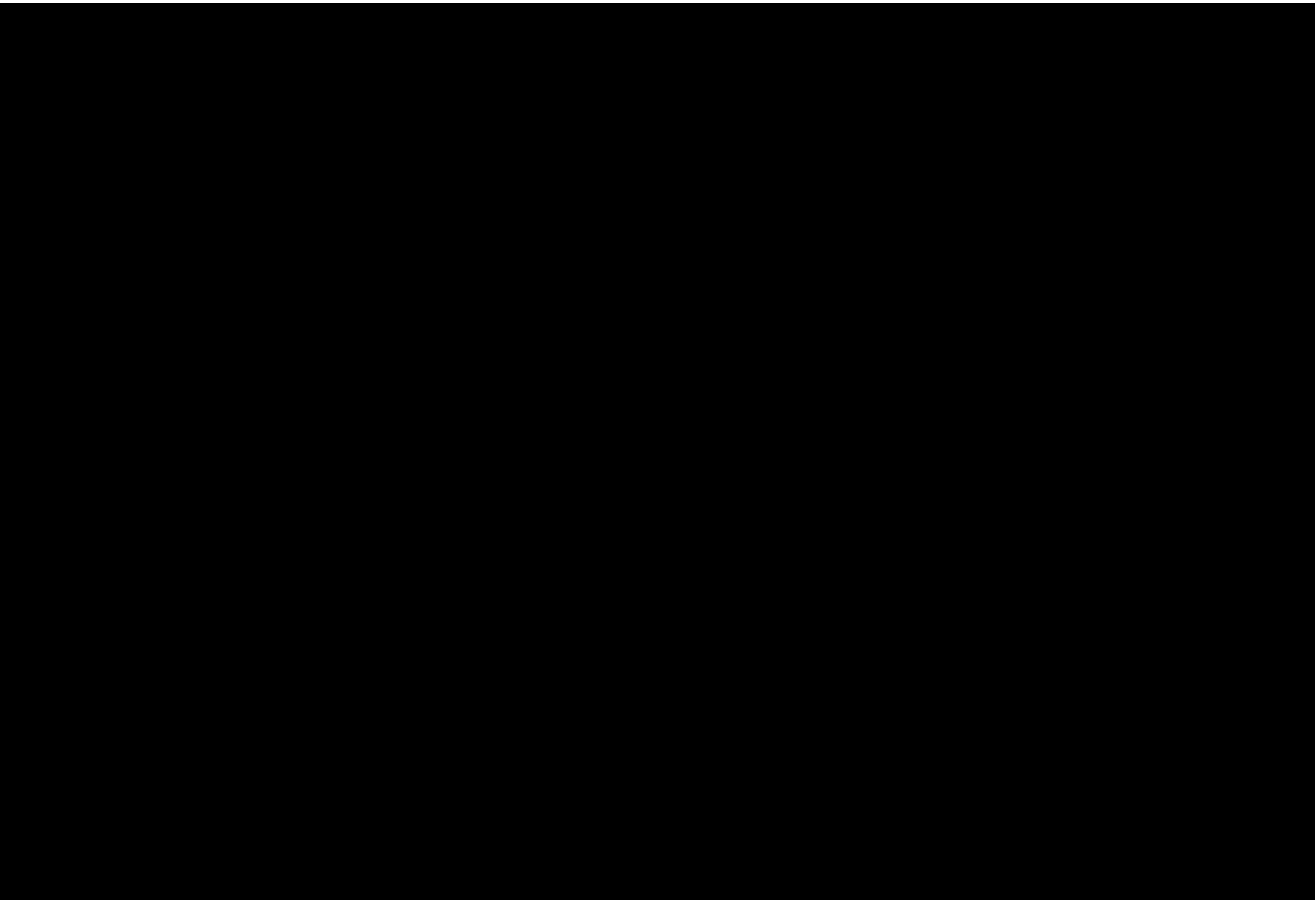
1947 (ESTIMATED) | NEW PROPANE TRANSFER NOV. /2003

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

	PSIG	Serial Number
Tank1:	215 @ 100°F	29532
Tank2:	_____	_____
Tank3:	_____	_____

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.

① Fixed: 500 USWG | Portable: N/A | Mobile: N/A



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Name of person completing this form (please print) ROBERT MELIS	Official Title OWNER/OPERATOR	
Signature R Melis	Telephone No. 705-844-2332	Date (dd-mm-yyyy) 05/03/2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Mc DOUGALL ENERGY INC.</i>		For Office Use - Party No. [REDACTED]	
Street No. <i>183</i>	Street Name Lot / Concession No. <i>CAUSLEY ST</i>		
Town / City or Township / Country <i>BLIND RIVER</i>		Province <i>ON</i>	Postal Code <i>R0R 1B0</i>
Telephone No. <i>866-880-2371</i>	Fax No. <i>705-356-4344</i>	Contact Name <i>GARY McLEOD</i>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
Street No.	Street Name Lot / Concession No.		
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 <i>0</i>	For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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) <i>ROBERT MELIS</i>	Official Title <i>OWNER/OPERATOR</i>	
Signature <i>Rm elis</i>	Telephone No. <i>705 844 2332</i>	Date (dd-mm-yyyy) <i>05/03/2012</i>



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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.

- ① 30,000 L GASOLINE (MAX) UNDERGROUND STORAGE TANKS
- ② 10,000 L DIESEL (MAX) UNDERGROUND STORAGE TANK
- ③ 900 L FURNACE OIL EAST SIDE OF BUILDING (OPPOSITE PROPANE FACILITY)
- ④ 100 L (MAX) VARIOUS AUTOMOTIVE OILS AND PRODUCTS INSIDE RETAIL STORE

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

- ① HYDRANTS 50 METERS FROM PROPANE FACILITY
- ② EXTINGUISHERS TYPE ABC AT EVERY BUILDING EXITS & AVAILABLE AT EVERY HAZARDOUS MATERIAL STORAGE

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 AT I.S.C. VALVE
- PANIC TYPE SWITCH TO SHUT OFF ELECTRICAL SUPPLY
- MANUAL LEVER TO SHUT OFF I.S.C. VALVE

Maintenance and testing schedule for fire protection controls and devices.

- ① OWNER McDUGALL ENERGY DOES ANNUAL INSPECTIONS & REPAIRS
- ② FACILITY OPERATOR DOES DAILY & WEEKLY VISUAL WHERE APPLICABLE

- ③ EXTINGUISHERS UNDER SIGNED CONTRACT WITH SUPERIOR SAFETY INC
705-674-6055
1150 LORNE ST
SUDBURY, ON.

④ RECORDS OF REPAIRS & MAINTENANCE KEPT AT
MCDUGALL ENERGY OFFICE IN BLIND RIVER 1-866-890-2371

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Signature <i>Rm idis</i>		Telephone No. 705 844 2332	Date (dd-mm-yyyy) 05/03/2012



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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 ROBERT MELIS	For Office Use - Party No.	Name ROBERT & PRISCILLA	For Office Use - Party No.
Official Title PRESIDENT OWNER/OPERATOR		Official Title OWNER/OPERATOR	
Telephone No. 705 844 2010	Fax No.	Cell No. 705 849 3239	Fax No.
E-mail melisrobert@HOTMAIL.COM		E-mail PRISCILLAMELIS@HOTMAIL.COM	
Role and responsibilities in emergency ALL		Role and responsibilities in emergency ALL	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name PRISCILLA MELIS	For Office Use - Party No.	Name SAME AS OWNER	For Office Use - Party No.
Official Title VICE PRESIDENT		Official Title ROBERT MELIS OWNER/OPERATOR	
Telephone No. 705 844 2010	Fax No.	Telephone No. 705 844-2010	Fax No. 705
E-mail PRISCILLAMELIS@HOTMAIL.COM		E-mail melisrobert@HOTMAIL.COM	
Role and responsibilities in emergency ALL		Role and responsibilities in emergency ALL	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ROBERT TREMBLAY	For Office Use - Party No.	Name GARY McLEOD	For Office Use - Party No.
Official Title CHIEF		Official Title OPERATION SUPERVISOR	
Telephone No. 705 844 9798	Fax No.	Telephone No. 705-449-5393	Fax No. 705-356-4341
E-mail		E-mail GARY.MCLEOD@MCDOUGALENERGY.CA	
Role and responsibilities in emergency ALL FIRE RESPONSES		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name TAMMY LEADSON	For Office Use - Party No.	Name BRENT S. DENNIS	For Office Use - Party No.
Official Title TRAINER		Official Title SECRETARY/TREASURER	
Telephone No.	Fax No.	Telephone No. 705 844 2300	Fax No. 705 844 2622
E-mail		E-mail INFO@TOWN.SPANISH.ON.CA	
Role and responsibilities in emergency COORDINATE ACTIVITIES AT SCENE TRAINED IN HYDROCARBON FIRES		Municipality SPANISH	

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Signature R Melis	Telephone No. 705 844 2332
	Date (dd-mm-yyyy) 05/03/2012



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1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name ROBERT MELIS	For Office Use - Party No.	Name ROBERT or PRISCILLA	For Office Use - Party No.
Official Title PRESIDENT, OWNER/OPERATOR		Official Title OWNER/OPERATOR	
Telephone No. 705 844 2010	Fax No.	Cell No. 705 849 3239	Fax No.
E-mail melisrobert@hotmail.com		E-mail PRISCILLAMELIS@HOTMAIL.COM	
Role and responsibilities in emergency ALL		Role and responsibilities in emergency ALL	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name PRISCILLA MELIS	For Office Use - Party No.	Name N/A	For Office Use - Party No.
Official Title VICE PRESIDENT		Official Title	
Telephone No. 705 844 2010	Fax No.	Telephone No.	Fax No.
E-mail PRISCILLAMELIS@HOTMAIL.COM		E-mail	
Role and responsibilities in emergency ALL		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ROBERT TREMBLAY	For Office Use - Party No.	Name GARY McLEOD	For Office Use - Party No.
Official Title CHIEF		Official Title OPERATION SUPERVISOR	
Telephone No. 705 844 2798	Fax No.	Telephone No. 705-849-5393	Fax No. 705-356-4341
E-mail		E-mail GARY.MCLEOD@MCDUGALLENENERGY.CA	
Role and responsibilities in emergency ALL FIRE RESPONSES		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name TAMMY LEADSON	For Office Use - Party No.	Name BRENT SE DENIS	For Office Use - Party No.
Official Title TRAINER		Official Title SECRETARY/TREASURER	
Telephone No.	Fax No.	Telephone No. 705 844 2300	Fax No. 705 844 2622
E-mail		E-mail INFO@TOWN.SPANISH.ON.CA	
Role and responsibilities in emergency COORDINATE ACTIVITIES AT SCENE TRAINED IN HYDROCARBON FIRES		Municipality SPANISH	

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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.

HANDS ON TRAINING FOR STAFF ON REGULAR BASIS
TRAINING TO PREVENT EMERGENCIES
TRAINING TO ASSIST PUBLIC IN SAFE HANDLING OF PROPANE CYLINDERS
KEEP ACCURATE RECORD OF 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) <i>Oct 18/2010</i>	Print Name of Training Provider: <i>BOB'S SERVICE CENTER</i>
	Print Name of Instructor: <i>ROBERT MELIS (RETIRED FIREFIGHTER)</i>
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) <i>Feb 18/2011</i>	Print Name of Training Provider: <i>BOB'S SERVICE CENTER</i>
	Print Name of Instructor: <i>ROBERT MELIS</i>
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) <i>Oct 18/2010</i>	Print Name of Training Provider: <i>MCDUGALL ENERGY</i>
	Print Name of Instructor: <i>GARY McLEOD</i>
Training Date (dd-mm-yyyy) <i>Oct 18/2010</i>	Print Name of Training Provider: <i>MCDUGALL ENERGY</i>
	Print Name of Instructor: <i>GARY McLEOD</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature <i>R melis</i>	Telephone No. <i>705 844 2332</i> Date (dd-mm-yyyy) <i>05/03/2012</i>



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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) <i>MAY 2012</i>	Print Name of Training Provider: <i>SPANISH FIRE DEPT</i>
	Print Name of Instructor: <i>TAMMY LEADSON</i>
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) <i>MAY 2012</i>	Print Name of Training Provider: <i>BOB'S SERVICE CENTER</i>
	Print Name of Instructor: <i>ROBERT MELIS</i>
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) <i>Oct / 2013</i>	Print Name of Training Provider: <i>McDOUGALL ENERGY</i>
	Print Name of Instructor: <i>GARY McLEOD</i>
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 <i>R m melis</i>	Telephone No. <i>705 844 2332</i> Date (dd-mm-yyyy) <i>05/03/2012</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.

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).

AFTER PERSON ON SITE SHUTS POWER & CLOSES VALVES WHEN POSSIBLE
 CALL TO 911 - CALL KEY CONTACTS -

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).

PERSON ON SITE WILL BE IN CHARGE UNTIL KEY CONTACTS ARRIVE
 PERSON IN CHARGE WILL KEEP PEOPLE CLEAR
 ALL PERSONNEL TO GATHER AT PREDETERMINED MUSTER AREA
 AUTHORITIES WILL BE ADVISED OF EXTRA DANGERS

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).

CALL 911
 CALL LOCAL FIRE DEPT
 CALL POLICE FOR TRAFFIC CONTROL
 CALL TSSA.

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

OPEN YARD - NO FENCES - ONLY BARRIER POSTS AROUND PROPANE
 ALL ELECTRICAL SUPPLY TO ALL OUTDOOR FACILITIES TURNED OFF
 AT NIGHT

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

BE IN GOOD STANDING WITH AUTHORITIES (FIREDEPT - POLICE - ETC)
 BE AVAILABLE AT ALL TIMES

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

LIAISON PERSON ON SITE 6 DAY A WEEK
 SUNDAY & NIGHT TIME 12 MINUTES RESPONSE TIME

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ROBERT MELIS	OWNER/OPERATOR	
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.

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 type="checkbox"/> N/A	<input type="checkbox"/> <u>NO STORAGE</u>
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 type="checkbox"/>	<input checked="" 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? <u>HYDRANT ABUTTING SITE - 2 LOCATIONS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? <u>FROM HYDRANTS</u>	<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>(2 HYDRANT) 50 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>150 METERS (2 LOCATIONS) 1 km</u>		

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Signature <u>R Melis</u>	Telephone No. <u>705 844 2332</u> Date (dd-mm-yyyy) <u>05/03/2012</u>



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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 <i>Tammy Leadson</i>	<i>T. Leadson</i>	<i>05-03-2012</i>

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Name of person completing this form (please print) <i>ROBERT MELIS</i>	Official Title <i>OWNER/OPERATOR</i>		
Signature <i>R melis</i>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Telephone No. <i>705 844 2332</i></td> <td style="width: 40%;">Date (dd-mm-yyyy) <i>05/03/2012</i></td> </tr> </table>	Telephone No. <i>705 844 2332</i>	Date (dd-mm-yyyy) <i>05/03/2012</i>
Telephone No. <i>705 844 2332</i>	Date (dd-mm-yyyy) <i>05/03/2012</i>		



Technical Standards and Safety Authority
www.tssa.org

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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

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. 46° 11' 47.10 N 82° 20' 46.82 W
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) <u>Dec 19 / 2003</u>	Capacity of single largest propane storage vessel (USWG) <u>500 USG</u>
Tank setback coordinates. Indicate placement on the map.	
EASTWARD Front: <u>40 METERS</u> SOUTH	Right side property line: <u>6 METERS</u>
WESTWARD Rear: <u>8 METERS</u> NORTH	Left side property line: <u>39 METERS</u>
GPS coordinates of single largest vessel: <u>46° 11' 47.10 N</u> * <u>82° 20' 46.82 W</u>	

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

Name of person completing this form (please print) <u>ROBER MELIS</u>	Official Title <u>OWNER / OPERATOR</u>
Signature <u>R. Melis</u>	Telephone No. <u>705 844 2332</u> Date (dd-mm-yyyy) <u>05/03/2002</u>



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SECTION C: SUBMISSIONS (cont'd)

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

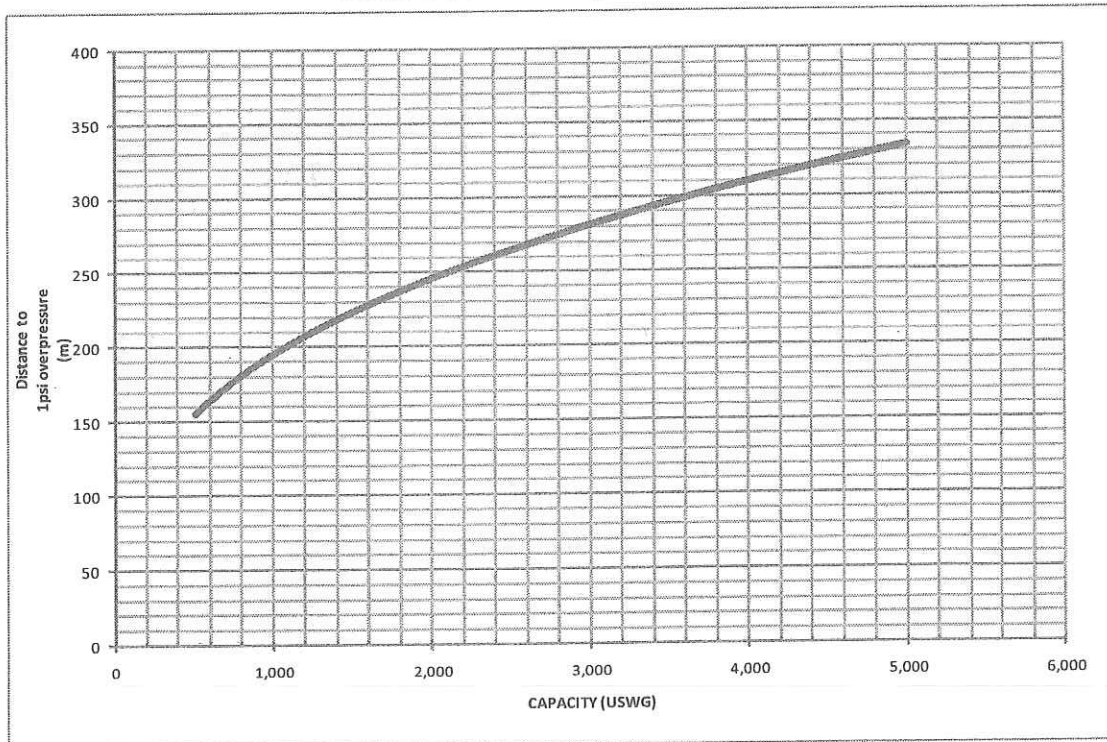
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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Name of person completing this form (please print) ROBERT MELIS	Official Title OWNER/OPERATOR	
Signature R Melis	Telephone No. 705 844 2332	Date (dd-mm-yyyy) 05/03/2012



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SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features.

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: <u>NA</u> City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums and apartments Name: _____ Address: _____ City: _____			X		<u>110</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>PICNIC BASKET</u> Address: <u>147 FROM STREET</u> City: <u>SPANISH</u> Province <u>ON</u> Postal Code <u>P0P 2A0</u>			X		<u>90</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>SPANISH INN</u> Address: <u>HWY 17</u> City: <u>SPANISH</u> Province <u>ON</u> Postal Code <u>P0P 2A0</u>			X		<u>200</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>SPANISH PUBLIC SCHOOL BUILDING ONLY</u> Address: <u>35 JOHN STREET</u> City: <u>SPANISH</u> Province <u>ON</u> Postal Code <u>P0P 2A0</u>					<u>1700</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>SPANISH FIRE DEPT</u> Address: <u>RICHARD STREET</u> City: <u>SPANISH</u> Province <u>ON</u> Postal Code <u>P0P 2A0</u>					<u>800</u> m

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

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Name of person completing this form (please print) <u>ROBERT MELIS</u>	Official Title <u>OWNER/OPERATOR</u>	
Signature <u>R. Melis</u>	Telephone No. <u>705 844 2332</u>	Date (dd-mmm-yyyy) <u>05/03/2012</u>



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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	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	0	
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity		0	

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	0
Total Tank Capacity	0
Total Portable Capacity	0

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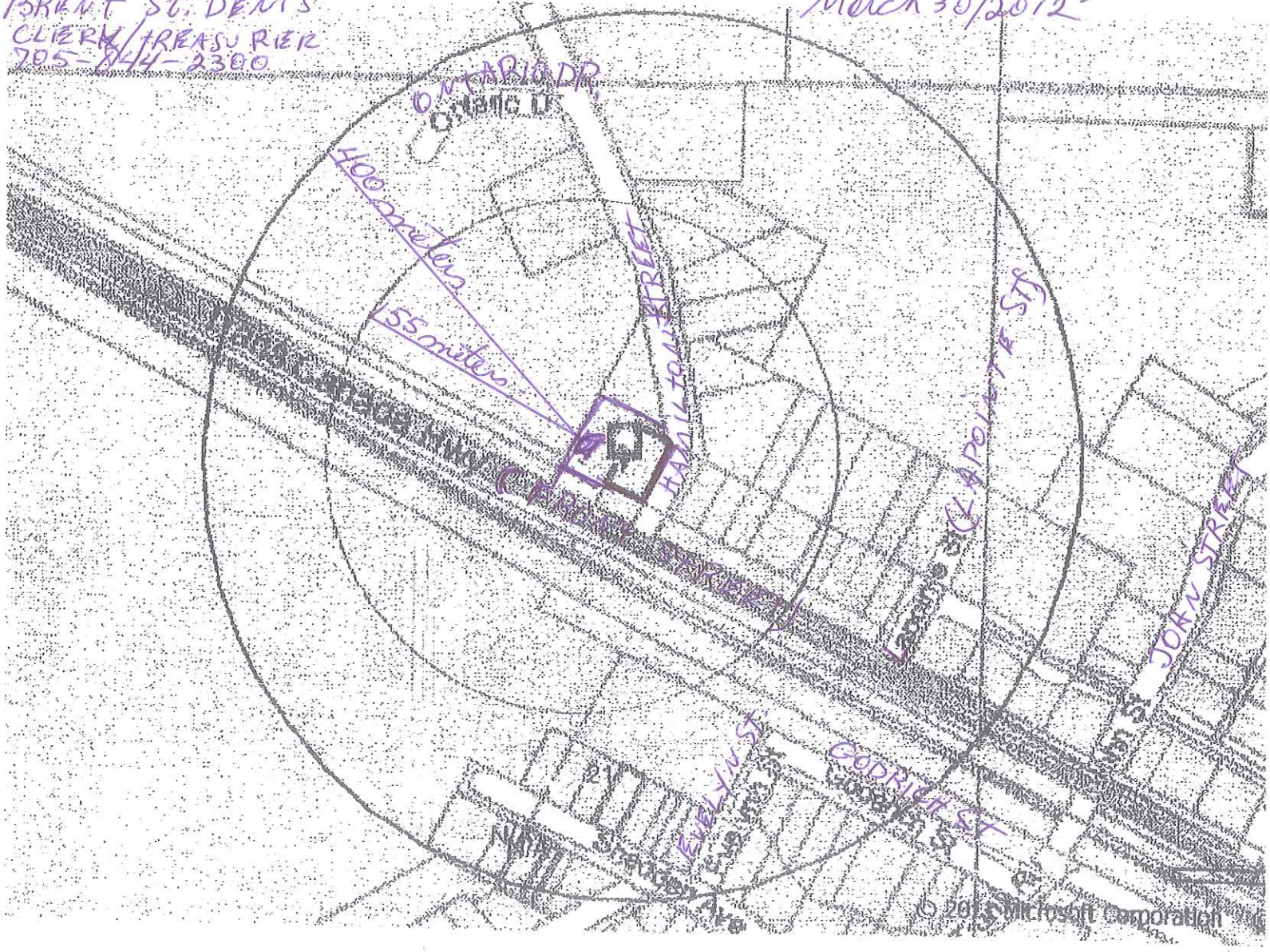
Name of person completing this form (please print) ROBERT MELIS		Official Title OWNER OPERATOR	
Signature R. Melis		Telephone No. 705 844 2332	Date (dd-mm-yyyy) 05/03/2012

Warehouse Enhanced Report

GLOWAREHOUSE

Program for 500 USWG
at 46° 11' 47.10 North, 82° 20' 46.82 W
in village of Spanish, Ontario, Canada
at 151 FRONT STREET (Highway 17)
March 30/2012

Neighbourhood and Subject Property
Spanish, On., Canada
BRENT ST. DENIS
CLIENT/TREASURER
705-844-2300



Ontario Dr

HOUSE

GARAGE

HOUSE

HOUSE

HOUSE

HOUSE

RESTAURANT

HOUSE

HOUSE

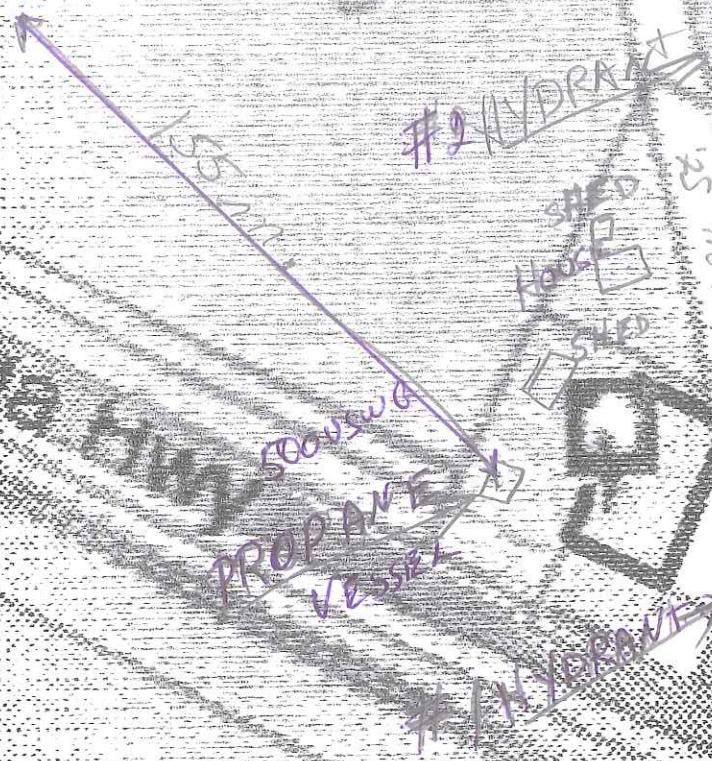
HOUSE

21

N/A

STREET

STREET

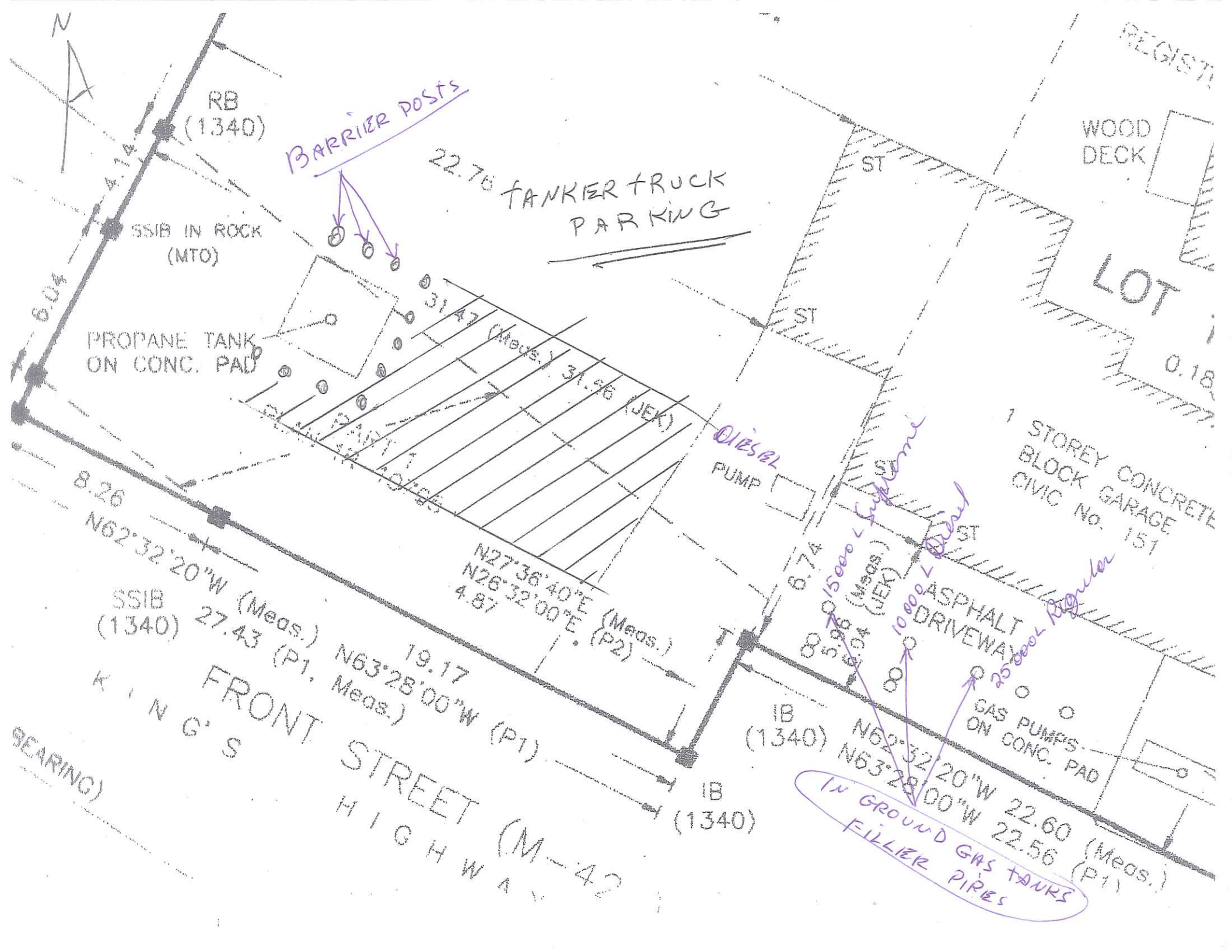


500' SWG
PROPANE VESSEL

#2 HYDRANT

#1 HYDRANT

#3 HYDRANT





PARCEL
884 A.E.S.

LOT 1

LOT 1

S H E D D I E S

HAMILTON STREET

HAMILTON STREET

THE

KING'S

FRONT STREET

NO. 17

ONCE DRAGONS

WOOD SHED
NO FOUNDATION

WOOD SHED

WOOD DECK

1 STOREY CONCRETE
BLOCK GARAGE
CIV. No. 151

ASPHALT
DRIVEWAY

PHONE
BOOTH

SSIB
(1340)

SH (MTO)

N11°38'40"W (Meas.)
N12°40'00"W (P1)
6.82 (P4, S11)

N62°52'00"W (P1) GARAGE
TO FRONT OF LOT
N63°28'00"W (P1)
2.92 (P4, S11)

ONE STOREY LEAVE APARTMENT
ON CONCRETE FOUNDATION

N26°32'20"E 27.62 (Meas.)
N26°32'00"E 27.62 (Meas.)

WOOD SHED
NO FOUNDATION

LOT 1

N62°32'20"W (Meas.)
N63°28'00"W (P1)
N62°32'20"W (Meas.)
N63°28'00"W (P1)

N62°32'20"W 22.60 (Meas.)
N63°28'00"W 22.56 (P1)

N62°32'20"W (Meas.)
N63°28'00"W (P1)

N62°32'20"W 42.62 (Meas.)
N63°28'00"W 42.68 (P1)

PROPOSED TANK
ON LONG PAD

PROPOSED
PLAN 10-10-2000

SSIB
(1340)

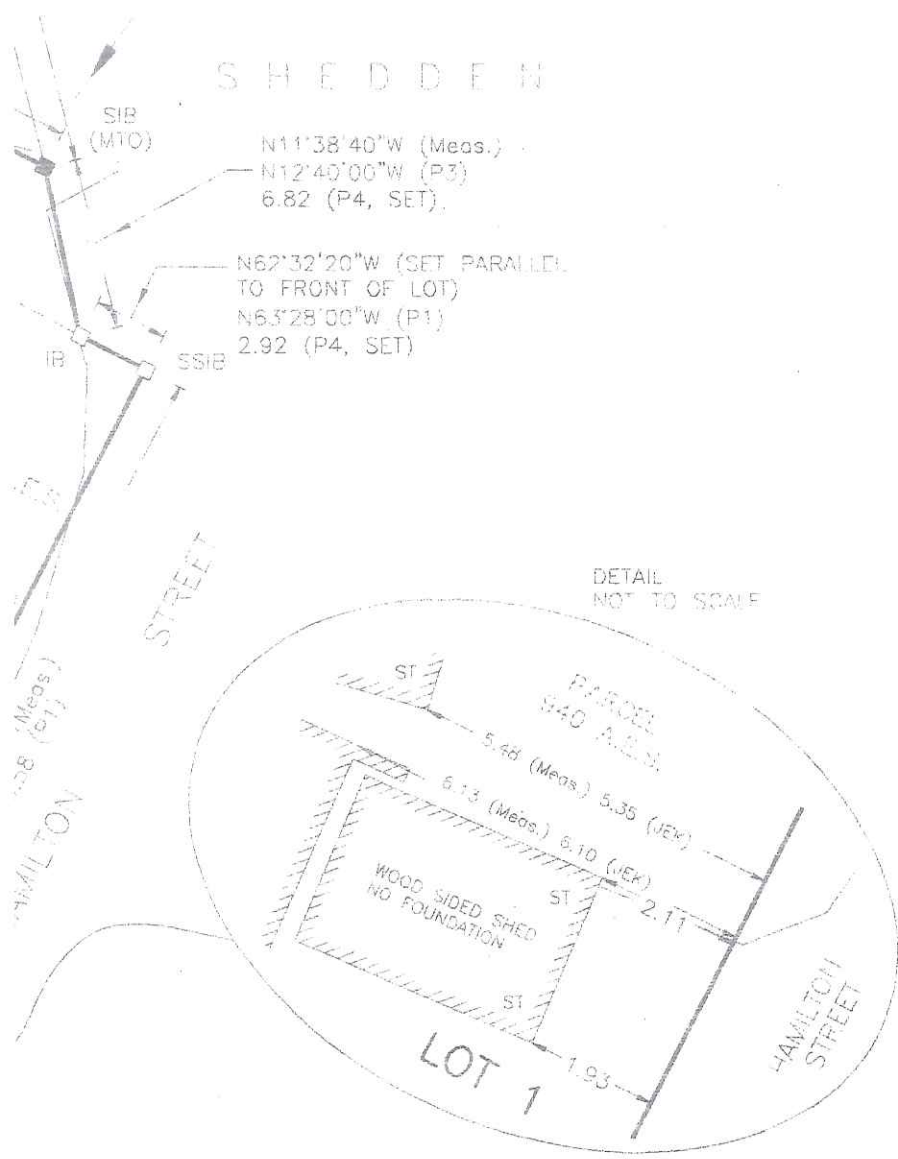
SSIB
(1340)

SH
(1340)

noted

All ties to fences are to center of fence

S H E D D E N



DETAIL NOT TO SCALE

NOTES

Bearings are U.T.M. grid derived from the line between MTO control monuments 00819784105 and 00819784106 having a bearing of N56°17'50"W and are referred to the central meridian of U.T.M. Zone 17, 81° West Longitude.

Distances shown on this plan are horizontal metric ground distances and can be converted to grid by multiplying the distance by the average combined scale factor of 0.99972986.

Control Stations NAD83 UTM Zone 17 Coordinates

RB & BC (MTO)	00819784105	396117.576E	5116749.683N
SIB & BC (MTO)	00819784106	398683.025E	5116372.554N

This REPORT was prepared for Client: Priscille and Robert Mellis and the undersigned accepts no responsibility for use by other parties.

SURVEYOR'S CERTIFICATE

I CERTIFY THAT:

- THIS SURVEY AND PLAN ARE CORRECT AND IN ACCORDANCE WITH THE SURVEYS ACT, THE SURVEYORS ACT, THE LAND TITLES ACT AND THE REGULATIONS MADE THEREUNDER.
- THIS SURVEY WAS COMPLETED ON THE 17th DAY OF NOVEMBER 2003.

2003-12-19
DATE

Paul Torrance
PAUL H. TORRANCE
Ontario Land Surveyor



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GEOMATICS SERVICES

3A Elizabeth Walk, Elliot Lake, Ontario P1A 1Z2 (705) 848-9175

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PLAN
J.M.A.

CHECKED
P.H.T.

REFERENCE NUMBER
203-095