



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.

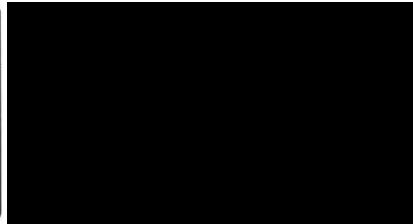
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number 0032164001-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 Morrys Trailer Sales Ltd. Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) \_\_\_\_\_

Telephone No. 519-364-3748 Fax No. 519-364-7283 E-mail morrysales@morrystrailer-sales.com

Street No. 17 Street Name / 911 Number / Address, if applicable Sideroad 25 North R R # 2

Town / City or Township / County Municipality of Brockton, County of Bruce Province Ontario Postal Code NOG 2V0

Mailing address if different from above.

Street No. 17 Street Name / 911 Number / Address, if applicable Sideroad 25 North R R # 2

Town / City or Township / County Walkerton Province Ontario Postal Code NOG 2V0

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 17 Street Name / 911 Number / Address, if applicable Sideroad 25 North R R # 2 Nearest Major Intersection Bruce County Road # 4 and Brant Sideroad # 25 North

Town / City or Township / County Municipality of Brockton, County of Bruce Province Ontario Postal Code NOG 2V0

Name of Licence Holder Morrys Trailer Sales Ltd.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Eric Ashbury ROT type PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Municipality of Brockton, County of Bruce

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Morrys Trailer Sales Ltd.</u>		<u>18-10-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Eric Ashbury</u>		<u>18-10-2011</u>



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

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

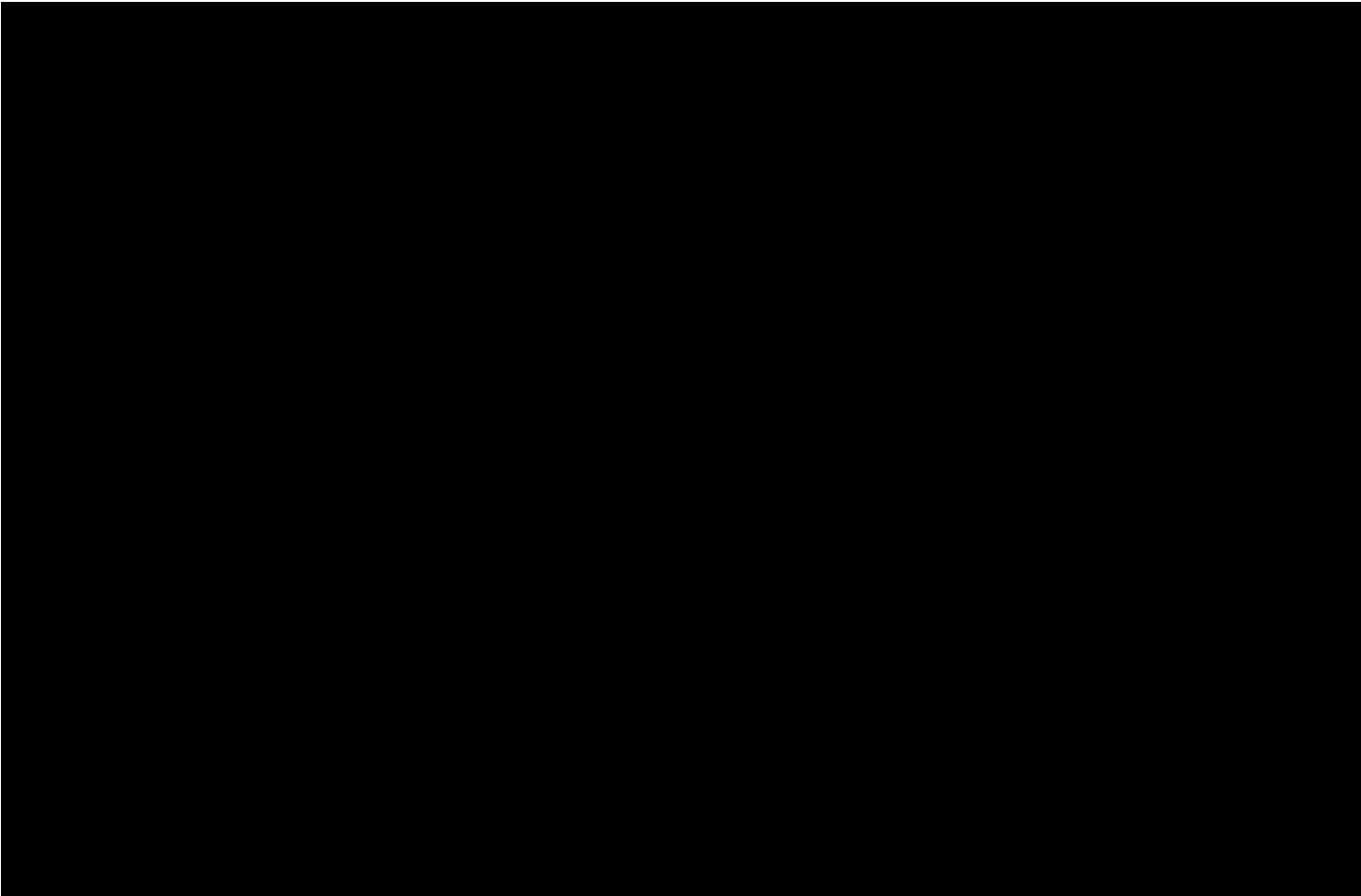
1978 2009

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

	PSIG	Serial Number
Tank1:	250	1119-91
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.

Fixed: 1,000 Portable: 2,370 Mobile: none



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Name of person completing this form (please print) Eric Ashbury	Official Title Owner (President)	
Signature 	Telephone No. 519-364-3748	Date (dd-mm-yyyy) 18-10-2011



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

<b>Name of Propane Supplier(s)</b> Sparlings Propane Company Ltd.			
Street No. 774304	Street Name / 911 Number / Address, if applicable Hwy # 10 North		
Town / City or Township / Country Flesherton		Province Ontario	Postal Code N0C 1E0
Telephone No. 519-924-3331	Fax No. 519-924-3823	Contact Name Fiona Gosetto	
E-mail fig@sparlings.com			

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

<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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**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.

2 x 420 lb propane cylinders located approximately 47 meters from the propane dispenser. These cylinders are used for private use only.

1 x 330 uswg propane storage tank located approximately 34 meters from the propane dispenser. This tank is used for private use only.

1 x 420 lb propane cylinder located approximately 4 meters from the propane dispenser. This cylinders are used for private use only.

1 x 120 uswg propane storage tank located approximately 52 meters from the propane dispenser. This tank is used for private use only.

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

4 x Portable Fire extinguisher; one (1) at the propane dispenser, two (2) inside shop, one (1) inside shop office.

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 internal safety control (ISC) valve in the tank liquid propane outlet is protected with a fusible link. The normally closed valve is pulled open by a cable attached to a lever beside the cabinet door. In the event of a fire, the fusible link will melt, allowing the ISC valve to close within the tank.

When unattended the lever is returned to the closed position, thus closing the ISC valve. The main breaker to shut down power to propane dispenser is located on the west wall of the parts and service building approx 5 meters away.

Maintenance and testing schedule for fire protection controls and devices.

The facility is inspected on a monthly basis by the operator. The operation of the ISC valve movement and a visual inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to Sparlings Propane for immediate attention.

Sparlings Propane conducts an annual inspection of the entire propane facility.

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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 Eric Ashbury	For Office Use - Party No.	Name Eric Ashbury	For Office Use - Party No.
Official Title Owner (President)		Official Title Owner (President)	
Telephone No. 519-364-3748	Fax No. 519-364-7283	Cell No. 519-372-6467	Fax No. 519-364-7283
E-mail morryssales@morrystrailersales.com		E-mail morryssales@morrystrailersales.com	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Jim Greenwood	For Office Use - Party No.	Name Eric Ashbury	For Office Use - Party No.
Official Title Site operator		Official Title Owner (President)	
Telephone No. 519-364-3748	Fax No. 519-364-7283	Telephone No. 519-364-3748	Fax No. 519-364-7283
E-mail morryssales@morrystrailersales.com		E-mail morryssales@morrystrailersales.com	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Michael Murphy	For Office Use - Party No.	Name Fiona Gosetto	For Office Use - Party No.
Official Title Fire Chief		Official Title Regional Manager	
Telephone No. 519-881-0642	Fax No. 519-881-1877	Telephone No. 519-924-3331	Fax No. 519-924-3823
E-mail mmurphy@brockton.ca		E-mail fig@sparlings.com	
Role and responsibilities in emergency Manage Emergency Response		Role and responsibilities in emergency Key Contact to activate Sparlings Propane ERAP #2-0220	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Glen Wilhelm	For Office Use - Party No.	Name Richard Radford	
Official Title Deputy Fire Chief		Official Title CAO	
Telephone No. 519-881-0642	Fax No. 519-881-1877	Telephone No. 518-881-2223	Fax No. 519-881-2991
E-mail gwilhelm@brockton.ca		E-mail rradford@brockton.ca	
Role and responsibilities in emergency Manage Emergency Response		Municipality Municipality of Brockton	

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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.

A sign is affixed to the dispenser that identifies Sparling's Propane as the supplier of fuel as well as the 24/7 Sparling's Propane emergency response contact number (1-800-747-9560).

The dispenser cabinet is locked and closed when the business is not open and unattended thus closing the ISC valve.

The main breaker is turned off when the business is not open and unattended.

Monthly inspections of the facility are completed and recorded by the operator. Any deficiencies found are corrected or reported immediately to Sparling's Propane.

There is four (4) additional fire extinguisher available on the premises.

See the Emergency Response Procedure listed in Tab 8.

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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) 20 Aug 2011	Print Name of Training Provider: <u>Morrys Trailer Sales Ltd.</u>
	Print Name of Instructor: <u>Eric Ashbury</u>
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) 20 Aug 2011	Print Name of Training Provider: <u>Morrys Trailer Sales Ltd.</u>
	Print Name of Instructor: <u>Eric Ashbury</u>
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) 20 Aug 2011	Print Name of Training Provider: <u>Morrys Trailer Sales Ltd.</u>
	Print Name of Instructor: <u>Eric Ashbury</u>
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) 20 Aug 2012	Print Name of Training Provider: <a href="#">Morrys Trailer Sales Ltd.</a>
	Print Name of Instructor: <a href="#">Eric Ashbury</a>
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) 20 Aug 2012	Print Name of Training Provider: <a href="#">Morrys Trailer Sales Ltd.</a>
	Print Name of Instructor: <a href="#">Eric Ashbury</a>
Target Date (dd-mm-yyyy) as needed (new hires)	Print Name of Training Provider: <a href="#">Morrys Trailer Sales Ltd.</a>
	Print Name of Instructor: <a href="#">Eric Ashbury</a>
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) 20 Aug 2012	Print Name of Training Provider: <a href="#">Morrys Trailer Sales Ltd.</a>
	Print Name of Instructor: <a href="#">Eric Ashbury</a>
Target Date (dd-mm-yyyy) as needed (new hires)	Print Name of Training Provider: <a href="#">Morrys Trailer Sales Ltd.</a>
	Print Name of Instructor:
Target 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)**

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 on duty operator will call 911 and notify management of the situation.

Also see the Emergency Response Procedures listed in Tab 8.

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 on-duty operator is to call 911

The manager (or in his absence the on duty operator) will evacuate the premises and instruct persons to report to the pre-assigned meeting place on the opposite side of Sideroad 25 immediately east of the subject property. In the event of a catastrophic failure persons inside the hazard distance will be advised to move to a safe location outside the hazard distance located at the Whispering Hills Golf Course 1144 Bruce Road # 4 .

**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 on-duty operator is to call 911. Once at the meeting place, the operator will confirm with the owner that emergency services were notified. The operator will relay information to emergency services until a key contact is on site who will assume responsibility.

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

There is no fence around the dispenser. The fire department has 24 hour access to the site.

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

The operator will assume the responsibility of tracking information until a key contact is present. The key contact will then assume responsibility for keeping emergency services updated.

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

5 minutes / Alternate 15 minutes

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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"/>	<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 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>200 Pond (seasonal)</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>4600 Airport Hydrant</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**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No



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

Fire services comments, if any:

**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 <b>MICHAEL MURPHY</b>		<b>09/11/2011</b>

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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) October 18, 2011	Capacity of single largest propane storage vessel (USWG) 1,000uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>56 meters</u>	Right side property line: <u>104 meters</u>
Rear: <u>144 meters</u>	Left side property line: <u>175 meters</u>
GPS coordinates of single largest vessel: <u>44.08.46.65 north by 081.04.48 west</u>	

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

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

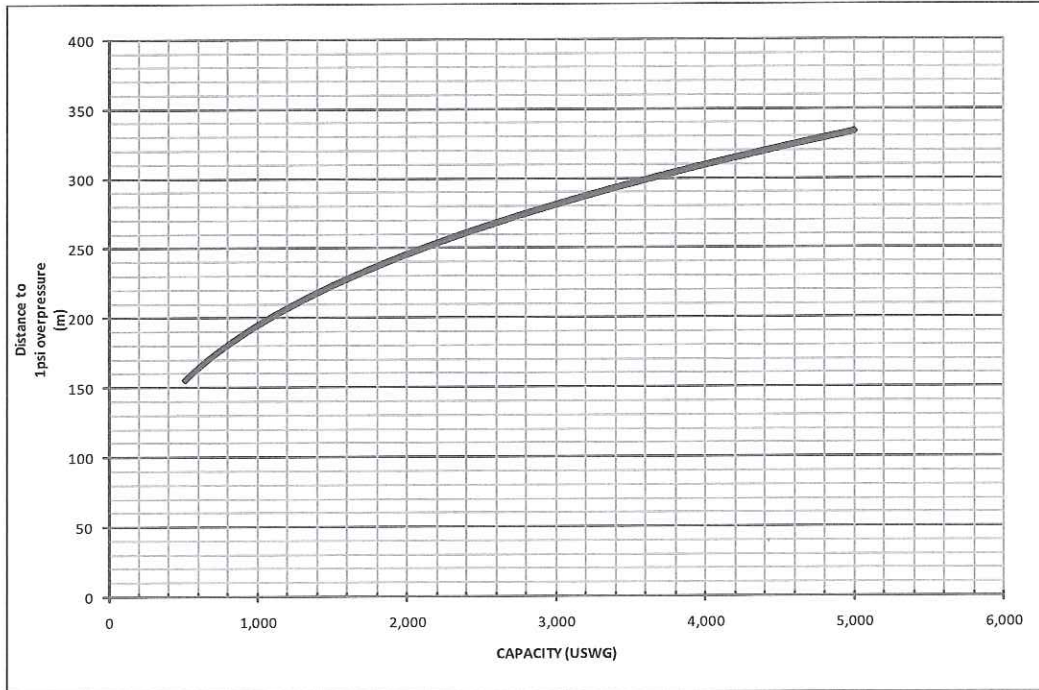
**Table 1: Distance Table**

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)**



**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) Eric Ashbury	Official Title Owner (President)
Signature 	Telephone No. 519-364-3748
	Date (dd-mm-yyyy) 18-10-2011



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

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

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

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

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			x		154 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Sprucedale Agromart Limited</u> Address: <u>24 sideroad 25 north R R # 2</u> City: <u>Walkerton</u> Province <u>Ontario</u> Postal Code <u>N0G 2V0</u>		x			105 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

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Signature 	Telephone No. <u>519-364-3748</u> Date (dd-mm-yyyy) <u>18-10-2011</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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	210	1,848
# 20	5.8	90	522
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			<b>2,370</b>

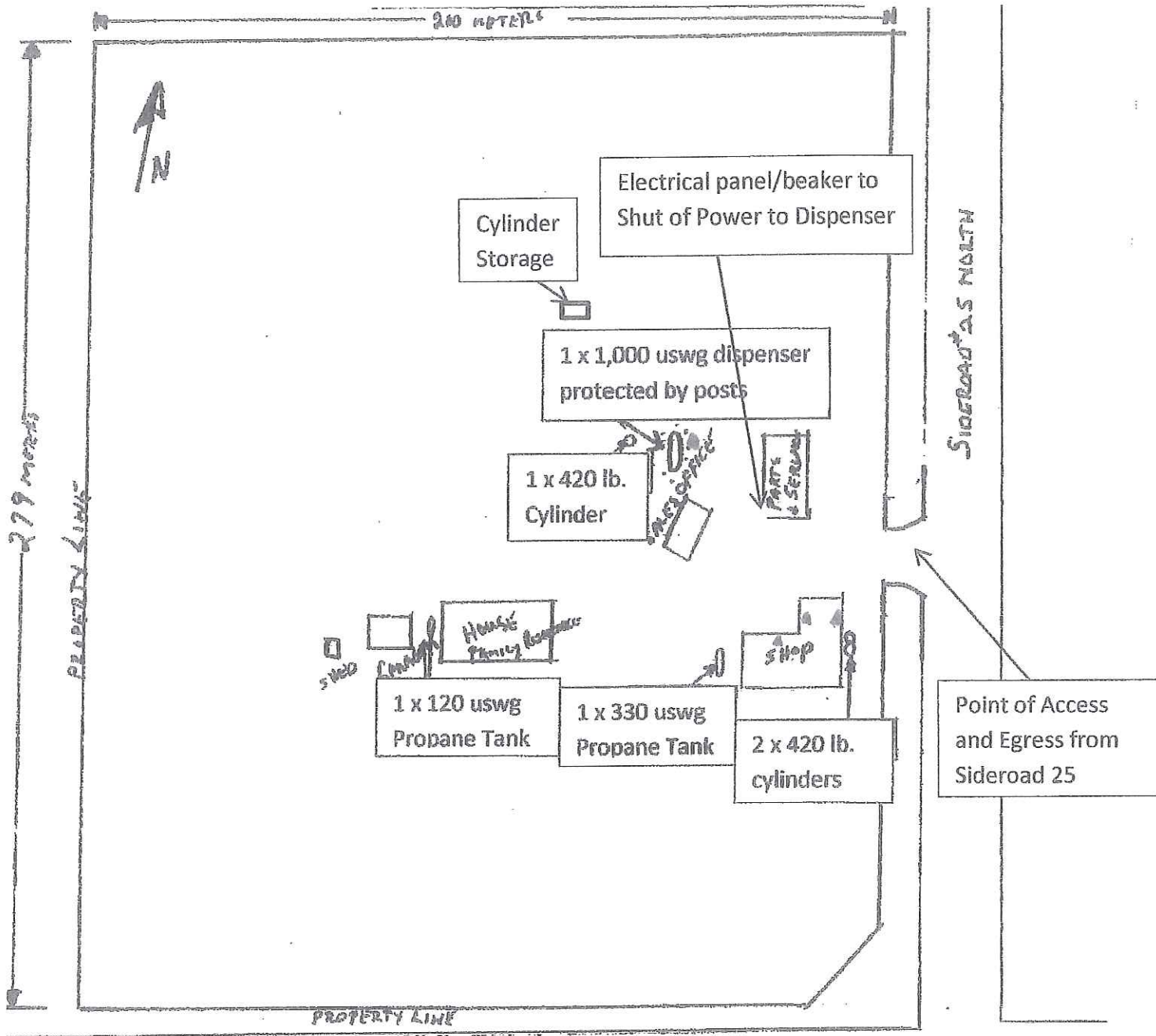
**Tanks Stored On-site Not Connected for Use**

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

<b>Total Cylinder Capacity</b>	2,370
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b>	2,370

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Name of person completing this form (please print) Eric Ashbury	Official Title Owner (President)	
Signature 	Telephone No. 519-364-3748	Date (dd-mm-yyyy) 18-10-2011



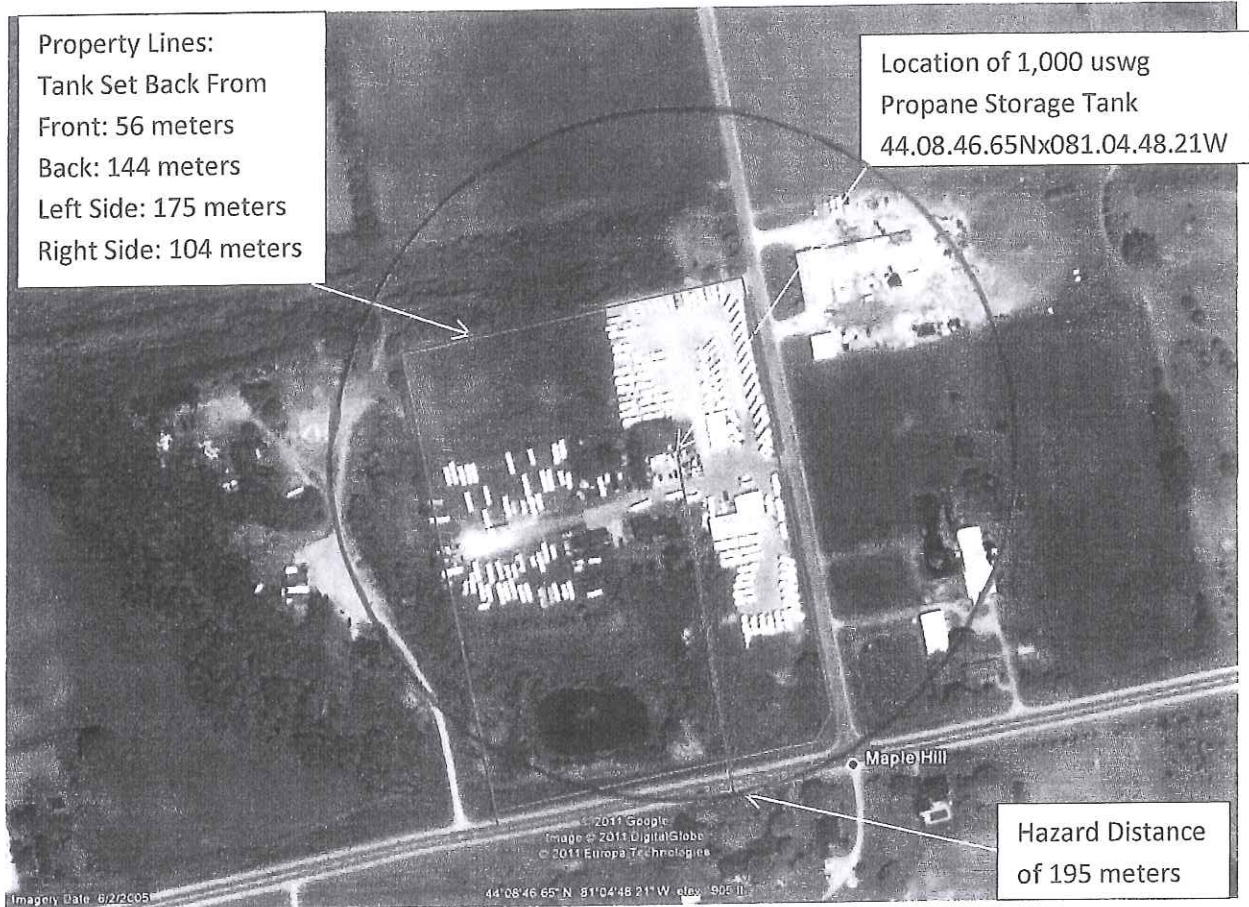
BRUCE COUNTY RD # 4

▲ Denotes location of Fire Extinguishers

Site Plan for Propane Dispenser:  
 Morrys Trailers Sales Ltd.  
 17 Sideroad 25, R R # 2  
 Walkerton, Ontario  
Not to Scale

**AERIAL MAP OF MORRYS TRAILER SALES LTD.**

**17 SIDEROAD 25 R R # 2 WALKERTON ONTARIO**



<p>Facility Address: 17 Sideroad 25 R R # 2 Walkerton Ontario, N0G 2V0</p>	<p>Legal Description of Property: Lot 55 Concession 1 NDR Brant Municipality of Brockton County of Bruce</p>
<p>Municipal Contact Information: Richard Radford, CAO 100 Scott Street, P.O. Box 68 Walkerton, Ontario. N0G 2V0 519-881-2223 Fax 519-881-2991 e-mail: <a href="mailto:rradford@brockton.ca">rradford@brockton.ca</a></p>	<p>Date Map Prepared: October 18, 2011</p>