



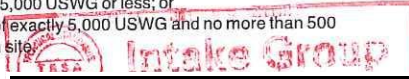
Technical Standards and Safety Authority
 www.tssa.org

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.



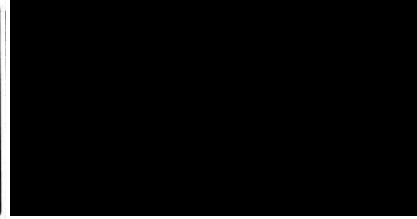
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

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.

Company Name Floating Lodges of Sioux Narrows, Inc. Ontario Corporation No., if applicable 952095

Operator Name (if different from above)

Telephone No. 807-226-5476 Fax No. E-mail floatinglodges@kmts.ca

Street No. 19 Street Name / 911 Number / Address, if applicable Miller Rd.

Town / City or Township / County Sioux Narrows Province ON Postal Code POX 1N0

Mailing address if different from above.

Street No. Street Name / 911 Number / Address, if applicable PO Box 188

Town / City or Township / County Sioux Narrows Province ON Postal Code POX 1N0

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 19 Street Name / 911 Number / Address, if applicable Miller Rd. Nearest Major Intersection Miller Rd. & Hwy 71

Town / City or Township / County Sioux Narrows Province ON Postal Code POX 1N0

Name of Licence Holder Floating Lodges of Sioux Narrows, Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Jim Rebbetoy ROT type cylinder fill

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

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"/> Floating Lodges of Sioux Narrows, Inc.		<input type="text"/> 27-01-2014
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text"/> Jim Rebbetoy		



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SECTION A: GENERAL INFORMATION (cont'd)

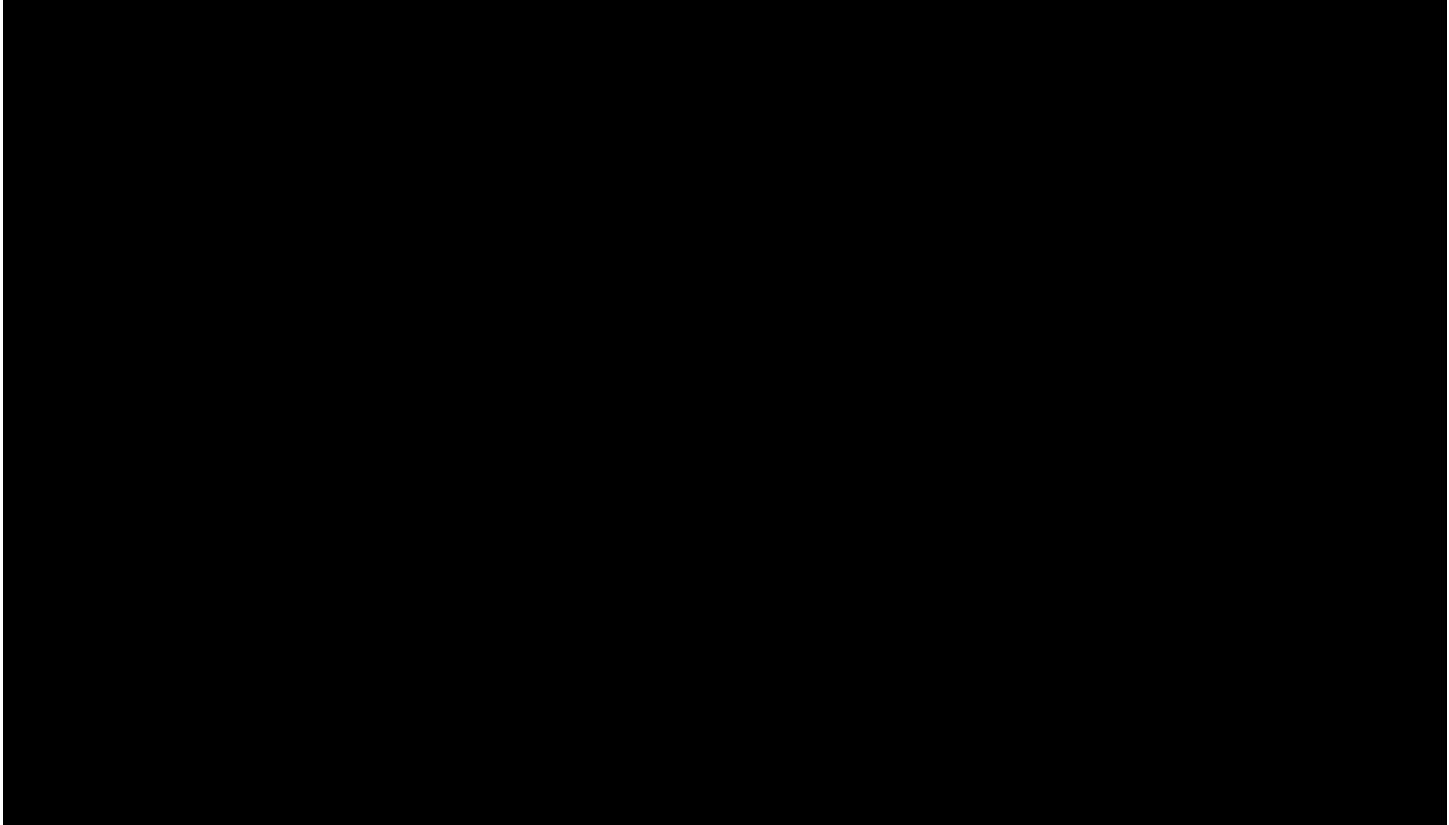
Indicate the year the facility was established. 1994 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>24772A</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: 371.7 Portable: 545.8 Mobile: _____



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Name of person completing this form (please print) <u>Jim Rebbetoy</u>	Official Title <u>director</u>
Signature <u>Jim Rebbetoy</u>	Telephone No. <u>807-226-5476</u> Date (dd-mm-yyyy) <u>27-01-2014</u>



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

Name of Propane Supplier(s) Superior Propane		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 207		
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 8J1
Telephone No. 518-829-9845	Fax No. 519-836-7766	Contact Name Bruce Graham - Operations Manager, Ontario region	
E-mail grahamb@superior propane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Superior Propane			
Street No. 1303	Street Name / 911 Number / Address, if applicable Railway St.		
Town / City or Township / Country Kenora		Province Ontario	Postal Code P9N 0B2
Telephone No. 807-468-7125	Fax No. 807-468-9175	Contact Name Carmine Fagnille	
E-mail			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG 299.3	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable used on rental houseboats		
Town / City or Township / Country through out Lake of the Woods		Province Ontario	Postal Code
Telephone No. 807-226-5476	Fax No.	Contact Name Jim Rebbetoy	

Note: Customer storage is not considered off-site storage.

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Signature 	Telephone No. 807-226-5476	Date (dd-mm-yyyy) 27-01-2014



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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 storage double walled tank - 4,100 litres - located 21 meters from propane filling station - near lake

coloured diesel storage double walled tank - 1,315 litres - located 21 metres from propane filling station - near lake

3 - 420 litre propane tanks - located beside shop

portable propane tank storage area - 21 metres from propane filling station - near lake

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

portable fire pump on site - 400 litre / minute pumping capacity - with 300' of 1 1/2" hose

fire extinguishers - 2 - 20lb, 12 - 5lb,

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.

Propane filling stationj has fusible link.

Emergency stop push button - mounted on seasonal office outside wall - Shuts down pump and closes the solenoid valve upstream of hose.

Manual safety shut off - located under storage tank. This shuts down the pump and closes the solenoid valve upstream of hose.

Power supply breaker. Located in seasonal office.

Maintenance and testing schedule for fire protection controls and devices.

Extinguishers checked annually.

Maintenance and testing is undertaken by Superior Propane according to their Maitenance standard. Schedule for key equipment is:

1. pump (pump every 3 months, check belts monthly, grease motor every 6 months). 2. ISC valve (test for closure every 6 months)

3. storage tank relief valve - inspected every 2 years, replacement schedule as per provincial regulation

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Signature 	Telephone No. 807-226-5476
	Date (dd-mm-yyyy) 27-01-2014



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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 Jim Rebbetoy	For Office Use - Party No.	Name same as # 1	For Office Use - Party No.
Official Title director		Official Title	
Telephone No. 807-226-5476	Fax No.	Cell No.	Fax No.
E-mail floatinglodges@kmts.ca		E-mail	
Role and responsibilities in emergency evacuate people and advise fire department if necessary		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Tim Hanson	For Office Use - Party No.	Name same as # 1	For Office Use - Party No.
Official Title employee - mechanic		Official Title	
Telephone No. 807-226-1068	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency Takes place of Jim Rebbetoy if he is not available.		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Phil Mayer	For Office Use - Party No.	Name Carmine Fagnille	For Office Use - Party No.
Official Title Fire chief	E-mail pmayers@gmail.com	Official Title Kenora manager	E-mail
Telephone No. 807-226-5597	Fax No.	Telephone No. 807-468-7125	Fax No. 807-468-9175
Role and responsibilities in emergency emergency coordinator		Role and responsibilities in emergency advisor	
Fire Services Address		Propane Supplier Address 1303 Railway St., Kenora, Ontario	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Richard Mathieu	For Office Use - Party No.	Name Jeff Port	For Office Use - Party No.
Official Title Deputy fire chief	E-mail	Official Title Director of Planning and Development	
Telephone No. 807-226-5597	Fax No.	Telephone No. 807-226-5241	Fax No.
Role and responsibilities in emergency takes role of fire chief if not available		E-mail	
Fire Services Address		Municipality Name and Address Township of Sioux Narrows - Nestor Falls, Box 417, Sioux Narrows, ON P0X 1N0	

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Name of person completing this form (please print) Jim Rebbetoy	Official Title director
Signature 	Telephone No. 807-226-5476
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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.

Emergency shut off push button to shut down and close solenoid valve upstream of dispensing hose.

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Signature	Telephone No. 807-226-5476	Date (dd-mm-yyyy) 27-01-2014



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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)	Print Name of Training Provider:
	Print Name of Instructor: self directed training program
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)	Print Name of Training Provider: key site contact to train staff
	Print Name of Instructor: Jim Rebbetoy
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Carmine Fagnille
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)	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Carmine Fagnille
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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	Date (dd-mm-yyyy) 27-01-2014



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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)	Print Name of Training Provider: PTI 911-02 a site specific propane emergency response training course
	Print Name of Instructor: self directed traing program
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)	Print Name of Training Provider: key site contact to train staff
	Print Name of Instructor: Jim Rebbetoy
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)	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Carmine Fagnille
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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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 ROT person(s) on duty will contact emergency services by calling 911 and will provide warning as outlined in the attached "Propane Emergency Procedures" placard, if safe to do so. The owner / operator may also contact Superior Propane via the emergency phone 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).

Actions and warnings will be taken by any duty person(s) as per attached ERP placard. Only a few staff will be on duty when operating the propane system. The muster location will be on Miller Road in a safe area.

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).

As soon as any incident is detected, 911 is to be called.

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

There are no restrictions to fire department entering the site.

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

The critical information required from the licence holder is the fill level in the tank. Fill level is relevant from time-to- BLEVE perspective - a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank.

This information will be provided to the authorities by key contact.

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

Owner - 5 - 10 minutes. Employee - 3 - 4 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 type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input checked="" 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 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>25 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>25 meters</u>	

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Signature <i>Jim Rebbetoy</i>	Telephone No. 807-226-5476	Date (dd-mm-yyyy) 27-01-2014



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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:

all emergency plans ok

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>Phil Mayer</i>	<i>[Signature]</i>	<i>7/11/2013</i>

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

Name of person completing this form (please print) <i>PHIL MAYER</i>	Official Title <i>FIRE CHIEF</i>
Signature <i>[Signature]</i>	Telephone No. <i>807-226-5597</i>
	Date (dd-mm-yyyy) <i>7-11-13</i>



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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) 02-01-2014	Capacity of single largest propane storage vessel (USWG) 3,785 litres
Tank setback coordinates. Indicate placement on the map.	
Front: <u>N/A</u>	Right side property line: <u>150 meters</u>
Rear: <u>30 metres</u>	Left side property line: <u>45 meters</u>
GPS coordinates of single largest vessel: <u>49 24' 45.37" N / 94 05' 39.74"</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

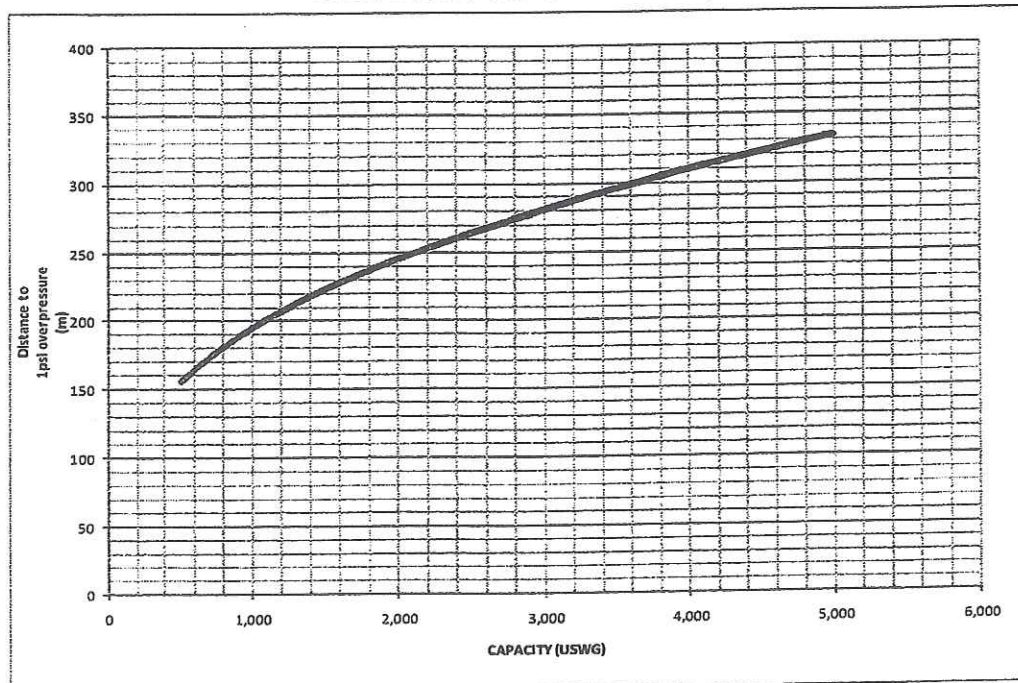
Table 1: Distance Table

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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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: N/A Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Big John's Restraunt Address: 5760B Hwy 71 City: Sioux Narrows Province Ontario Postal Code POX 1N0			X		120 _____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A 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: Sioux Narrows Public School Address: 5685 Hwy 71 City: Sioux Narrows Province Ontario Postal Code POX 1N0			X		450 _____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Fire Hall / Ambulance / OPP Address: 5521 Hwy 71 / 10 Fickas Rd. / 5532 Hwy 71 City: _____ Province _____ Postal Code _____			X		2,000 _____ 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) Jim Rebbetoy	Official Title director	
Signature 	Telephone No. 807-226-5476	Date (dd-mm-yyyy) 27-01-2014



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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	3	371.7
# 100	29.5	1	29.5
# 40	11.75	30	352.5
# 33.3	9.62		
# 30	8.8	#60 - 17.6 USWG - 7	123.2
# 20	5.8	7	40.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			917.5

Tanks Stored On-site Not Connected for Use

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

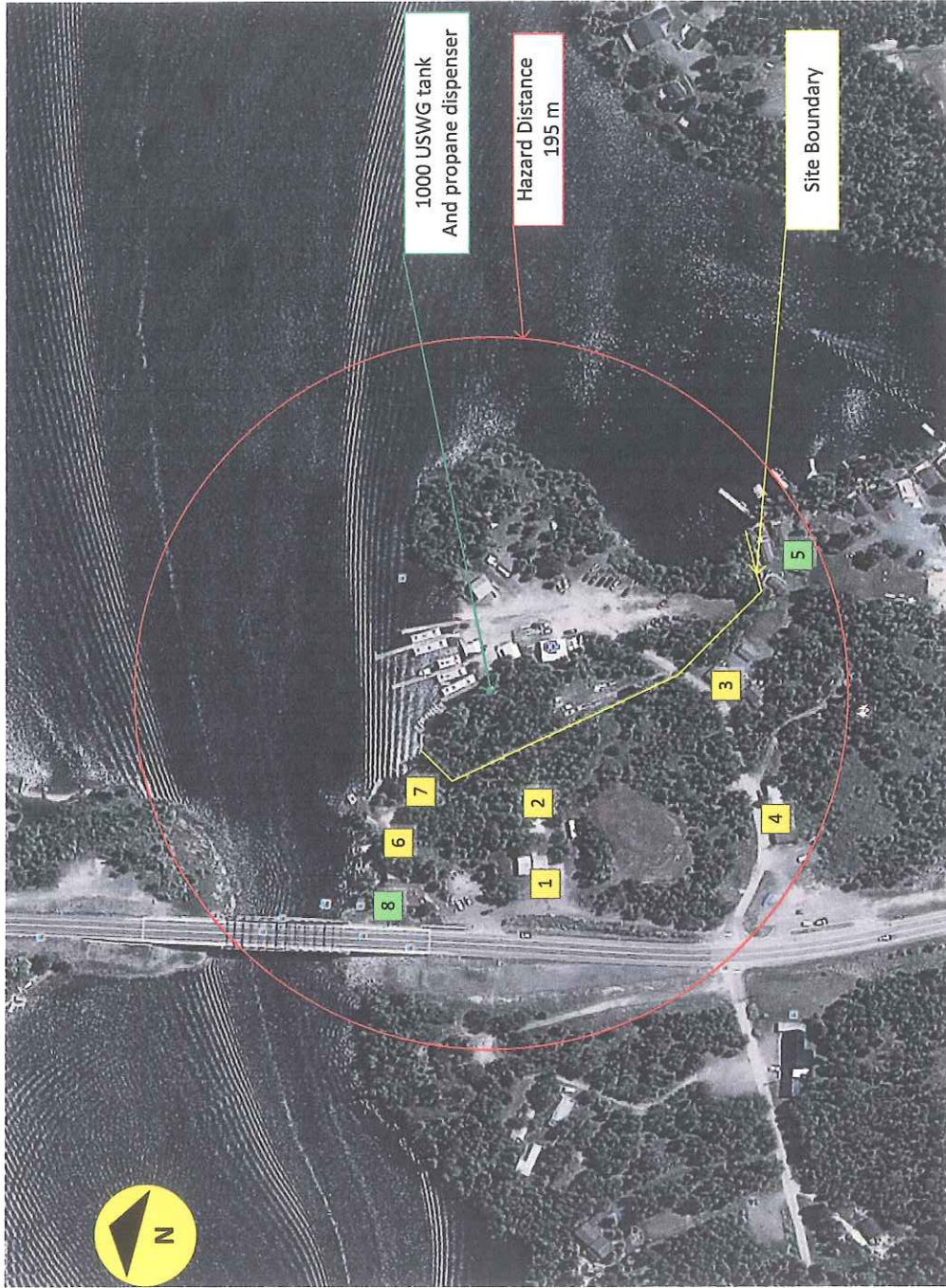
Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

Public Receptors

1. Residential
2. Garage
3. Open garage
4. Residential
5. Au Lac (Private development)
6. Seasonal Residential Cabin
7. Seasonal House trailer
8. restaurant



Map Data © 2013 Google Map Imagery



SETBACK DISTANCES OF TANK:

North West: 148 ft. West: 98 ft.

CAPACITY OF PROPANE TANK: 1000 USWG

GPS COORDINATES OF PROPANE STORAGE TANK:
49°24'45.04"N, 94° 5'45.60"W

CIRCULAR DISTANCE TO 1 psi OVERPRESSURE: 195 m

MUNICIPALITY:

Sioux Narrows Nester Falls

MUNICIPAL CONTACT:

Jeff Port
 Director of Planning and Development
 Tel : (807) 226-5241
 Fax : (807) 226-5712
 Email : jport@siouxnarrows-nestorfalls.ca

MAP OF SURROUNDING AREA

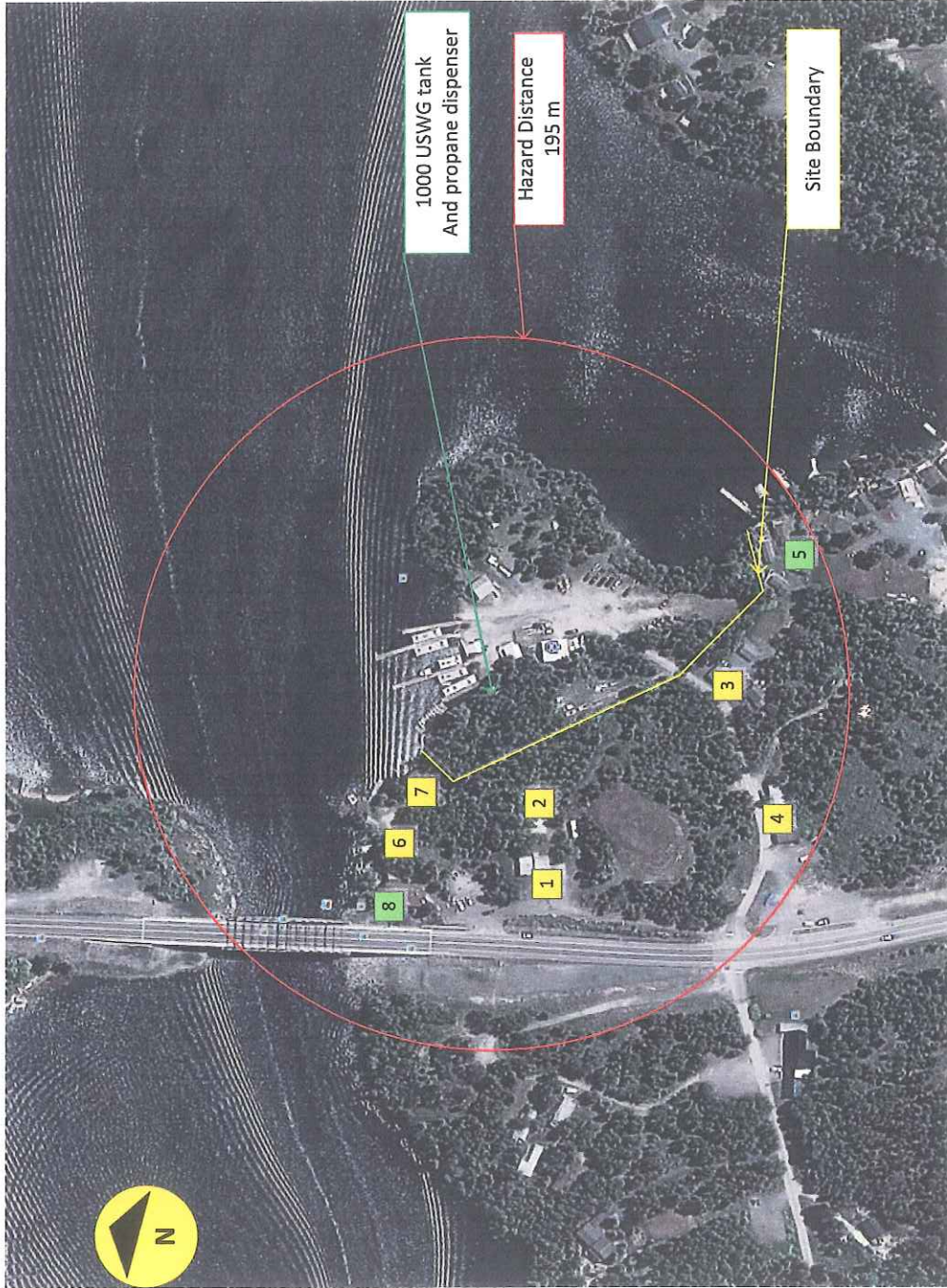
Floating Lodges of Sioux Narrows Inc.

**19 Miller Rd,
 Sioux Narrows, ON, P0X 1N0**

Drawn By: H. Norouzi Jan 02 2014

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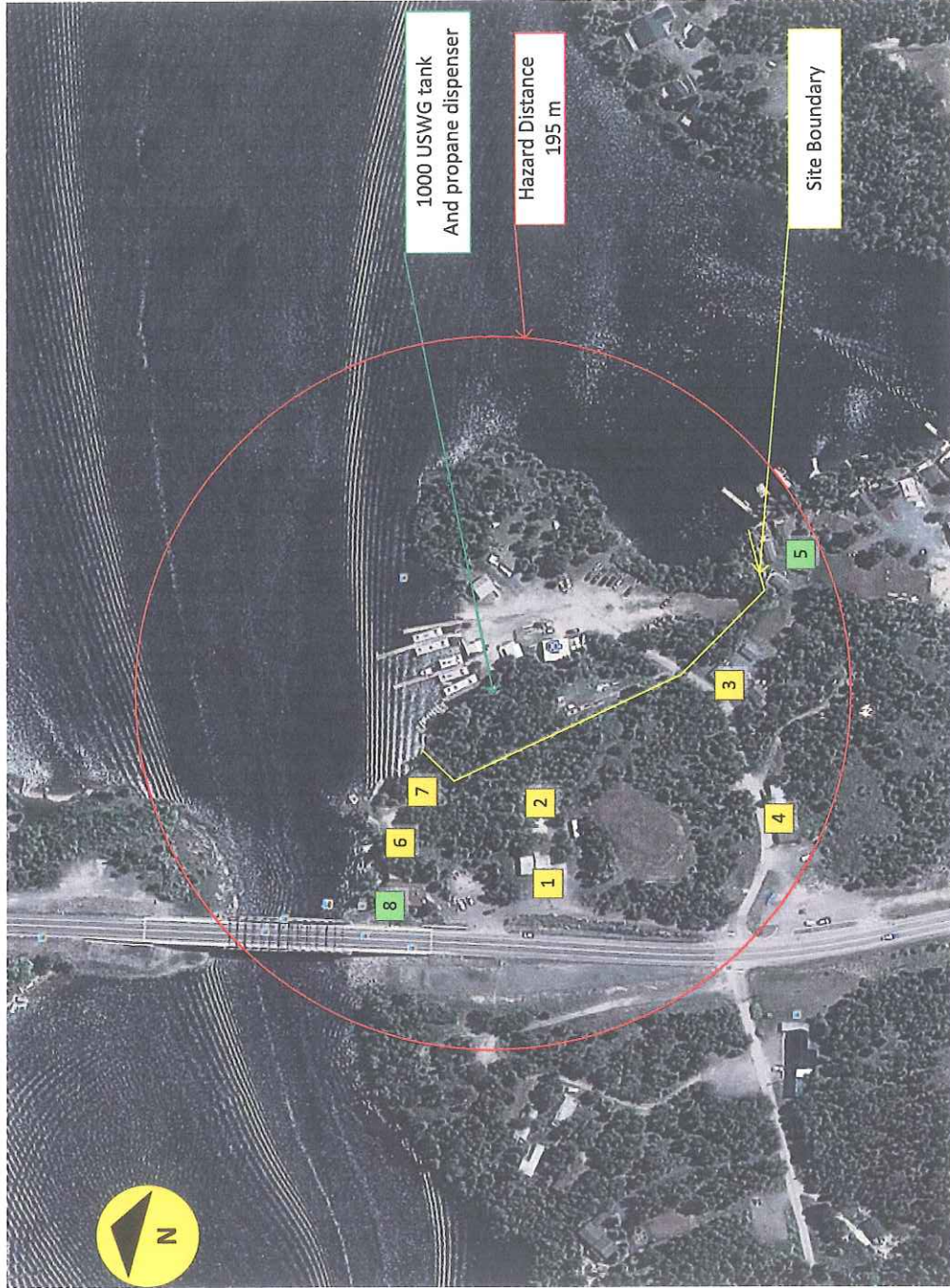
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