



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

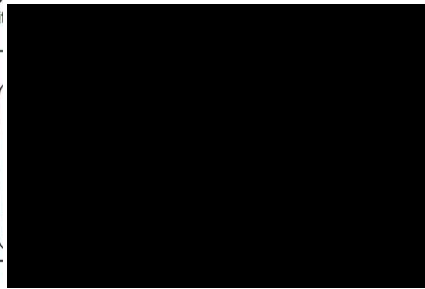
This Level 1 RSMP applies to:
 • a facility with a total propane storage capacity of 5,000 USWG or less; or
 • a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site

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 Conway Automotive Repairs Ontario Corporation No., if applicable 2270272

Operator Name (if different from above) _____

Telephone No. 519-768-1280 Fax No. 519-768-3593 E-mail hondaman6767@hotmail.com

B Street No. 190 Street Name / 911 Number / Address, if applicable Main st

Town / City or Township / County West Lorne Province On Postal Code N0L-2P0

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. 190 Street Name / 911 Number / Address, if applicable Main St Nearest Major Intersection Graham Rd & Main St

Town / City or Township / County West Lorne Province On Postal Code N0L-2P0

Name of Licence Holder _____

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Brad Conway ROT type PPO-1, PPO-2, PPO-3

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

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 _____		16-02-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Brad Conway</u>		16-02-2011



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2012 Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

GENERAL INFORMATION

Company Name CONWAY AUTOMOTIVE REPAIRS		Ontario Corporation No., if applicable 2270272
Operator Name (if different from above)		
Telephone No. 519-768-1280	Fax No. 519-768-3593	E-mail HONDAMAN 6767@HOTMAIL.COM
Street No. 190	Street Name / 911 Number / Address, if applicable MAIN ST	Nearest Major Intersection MAIN & GRAHAM RD
Town / City or Township / County WEST LORNE	Province ON	Postal Code N0L 2P0
Mailing address if different from above.		
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / County	Province	Postal Code

Information on Container Refill Centre		
Location of facility if different from above.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
Town / City or Township / County	Province	Postal Code

Facility Contact Personnel - Key Contact	
Name BRAD CONWAY	Official Title OWNER
Telephone No. 519-768-1261	Fax No. 519-768-3593
E-mail HONDAMAN 6767@HOTMAIL.COM	
Role and responsibilities in emergency. GIVE WARNINGS & TAKE ACTIONS	

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form.

ALLAN GILES

Official Title

EMPLOYEE

Signature

Allan Giles

Telephone No.

519-768-2824

Date (dd-mm-yyyy)

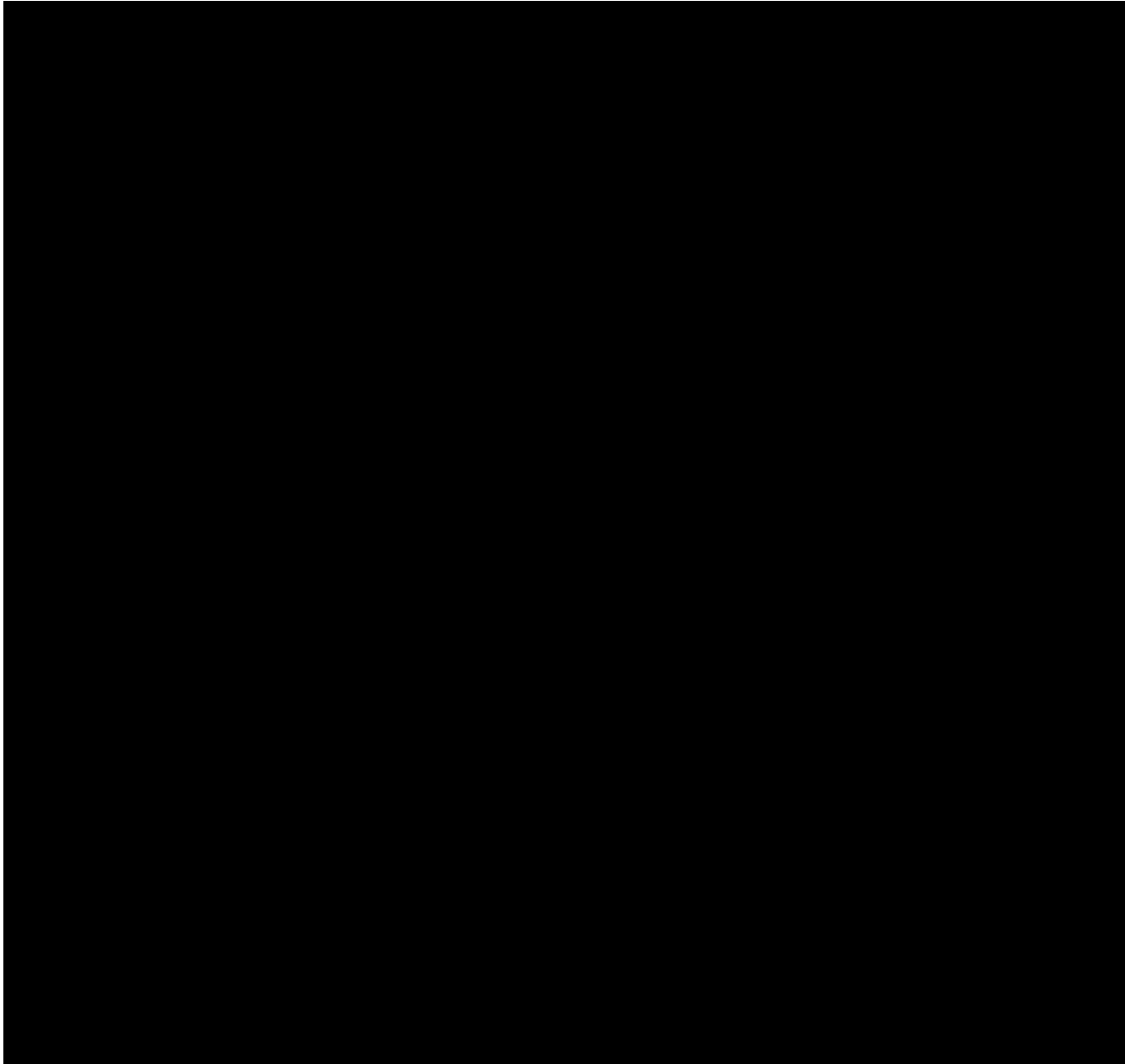
25-02-2012



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**2012 Application for Renewal of
Level 1 Propane Licence**
Technical Standards and Safety Act
Propane Storage and Handling Regulation



You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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Print name of person completing this form. <i>ALLAN GILES</i>	Official Title <i>EMPLOYEE</i>
Signature <i>Allan Giles</i>	Telephone No. <i>519-768-2824</i> Date (dd-mm-yyyy) <i>25-02-2012</i>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)

Superior Propane - Ontario Regional Operations Centre

Street No. | Street Name / 911 Number / Address, if applicable
251 | Woodlawn Rd West, Unit 217

Town / City or Township / Country | Province | Postal Code
Guelph | On | N1H-8J1

Telephone No. | Fax No. | Contact Name
1-877-873-7467 | 519-836-7766 | Mike Mullins

E-mail
mullinsm@superiorpropane.com

Name of Propane Transporter. If same as above, please check box.

Superior Propane - Chatham Bulk Propane Yard

Street No. | Street Name / 911 Number / Address, if applicable
7652 | Queens Line Highway 2 West

Town / City or Township / Country | Province | Postal Code
Chatham | On | N7M-5J5

Telephone No. | Fax No. | Contact Name
1-877-873-7467 | N/A | Mike Mullins

E-mail
mullinsm@superiorpropane.com

Off-site Cylinder and/or Mobile Storage | Capacity stored off-site, in USWG | For Office Use - Party No.

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

Town / City or Township / Country | 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) Brad Conway		Official Title Owner	
Signature 		Telephone No. 519-768-1280	Date (dd-mm-yyyy) 16-02-2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Underground Gasoline Tanks 45,000 L Regular 15,000 L Super

Above Ground Diesel Tank 2280 L

Above Ground Waste Oil 1140L

Bulk Oil 7 Drums @ 205 L

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

4 Fire Extinguishers

Water Hose

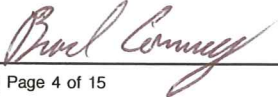
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Fuse Link Located On Propane Shutoff Valve

Maintenance and testing schedule for fire protection controls and devices.

Fire Extinguishers Inspected Annually

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	Date (dd-mm-yyyy) 16-02-2011



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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 Brad Conway	For Office Use - Party No.	Name Brad Conway	For Office Use - Party No.
Official Title owner		Official Title owner	
Telephone No. 519-768-1280	Fax No. 519-768-3593	Cell No. 519-854-7756	Fax No. 519-768-3593
E-mail hondaman6767@hotmail.com		E-mail hondaman6767@hotmail.com	
Role and responsibilities in emergency Alert Staff , Go To Meeting Place Call 911		Role and responsibilities in emergency Alert Staff , Go To MeetingPlace , Call 911 , If After Hours Unlock Propane Dispenser	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Andrew Conway		Name Brad Conway	For Office Use - Party No.
Official Title owner		Official Title Owner	
Telephone No. 519-768-1280	Fax No. 519-768-3593	Telephone No. 518-768-1280	Fax No. 519-768-3593
E-mail hondaman6767@hotmail.com		E-mail hondaman6767@hotmail.com	
Role and responsibilities in emergency Alert Staff , Go To Meeting Place , Call 911		Role and responsibilities in emergency Alert Staff, Go To Meeting Place , Call 911, If After Hours Unlock Propane Dispenser	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Allen Beer		Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 519-494-1247	Fax No. 519-768-0542	Telephone No. 1-877-873-7467	Fax No.
E-mail albeersympatico.ca		E-mail	
Role and responsibilities in emergency Command		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Stuart Jamieson		Name Jeff Slater	
Official Title Deputy Chief		Official Title Community Emergency Management Coordinator	
Telephone No. 519-870-6100	Fax No. 519-768-0542	Telephone No. 519-768-0577	Fax No. 519-785-0644
E-mail		E-mail arena@westelgin.net	
Role and responsibilities in emergency Command		Municipality West Elgin	

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	Date (dd-mm-yyyy) 16-02-2011



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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 15-06-2011	Print Name of Training Provider: Superior Propane
	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) 30-06-2011	Print Name of Training Provider: Superior Propane
	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) 22-4-2010	Print Name of Training Provider: Filling Propane Cylinders
	Print Name of Instructor: Joe E. McLeod
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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Name of person completing this form (please print) Brad Conway	Official Title Owner
Signature <i>Brad Conway</i>	Telephone No. 519-768-2011
	Date (dd-mm-yyyy) 16-02-2011



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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) 15-06-2011	Print Name of Training Provider: Superior Propane
	Print Name of Instructor:
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) 30-06-2011	Print Name of Training Provider: Superior Propane
	Print Name of Instructor:
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:
	Print Name of Instructor:
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).
Brad or Andrew Conway will verbally warn all employees & customers of a propane leak or fire emergency.

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).

Upon issuing the warning, Brad or Andrew Conway will notify all persons on the premises to meet at the office in the northeast corner of the building. At this time a decision will be made as to whether or not an evacuation is necessary.

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).

At this point if it is safe 911 will be called from our garage telephone, if not a from a neighbor to the east, or cell phone.

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

The Fire Dept can enter site 24-7 no gates, The power to the propane dispenser is shut off when the site is closed, the dispenser is locked

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

As the information changes all parties will be notified by Brad Conway

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

It would take 5 to 10 Min To respond

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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 checked="" type="checkbox"/> | <input 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) | 20 M | _____ |
| 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) | 20 M | _____ |

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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 <u>Allen Beer</u>		<u>16/02/2011</u>

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Name of person completing this form (please print) <u>Brad Conway</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>519-768-1280</u>
	Date (dd-mm-yyyy) <u>16-02-2011</u>



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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) 13-02-2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 16 M	Right side property line: 12 M
Rear: 6.5 M	Left side property line: 21 M
GPS coordinates of single largest vessel: 42 36' 08.39" N 81 36' 29.86"W	

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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

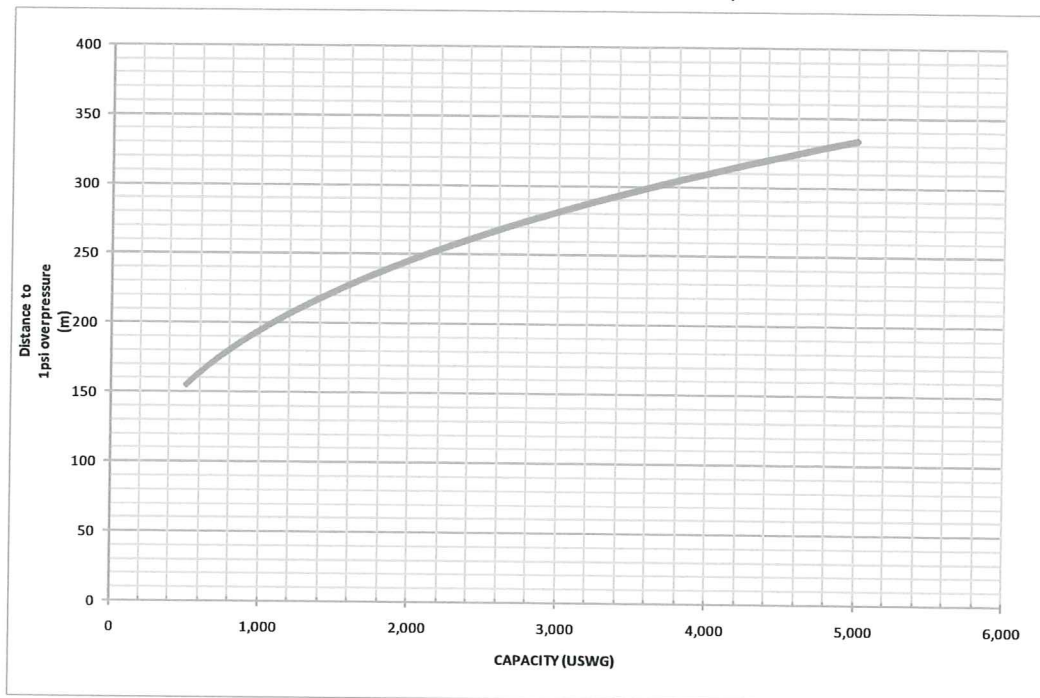
Table 1: Distance Table

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: _____ Address: _____ City: _____ Province _____ Postal Code _____					0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				X	20 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Kashyap Dr Dentist Address: 188 Main St City: West Lorne Province On Postal Code NOL-2P0				X	50 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					0 m
Sensitive Institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					0 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) Brad Conway	Official Title Owner
Signature 	Telephone No. 519-768-1280
	Date (dd-mm-yyyy) 16-02-2011



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

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		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

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	

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Signature 		Telephone No. 519-768-1280	Date (dd-mm-yyyy) 16-02-2011



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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				X	20 _____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Kashyap Dr Dentist</u> Address: <u>188 Main St</u> City: <u>West Lorne</u> Province <u>On</u> Postal Code <u>N0L-2P0</u>				X	50 _____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

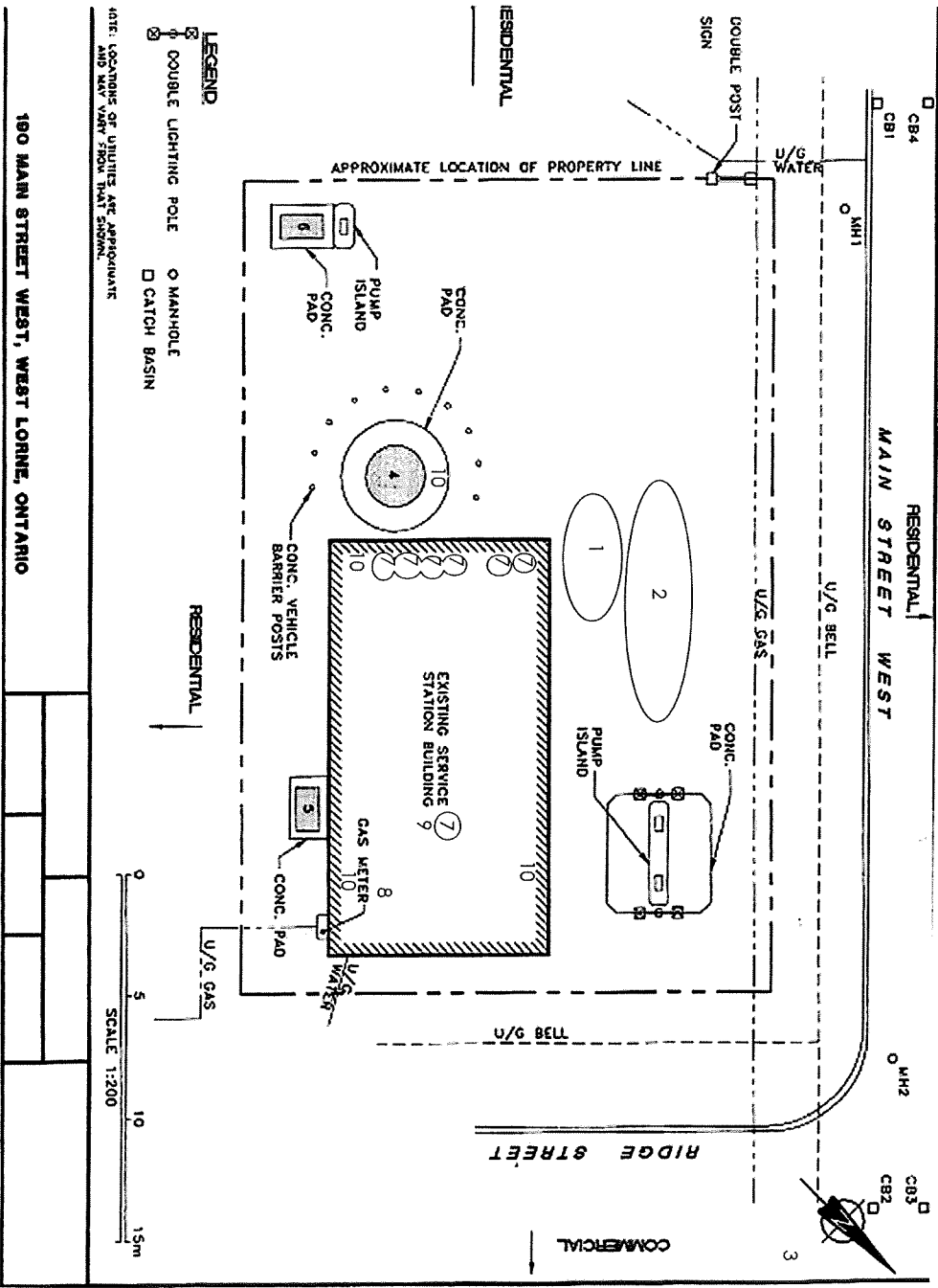
* For multi-unit buildings, count each unit as "1".

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) <u>Brad Conway</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>519-768-1280</u>
	Date (dd-mm-yyyy) <u>16-02-2011</u>

LEGEND

- 1 - Gasoline 15,000 L
- 2 - Gasoline 45,000 L
- 3 - Fire hydrant
- 4 - Propane 1,000 USWG
- 5 - Waste oil 1,140 L
- 6 - Diesel 2,280 L
- 7 - Bulk oil drums - 205 L (each)
- 8 - Emergency shut-off
- 9 - Water supply
- 10 - Fire extinguishers



180 MAIN STREET WEST, WEST LORNE, ONTARIO

NOTE: LOCATIONS OF UTILITIES ARE APPROXIMATE AND MAY VARY FROM THAT SHOWN.

Date: February 14, 2011
Municipality of West Elgin
County of Elgin
190 Main Street,
West Lorne, Ontario
Clerk - Norma Bryant
519-785-0560
nbryant@westelgin.net

Tank size - 1,000 USWG
Tank setback:
Front - 16 m
Rear - 6.5 m
Left - 21 m
Right - 12 m

GPS co-ordinates:
42° 36' 08.39" N
81° 36' 29.86" W

