



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: 1.877.692.8772

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

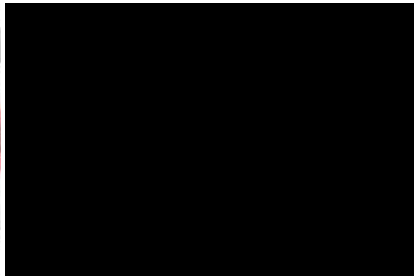
This Level 1 RSMP applies to:
• a facility with a total propane storage capacity of 5,000 USWG or less; or
• a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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: 0076614510-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: LARDER SPORTS & MARINE Ontario Corporation No., if applicable: 1308421 *ONT LTD*

Operator Name (if different from above): 1308421 ONT LTD

Telephone No.: 705-643-2312 Fax No.: SAME E-mail: BIG.DADDY63@HOTMAIL.COM

Street No.: 44 Street Name / #11 Number / Address, if applicable: GOVERNMENT RD

Town / City or Township / County: LARDER LAKE CANADA Province: ONT Postal Code: P0K 1L0

Mailing address if different from above:

Street No.: Street Name / #11 Number / Address, if applicable:

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

Information on Container Refill Centre or Filling Plant

Location of facility:

Street No.: 44 Street Name / #11 Number / Address, if applicable: GOVERNMENT RD Nearest Major Intersection: HWY 624

Town / City or Township / County: LARDER LAKE Province: ONT Postal Code: P0K 1L0

Name of Licence Holder: ALAIN PAQUETTE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): ALAIN PAQUETTE ROT type: 100-01

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

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: ALAIN PAQUETTE Signature: *Alain Paquette* Date (dd-mm-yyyy): 19-04-12



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SECTION A: GENERAL INFORMATION (cont'd)

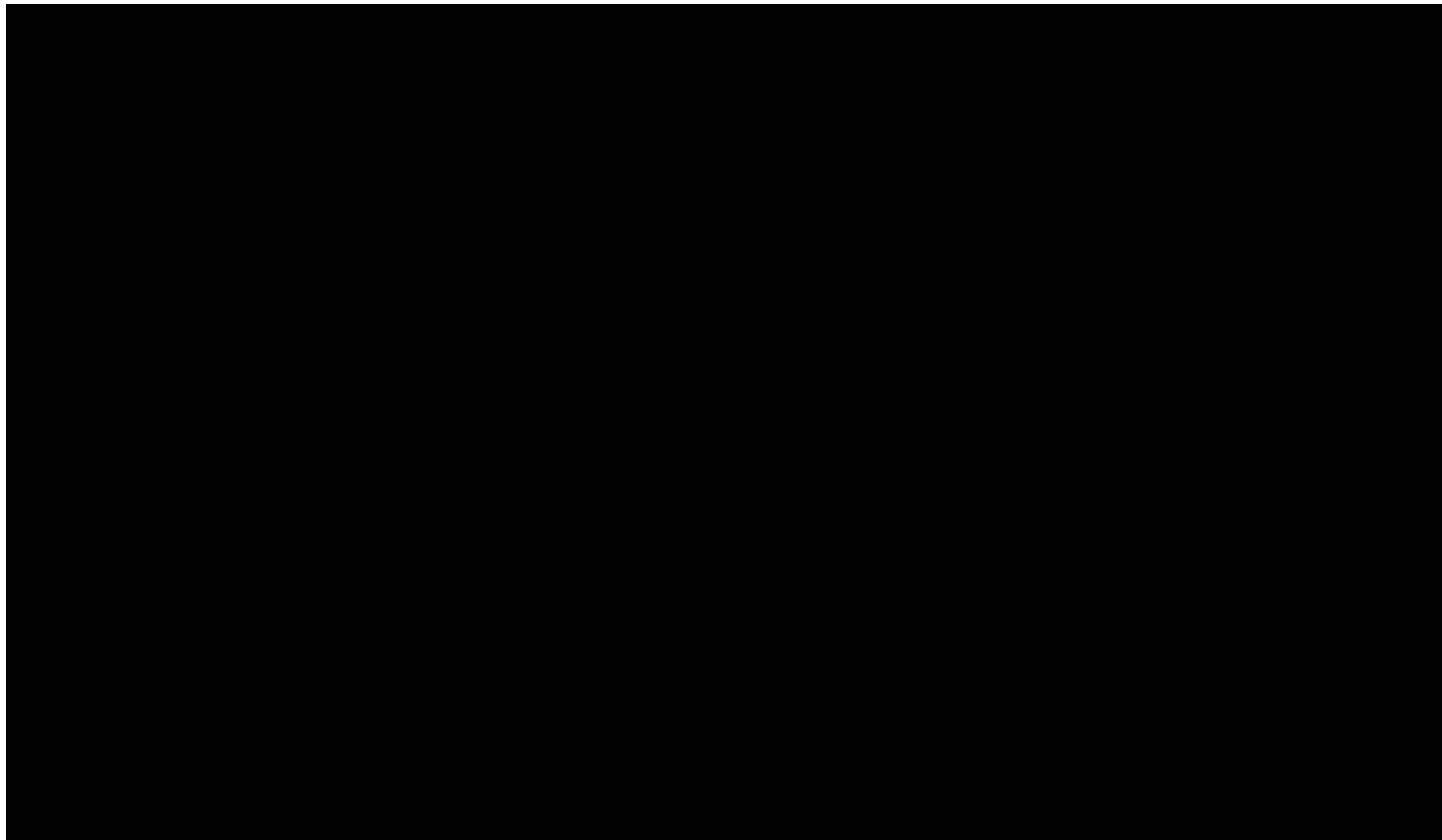
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1999 N/A

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

	PSIG	Serial Number
Tank 1:	1000 USWG	728-01
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: N/N Portable: N/A Mobile: N/A



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Name of person completing this form (please print) ALAIN PAQUETTE		Official Title OWNER OPERATOR	
Signature 		Telephone No. 705-643-2312	Date (dd-mm-yyyy) 19-04-12



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

Name of Propane Supplier(s) PROPANE NORD-OUEST			
Street No. 2701	Street Name / 911 Number / Address, if applicable JEAN-JACQUES-COSETTE		
Town / City or Township / Country VAL-D'OR		Province QUEBEC	Postal Code J9P 6Y3
Telephone No. 819-824-8778	Fax No.	Contact Name Lucien Mirault	
E-mail			

Name of Propane Transporter. 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			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
N/A		N/A	
Street No. N/A	Street Name / 911 Number / Address, if applicable N/A		
Town / City or Township / Country N/A		Province N/A	Postal Code N/A
Telephone No. N/A	Fax No. N/A	Contact Name N/A	

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

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Name of person completing this form (please print) MARK BASARABA		Official Title MANAGER
Signature 	Telephone No. 705-264-5213	Date (dd-mm-yyyy) 19-04-12



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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.

25000 LITRES REGULAR GASOLINE

15000 LITRES SUPER GASOLINE

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

FIRE EXTINGUISHER

ESTOP

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.

SHUT OFF VALVE

EXPLOSION PROOF SOLENOID VALVE

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY INSPECTIONS

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) ALAIN PAQUETTE	Official Title PRESIDENT
Signature <i>Alain Paquette</i>	Telephone No. 705-643-2313
	Date (dd-mm-yyyy) 19-04-12



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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 ALAIN PAQUETTE	For Office Use - Party No.	Name ALAIN PAQUETTE	For Office Use - Party No.
Official Title PRESIDENT		Official Title PRESIDENT	
Telephone No. 705-643-2312	Fax No. 705-643-2312	Cell No. 1 705 643 2135	Fax No. 705-643-2312
E-mail BIG.DADDY63@HOTMAIL.COM		E-mail BIG.DADDY63@HOTMAIL.COM	
Role and responsibilities in emergency MUTUAL AID		Role and responsibilities in emergency MUTUAL AID	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name TAMMY PAQUETTE	For Office Use - Party No.	Name TAMMY PAQUETTE	For Office Use - Party No.
Official Title VICE PRESIDENT		Official Title VICE PRESIDENT	
Telephone No. 705-643-2135	Fax No. 705-643-2312	Telephone No. 705-643-2135	Fax No. 705-643-2312
E-mail PEANUTPAQUETTE@HOTMAIL.COM		E-mail PEANUTPAQUETTE@HOTMAIL.COM	
Role and responsibilities in emergency KEY HOLDER		Role and responsibilities in emergency KEY HOLDER	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name RON JACQUES	For Office Use - Party No.	Name LUCIEN MIREAULT	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail	Official Title OWNER	E-mail www.propane1000west.com
Telephone No. 705-643-2277	Fax No. 705-643-3169	Telephone No. 1-819-824-6778	Fax No. 819-824-5660
Role and responsibilities in emergency FIRE SERVICE		Role and responsibilities in emergency MUTUAL AID	
Fire Services Address LARDER LAKE		Propane Supplier Address 2701 BOUL-JACQUES-CASSERTE	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name DAVID PIGEON	For Office Use - Party No.	Name NEIL ABRISAT	For Office Use - Party No.
Official Title CAPTAIN	E-mail	Official Title FORMAN	
Telephone No. 705-643-2561	Fax No.	Telephone No. 705-643-6000	Fax No. 705-643-2311
Role and responsibilities in emergency FIRE SERVICES		E-mail www.larderlake.net	
Fire Services Address LARDER LAKE ONTARIO		Municipality Name and Address LARDER TOWNSHIP ONTARIO ST 69 4TH AVENUE	

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Name of person completing this form (please print) ALAIN PAQUETTE	Official Title PRESIDENT
Signature <i>Alain Paquette</i>	Telephone No. 705-643-2312
	Date (dd-mm-yyyy) 19-04-2012



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

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

N/A

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Name of person completing this form (please print) MARK BASARABA		Official Title MANAGER
Signature 		Telephone No. 1 705 264 5213
		Date (dd-mm-yyyy) 20 - 04 - 2012



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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) 19-04-2012	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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) 19-04-2012	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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)	Print Name of Training Provider: N/A
	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:

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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) 20-06-2013	Print Name of Training Provider: LARDER SPORTS AND MARINE
	Print Name of Instructor: ALAN PAQUETTE
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) 20-06-2013	Print Name of Training Provider: LARDER SPORTS AND MARINE
	Print Name of Instructor: ALAN PAQUETTE
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: N/A
	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).

CALL 911

ALAN PAQUETTE OR DESIGNATE WILL CALL 911 IN THE EVENT OF AN 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).

SHUT THE VALVE OFF IF IT IS ACCESSIBLE. LEAVE THE PREMISES AND NOTIFY 911

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).

CONTACT 911 BY TELEPHONE AND REACH PROVIDER BY TELEPHONE. WAIT FOR ASSISTANCE

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

THE PROPANE TANK IS PROTECTED BY BUMPER POST, SO ACCESS FOR FIRE SUPPRESSION CAN BE ACCESSED AT ANY TIME.

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

BY TELEPHONE, CELLULAR, OR IN PERSON IF ON SITE

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

3 MINUTES

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		Date (dd-mm-yyyy) 19-04-2012



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

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

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 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 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) | 90 FEET | |
| 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) | 90 FEET | |

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Signature 	Telephone No. 705-643-2312
	Date (dd-mm-yyyy) 19-04-2012



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

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

B. 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.

(CAPTAIN)

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name DAVID PIGEON	<i>David Pigeon</i>	APRIL 23/2012
FIRECHIEF: RON JACQUES	<i>Ron Jacques</i>	APRIL 23/2012

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Name of person completing this form (please print) ALAIN PAQUETTE	Official Title OWNER
Signature <i>Alain Paquette</i>	Telephone No. 1 705 643 2312
	Date (dd-mm-yyyy) 20 - 04 - 2012



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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) APRIL 20 2012	Capacity of single largest propane storage vessel (USWG) 1000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 15 FEET	Right side property line: 150 FEET
Rear: 400 FEET	Left side property line: 75 FEET
GPS coordinates of single largest vessel:	LA 48.1095829 L 80.1031054

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

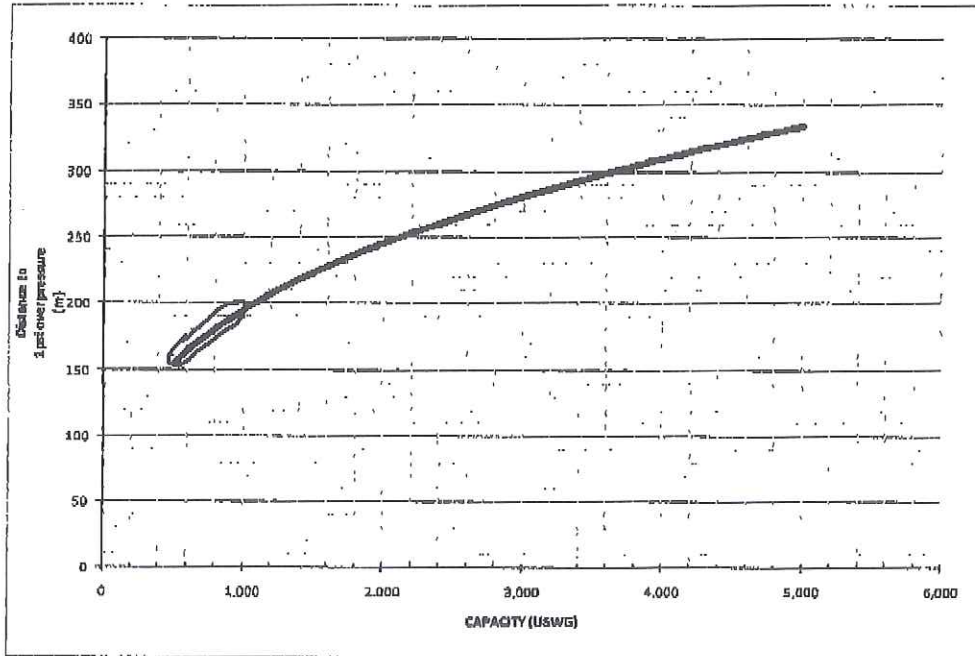
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	165
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
16,900	5,000	339

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)



MARK BASARABA

MANAGER

705 264 5213

APRIL 21 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: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]			X		57.97 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: COUNTRY MOTOR INN Address: CLOSED City: LARDER LAKE Province ONTARIO Postal Code P0K 1L0		X			21.8 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: LARDER LAKE LODGE Address: HIGHWAY 66 City: LARDER LAKE Province ONTARIO Postal Code P0K 1L0			X		27 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".

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) ALAIN PAQUETTE	Official Title PRESIDENT
Signature 	Telephone No. 705-643-2312 Date (dd-mm-yyyy) 19-04-2012



Technical Standards and Safety Authority
 www.tssa.org

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

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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	N/A	N/A
# 100	29.5	N/A	N/A
# 40	11.75	N/A	N/A
# 33.3	9.82	N/A	N/A
# 30	8.8	N/A	N/A
# 20	5.8	N/A	N/A
# 10	2.9	N/A	N/A
# 5	1.5	N/A	N/A
Total Cylinder Capacity N/A			

Tanks Stored On-site Not Connected for Use

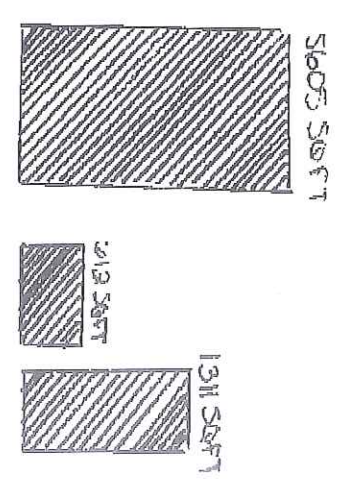
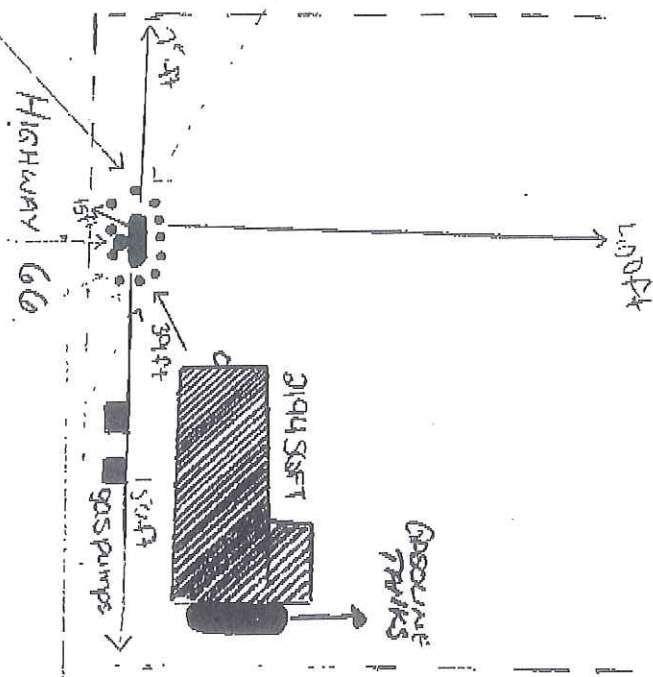
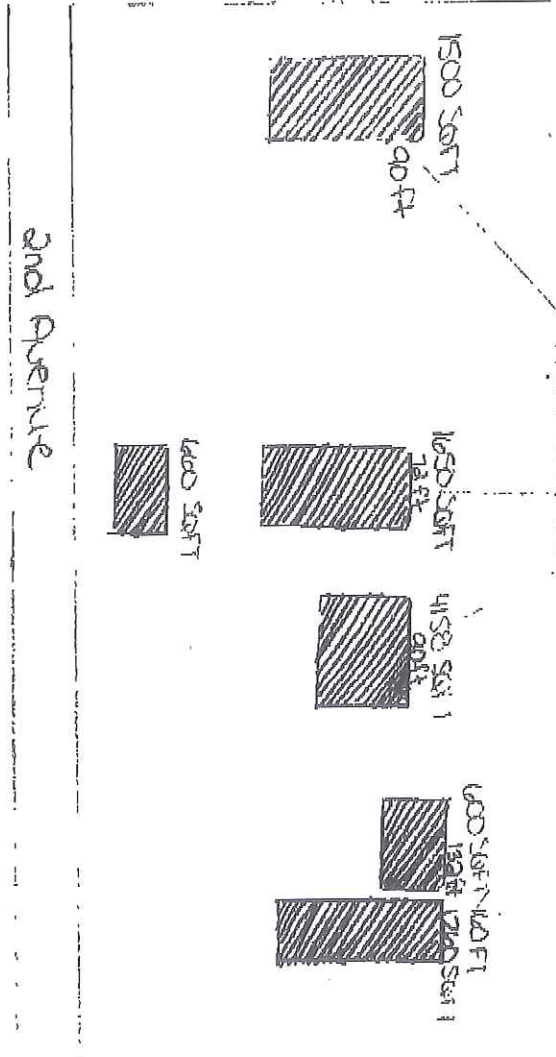
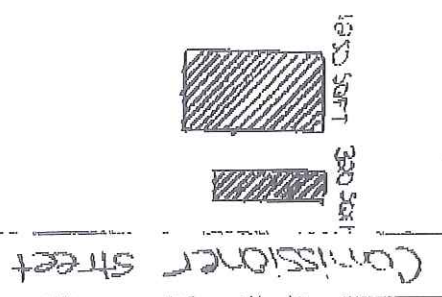
Tank Size in USWG	Quantity	Total Volume in USWG
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
Total Tank Capacity N/A		

Total Cylinder Capacity	N/A
Total Tank Capacity	N/A
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	N/A

MARK BASARAZA

MANAGER

Handwritten signature



LARGE LANE STORES
 3 MARINE
 44 GOVERNMENT RD
 LARSEN LANE ON THE
 LARSEN TOWNSHIP?
 121000 USDA AND
 CYRIL DENR FILE MODULE
 Buildings
 ● FIVE ESTIMATORS
 ○ ESTOP
 Property Line
 Property Boundary

Latitude 48.1095889
 Longitude -90.1030154
 SCALE N.T.S.
 PREPARED APRIL 20 2017
 DRAWN BY: MAREK BRESNICKA

VACATION 44600 ERUMONT RD.
 STORAGE JESSEL 1000 USWB

DATE REPAIRED APRIL 19-12

CUSTOMER LARDER SPORTS & MARINE
 RADIUS 195M

TANK SET BACK 15 FT FRONT 400 FT REAR 150 FT RIGHT 75 FT LEFT.

GPS COORDINATE LATITUDE 48.1095829 LONGITUDE 80.1030154

Emergency Plan Ontario

FORMER
 CITY CLERK: NEIL ALBRIGHT,
 DRESS, LARDER LAKE, ON
 MUNICIPALITY: LARDER TWP.

LARDER SPORTS AND MARINE

1 Persons to alert incident involving propane or other liquefied petroleum gas (LPG)

	Phone number
Trigger the alert	911
Firefighters	(705) 643-2277
Police	1-888-310-1122
Municipality (Emergency Coordinator)	(705) 643-2644
Immediate neighbors	705-643-1111
Immediate neighbors	Cell: 705-643-6325
Immediate neighbors	705-643-2299
Immediate neighbors	705-643-2530
Immediate neighbors	705-643-2356
Immediate neighbors	
Ministry of Environment of Québec	(866) 694-5454
Environment Canada (Regional Office)	(866) 283-2333
Transport Canada	(418) 648-4366



Neil Albright