



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 USWG of portable propane storage capacity on

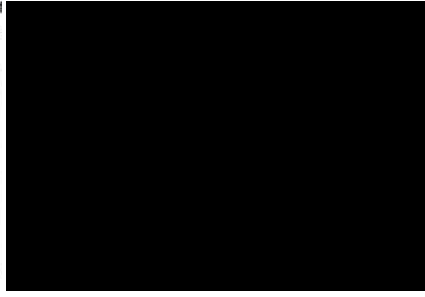
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 0033666001-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.

**A** Company Name: Woodland Park Ltd    Ontario Corporation No., if applicable: \_\_\_\_\_

Operator Name (if different from above): Same

Telephone No.: 519-422-1161    Fax No.: 519-422-2720    E-mail: info@woodlandpark.on.ca

**B** Street No.: 47    Street Name / 911 Number / Address, if applicable: Sauble Falls PKWY RR# 1

Town / City or Township / County: Sauble Beach    Province: On    Postal Code: N0A 2G0

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**

**D** Location of facility:

Street No.: 47    Street Name / 911 Number / Address, if applicable: Sauble Falls PKWY RR# 1    Nearest Major Intersection: Main Street Cty Rd # 8 & Sauble Falls PKWY

Town / City or Township / County: Sauble Beach    Province: On    Postal Code: N0A 2G0

Name of Licence Holder: Woodland Park Ltd

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Peter MacDermid    ROT type: OPA ROT # 1853 (PPO-3)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Town of South Bruce Peninsula

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: Woodland Park Ltd		24-01-12
Name of Senior Management person as defined in the Regulation holding the Record of Training: Peter MacDermid		



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**Technical Standards and Safety Act**  
Propane Storage and Handling Regulation

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

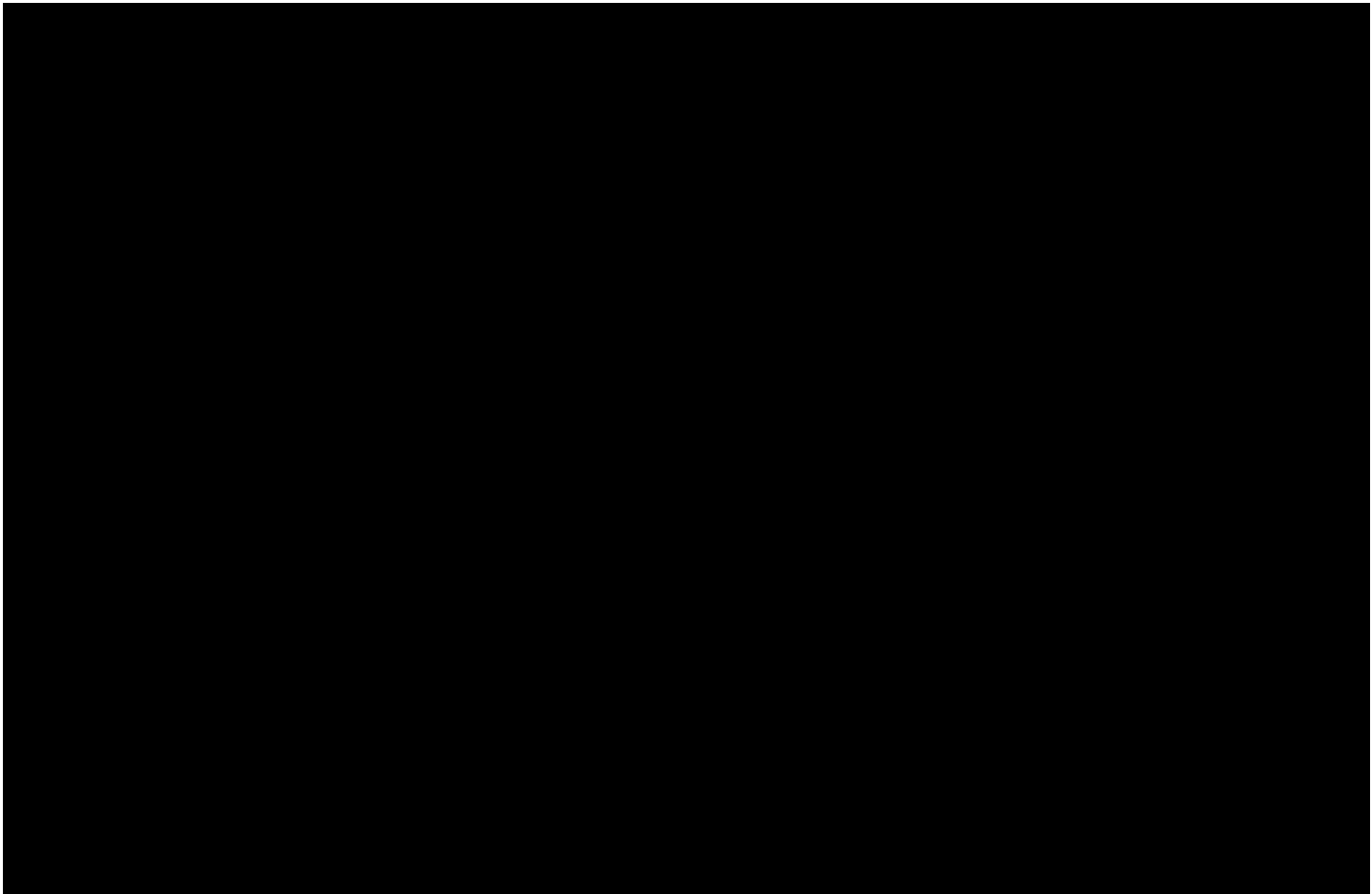
Indicate the year the facility was established. | Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1978 | None

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

	PSIG	Serial Number
Tank 1:	250	5275157
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: 1000 USWG | Portable: 0 | Mobile: 0



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Name of person completing this form (please print) Peter MacDermid	Official Title Co-Owner
Signature <i>Peter MacDermid</i>	Telephone No. 519-422-1161
	Date (dd-mm-yyyy) 24-01-12



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**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

<b>Name of Propane Supplier(s)</b> Superior Propane - Regional Operation Centre			
<b>Street No.</b> 251	<b>Street Name / 911 Number / Address, if applicable</b> Woodland Road East Unit 217		
<b>Town / City or Township / Country</b> Guelph		<b>Province</b> On	<b>Postal Code</b> N1H 8J1
<b>Telephone No.</b> 877-873-7467	<b>Fax No.</b> 519-836-7766	<b>Contact Name</b> Bruce Graham	
<b>E-mail</b> grahamb@superiorpropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			
Superior Propane			
<b>Street No.</b> 718020	<b>Street Name / 911 Number / Address, if applicable</b> HWY # 6, P.O. Box 364 STN Main		
<b>Town / City or Township / Country</b> Owen Sound		<b>Province</b> On	<b>Postal Code</b> N4K 5N7
<b>Telephone No.</b> 519-376-3384	<b>Fax No.</b> 519-836-7766	<b>Contact Name</b> Wayne Spahr	
<b>E-mail</b> spahrw@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b> None	<b>Capacity stored off-site, in USWG</b>	<b>For Office Use - Party No.</b>
<b>Street No.</b>	<b>Street Name / 911 Number / Address, if applicable</b>	
<b>Town / City or Township / Country</b>		<b>Province</b>
<b>Telephone No.</b>		<b>Postal Code</b>
<b>Fax No.</b>	<b>Contact Name</b>	

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

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<b>Name of person completing this form (please print)</b> Peter MacDermid	<b>Official Title</b> Co-Owner	
<b>Signature</b> 	<b>Telephone No.</b> 519-422-1161	<b>Date (dd-mm-yyyy)</b> 27-01-12





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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.

Sodium Hypoglorite 1000 US Gallon located

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

A-B-C Fire Extinguishers. Dry Chemical

1 Located @ Refill station propane tank

1 located @ office/store

Closest Residence & shop

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.

- 1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency Shut Off (Breaker) - 11 meters on pole from propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:

- 1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).
- 2- ISC valve (test for closure every 6 months).
- 3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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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 Peter MacDermid	For Office Use - Party No.	Name Peter MacDermid	For Office Use - Party No.
Official Title Co-Owner		Official Title Co-Owner	
Telephone No. 519-422-1161 519-422-2136	Fax No. 519-422-2720	Cell No. 519-372-9541 519-422-2136	Fax No. 519-422-2720
E-mail info@woodlandpark.pn.ca		E-mail info@woodlandpark.pn.ca	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Paul MacDermid	For Office Use - Party No.	Name Paul MacDermid	For Office Use - Party No.
Official Title Co-Owner		Official Title Co-Owner	
Telephone No. 519-422-1161 519-422-2068	Fax No. 519-422-2720	Telephone No. 519-372-9561 519-422-2068	Fax No. 519-422-2720
E-mail info@woodlandpark.pn.ca		E-mail info@woodlandpark.pn.ca	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Daniel Robinson	For Office Use - Party No.	Name Superior Propane Hot Line	For Office Use - Party No.
Official Title Fire Chief / Manager, Emergency Services		Official Title	
Telephone No. 519-534-1400 x142	Fax No. 519-534-4976	Telephone No. 877-873-7467	Fax No. N/A
E-mail emergencyservicesmgr@bmts.com		E-mail n/a	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Service Response. Liaise with police services.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personal as required	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Tim Wilson	For Office Use - Party No.	Name Angie Cathrae	
Official Title Fire Prevention Officer		Official Title Clerk	
Telephone No. 519-534-1400	Fax No. 519-534-4976	Telephone No. 519-534-1400	Fax No. 519-534-4976
E-mail firedept@bmts.com		E-mail sbpen@bmts.com	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Response when key contact is not available and liaise with police services.		Municipality Town of South Bruce Peninsula	

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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.

E-stop located (Breaker) on pole 11 meters from the dispenser area to cut the electrical in the event of an emergency, shutting the power of to the solenoid stopping the flow of propane.

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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) None	Print Name of Training Provider:
	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) None	Print Name of Training Provider:
	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) 29-07-2010	Print Name of Training Provider: OPA	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Dave Johnson Cert# 135	
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) Q1-2012	Print Name of Training Provider: Superior Propane or Alternate Please note: Canadian Propane Gas Association
	Print Name of Instructor: to be arranged is offering PTI 911-02 the course
Target Date (dd-mm-yyyy)	Print Name of Training Provider: content and it and its provider is available to
	Print Name of Instructor: taught in the first quarter of this 2012.
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) Q1-2012	Print Name of Training Provider: Key Contact to train staff
	Print Name of Instructor: to be arranged
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) Q2-2012	Print Name of Training Provider: OPA Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Dave Johnson Cert # 135 Note: To call training provider if any training is required
Target Date (dd-mm-yyyy)	Print Name of Training Provider: in 2012
	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 operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency 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).

The owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

**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).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/ accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.

The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

This information will be provided to the authorities by Peter MacDermid or alternate.

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

Key Contact: -1 minutes to arrive at the facility in the event of an emergency

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Signature 	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 27-01-12







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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>DANIEL ROBINSON</b>		<b>2012/05/08</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) 15-01-2012	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 29.5 m	Right side property line: 114.6 m
Rear: 807.3 m	Left side property line: 279.2 m
GPS coordinates of single largest vessel: 44.6343 -81.2638	

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

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

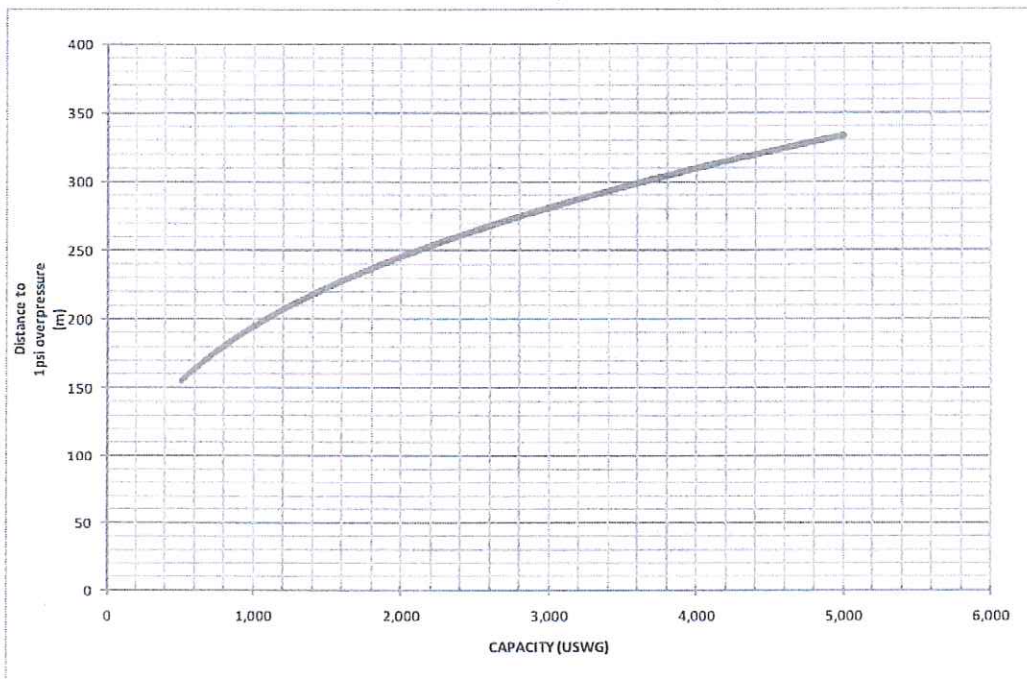
Table 1: Distance Table

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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Signature <i>Peter MacDermid</i>		Telephone No. 519-422-1161	Date (dd-mm-yyyy) 24-01-12





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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: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			x		17.5 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Woodland Park Ltd.</u> Address: <u>47 Sauble Falls Parkway</u> City: <u>Sauble Beach</u> Province <u>On</u> Postal Code <u>N0A 2G0</u>				x	16.5 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Fire Hall</u> Address: <u>21 Sauble Beach Parkway</u> City: <u>Sauble Beach</u> Province <u>On</u> Postal Code <u>N0H 2G0</u>	x				250 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) Peter MacDermid	Official Title Co-Owner
Signature 	Telephone No. 519-422-1161
	Date (dd-mm-yyyy) 27-01-12





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

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

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

<b>Total Cylinder Capacity</b>	0
<b>Total Tank Capacity</b>	1000 USWG
<b>Total Portable Capacity</b>	0

**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) Peter MacDermid		Official Title Co-Owner	
Signature 		Telephone No. 519-422-1161	Date (dd-mm-yyyy) 27-01-12



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 Map data ©2011 Google, Tele Atlas

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**setbacks Distances to Site Boundary**  
 North: 279.2 m East: 807.3 m  
 South: 114.6 m West: 29.5 m

**Municipality (ies) within the 1 psi overpressure circle:**  
 Town of South Bruce Peninsula

**Map of Surrounding Area**

**Capacity of Propane Storage Tank:**  
 Capacity of Propane Storage Tank = 1000 USWG

**Municipal Contact:**  
 Angie Cathrae  
 Clerk, Township of South Bruce Peninsula  
 315 George Street, Box 310, Warton, ON N0H 2T0  
 Tel: 519-534-1400 ext. 122 Fax: 519-534-4976  
 email: sbpen@bmts.com

Woodland Park Ltd.  
 47 Sauble Falls Parkway, Sauble Beach, ON N0A 2G0  
**Legal Description**  
 Part LOT 27 CON D  
 South Bruce Peninsula, Amabel Twp

**GPS Co-ordinates of Propane Storage Tank:**  
 GPS Co-ordinates = 44.634463, -81.263715

**Municipal Contact:**  
 Angie Cathrae  
 Clerk, Township of South Bruce Peninsula  
 315 George Street, Box 310, Warton, ON N0H 2T0  
 Tel: 519-534-1400 ext. 122 Fax: 519-534-4976  
 email: sbpen@bmts.com

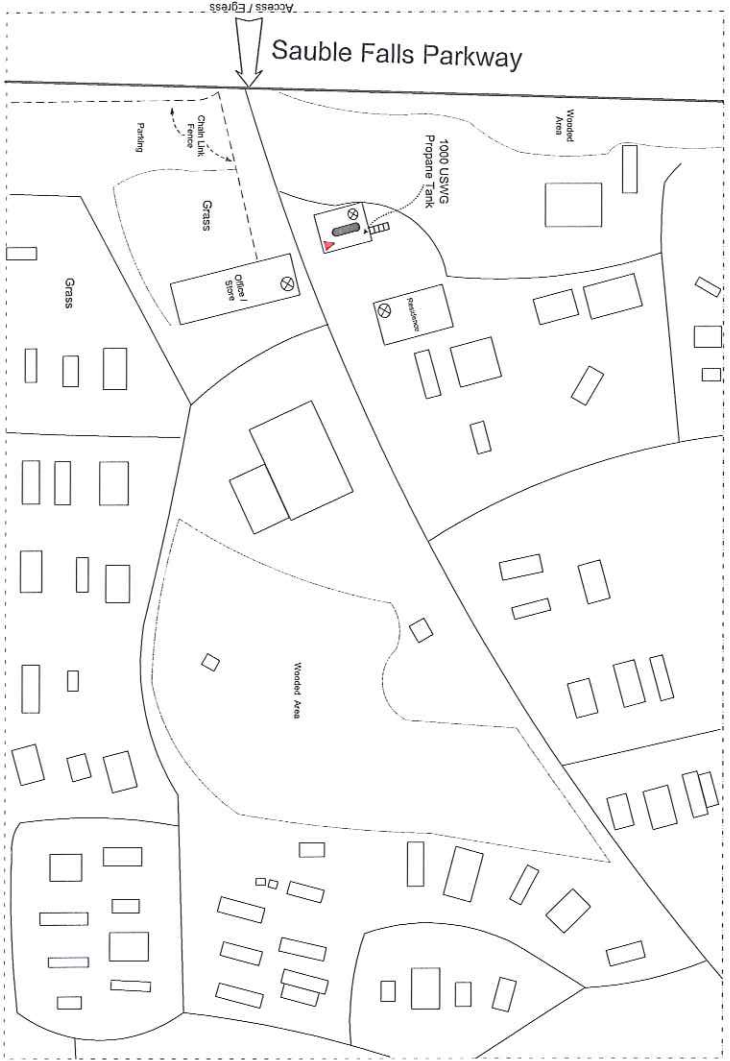
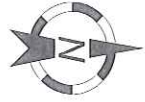
Drawn by: L. Willis Date: January 15, 2012

**Circular Distance to 1 psi overpressure:**  
 Denoted by circle centred on tank; radial distance = 195 m

**Municipal Contact:**  
 Angie Cathrae  
 Clerk, Township of South Bruce Peninsula  
 315 George Street, Box 310, Warton, ON N0H 2T0  
 Tel: 519-534-1400 ext. 122 Fax: 519-534-4976  
 email: sbpen@bmts.com

Drawn by: L. Willis Date: January 15, 2012





Site Boundary

1000 USWG Propane Tank



Key Plan:



- Notes:
- 1. Tank distances to property lines:

Property Line Setbacks	Distance
North	273.2 m
South	114.6 m
East	807.3 m
West (Front)	29.5 m

- 2. Fire Extinguisher
- 3. Egress/Fire Access Route:  
Egress/access point of Sauble Falls Parkway
- 4. E-Stop
- 5. Propane Cylinder Storage Area

**FSN Training & Development**

**Site Plan**  
 Woodland Park Ltd.  
 47 Sauble Falls Parkway, Sauble Beach, ON N0A 2G0

**Legal Description**  
 Part LOT 27 CON D  
 South Bruce Peninsula, Amabel Township

Drawn by: L. Wills	Checked by:
Date: January 15, 2012	Rev 1