

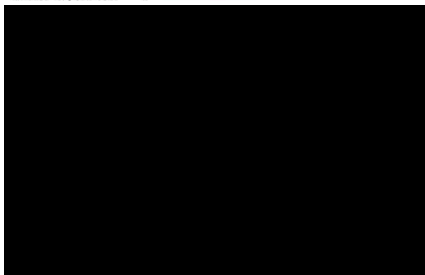


Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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
- a facility with a fixed propane storage capacity
- USWG of portable propane storage capacity



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 000207172

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 LBK Sequin Hardware Ltd. Ontario Corporation No., if applicable 1882147

Operator Name (if different from above) Essex Home Hardware Building Centre

Telephone No. 519 776-4646 Fax No. 519 776-9409 E-mail _____

B Street No. 47 Street Name / 911 Number / Address, if applicable Wilson Ave.

Town / City or Township / County Essex Province ON Postal Code N8M 2L9

Working address if different from above.

C Street No. 43 Street Name / 911 Number / Address, if applicable Wilson Ave.

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

Information on Container Refill Centre or Filling Plant
 Location of facility.


D Street No. 93 Street Name / 911 Number / Address, if applicable Wilson Ave Nearest Major Intersection Talbot & Victoria

Town / City or Township / County Essex Province ON Postal Code N8M 2L9

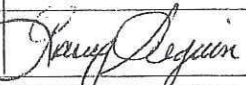
Name of Licence Holder _____

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Larry Sequin ROT type Propane Attendant

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) _____ cert # 102676

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	Print name <u>Larry Sequin</u>	Signature 	Date (dd-mm-yyyy) <u>06-05-2013</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Larry Sequin</u>		



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)

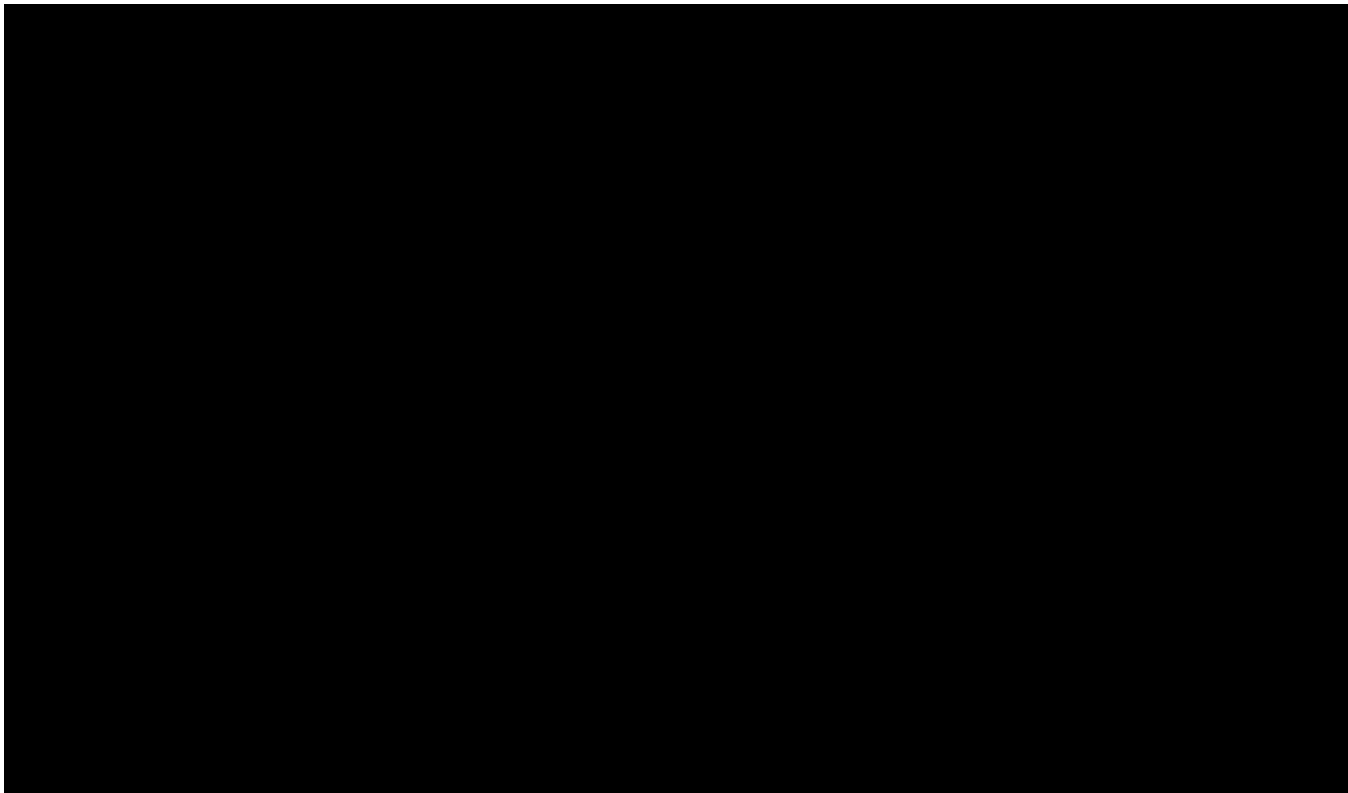
Indicate the year the facility was established. 2003 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250 PSI @ 120°</u>	<u>5.592533</u>
Tank2:	_____	_____
Tank3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG Portable: ~~3 portable tanks~~ Mobile: 0



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Name of person completing this form (please print) <u>Laurie Kimball</u>	Official Title <u>Accts Payable</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 776-4646</u> Date (dd-mm-yyyy) <u>5/6/13</u>



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

Activity Information

Name of Propane Supplier(s) <i>Superior Propane</i>			
Street No.	Street Name / 911 Number / Address, if applicable <i>P.O. Box 2875 Station M</i>		
Town / City or Township / Country <i>Calgary</i>		Province <i>Alberta</i>	Postal Code <i>T2P 5G1</i>
Telephone No. <i>877-873-7467</i>	Fax No. <i>519-351-6660</i>	Contact Name	
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 <i>None</i>		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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Signature <i>Laurie Kimball</i>	Telephone No. <i>519 776-4646</i>	Date (dd-mm-yyyy) <i>6/6/13</i>



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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.

Chlorine - 6000 litres max

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

Fire Extinguishers
Fire Hydrants

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.

- emergency shut off controls for propane tower
- Fusible link installed on propane tower.

Maintenance and testing schedule for fire protection controls and devices.

- Daily visual inspection
- Monthly sign off on Fire extinguishers
- yearly certification of Fire extinguishers
- yearly inspection/certification by superior propane

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) Laurie Kimball		Official Title ACCTS PAYABLE	
Signature Laurie Kimball		Telephone No. 519 776-4646	Date (dd-mm-yyyy) 6/6/13



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: <u>Larry Seguin</u> For Office Use - Party No. Official Title: <u>Owner</u> Telephone No.: <u>519 776-4646</u> Fax No.: <u>519 776-9405</u> E-mail: <u>Larry@tehomehardware.com</u> Role and responsibilities in emergency: <u>Information, Key holder</u>		5. Facility 24-Hour Contact Person Name: <u>Louis Angers</u> For Office Use - Party No. Official Title: <u>Building Supply Manager</u> Cell No.: <u>519-991-2748</u> Fax No.: <u>519 776-9405</u> E-mail: Role and responsibilities in emergency: <u>Keyholder / information</u>	
2. Facility Contact Personnel - Alternate Contact Name: <u>Louis Angers</u> For Office Use - Party No. Official Title: <u>Building Supply Manager</u> Telephone No.: <u>519-991-2748</u> Fax No.: <u>519 776-9405</u> E-mail: Role and responsibilities in emergency: <u>Key holder / information</u>		6. Name of Facility Manager Name: <u>David Riggs</u> For Office Use - Party No. Official Title: <u>Manager</u> Telephone No.: <u>519 776-8023</u> Fax No.: <u>519 776-9405</u> E-mail: Role and responsibilities in emergency: <u>Keyholder Information</u>	
3. Local Fire Services - Key Contact Name: <u>ED T. Pillion</u> For Office Use - Party No. Official Title: <u>Fire chief</u> E-mail: <u>epillion@essex.ca</u> Telephone No.: <u>519 776-6476 xt 11</u> Fax No.: <u>519 776-7171</u> Role and responsibilities in emergency: <u>Fire chief</u> Fire Services Address: <u>55 Alice St. Essex, ON N8M 1C6</u>		7. Propane Supplier Key Contact Person Name: <u>Superior Propane</u> For Office Use - Party No. Official Title: E-mail: Telephone No.: <u>877 873-7467</u> Fax No.: <u>519 351-6660</u> Role and responsibilities in emergency: <u>INFORMATION</u> Propane Supplier Address: <u>7682 Queensline Hwy 2 W. Chatham, ON N7M 5J5</u>	
4. Local Fire Services - Alternate Contact Name: <u>Dan Smith</u> For Office Use - Party No. Official Title: <u>Deputy</u> E-mail: <u>dsmith@essex.ca</u> Telephone No.: <u>519 776-6476</u> Fax No.: <u>519 776-7171</u> Role and responsibilities in emergency: <u>Duty</u> Fire Services Address: <u>55 Alice St. Essex, ON N8M 1C6</u>		8. Municipal Contact Name: <u>Town of Essex</u> For Office Use - Party No. Official Title: <u>Clerk - Cheryl Bondy</u> Telephone No.: <u>519-776-7336 XT32</u> Fax No.: <u>519 776-8811</u> E-mail: <u>cbondy@essex.ca</u> Municipality Name and Address: <u>Town of Essex</u>	

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Name of person completing this form (please print) <u>Laurie Kimball</u>	Official Title <u>Aud's Payable</u>
Signature <u>Laurie Kimball</u>	Telephone No. <u>519 776-4646</u> Date (dd-mm-yyyy) <u>6/6/13</u>



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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.

As Attached - Propane emergency procedures

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Signature <i>Laurie Kimball</i>	Telephone No. <i>519 776-4646</i>
	Date (dd-mm-yyyy) <i>6/6/13</i>



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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.

NEW Company as of Mar 8/11

Training Date (dd-mm-yyyy) <i>15/06/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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) <i>15/6/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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) <i>15/6/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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) <i>Laurie Kimball</i>	Official Title <i>Accts Payable</i>
Signature <i>Laurie Kimball</i>	Telephone No. <i>519 776-4646</i> Date (dd-mm-yyyy) <i>6/6/13</i>



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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) <i>15/6/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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) <i>15/6/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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) <i>15/6/13</i>	Print Name of Training Provider: <i>Larry Seguin</i>
	Print Name of Instructor: <i>Larry Seguin</i>
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:

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>Lauree Kimball</i>	Official Title <i>Accts Payable</i>
Signature <i>Lauree Kimball</i>	Telephone No. <i>519 776-4646</i>
	Date (dd-mm-yyyy) <i>6/6/13</i>



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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 propane emergency procedures was written by the fire chief & is included in this report.

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 safety training course is detailed & accurate & will be trained every year.

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).

Detailed in our procedures.

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

The propane tank & equipment are all in the yard & there is a gate with a chain for access. The fire department has hot cutters on their truck.

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

We have a copy of this report, as well as the fire department. If there are any changes I will forward copies of the changes.

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

5 to 10 minutes, 2 of the names listed live right in town.

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Name of person completing this form (please print) <i>Laurie Kimball</i>	Official Title <i>Accts Payable</i>
Signature <i>Laurie Kimball</i>	Telephone No. <i>519 778-4646</i>
	Date (dd-mm-yyyy) <i>6/6/13</i>



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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 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) | | 90m - 1250 l/m
140m - 5220 l/m
270m - 5440 l/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) | | N/A |

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Signature <i>Laurie Kimball</i>	Telephone No. <i>519 776-4646</i>	Date (dd-mm-yyyy) <i>6/6/13</i>



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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:

[Please see attached comments - Appendix A2](#)

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 Rick Malott - Fire Inspector/Public Educator		10-07-2013

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)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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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.

	Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name	<i>Rick Malott</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)	Official Title	
<i>Laure Kimball</i>	<i>Acct's Payable</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Laure Kimball</i>	<i>519 776-4646</i>	<i>23/07/2013</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) <i>est</i> 01-03-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 30m	Right side property line: 89m
Rear: 27m	Left side property line: 147m
GPS coordinates of single largest vessel: 42.176186 - 82.818734	

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) Laurie Kambal	Official Title Rec'ts Payable
Signature <i>Laurie Kambal</i>	Telephone No. 519 776-4646
	Date (dd-mm-yyyy) 6/6/13



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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

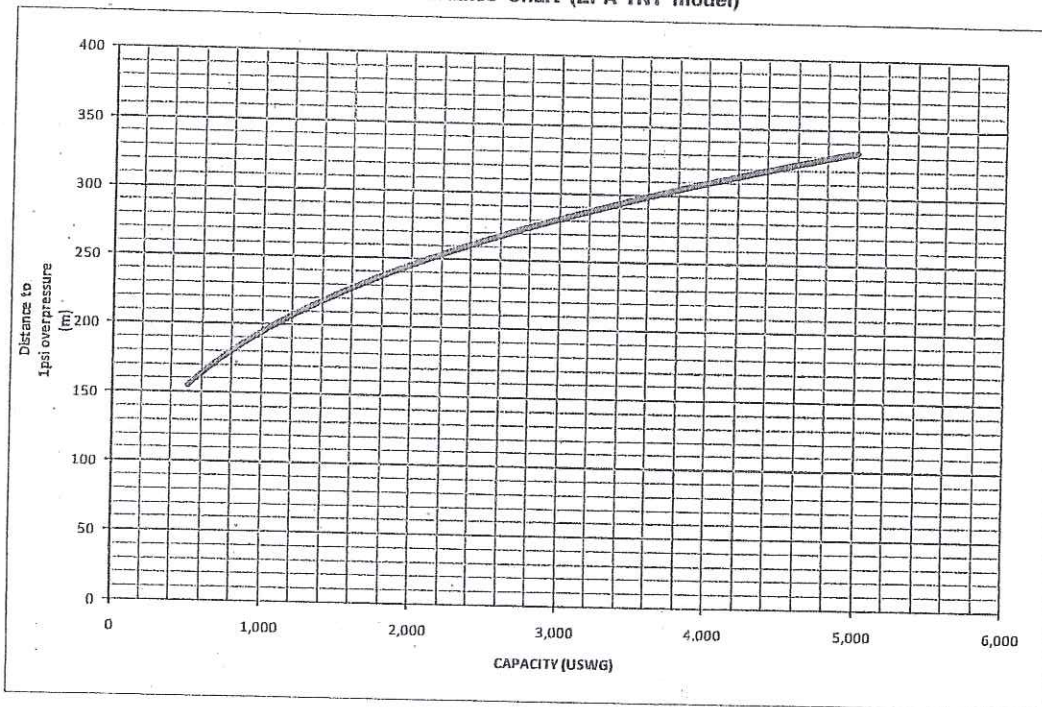
Table 1: Distance Table

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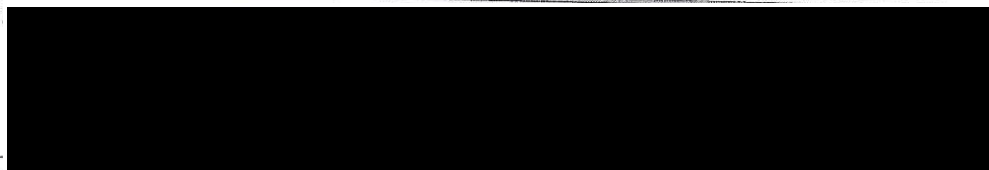
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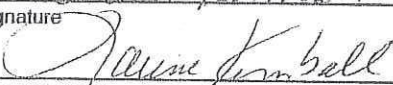
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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
			X		<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>41 Individual retail & restaurants</u> Address: _____ City: _____ Province _____ Postal Code _____			X		<u>160</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Rock of Help (school / church)</u> Address: <u>43 Fox Street</u> City: <u>Essex</u> Province <u>ON</u> Postal Code <u>N8M2S1</u>		X			<u>200</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Essex Fire Dept</u> Address: <u>55 Alice St. N</u> City: <u>Essex</u> Province <u>ON</u> Postal Code <u>N8M1C6</u>		X			<u>325</u> 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>Laurie Kimball</u>	Official Title <u>Acct's Payable</u>
Signature 	Telephone No. <u>519 776-4646</u>
	Date (dd-mm-yyyy) <u>6/6/13</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	3	28.86
# 30	8.8	0	
# 20	5.8	10	58.8
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

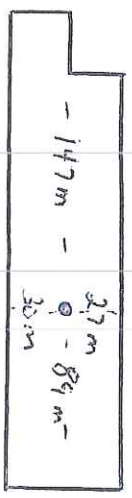
Tank Size In USWG	Quantity	Total Volume In USWG
Total Tank Capacity		

Total Cylinder Capacity	87.66 USWG
Total Tank Capacity	2000 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	8

ESSEX HOME HARDWARE 47 WILSON AVE ESSEX S19-776-4646

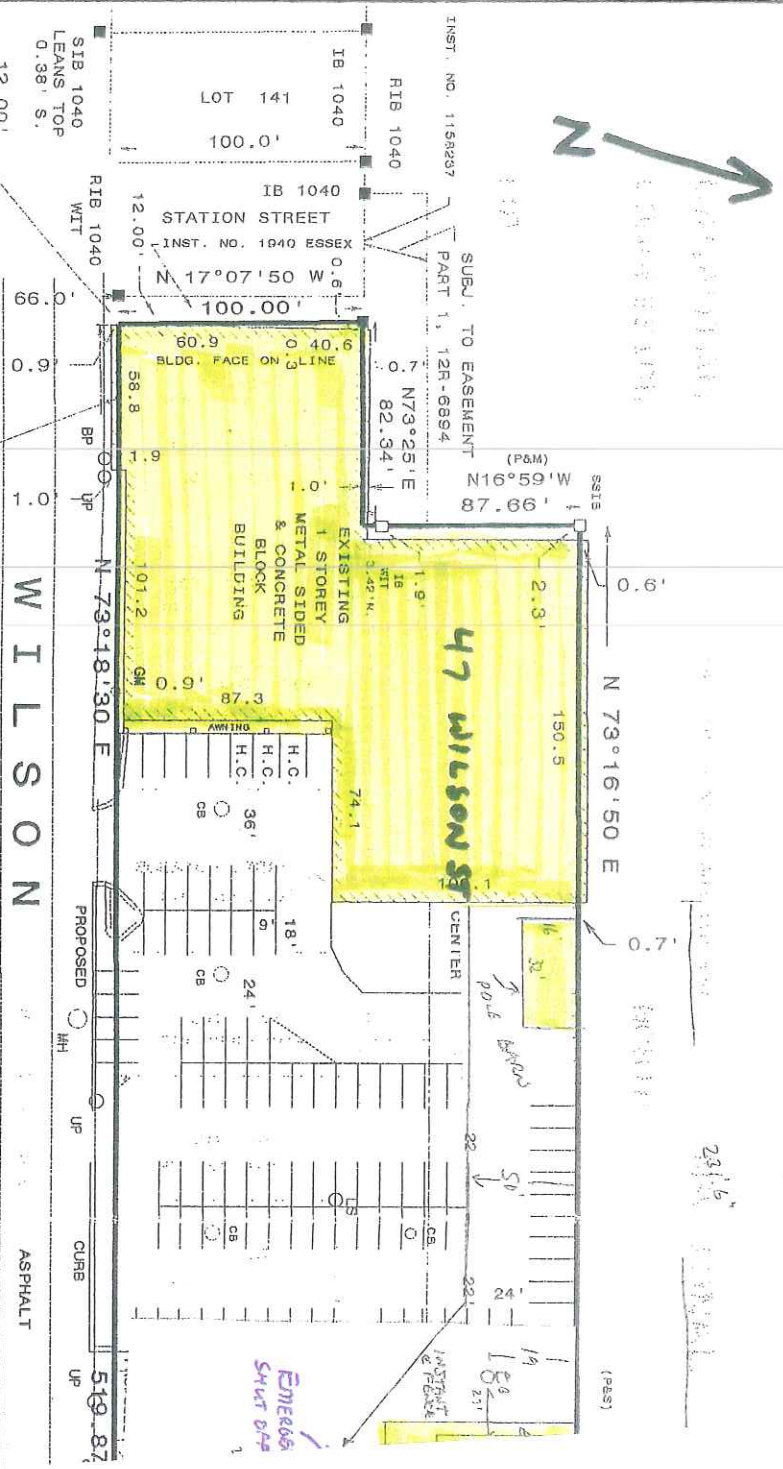


246 m RADIUS SHOWN ON MAP
 GPS 42.176186 - 82.818734 2000 USWB



PREPARED
 MARCH 18, 2011

KEY HOLDERS
 PHILIP PYNBO - OWNER
 S19-839-5745 S19-STI-5974
 SIM ST-OWE - STORE MANAGER
 S19-776-6832 S19-306-1653
 OWIS ADVISERS - MANAGER
 S19-776-7681
 EG PYNBO - OWNER



PROPAANE TOWER 2000 USWG (GPS 42.176186 -82
FIRE HYDRANT MAX 60002
CHLORINE STORAGE AND BUILDING CENTRE
HARDWARE STORE

SITE PLAN OF
 PART 1) PLAN OF
 LOTS 145, 147, 149, 151, 153, 155, 157, 159, 161, 163, 165
 PART OF LOTS 143 & 167, MALOTT & SCRATCH STS.
 REG'D PLAN 176, TOWN OF ESSEX
 PART OF LOT 283, NORTH TALBOT ROAD
 COUNTY OF ESSEX
 SCALE 1" = 30'
 1, 10 20, 30 FEET

LEGEND

- DENOTES SURVEY MONUMENT FOUND
 - DENOTES SURVEY MONUMENT SET AND VAILED 1941
 - DENOTES STANDARD IRON BAR
 - DENOTES SHORT STANDARD IRON BAR
 - DENOTES IRON BAR
 - DENOTES ROUND IRON BAR
 - DENOTES CUT CROSS
 - DENOTES WITNESSES
 - DENOTES UNIDENTIFIED SURVEY MONUMENT
 - DENOTES FIRE HYDRANT
 - DENOTES PLAINBY R. SURVEY QLS E 178 142
 - DENOTES CATCH BASIN
 - DENOTES UTILITY POLE
 - DENOTES LIGHT STANDARD
 - DENOTES GAS METER
 - DENOTES OVERHEAD UTILITY WIRE
 - DENOTES CHAIN LINK FENCE
- ASPHALT PL**
 1) TO ASPHALT IN P
 LOTS NO. 150 TO
 2) TO ASPHALT DAM
 THIS SUMMER
 3) TO ASPHALT REPAI
 YEARE
BEAUTIFICAL
 1) PROPOSED BOARD F
 WOOD YARD AND AC
 2) PROPOSED CONTRI
 3) PROPOSED FLOWER
 4) NEW CURB WILL HAV