



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.

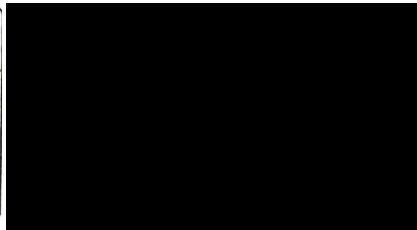
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0033153001-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 1298463 Ontario Ltd. Ontario Corporation No., if applicable _____

Operator Name (if different from above) J & D ESSO

Telephone No. 519-682-0312 Fax No. 519-682-0312 E-mail None

Street No. 55 Street Name / 911 Number / Address, if applicable Mill Street

Town / City or Township / County Tilbury Province On Postal Code N0P 2L0

Mailing address if different from above.

Street No. Same 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.

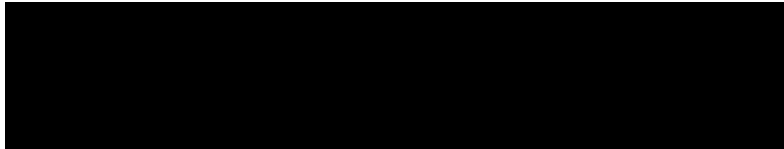
Street No. 55 Street Name / 911 Number / Address, if applicable Mill Street Nearest Major Intersection HWY 401 & Comber Side Road

Town / City or Township / County Tilbury Province On Postal Code N0P 2L0

Name of Licence Holder 1298463 Ontario Ltd.


Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) Rick Bulley ROT type PTI 100-1 Cert # 84410 (PP0-3)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Chatham Kent

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>1298463 Ontario Ltd.</u>		<u>Feb 21/12</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Rick Bulley</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1983

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

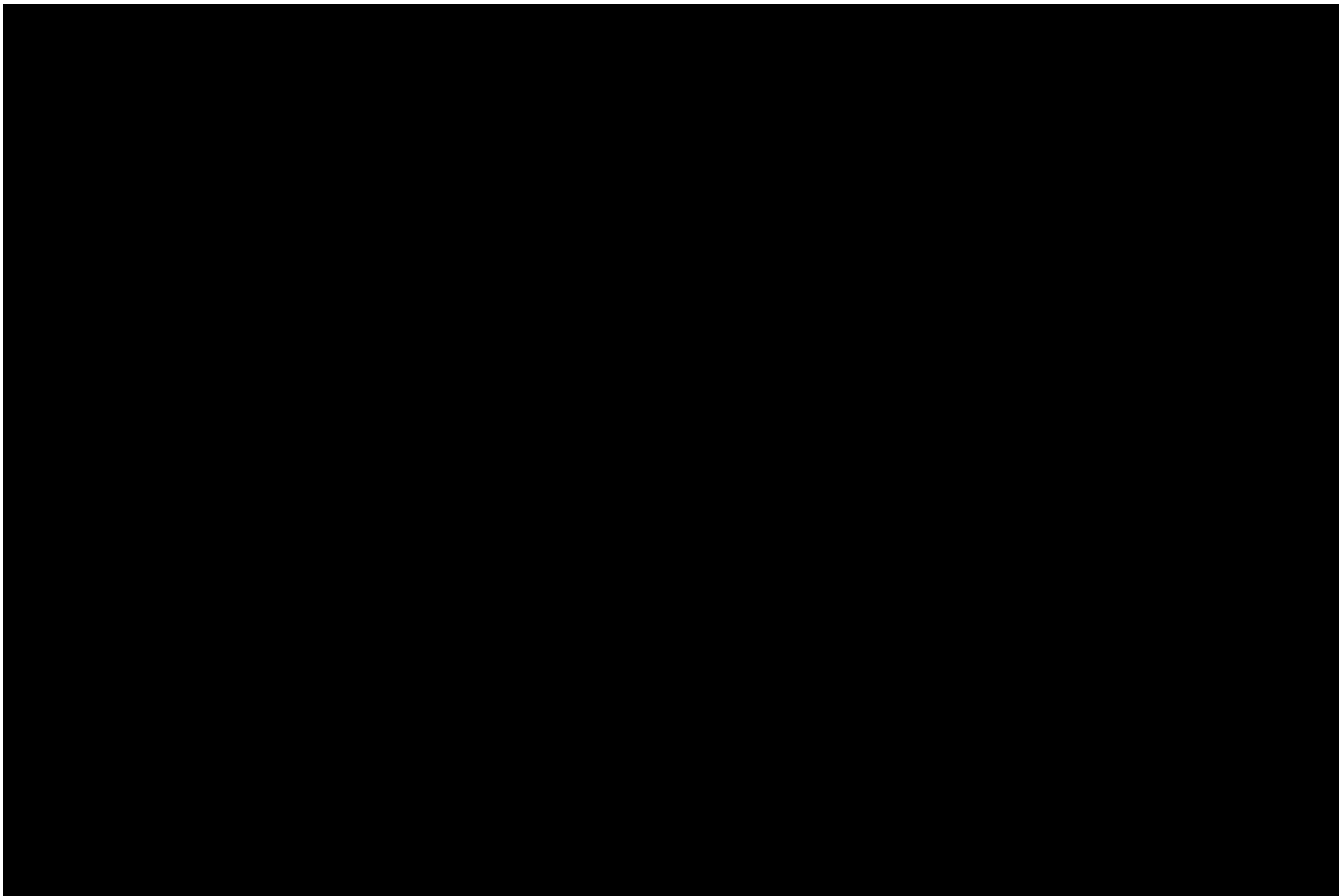
2009

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

	PSIG	Serial Number
Tank1:	250	D5592515
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: 34.8 Mobile: 0



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Name of person completing this form (please print) Rick Bulley	Official Title Manager
Signature <i>Rick Bulley</i>	Telephone No. 519-682-0312
	Date (dd-mm-yyyy) 21/02/12



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

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

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
Superior Propane			
Street No. 7652	Street Name / 911 Number / Address, if applicable Queensline, HWY # 2 West		
Town / City or Township / Country Chatham		Province On	Postal Code N7M 5J5
Telephone No. 519-359-2635	Fax No. 519-836-7766	Contact Name Richard Button	
E-mail richard_button@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage None	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
Telephone No.	Fax No.	Contact Name

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

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

Gasoline - 50,000 litre storage, - underground tanks see site map

Diesel - 15,000 litre storage, - underground tank see site map

Minerals Spirits 250 litres - above ground see site map

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

A-B-C Fire Extinguishers.

1 - 20 dry ABC Located @ Propane dispenser

4 - 5 dry ABC located through out the facility

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- Smoke & Fire alarms

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

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <u>Rick Bulley</u>	For Office Use - Party No.	Name <u>Rick Bulley</u>	For Office Use - Party No.
Official Title <u>Manager</u>		Official Title <u>Manager</u>	
Telephone No. <u>591-360-0373</u>	Fax No. <u>519-682-0312</u>	Cell No. <u>591-360-0373</u>	Fax No. <u>519-682-0312</u>
E-mail <u>None</u>		E-mail <u>None</u>	
Role and responsibilities in emergency <u>Co-ordinate site response plan (ERP)</u>		Role and responsibilities in emergency <u>Co-ordinate site response plan (ERP)</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Donald Bulley</u>	For Office Use - Party No.	Name <u>Rick Bulley</u>	For Office Use - Party No.
Official Title <u>President</u>		Official Title <u>Manager</u>	
Telephone No. <u>519-682-1938</u>	Fax No. <u>519-682-0312</u>	Telephone No. <u>591-360-0373</u>	Fax No. <u>519-682-0312</u>
E-mail <u>None</u>		E-mail <u>None</u>	
Role and responsibilities in emergency <u>Co-ordinate site response plan (ERP)</u>		Role and responsibilities in emergency <u>Co-ordinate site response plan (ERP)</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Robert Crawford</u>	For Office Use - Party No.	Name <u>Superior Propane Hot Line</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>		Official Title	
Telephone No. <u>519-436-3270</u>	Fax No. <u>519-352-8620</u>	Telephone No. <u>877-873-7467</u>	Fax No. <u>N/A</u>
E-mail <u>bob@chatham-kent.ca</u>		E-mail <u>n/a</u>	
Role and responsibilities in emergency <u>Coordinate Emergency Response / advise on Fire Service Response. Liaise with police services.</u>		Role and responsibilities in emergency <u>Identify and dispatch Superior Propane and or LPERGC emergency response personal as required</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Ray Stone</u>	For Office Use - Party No.	Name <u>Judy Smith</u>	
Official Title <u>Assistant Fire Chief of Prevention Public Education</u>		Official Title <u>City Clerk</u>	
Telephone No. <u>519-436-3270</u>	Fax No. <u>519-352-8620</u>	Telephone No. <u>519-360-1968</u>	Fax No. <u>519-436-3237</u>
E-mail <u>rstone@chatham-kent.ca</u>		E-mail <u>judy.smith@chatham-kent.ca</u>	
Role and responsibilities in emergency <u>Coordinate Emergency Response / advise on Fire Response when key contact is not available and liaise with police services.</u>		Municipality <u>Community of Chatham - Kent</u>	

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Name of person completing this form (please print) <u>Rick Bulley</u>	Official Title <u>Manager</u>
Signature 	Telephone No. <u>519-682-0312</u>
	Date (dd-mm-yyyy) <u>21/02/12</u>



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2. Additional Safety Measures

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

None

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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) 15-06-2010	Print Name of Training Provider: Propane Gas Association	Please Note - a ROT is valid for 3 years
	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) Q2-2012	Print Name of Training Provider: Superior Propane or Alternate Please note: Canadian Propane Gas Association
	Print Name of Instructor: to be arranged has currently developed the course PTI 911-02
Target Date (dd-mm-yyyy)	Print Name of Training Provider: content and it and its provider is available to be
	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) Q2-2012	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) 15-06-2012	Print Name of Training Provider: Propane Gas Association Please Note - a ROT is valid for 3 years
	Print Name of Instructor: 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 Rick Bulley or alternate.

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

Key Contact: -5 to 10 minutes to arrive at the facility in the event of an emergency

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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) | <u>35 m fire hydrant</u> | |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) | <u>N/A</u> | |

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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		

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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) 19-02-2012	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 32 m	Right side property line: 3 m
Rear: 58 m	Left side property line: 130 m
GPS coordinates of single largest vessel: 42.2628 -82.441374	

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

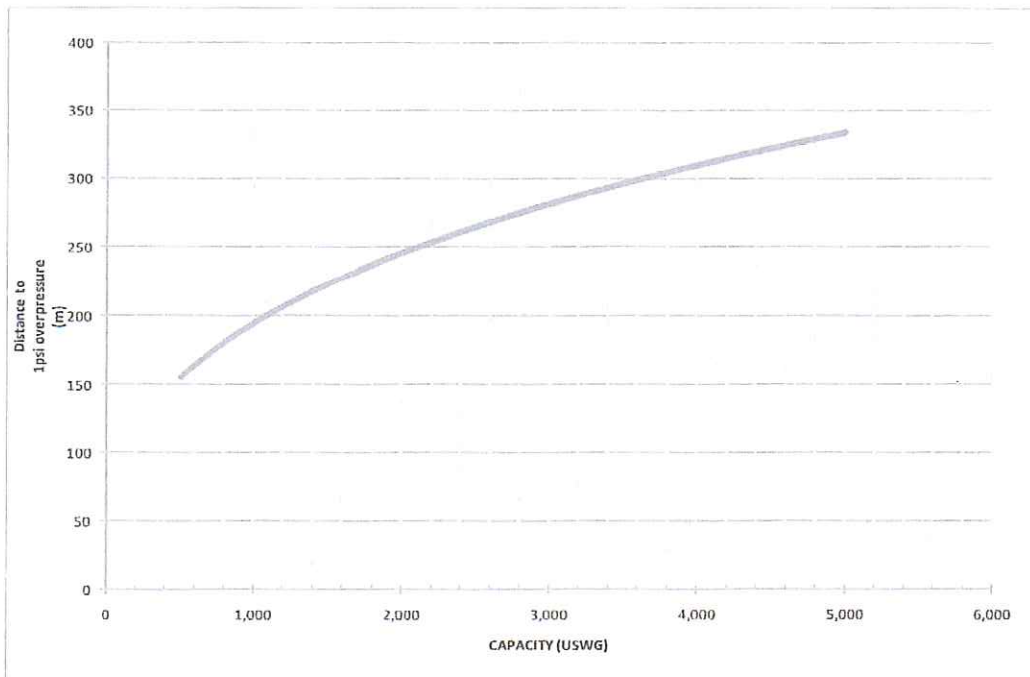
Table 1: Distance Table

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)



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) Rick Bulley	Official Title Manager
Signature 	Telephone No. 519-682-0312
Date (dd-mm-yyyy) 21/02/12	



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

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>Laliberte Collision Inc.</u> Address: <u>47 Mill Street</u> City: <u>Tilbury</u> Province <u>On</u> Postal Code <u>N0P 2L0</u>					<u>100</u> m
Residential building units specifically permanent single family dwellings, apartments, etc. [Redacted]			x		<u>38</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Dave Laliberte</u> Address: <u>49 Mill Street West</u> City: <u>Tilbury</u> Province <u>On</u> Postal Code <u>N0P 2L0</u>		x			<u>75</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> 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				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</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>Rick Bulley</u>	Official Title <u>Manager</u>
Signature <u>Rick Bulley</u>	Telephone No. <u>519-682-0312</u>
	Date (dd-mm-yyyy) <u>21/02/12</u>



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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	6	34.8
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			34.8

Tanks Stored On-site Not Connected for Use

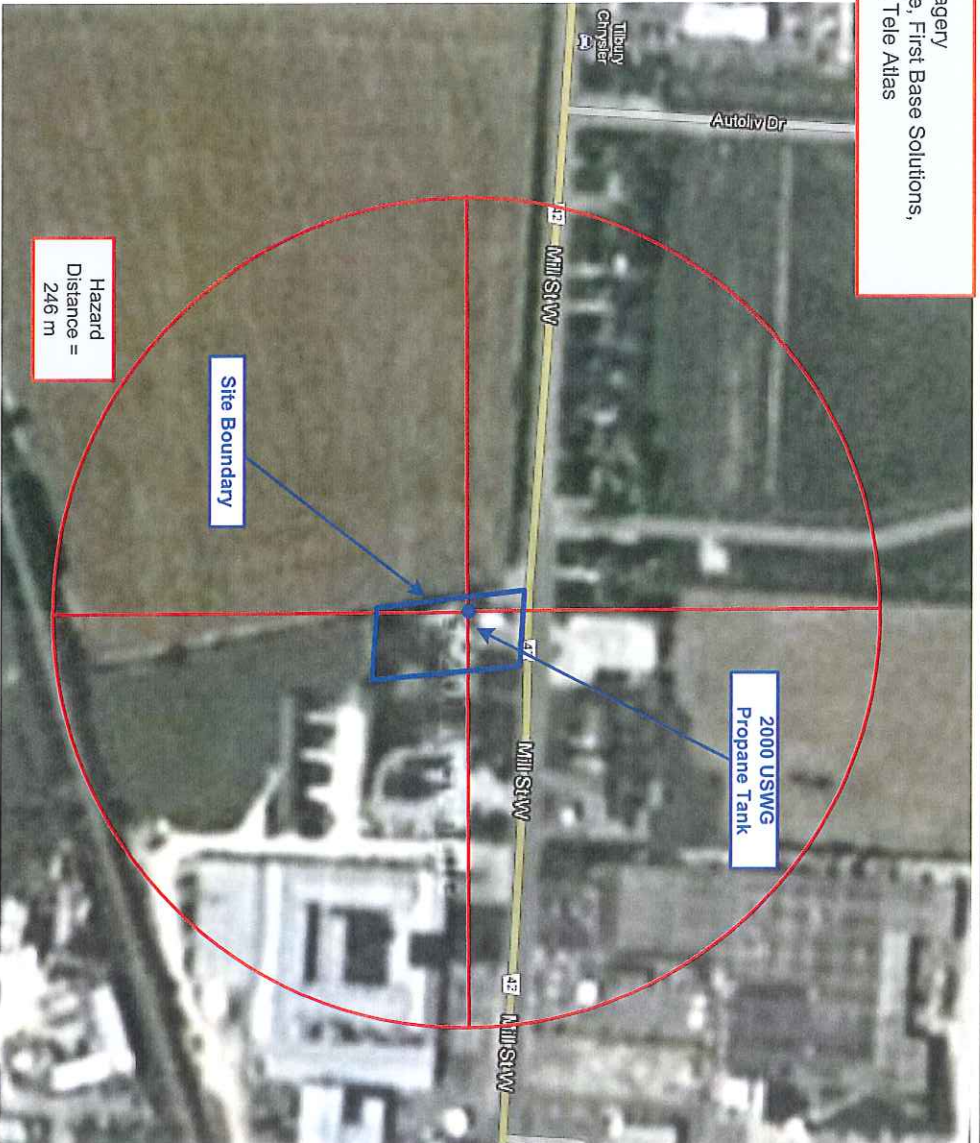
Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
Total Tank Capacity		0

Total Cylinder Capacity	34.8
Total Tank Capacity	2000 USWG
Total Portable Capacity	34.8

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) Rick Bulley	Official Title Manager	
Signature <i>Rick Bulley</i>	Telephone No. 519-682-0312	Date (dd-mm-yyyy) 2/10/12

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Setback Distances to Site Boundary
 North: 32 m East: 130 m
 South: 58 m West: 3 m

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates of Propane Storage Tank:
 GPS Co-ordinates = 42.2628, -82.441374

Circular Distance to 1 psi overpressure:
 Denoted by circle centred on tank; radial distance = 246 m

Municipality (ies) within the 1 psi overpressure circle:
 Community of Chatham-Kent

Municipal Contact:
 Judy Smith
 City Clerk, Community of Chatham-Kent
 315 King St. W., Box 640, Chatham, ON N7M 5K8
 Tel: 519-360-1998 Fax: 519-436-3237
 email: judy.smith@chatham-kent.ca

Map of Surrounding Area

1298463 ONT Ltd. O/A J&D Esso
 55 Mill St. W., Tilbury, ON N0P 2L0
Legal Description
 NORTH PART LOT 21 Reg Comp PLAN 793 LOT 6
 Drawn by: L. Wills Date: February 19, 2012

