



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

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

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

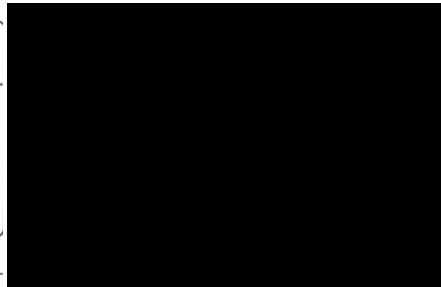
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name: Black Bear Enterprises Ltd. Corporation No.: 2465429
 Operator Name (if different from above): Youn Ki Chae (George)

Telephone No.: 807-583-2494 Fax No.: 807-583-2094 E-mail: blackbear@bellnet.ca

B Street No.: 12 Street Name / 911 Number / Address, if applicable: King Street
 Town / City or Township / County: Armstrong Province: Ontario Postal Code: POT 1A0

Mailing address if different from above.

C Street No.: P.O. Box 190
 Town / City or Township / County: Armstrong Province: Ontario Postal Code: POT 1A0

Information on Container Refill Centre or Filling Plant

D Location of facility.
 Street No.: 55-56 Street Name / 911 Number / Address, if applicable: Queen Street Nearest Major Intersection:
 Town / City or Township / County: Armstrong Province: Ontario Postal Code: POT 1A0

Name of Licence Holder: Youn Ki Chae (George)
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Scott Johnston ROT type: 100-08 Cert. # 150749
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders):
 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-mmm-yyyy)
Name of Licence Holder: Black Bear Enterprises Ltd		17-Aug-2015
Name of Senior Management person as defined in the Regulation holding the Record of Training: Scott Johnston		17-Aug-2015



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SECTION A: GENERAL INFORMATION (cont'd)

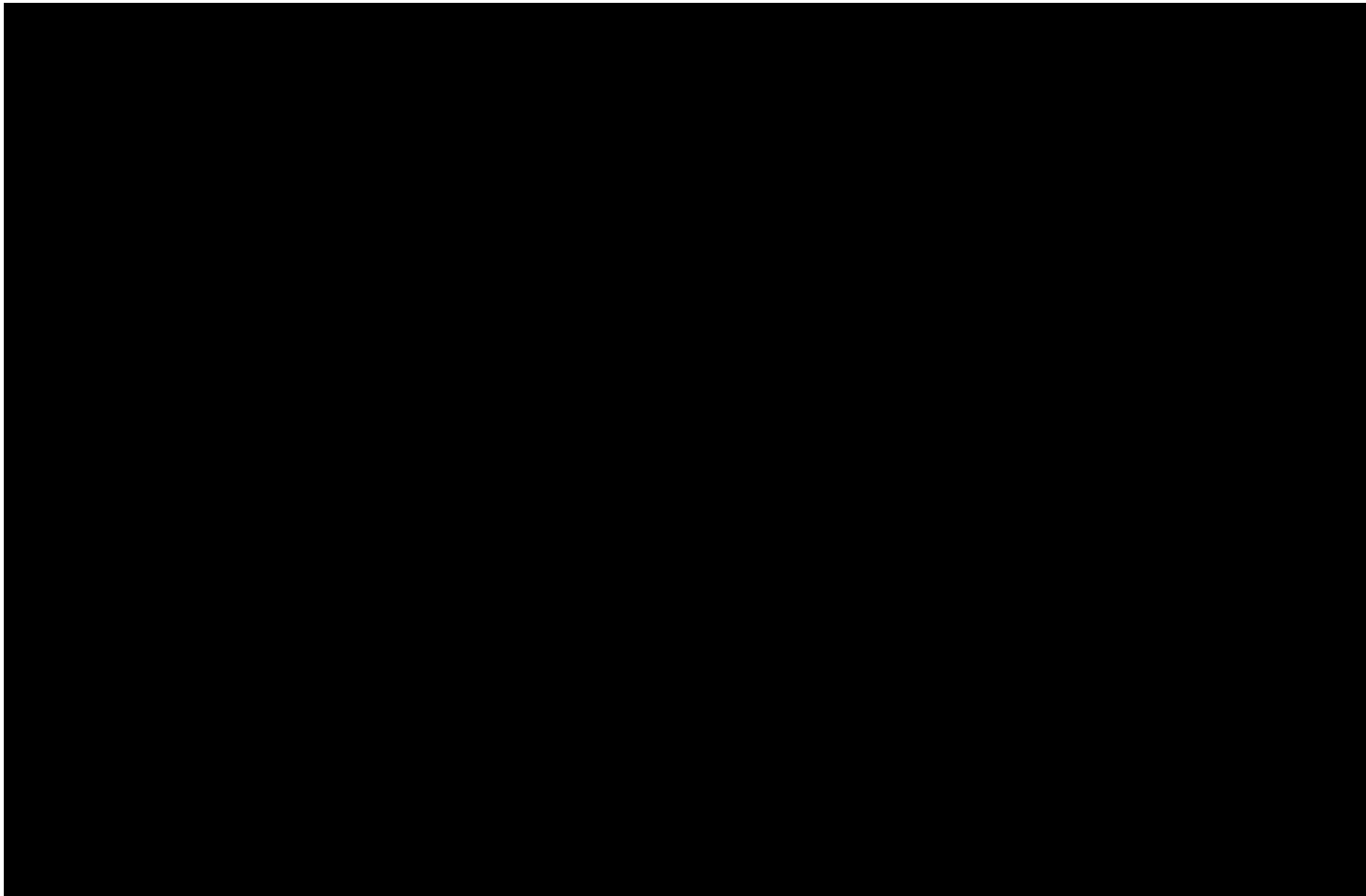
Indicate the year the facility was established. 1986
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None

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

	PSIG	Serial Number
Tank1:	250 PSIG	1101-92
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 USGW Portable: _____ Mobile: _____



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Name of person completing this form (please print) Youn Ki Chae	Official Title President
Signature 	Telephone No. 807-583-2494
	Date (dd-mmm-yyyy) 17-Aug-2015



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


Name of Propane Supplier(s) Superior Propane - Ontario Regional Operations Centre		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West Unit 217		
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 8J1
Telephone No. 1-877-873-7467	Fax No. 1-519-836-7766	Contact Name Mike Mullins	
E-mail mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane-Thunder Bay			
Street No. 1255	Street Name / 911 Number / Address, if applicable East Arthur Street		
Town / City or Township / Country Thunder Bay		Province Ontario	Postal Code P7E 6E7
Telephone No. 1-807-676-1793	Fax No. 1-807-939-2825	Contact Name Phil Eddy	
E-mail eddy@superiorpropane.com			

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

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

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Signature 	Telephone No. 807-583-2494	Date (dd-mmm-yyyy) 17-Aug-2015



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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 - Clear Diesel- Coloured Diesel
30,000 litres maximum capacity stored underground

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

ABC Dry Chemical Fire Extinguishers
1 Located at the dispenser
1 Located inside store

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 Valve - isolation Valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
- 30 Power supply breaker inside the gas bar building. This cuts power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

This is done by Superior Propane according to Superior Propane's Maintenance Standards. Schedule for key equipment is:

1. Pumps (every Three months; Pump Motor: check belts monthly; grease motor every six months).
2. ISC Valves (test for closure every six months)
3. Storage Tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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Signature 	Telephone No. 807-583-2494
	Date (dd-mmm-yyyy) 17-Aug-2015



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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 Youn Ki Chae	For Office Use - Party No.	Name Youn Ki Chae	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 1-807-583-2494	Fax No. 1-807-583-2094	Cell No. 1-614-788-0844	Fax No. 1-807-583-2094
E-mail hope4@hotmail.ca		E-mail hope4@hotmail.ca	
Role and responsibilities in emergency Coordinate site response		Role and responsibilities in emergency Coordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Scott Johnston	For Office Use - Party No.	Name Scott Johnston	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No. 1-807-583-2428	Fax No. 1-807-583-2094	Telephone No. 1-807-583-2428	Fax No. 1-807-583-2094
E-mail blackbear@bellnet.ca		E-mail	
Role and responsibilities in emergency Coordinate site response if owner is unavailable		Role and responsibilities in emergency Coordinate Site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Jermaine Nodin	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief	E-mail	Official Title	E-mail N/A
Telephone No. 1-807-583-2222	Fax No. 1-807-583-2170	Telephone No. 1-877-873-7467	Fax No. N/A
Role and responsibilities in emergency Coordinate/Advise on Fire service response. Liaise with Police		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required	
Fire Services Address 3A Doug's Drive WFN Armstrong ON.		Propane Supplier Address 1255 Arthur street W. Thunder Bay ON	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Kenny Gruchy	For Office Use - Party No.	Name Diane Laybourne	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail	Official Title Secretary to the Local Services Board	
Telephone No. 1-807-583-1103	Fax No.	Telephone No. 1-807-583-2646	Fax No. 1-807-583-2517
Role and responsibilities in emergency Alternate-Coordinate/advise on Fire Service Response. Liaise with Police		E-mail alsb@bellnet.ca	
Fire Services Address 3A Doug's Dive WFN Armstrong ON		Municipality Name and Address 111 Queen Street Armstrong ON	

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Name of person completing this form (please print) Youn Ki Chae	Official Title President
Signature 	Telephone No. 1-807-583-2494
	Date (dd-mmm-yyyy) 17-Aug-2015



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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.

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses

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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-mmm-yyyy) None at this Time	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy) None at this Time	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 20-Mar-2013	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Marc McNabb
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 31-Dec-2015	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: to be arranged Arranging to have Instructor come to Armstrong
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) 31-Dec-2016	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: To be Arranged
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) 31-Dec-2015	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: To be arranged for owner and new staff
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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" card (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. Staged evacuation if the release of propane cannot be stopped by cutting electrical power, may be required. The muster location will be on Queen Street at least 80m from the site and away from a dispensing cloud.
Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by Municipal Responders.

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 an ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal accident events and implement the appropriate ER actions including notifying emergency responders. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended but shut down.

Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or staff.

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 store parking lot area that is easily accessible.
The fire access route is 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 licence holder is how to shut the system down and the fill level of the tank (if known).
Fill level is relevant from the time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).
This information will be provided to the authorities by Owner Youn Ki Chae.

How long will it take the facility liaison person to respond to the site.
Approximately 1 minute after having received the emergency call.

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Signature 	Telephone No. 807-583-2494	Date (dd-mmm-yyyy) 17-Aug-2015



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>50 meters</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:

No concerns

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-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name Jermaine Nodin		15-Oct-2015

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Name of person completing this form (please print) Youn Ki Chae	Official Title President	Date (dd-mmm-yyyy) 15-Oct-2015
Signature 	Telephone No. 807-583-2494	



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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:

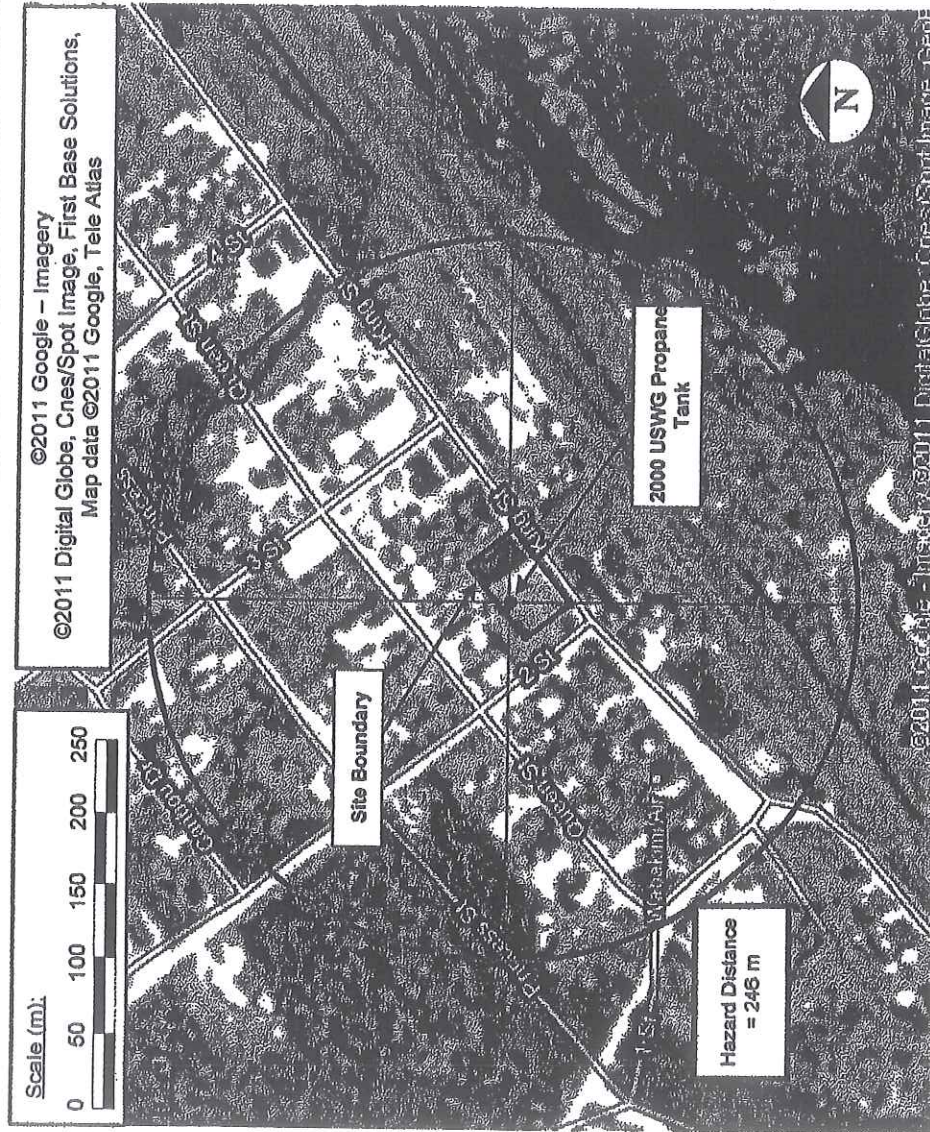
7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as 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-mmm-yyyy) 18-Sept-2015	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 102 feet <u>3.09m</u>	Right side property line: 98 feet <u>29.87</u>
Rear: 27 feet <u>8.2</u>	Left side property line: 21 feet <u>6.4m</u>
GPS coordinates of single largest vessel: <u>50.3023,-89.0388</u>	

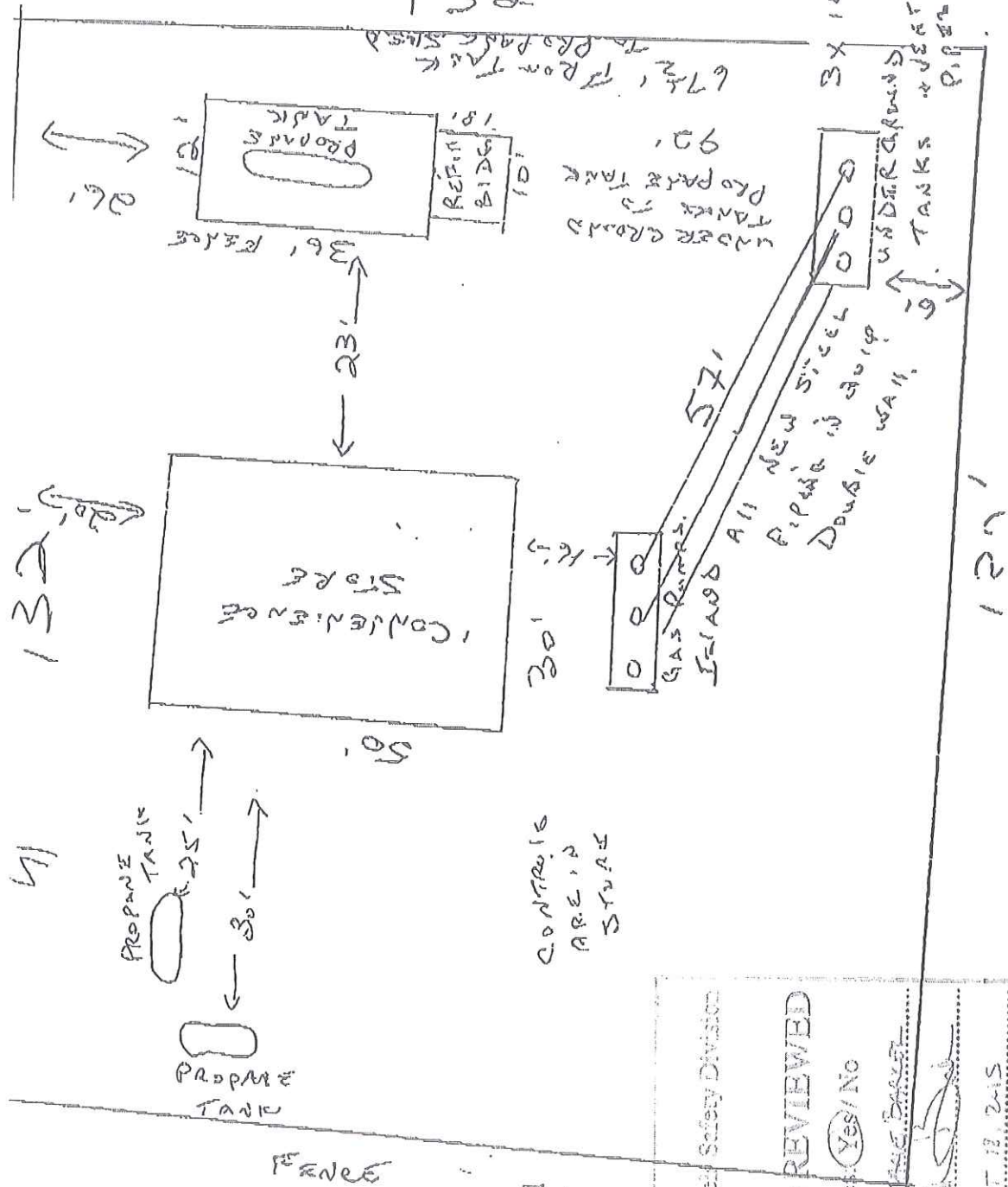
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	Date (dd-mmm-yyyy) 15-Oct-2015



<p>Setback Distances to Site Boundary Front - 102 FT Right - 93 FT REAR - 27 FT LEFT - 21 FT</p>	<p>Municipality (ies) within the 1 psi overpressure circle Township of Armstrong</p>	<p>Map of Surrounding Area</p>
<p>Capacity of Propane Storage Tank Capacity of Propane Storage Tank = 2000 USWG</p>	<p>Municipal Contact: Reynald Rivard Clerk Treasurer, Township of Armstrong T. (705) 563-2375 or (705) 648-3401 reynaldrivard@nt.net</p>	<p>12 King Street, Armstrong, ON, P0T 1A0 Lot 55-56 m-85 Roll # 5885-000-000-05500-000</p>
<p>GPS Co-ordinates of Propane Storage Tank GPS Co-ordinates = 50.3023, -89.0388</p>		<p>Drawn by: L. Oliverio Date: February 24, 2011</p>
<p>Circular Distance to 1 psi overpressure Denoted by circle centred on tank; radial distance = 246 m</p>		

131



132'

131

132'

CONTROLS ARE IN STORE

Fuel Safety Division

DRAWING REVIEWED

REVISIONS/NOTES: YES / NO

Name: ANN-MARIE BRADY

Signature: *[Signature]*

Date: SEPT 17, 2015

Comply with the requirements for Video Monitoring (LFHC 5.2.4 to 5.2.9).

Gaps around electrical conduit and cable runs in the floor of the C-store shall be sealed to prevent the possible migration of gasoline vapours from the fuel dispensers into the work areas. (LFHC 6.8.3)



Hazard Distance Chart (EPA-TNT model)

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

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

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
18,900	5,000	333
7,560	2,000	246
7,130	1,885	241
6,620	1,750	235
4,920	1,300	213
3,780	1,000	195
1,890	500	155
1,890	1,890	150

Table 1: Distance Table

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



Technical Standards and Safety Authority
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 www.tssa.org

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



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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			15 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Armstrong General Store</u> Address: <u>12 King Street</u> City: <u>Armstrong</u> Province <u>ON</u> Postal Code <u>P0T 1A0</u>		X			100 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Black Bear Motel</u> Address: <u>17 King Street</u> City: <u>Armstrong</u> Province <u>ON</u> Postal Code <u>P0T 1A0</u>		X			100 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: <u>Superior North EMS, Ontario Provincial Police, Whitesand/Armstrong Volunteer Fire Dept.</u> Address: _____ City: _____ Province _____ Postal Code _____			X		500 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) Youn Ki Chae	Official Title President
Signature 	Telephone No. 807-583-2494
	Date (dd-mmm-yyyy) 15-Oct-2015



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	4	118
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	6	35
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 153 USWG			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
2000 USWG	1	2000
Total Tank Capacity 2000 USWG		

Total Cylinder Capacity	153 USWG
Total Tank Capacity	2000 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2153 USWG