



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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <u>0034042001-C</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center;">For Office Use Only</p> <div style="text-align: center;"> <h2 style="color: red;">Intake Group</h2> <p style="color: red;">MAR 19 2013</p> <p style="color: red;">SR# [REDACTED]</p> </div>
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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 <u>891934 ONTARIO LTD</u>	Ontario Corporation No., if applicable <u>891934 ONT LTD</u>
	Operator Name (if different from above) <u>HOME HARDWARE BUILDING CENTRE - ORANGEVILLE</u>	
	Telephone No. <u>519-941-5407</u>	Fax No. <u>519-941-5423</u>
	E-mail <u>INFO@OHHBC.COM</u>	
B	Location of facility.	
	Street No. <u>60TH</u>	Street Name / 911 Number / Address, if applicable <u>4TH AVE</u>
	Town / City or Township / County <u>ORANGEVILLE</u>	Province <u>ONTARIO</u>
		Postal Code <u>L9W 3Z7</u>
C	Mailing address if different from above.	
	Street No.	Street Name / 911 Number / Address, if applicable
	Town / City or Township / County	Province
		Postal Code

D	Information on Container Refill Centre or Filling Plant	
	Location of facility.	
	Street No. <u>60TH</u>	Street Name / 911 Number / Address, if applicable <u>4TH AVE</u>
		Nearest Major Intersection <u>HWY 10</u>
	Town / City or Township / County <u>ORANGEVILLE</u>	Province <u>ONTARIO</u>
		Postal Code <u>L9W 3Z7</u>

Name of Licence Holder <u>HOME HARDWARE BUILDING CENTRE-ORANGEVILLE</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>BUDDY PITT</u>	ROT type <u>OPA PPO3 #1336 EXP 01/06/13</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>ORANGEVILLE</u>	



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 Name of Licence Holder <u>BUDDY PITT</u>	Signature 	Date (dd-mm-yyyy) <u>22-02-2013</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>BUDDY PITT</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

01/01/1998

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

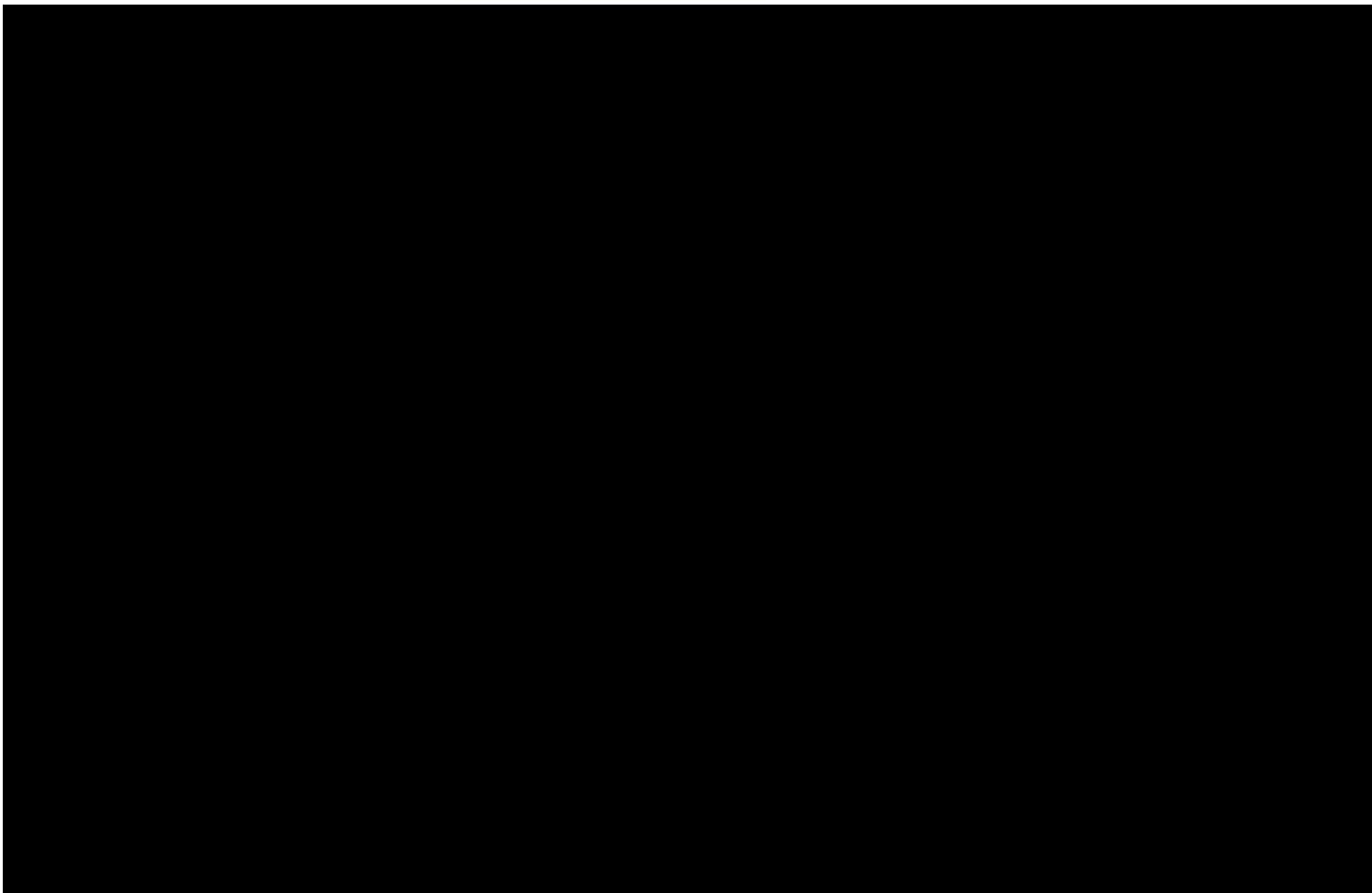
REMOVED FILLING SHED-UNDERGROUND LINES DISCONNECTED-ISC MOTOR OPERATED

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

	PSIG	Serial Number
Tank1:	250	SERIAL 244-98
Tank2:		CRN C0470-6543217890T
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 VERTICAL Portable: 420 2X 123.9 33 2X 9.62 Mobile: 20 36X 5.8



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Name of person completing this form (please print)		Official Title	
BRIAN PITT		GENERAL MANAGER (OWNER)	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	519-941-5407	22-02-2013	



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) CALEDON PROPANE INC		[REDACTED]	
Street No. 1	Street Name / 911 Number / Address, if applicable BETOMAT CRT		
Town / City or Township / Country BOLTON		Province ONTARIO	Postal Code L7E 5T3
Telephone No. 1-888-551-4831	Fax No. 905-857-8491	Contact Name GEORGE A. OLAH	
E-mail george@caledonpropane.com			

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 NO OFF SITE 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. 519-941-5407	Date (dd-mm-yyyy) 22-02-2013



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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.

2200 LITRE DIESEL TANK

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

SEE ATTACHED-SITE MAP

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.

STORE ALARM SYSTEM DISPATCHES FIRE SERVICES AUTOMATICALLY FOR STORE

TANK - FUSIBLE LINE CONNECTED TO ISC

SEE ATTACHED SITE MAP

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY HOME HARDWARE INTERNAL WALK AROUND INSPECTION OF FIRE EXTINGUISHER

ANNUAL INDEPENDENT INSPECTION BY ORANGEVILLE FIRE SERVICES, BY CALEDON PROPANE INC AT DISPENSER

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Signature 	Telephone No. 519-941-5407	Date (dd-mm-yyyy) 22-02-2013



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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 MELODY CROWE	For Office Use - Party No.	Name BUDDY PITT	For Office Use - Party No.
Official Title STORE MANAGER		Official Title GENERAL MANAGER (OWNER)	
Telephone No. 519-942-5430	Fax No. 519-941-5423	Cell No. 519-940-5435	Fax No. 519-941-5423
E-mail M.CROWE@OHHBC.COM		E-mail B.PITT@OHHBC.COM	
Role and responsibilities in emergency NOTIFY EMERGENCY SERVICES		Role and responsibilities in emergency TO ENSURE GAS LEAK PLAN HAS BEEN DEVELOPED	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name DANNY DURANTE	For Office Use - Party No.	Name MELODY CROWE	For Office Use - Party No.
Official Title ASSISTANT STORE MANAGER		Official Title STORE MANAGER	
Telephone No. 416-464-7711	Fax No. 519-941-5423	Telephone No. 519-942-5430	Fax No. 519-941-5423
E-mail DANNYDURANTE79@GMAIL.COM		E-mail M.CROWE@OHHBC.COM	
Role and responsibilities in emergency ENSURE THAT EVERYONE HAS LEFT THE BUILDING		Role and responsibilities in emergency GET A CURRENT SCHEDULE AND PUNCH CARDS	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ANDY MACINTOCH	For Office Use - Party No.	Name GEORGE A. OLAH	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail AMACINTOCH@ORANGEVILLE.	Official Title VP ALLIANCE AUTOGAS CANADA	E-mail GEORGE@CALEDONPROPANE.COM
Telephone No. 519-941-3083 EXT 6522	Fax No. 519-941-6525	Telephone No. 1-888-551-4831	Fax No. 905-857-8491
Role and responsibilities in emergency CO-ORDINATE FIRE RESPONSE		Role and responsibilities in emergency	
Fire Services Address 10 DAWSON RD, ORANGEVILLE, ON L9W 2W2		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name RONALD MORDEN	For Office Use - Party No.	Name Ms. SANDY LITTLE	For Office Use - Party No.
Official Title DEPT FIRE CHIEF	E-mail RMORDEN@ORANGEVILLE.CA	Official Title PLANNER TOWN OF ORANGEVILLE	
Telephone No. 519-941-3083 EXT 6525	Fax No. 519-941-6525	Telephone No. 519-941-0440 X2249	Fax No. 519-941-5303
Role and responsibilities in emergency ASSIST WITH CO-ORDINATING FIRE RESPONSE		E-mail SLITTLE@ORANGEVILLE.CA	
Fire Services Address		Municipality Name and Address TOWN OF ORANGEVILLE, 87 BROADWAY, ON L9W 1K1	

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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.

[Lined area for describing additional safety measures]

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Signature <i>B. Pitt</i>	Telephone No. 519-941-5407	Date (dd-mm-yyyy) 22-02-2013



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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) APRIL/2011	Print Name of Training Provider: HOME HARDWARE ORANGEVILLE
	Print Name of Instructor: DANNY DURANTE
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) APRIL/2011	Print Name of Training Provider: HOME HARDWARE ORANGEVILLE
	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) JUNE 06/2010	Print Name of Training Provider: OPA
	Print Name of Instructor: HUGH SUTHERLAND JR
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) APRIL/2013	Print Name of Training Provider: HOME HARDWARE ORANGEVILLE
	Print Name of Instructor: DANNY DURANTE
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) APRIL/2013	Print Name of Training Provider: HOME HARDWARE ORANGEVILLE
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) APRIL/2013	Print Name of Training Provider: CALEDON PROPANE INC
	Print Name of Instructor: GEORGE A. OLAH
Target Date (dd-mm-yyyy) AS NEW EMPLOYEES COME	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
ANY EMPLOYEE CAN CALL 911

THE PAGING SYSTEM TO NOTIFY OTHER EMPLOYEES & CUSTOMERS OF THE EMERGENCY

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

SEE ATTACHED EMERGENCY PLAN

MEETING PLACE NORTH WEST CORNER OR MEETING AT ALTERNATIVE DOLLARAMA SOUTH SIDE

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).

IF SPRINKLER SYSTEM IS ACTIVATED THE CALL TO THE FIRE SERVICES IS AUTOMATIC

EMERGENCY POLICY STATES IMMEDIATE RESPONSE BY MY EMPLOYEE TO CALL 911 AND KEY MANAGER TO CONFIRM

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

FIRE SERVICES BOX FOR ENTRY TO STORE AND PROPANE DISPENSER

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

DIRECTIVE FOR COMMUNICATIONS IS IN FIRE EMERGENCY PLANS

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

3-5 MINUTES, KEY CONTACTS DANNY & MELODY

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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>30 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:

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) 22-02-2013	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>68 METERS</u>	Right side property line: <u>42 METERS</u>
Rear: <u>4 METERS</u>	Left side property line: <u>128 METERS</u>
GPS coordinates of single largest vessel: <u>43°55'35.62"N 80°05'23.67"W</u>	

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Signature <i>B. Pitt</i>	Telephone No. 519-941-5407	Date (dd-mm-yyyy) 22-02-2013



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SECTION C: SUBMISSIONS (cont'd)

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

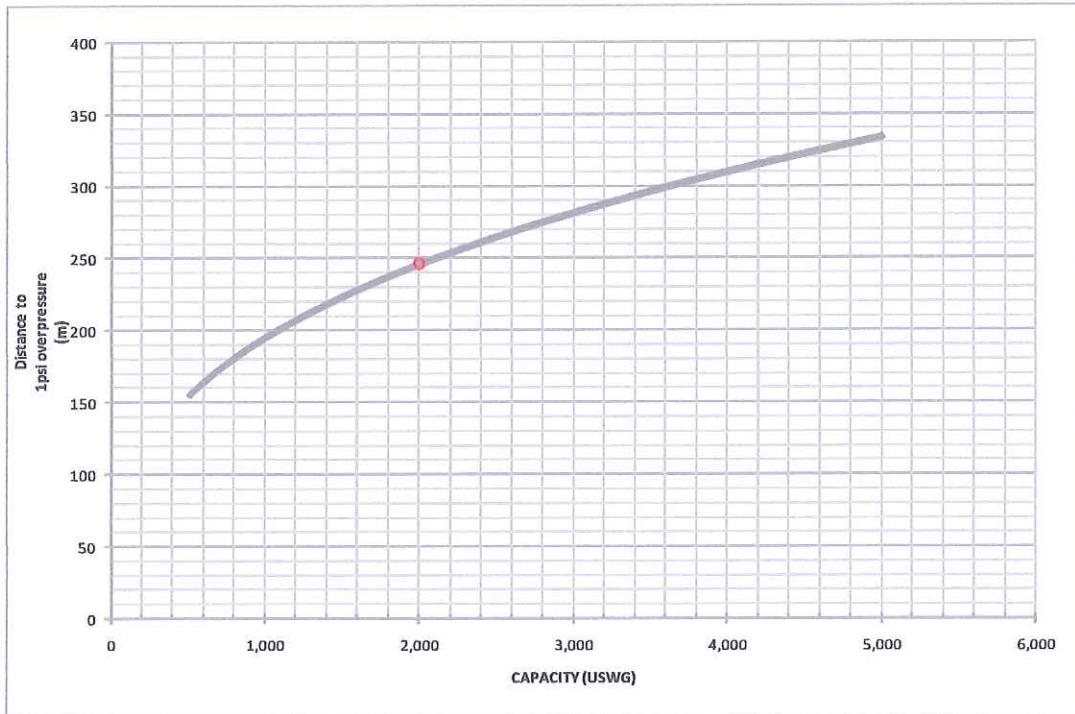
Table 1: Distance Table

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)



BP



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>ROTARY PARK</u> Address: <u>2ND AVE & FOURTH ST</u> City: <u>ORANGEVILLE</u> Province <u>ONTARIO</u> Postal Code _____		1			<u>200</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				<u>N/A</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>WINNERS</u> Address: <u>85-15 5TH AVE</u> City: <u>ORANGEVILLE</u> Province <u>ONTARIO</u> Postal Code <u>L9W 5E7</u>		1			<u>132</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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>BUDDY PITT</u>	Official Title <u>GENERAL MANAGER (OWNER)</u>
Signature 	Telephone No. <u>519-941-5407</u>
	Date (dd-mm-yyyy) <u>22-02-2013</u>

ORANGEVILLE HOME HARDWARE BUILDING CENTRE ADDITION OF AUTO PROPANE DISPENSER TO EXISTING PROPANE FACILITY



January 21, 2013

Orangeville Home Hardware Building Centre
60 - 4th Avenue, @ Hwy. #10,
Orangeville, Ontario L9W 3Z7
T: 519-941-5407
F: 519-941-5423

Addition of a single nozzle auto propane dispenser to the existing 2000 USWG tank for public refuelling.

HAZARD DISTANCE 246 METERS
(Identified by red circle, with yellow dot showing location of the propane dispenser and tank)

DISPENSER SET-BACK

FRONT: 66.5 METERS

REAR: 3 METERS

RIGHT: 42 METERS

LEFT: 128 METERS

GPS OF DISPENSER:
43°55'35.62"N 80°05'23.67"W

PROPANE SUPPLIER:
Caledon Propane Inc.
1 Betomat Court
Bolton, Ontario L7E 5T3
905-857-1448

MUNICIPAL CONTACT:
Ms. Sandy Little, Planner
Town of Orangeville
87 Broadway
Orangeville, ON L9W 1K1
T: 519-941-0440

Note: 2000 USWG Existing Tank On Existing Concrete Pad

-Existing vehicular protection:

54" Spacing

36" Below Grade

48" Above grade, c/w 6" Steel tube filled with concrete and yellow PVC covers

-Above ground gas piping to auto dispenser