



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.

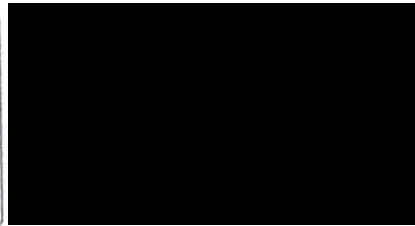
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0078371129-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 The Pit Stop in Ear Falls Ontario Corporation No., if applicable

Operator Name (if different from above) The Pit Stop

Telephone No. 807-222-3273 Fax No. 807-222-2254 E-mail hooter21@hotmail.com

Street No. 46 Street Name / 911 Number / Address, if applicable Hwy 105

Town / City or Township / County Ear Falls Province On Postal Code P0V 1T0

Mailing address if different from above.

Street No. Same Street Name / 911 Number / Address, if applicable

Town / City or Township / County Ear Falls Province On Postal Code

**Information on Container Refill Centre or Filling Plant**

Location of facility.

Street No. 46 Street Name / 911 Number / Address, if applicable HWY 105 Nearest Major Intersection Hwy 105 & Aspen Street

Town / City or Township / County Ear Falls Province On Postal Code P0V 1T0

Name of Licence Holder The Pit Stop in Ear Falls

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Kevin Kahool ROT type PTI 100-1 Cert# 56063 (PP0-3)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Township of Ear Falls

Hours of operation:

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>The Pit Stop in Ear Falls</u>		<u>18/04/2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Kevin Kahool</u>		



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

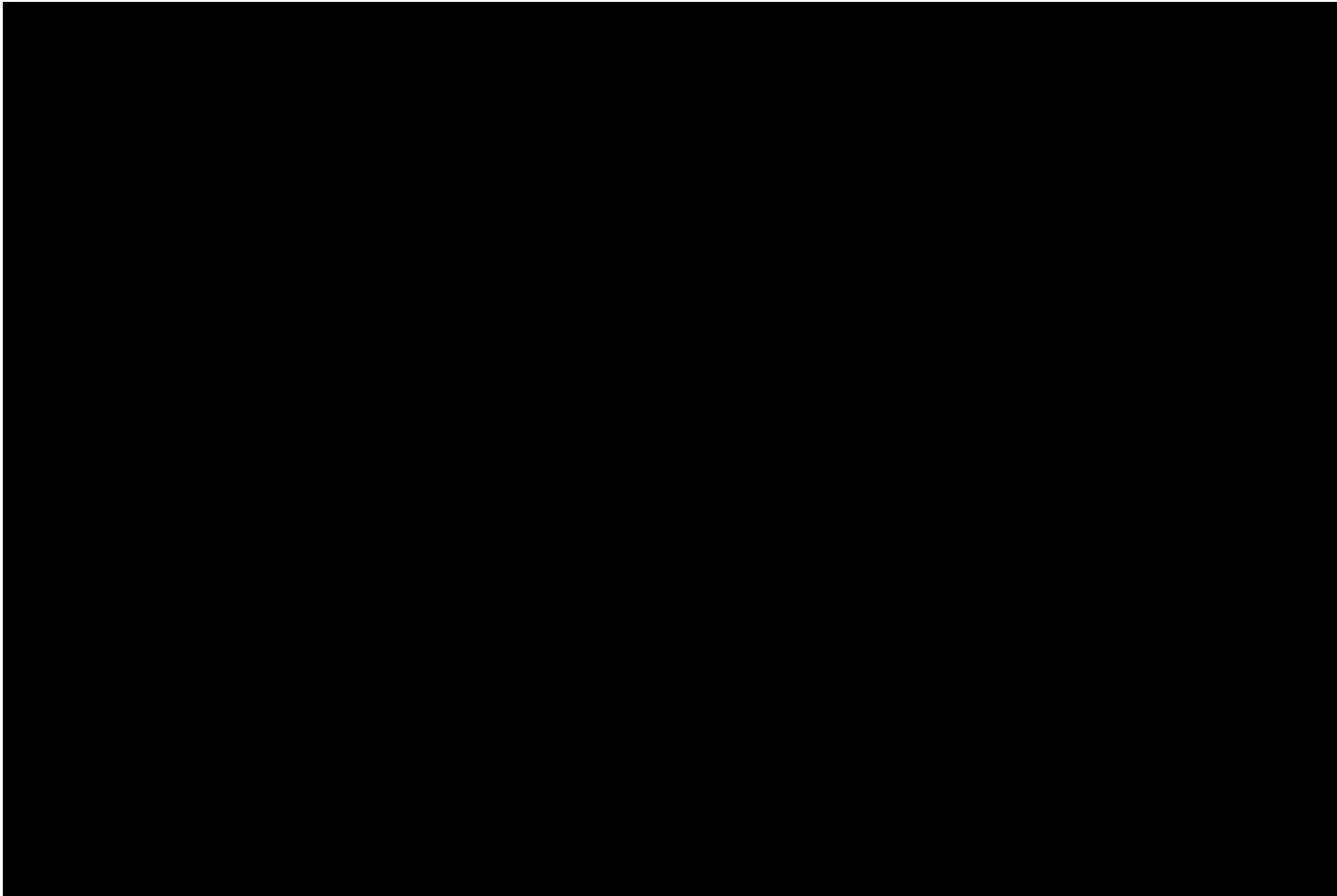
Indicate the year the facility was established. 1988      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>W28U01681</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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

Fixed: 2000 USWG      Portable: 141.2      Mobile: 0



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Name of person completing this form (please print) <u>Kevin Kahoot</u>	Official Title <u>Owner</u>	
Signature 	Telephone No. <u>807-222-3273</u>	Date (dd-mm-yyyy) <u>18/04/2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior Propane - Prairie Regional Operation Centre		For Office Use - Party No.	
Street No. 140	Street Name / 911 Number / Address, if applicable Bannatyne Ave.		
Town / City or Township / Country Winnipeg		Province MB	Postal Code R3P 1C2
Telephone No. 877-873-7467	Fax No. 519-836-7766	Contact Name Bruce Johnson	
E-mail johnsonb@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane			
Street No. 30	Street Name / 911 Number / Address, if applicable Kieth Ave.		
Town / City or Township / Country Dryden		Province On	Postal Code P8N 2Z4
Telephone No. 807-628-6393	Fax No. 807-939-2825	Contact Name Phil Eddy	
E-mail eddy@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	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Signature 	Telephone No. 807-222-3273	Date (dd-mm-yyyy) 18/04/2012	





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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.

Reg Gasoline - 20,000 litre storage, - underground tanks (Refer to site map)

Super Gasoline 20,000 litre storage - underground tank (Refer to site map)

Diesel - 10,000 litre storage, - underground tank (Refer to site map)

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

A-B-C Fire Extinguishers.

1- Located @ propane refill centre

1 @ all fuel pump

3 inside building

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.

2. Emergency Shut Off - at propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. Power supply breaker panel inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

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

1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).

2- ISC valve (test for closure every 6 months).

3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Kevin Kahoot	For Office Use - Party No.	Name Kevin Kahoot	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 807-222-3273	Fax No. 866-816-8548	Cell No. 807-727-0365	Fax No. 866-816-8548
E-mail hooter21@hotmail.com		E-mail hooter21@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Giselle Kahoot	For Office Use - Party No.	Name Kevin Kahoot	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 807-222-3273	Fax No. 866-816-8548	Telephone No. 807-222-3273	Fax No. 866-816-8548
E-mail hooter21@hotmail.com		E-mail hooter21@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Gary Gazankas	For Office Use - Party No.	Name Superior Propane Hot Line	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 807-222-3732	Fax No. 807-222-3376	Telephone No. 877-873-7467	Fax No. N/A
E-mail ggazankas@ear-falls.com		E-mail n/a	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Service Response. Liaise with police services.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personal as required	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name None	For Office Use - Party No.	Name Kimberly Balance	
Official Title		Official Title Clerk Treasurer Administrator	
Telephone No.	Fax No.	Telephone No. 807-222-3624 x 27	Fax No. 807-222-2384
E-mail		E-mail kbalance@ear-falls.com	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Response when key contact is not available and liaise with police services.		Municipality Township of Ear Falls	

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Signature 	Telephone No. 807-222-3273
	Date (dd-mm-yyyy) 18/04/2012





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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.

E-stop located @ the dispenser area to cut the electrical in the event of an emergency, shutting the power of to the solenoid stopping the flow of propane.

(This area contains multiple horizontal lines for describing additional safety measures.)

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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) 09-12-2011	Print Name of Training Provider: Superior Propane	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Sales department	
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) Q4-2012	Print Name of Training Provider: Superior Propane	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Sales department	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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Name of person completing this form (please print) : Kevin Kahoot	Official Title Owner
Signature 	Telephone No: 807-222-3273
	Date (dd-mm-yyyy) Apr 18 / 2012





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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 Kevin Kahoot or alternate.

How long will it take the facility liaison person to respond to the site.  
Key Contact: -1-2 minutes to arrive at the facility in the event of an emergency (lives on site)

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	Date (dd-mm-yyyy) 18/04/2012



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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>150 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**

<b>To be completed by the Local Fire Services</b>	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<b>To be completed by the Licence Holder</b>		
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) 09-04-2012	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 35.9 m	Right side property line: 35.2 m
Rear: 196.4 m	Left side property line: 90.5 m
GPS coordinates of single largest vessel: 50.640004 -93.23792	

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

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

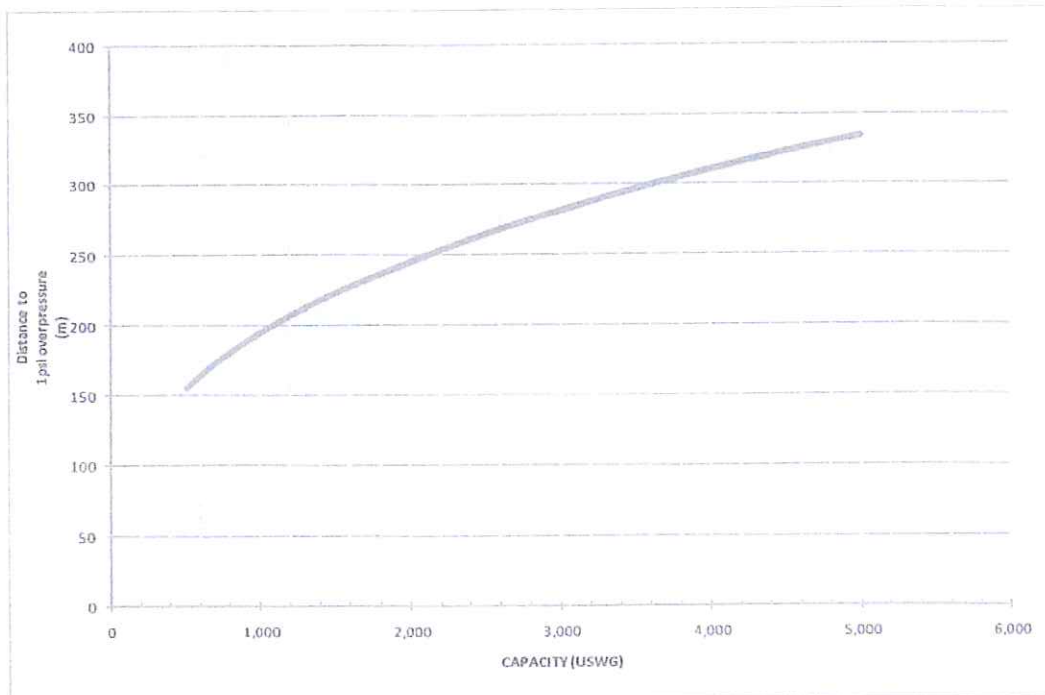
Table 1: Distance Table

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) Kevin Kahoot	Official Title Owner
Signature 	Telephone No. 807-222-3273
	Date (dd-mm-yyyy) 18/04/2012



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>The Pit Stop in Ear Falls</u> Address: <u>46 Hwy 105</u> City: <u>Ear Falls</u> Province <u>On</u> Postal Code <u>P0V 1T0</u>			x		<u>54</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>150</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>HWY 105 Bar &amp; Grill</u> Address: <u>44 HWY 105</u> City: <u>Ear Falls</u> Province <u>ON</u> Postal Code <u>P0V 1T0</u>			x		<u>37.8</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Hwy 105 Hotel</u> Address: <u>44 HWY 105</u> City: <u>Ear Falls</u> Province <u>On</u> Postal Code <u>P0V 1T0</u>		x			<u>37.8</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>Ambulance Service</u> Address: <u>25 Spruce Street</u> City: <u>Ear Falls</u> Province <u>On</u> Postal Code <u>P0V 1T0</u>		x			<u>205</u> m

\* For multi-unit buildings, count each unit as "1".

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Name of person completing this form (please print) <u>Kevin Kahoot</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>807-222-3273</u>
	Date (dd-mm-yyyy) <u>18/04/2012</u>





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

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

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

**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	4	118 USWG
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	4	23.2 USWG
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity</b>			<b>141.2</b>

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

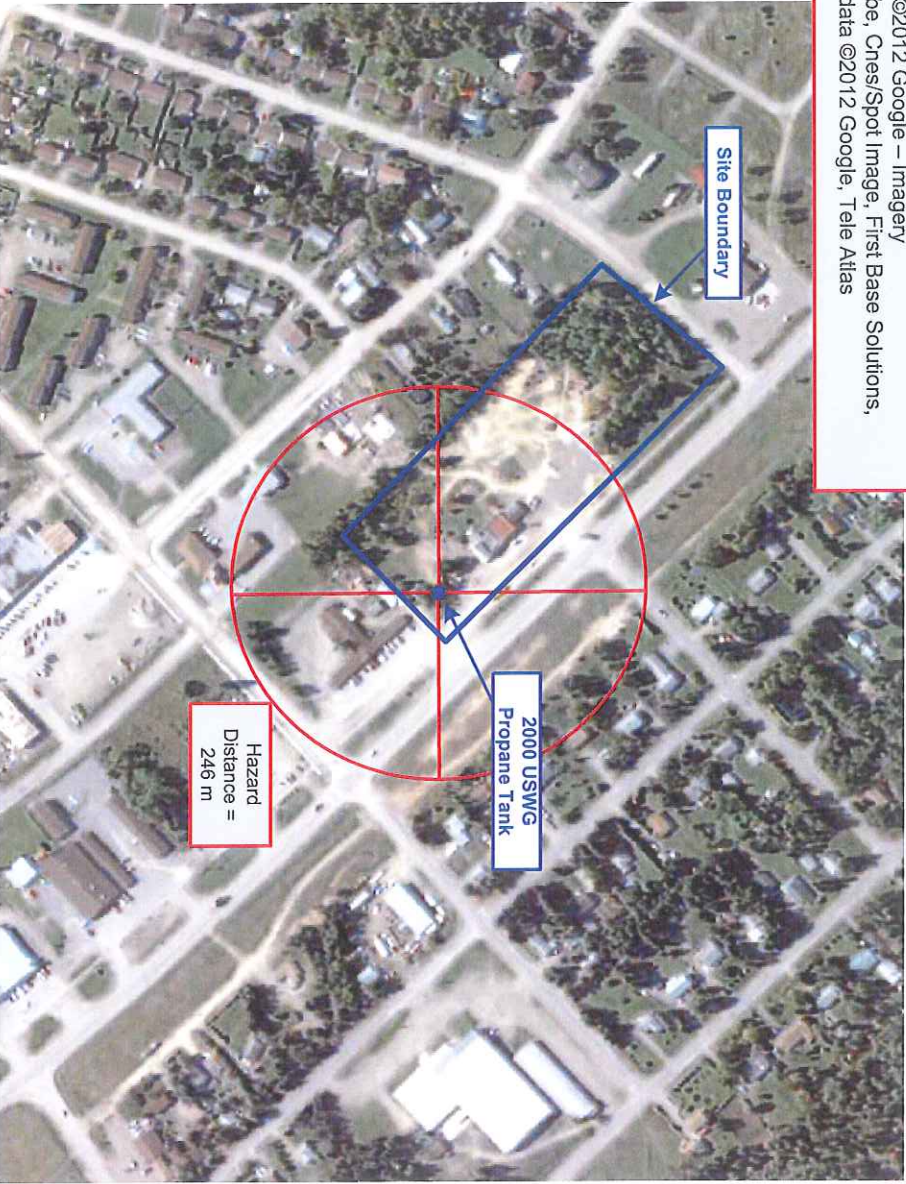
Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
<b>Total Tank Capacity</b>		<b>0</b>

<b>Total Cylinder Capacity</b>	141.2 USWG
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b>	141.2

**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) Kevin Kahool	Official Title Owner
Signature 	Telephone No. 807-222-3273
	Date (dd-mm-yyyy) 18/04/2012

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 Map data ©2012 Google, Tele Atlas



**setbacks Distances to Site Boundary**  
 North: 35.0 m East: 35.2 m  
 South: 196.4 m West: 90.5 m

**Capacity of Propane Storage Tank:**  
 Capacity of Propane Storage Tank = 2000 USWG

**GPS Co-ordinates of Propane Storage Tank:**  
 GPS Co-ordinates = 50.640004,-93.23792

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

**Municipality (ies) within the 1 psi overpressure circle:**  
 Township of Ear Falls

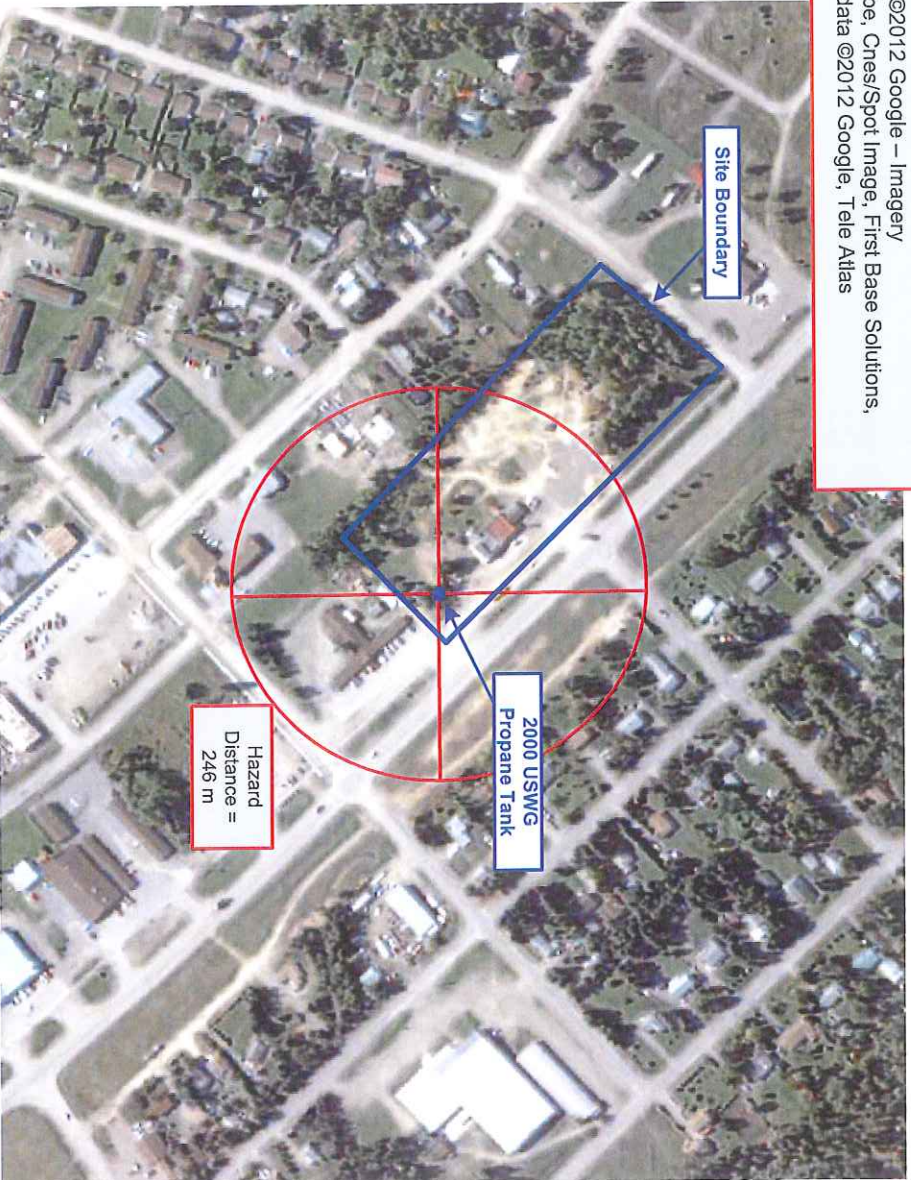
**Municipal Contact:**  
 Kimberly Balance  
 Clerk/Administrator/Treasurer, Township of Ear Falls  
 2 Willow Cres., Box 309, Ear Falls, ON P0V 1T0  
 Tel: 807-222-3624 Fax: 807-222-2384  
 email: kbalance@ear-falls.com

**Map of Surrounding Area**

The Pit Stop in Ear Falls  
 46 HWY 105 N, Ear Falls, ON P0V 1T0  
*Legal Description*  
 PT RFD 316 DES 23R7591 PART 2 PCL 4512  
 Drawn by: L. Wills Date: April 9, 2012



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 Map data ©2012 Google, Tele Atlas



**setbacks Distances to Site Boundary**  
 North: 35.0 m East: 35.2 m  
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 Township of Ear Falls

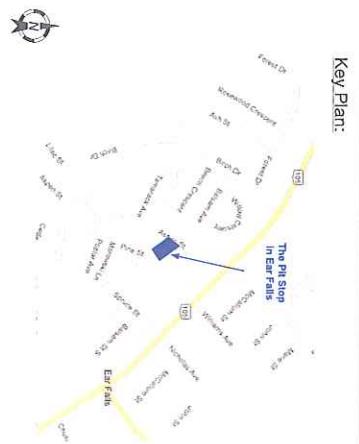
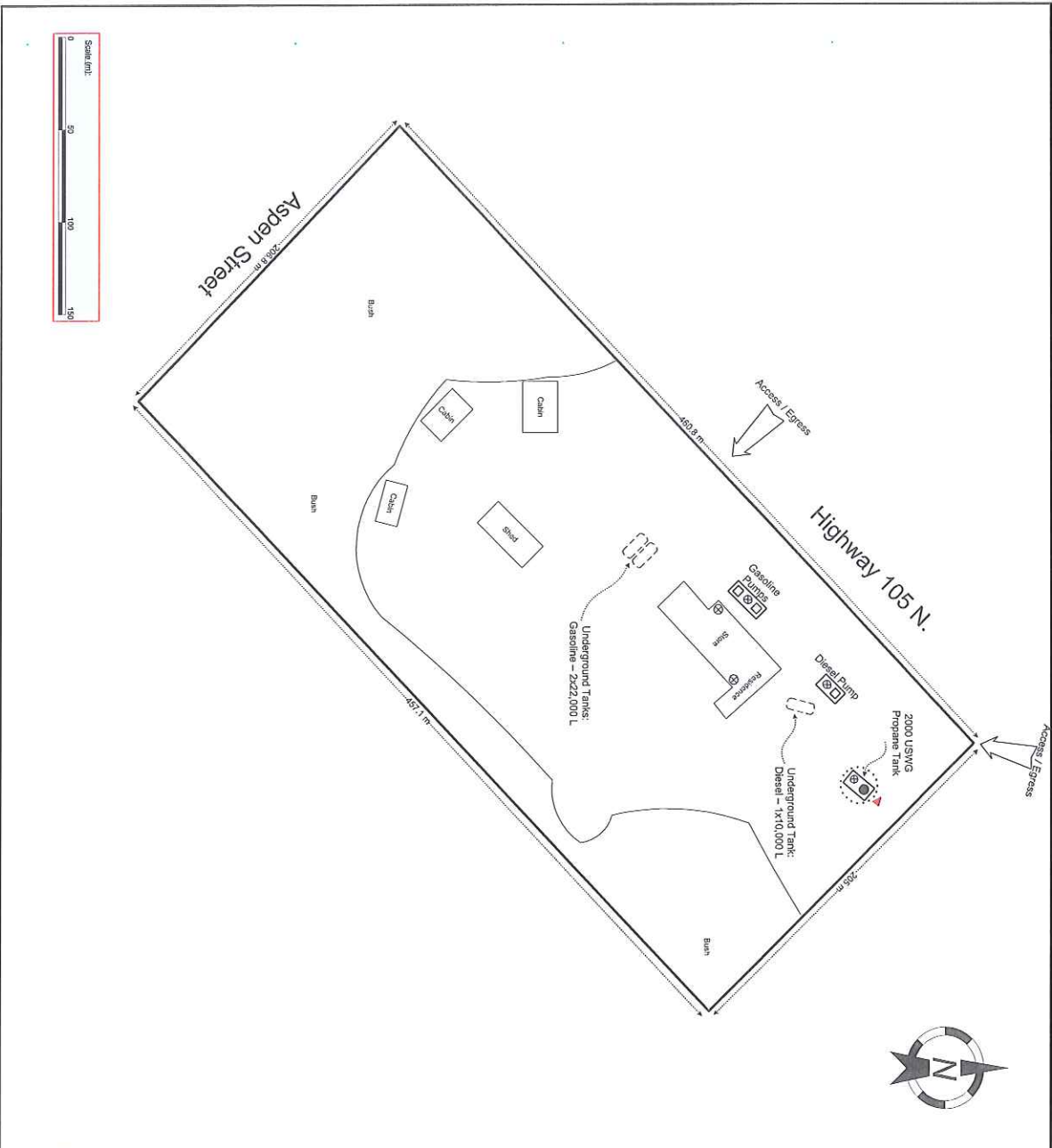
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 Tel: 807-222-3624 Fax: 807-222-2384  
 email: kbalance@ear-falls.com

**Map of Surrounding Area**

The Pit Stop in Ear Falls  
 46 HWY 105 N, Ear Falls, ON P0V 1T0  
*Legal Description*  
 PT RFD 316 DES 23R7591 PART 2 PCL 4512

Drawn by: L. Willis Date: April 9, 2012





Notes:  
1. Tank distances to property lines:

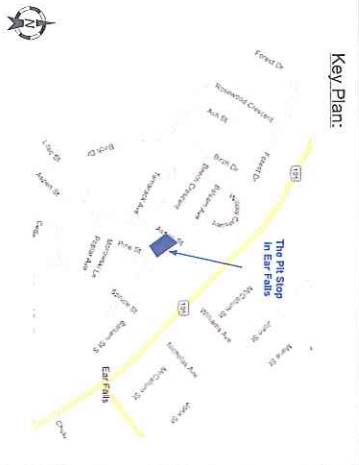
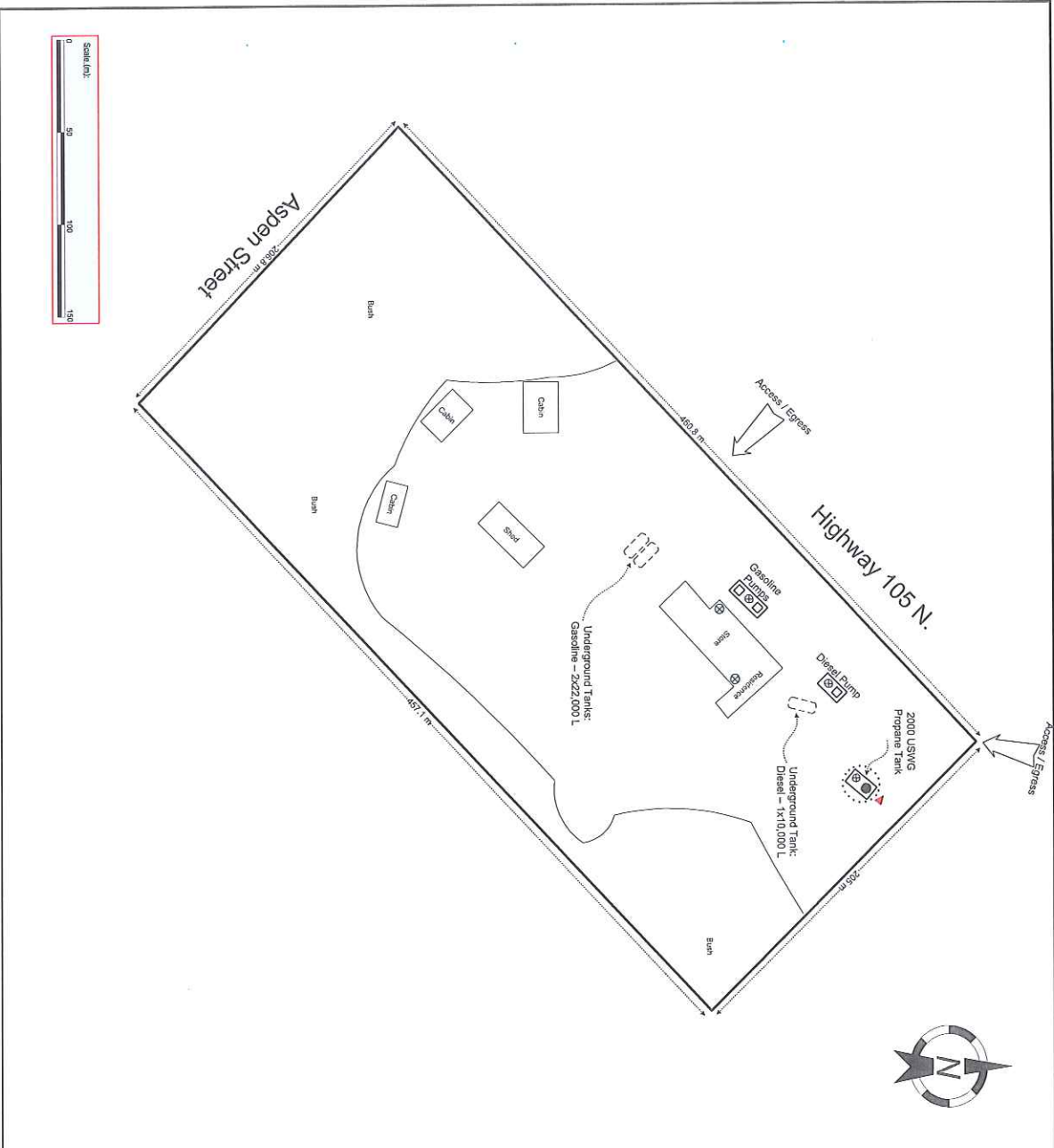
Property Line Setbacks	Distance
Due North	35.0 m
South	196.4 m
East	35.2 m
West	90.5 m

- 2. Fire Extinguisher
- 3. Egress/Fire Access Route:  
Egress/access points off of Highway 105 N
- 4. E-Stop
- 5. Propane Cylinder Storage Area (none)

**FSN Training & Development**

**Site Plan**  
**The Pit Stop in Ear Falls**  
 46 HWY 105 N, Ear Falls, ON POV 1T0

Legal Description	
PT RFD 316 DES 23R7391 PART 2 PCL 4512	
Drawn by: L. Mills	Checked by:
Date: April 9, 2012	Rev: 0



Notes:  
1. Tank distances to property lines:

Property Line Setbacks	Distance
Due North	35.0 m
South	198.4 m
East	35.2 m
West	90.5 m

- 2. Fire Extinguisher
- 3. Egress/Fire Access Route:  
Egress/access points off of Highway 105 N
- 4. E-Stop
- 5. Propane Cylinder Storage Area

**FSN Training & Development**

**Site Plan**  
The Pit Stop in Ear Falls  
46 HWY 105 N, Ear Falls, ON P0V 1T0

**Legal Description**  
PT RFD 316 DES 23R7591 PART 2 PCL 4512

Drawn by: L. Willis  
Checked by:  
Date: April 9, 2012  
Rev. 0