



Technical Standards and Safety Authority  
 243 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4076  
 Customer Services: 1.877.682.6772  
 propane@tsssa.org  
 www.tsssa.org

**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.

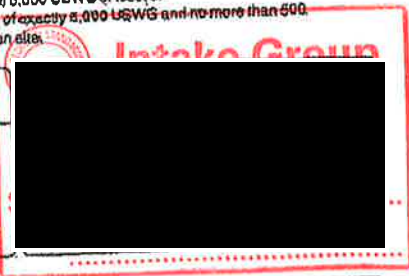
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act.

License Number:

Check applicable type of propane operations:

Cylinder     Motor Fill     Filling Plant     Car/Truckload

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: 10260479 Canada INC. Corporation No: 102 604 79 Canada INC.  
 Operator Name (if different from above):

Telephone No: 514 994-5730 Fax No:  Email: SUDIPTA 1051@gmail.com

**B** Street No: 1536 Street Name / B11 Number / Address, if applicable: MAIN STREET EAST Postal Code: K6A 2Y1  
 Town / City or Township / County: HAWLESBURY Province: ON

Mailing address if different from above:

**C** Street No: N/A Street Name / B11 Number / Address, if applicable: N/A Postal Code:   
 Town / City or Township / County:  Province:

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

**D** Location of facility:  
 Street No: 1536 Street Name / B11 Number / Address, if applicable: MAIN STREET EAST Nearest Major Intersection: MAIN & GLADSTONE  
 Town / City or Township / County: HAWLESBURY Province: ON Postal Code: K6A 2Y1

Name of License Holder: SUDIPTA CHAKRABORTY

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

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

Hours of operation:

This document is valid until the next license renewal date. You are required by law to notify TSSA of any change of information.  
 Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of License Holder	<u>SUDIPTA CHAKRABORTY</u>	Signature	<u>[Signature]</u>	Date (dd-mm-yyyy)	<u>23/06/17</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>SUDIPTA CHAKRABORTY</u>	Signature	<u>[Signature]</u>	Date (dd-mm-yyyy)	<u>23/06/17</u>



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

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

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

	PSIG	Serial Number
Tank1:	7.50	_____
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: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Name of person completing this form (please print) <b>SUDIPTA CHAKRABORTY</b>	Official Title <b>PRESIDENT</b>
Signature 	Telephone No. <b>514-994-5730</b> Date (dd/mm/yyyy) <b>23/06/2017</b>



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

# 3302 C# 71693

Name of Propane Supplier(s) <b>P30 ENERGY INC.</b>		For Office Use - Party No.	
Street No. <b>603</b>	Street Name / 911 Number / Address, if applicable <b>LAROCQUE ROAD</b>		
Town / City or Township / Country <b>VALLEYFIELD</b>		Province <b>QUEBEC</b>	Postal Code <b>J6T 4E1</b>
Telephone No. <b>450-373-4333</b>	Fax No. <b>450-373-3336</b>	Contact Name <b>GUY MARCHAND</b>	
E-mail <b>GUY@BUDGETPROPANE.COM</b>			

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 <b>NIL</b>	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.

There are multiple liquid fuel containers on site to fuel vehicles; gasoline and diesel tanks are held underground.  
 Typical convenience store items stored inside shop for sale purposes (i.e. aerosol cans, detergents and other flammable liquids).

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

Emergency shut off buttons are located on both the exterior of the building on the west wall and at the propane tank.

Two fire extinguishers located under the re-fueling canopy and one located at propane tank.  
 Closest fire hydrant is located on corner of Gladstone St. and Main St. E. (Approx. 65m from tank)

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.

Internal Safety Control (ISC) valve is equipped with nitrogen charged actuator.  
 Fusible link on each end of actuator holding open ISC valve causes liquid outlet to automatically close in event of fire. Normally closed solenoid valves on automotive fill meter.  
 Polyethylene hose used to carry pneumatic pressure to ISC actuators will melt in case of fire

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by P38 Energy according to their maintenance standards.  
 Dispenser fire extinguishers are inspected by outside company annually, and inspected in-house monthly.  
 Comprehensive dispenser inspection conducted annually by G2-LP certificate holder or higher.  
 Facility inspection by TSSA completed as required

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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	For Office Use - Party No.	Name	For Office Use - Party No.
Sudipta Chakraborty		Sudipta Chakraborty	
Official Title		Official Title	
President		President	
Telephone No.	Fax No.	Cell No.	Fax No.
514-994-5730	N/A	514-994-5730	N/A
E-mail		E-mail	
sudipta1051@gmail.com		sudipta1051@gmail.com	
Role and responsibilities in emergency Site liaison for creating internal and external emergency procedures Communication with emergency responders, supplier & subcontractor		Role and responsibilities in emergency Site liaison for creating internal and external emergency procedures Communication with emergency responders, supplier & subcontractor	

<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Panna Chowdhury		Sudipta Chakraborty	
Official Title		Official Title	
Employee		President	
Telephone No.	Fax No.	Telephone No.	Fax No.
514-994-5871	N/A	514-994-5730	N/A
E-mail		E-mail	
N/A		sudipta1051@gmail.com	
Role and responsibilities in emergency Identical role as Key contact in the event of an emergency.		Role and responsibilities in emergency Site liaison for creating internal and external emergency procedures Communication with emergency responders, supplier & subcontractor	

<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Roger Champagne		Guy Merchand	
Official Title		Official Title	
Fire Chief		President	
Telephone No.	Fax No.	Telephone No.	Fax No.
613-632-1105	N/A	450-373-4333	450-373-3336
E-mail		E-mail	
rchampagne@hawkesbury.ca		guy@budgetpropane.com	
Role and responsibilities in emergency Respond to fire emergencies Provide guidance on fire safety, emergency response & procedures		Role and responsibilities in emergency Technical assistance; dispatch of service technician and specialized equipment. Activate Emergency Response Assistance Plan by LPAC	
Fire Services Address 4941 St-Paul St. Eugene, Ontario		Propane Supplier Address 683 Laroque Rd, Valleyfield, Quebec	

<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Linda Rozon		Manon Belle-Isle	
Official Title		Official Title	
Emergency Coordinator (EMC)		Planner	
Telephone No.	Fax No.	Telephone No.	Fax No.
613-674-2170	N/A	613-632-2231	N/A
E-mail		E-mail	
lrozon@hawkesbury.ca		N/A	
Role and responsibilities in emergency Provide and provide guidance on fire safety, emergency response and preparedness.		Municipality Name and Address 600 Higginson St. Hawkesbury, Ontario	
Fire Services Address 4941 St-Paul St. Eugene, Ontario			

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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.

- The internal safety control valve is pneumatically actuated with nitrogen, additional protection provided with fusible links.
- Bollards protect dispensing system from vehicular impact.
- Hose equipped with a pull-away connector to allow for breakaway of hose preventing damage to piping in the event of a pull away.

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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)	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)	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)	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:

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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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-yy)	Print Name of Training Provider:	P38 Energy Inc.
TBD	Print Name of Instructor:	Guy Marchand and Terry Wright
Target Date (dd-mm-yy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mm-yy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

Target Date (dd-mm-yy)	Print Name of Training Provider:	P38 Energy Inc.
TBD	Print Name of Instructor:	Guy Marchand and Terry Wright
Target Date (dd-mm-yy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mm-yy)	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-yy)	Print Name of Training Provider:	P38 Energy Inc.
TBD	Print Name of Instructor:	Guy Marchand and Terry Wright
Target Date (dd-mm-yy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mm-yy)	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).  
*In the event of a fire/significant leak, operator will activate the Emergency Stop Control on dispenser and/or truck. The operator will contact Fire Services by 9-1-1 and initiate facility evacuation. (See attached Emergency Propane Procedures for more details) Fire Services will oversee public notification and/or evacuation. Facility contact will contact propane supplier Key Contact who will activate ERAP (if necessary) & report to TSSA through Spill Action Centre.*

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 operator immediately after activating Emergency Stop Control will verbally notify any other employee/visitors on site to evacuate, call 9-1-1. All employees and visitors (customers) will immediately vacate the building and arrivals to Lebon Viller d'Arlos (1550 Main St. E) and await direction from emergency 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).  
*All employees are instructed to and authorized to activate emergency response authorities by calling 9-1-1 upon occurrence of fire and/or significant leak. Alerting emergency responders is part of staff training and part of the emergency response procedures.*

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
*Propane facility is accessible at all times; not fenced. The property is easily accessible from Main St.*

Describe how the licence holder will ensure continual flow of updated information to authorities.  
*The critical information required from a licence holder are how to shut down the system and fill level of tank. In an emergency situation, the operator will meet the fire dept. and provide them with this information. Fire Services are formally invited for a full site review on an annual basis with supplementary site access for training or presentation as requested. Site specific emergency procedures are reviewed annually with all employees.*

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

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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 (lockout 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>20 m</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>	<b>Yes</b>	<b>No</b>
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-mmm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Local Fire Services Name	Signature	Date (dd-mmm-yyyy)
ROGER CAMPBELL		SEP. 25/17

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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-yy)	Capacity of single largest propane storage vessel (USWG)
2-07-2017	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 8.5m (28ft)	Right side property line: 38.5m (126ft)
Rear: 14.2m (47ft)	Left side property line: 5.0m (16ft)
GPS coordinates of single largest vessel:	45°36'24.85" N; 74°35'02.77" W

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

Name of person completing this form (please print)	Official Title	
SUDIPTA CHAKRABORTY	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yy)
	514-994-5730	23-06-2017





Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.291.4079  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

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

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

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

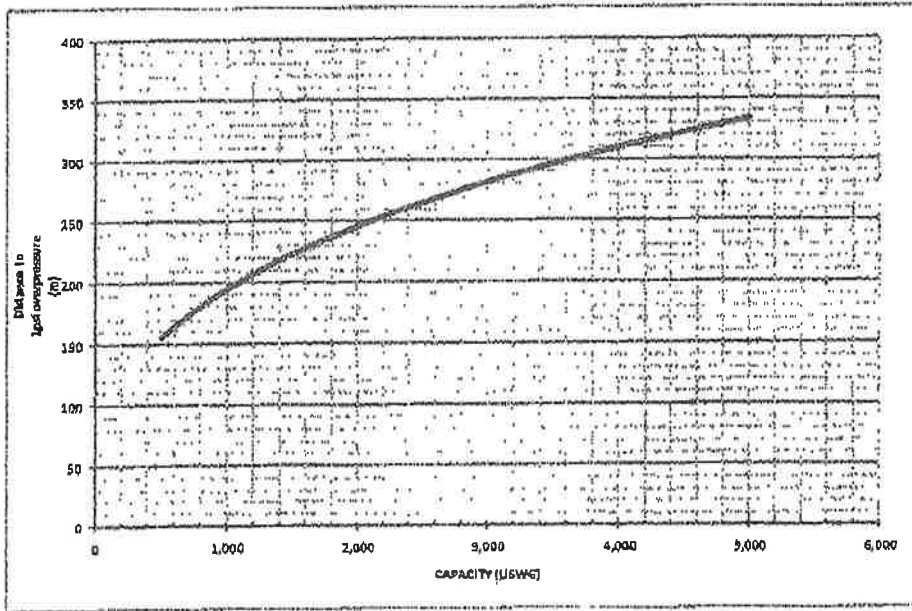
Table 1: Distance Table

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

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon (US, liquid) = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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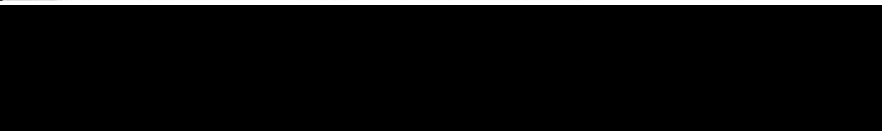
**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

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

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

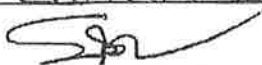
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
				X	45 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>RICHARD AUTO GLASS INC/ HAWKESBURY MOTORSPORTS</u> Address: <u>1502 MAIN STREET EAST</u> City: <u>HAWKESBURY</u> Province <u>ONTARIO</u> Postal Code <u>K6A 1C7</u>				X	24 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sanative institutions specifically hospitals, schools and day care, 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <b>SUDIPTA CHAKRABORTY</b>	Official Title <b>PRESIDENT</b>
Signature 	Telephone No. <b>514-994-5730</b> Date (dd-mm-yyyy) <b>23-06-2017</b>









**LOCATION:**  
 1536 MAIN STREET EAST  
 HAWKESBURY, ONTARIO K6A 2Y1

**AREA:**  
 LOT: 11,514 SQFT      BUILDING: 2,541 SQFT  
 PROPERTY LINES ARE ESTIMATED

**ZONING INFORMATION**  
 CL - LOCAL COMMERCIAL DISTRICT

**PROPANE STORAGE**  
 -[1] 2,000 USWG VERTICAL TANK AT 80.0%

**BOLLARDS**  
 - MAX. SPACING: 54"  
 - MIN. BURIAL DEPTH: 36" BELOW GRADE AND EXTEND MIN. 30" ABOVE GRAVE  
 - SPACED AT LEAST 42" FROM TANK

**CLEARANCES**  
 - 10' MIN. FROM THE PROPERTY LINES, CONCRETE/MASONRY BUILDING WALLS, OR SOURCES OF IGNITION  
 - 25' MIN. FROM BUILDING OPENINGS AND WINDOWS  
 - 25' MIN. FROM ANY DRAIN, SEWER, OR PIT  
 - 25' MIN. FROM RAIL LINE

**SETBACKS TO PROPERTY LINE**  
 NORTH: 28' [8.5m]      EAST: 126' [38.5m]  
 SOUTH: 47' [14.2m]      WEST: 16' [5.0m]

- LEGEND**
- EMERGENCY STOP
  - FIRE EXTINGUISHER
  - FIRE HYDRANT
  - EVACUATION POINT

Seal	Client

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**SLEEGERS SLEEGERS ENGINEERED PRODUCTS INC.**  
 5 Cuddy Blvd., London, Ontario, Canada N6V 3Y3 Phone (519) 685-7444 Fax (519) 685-2882

Drawn By	PJ	Date	15/05/17	Title			Hawkesbury Dispenser Site Plan	
Checked By	JP	Scale	AS SHOWN	Project No			P38	
Approved By	AB	Plot Size	ANSI B	Drawing No			P38-DHB-SP	
Client Project	Hawkesbury			Sheet			1 of 1	
Rev	0	Date	15/05/17	Revision			0	
Rev	1	Date	12/07/2017	Revision			UPDATED PER DRAWING REQUIREMENTS	
Rev	0	Date	15/05/17	Revision			INITIAL RELEASE	
DRAWING No	REFERENCE	REV	DATE	DRAWN	CHECK	APPROVED		