



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 (Form 1)  
**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.

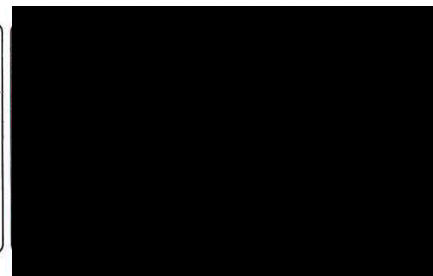
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution  
under the *Technical Standards and Safety Act*

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.

Company Name: **A** CRS Contractors Rental Supply General Partner Inc.    Ontario Corporation No., if applicable: 1258377

Operator Name (if different from above):

Telephone No. (519) 569-8631    Fax No. (519) 744-1137    E-mail wdehnke@crsbarrie.ca

Street No. 75    Street Name / 911 Number / Address, if applicable Centennial Road

Town / City or Township / County Kitchener    Province Ontario    Postal Code N2B 3E9

Mailing address if different from above:

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

Town / City or Township / County    Province    Postal Code

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

Location of facility:

Street No. 1635    Street Name / 911 Number / Address, if applicable 2nd. Avenue East    Nearest Major Intersection 2nd. Avenue and 10th. Street

Town / City or Township / County Owen Sound    Province Ontario    Postal Code N4K 2J6

Name of Licence Holder: CRS Contractors Rental Supply General Partner Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Steve Fay    ROT type 300-01

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

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 CRS Contractors Rental Supply General Partner Inc.		18/03/2013
Name of Senior Management person as defined in the Regulation holding the Record of Training Steve Fay		



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*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

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

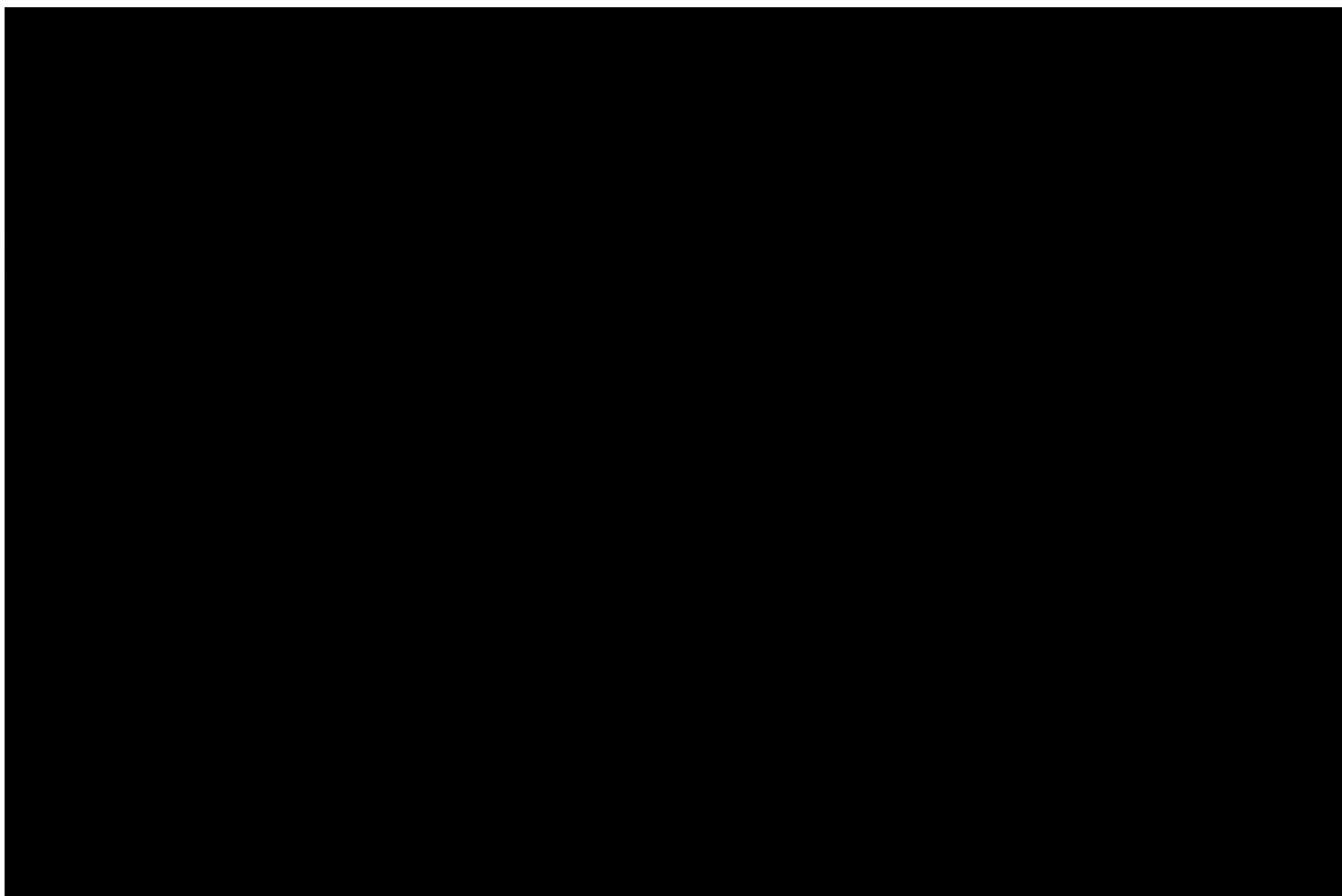
Indicate the year the facility was established. 2008      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>328-7</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: 2,000      Portable: 2,860.67      Mobile: 0



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Name of person completing this form (please print) Will Dehnke	Official Title Propane Manager	
Signature <i>Will Dehnke</i>	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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

Activity Information

<b>Name of Propane Supplier(s)</b>			
McRoberts Fuels Ltd.			
Street No.	Street Name / 911 Number / Address, if applicable		
4755	Egremont Drive		
Town / City or Township / Country		Province	Postal Code
Strathroy		Ontario	N7G 3H3
Telephone No.	Fax No.	Contact Name	
(519) 246-1019	(519) 246-1160	Steve Mills	
E-mail			
steve@mcrobertsfuels.com			

<b>Name of Propane Transporter.</b> 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			

<b>Off-site Cylinder and/or Mobile Storage</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	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print)	Official Title	
Will Dehnke	Propane Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(705) 739-6999	18/03/2013



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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.  
N/A

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

Fire Extinguishers

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.

Emergency shut-off switches at cylinder fill plant and inside shop to activate solenoid valve at tank outlet

Fusible links on cable that holds internal shut off valve open, links will separate with temperature rise and ISC valve will close with spring tension

Maintenance and testing schedule for fire protection controls and devices.

Georgian Bay Fire Services Records

Monthly Plant Inspection

Annual Plant Inspection

See Attached (A)

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Signature <i>Will Dehnke</i>	Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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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 William McArthur		For Office Use - Party No.		Name Todd Dwyer <i>Dwyer</i>		For Office Use - Party No.	
Official Title Branch Manager				Official Title Dispatcher			
Telephone No. (519) 376-8555		Fax No. (519) 376-8493		Cell No. (519) 372-5651		Fax No. (519) 376-8493	
E-mail wilbur@crsowensound.ca				E-mail tdwyer@crsowensound.ca			
Role and responsibilities in emergency Company on scene commander				Role and responsibilities in emergency Company on scene commander			
<b>2. Facility Contact Personnel - Alternate Contact</b>				<b>6. Name of Facility Manager</b>			
Name Greg McArthur		For Office Use - Party No.		Name Greg McArthur		For Office Use - Party No.	
Official Title Assistant Branch Manager				Official Title Assistant Branch Manager			
Telephone No. (519) 376-8555		Fax No. (519) 376-8493		Telephone No. (519) 376-8555		Fax No. (519) 376-8493	
E-mail gmcarthur@crsowensound.ca				E-mail gmcarthur@owensound.ca			
Role and responsibilities in emergency Branch Manager Designate				Role and responsibilities in emergency Company on scene commander			
<b>3. Local Fire Services - Key Contact</b>				<b>7. Propane Supplier Key Contact Person</b>			
Name Tom Potter		For Office Use - Party No.		Name Steve Mills		For Office Use - Party No.	
Official Title Fire Prevention Officer		E-mail tpotter@owensound.ca		Official Title Srvice Manager		E-mail steve@microbertsfuels.com	
Telephone No. (519) 376-2512		Fax No. (519) 372-0757		Telephone No. (519) 246-1019		Fax No. (519) 246-1160	
Role and responsibilities in emergency Officer				Role and responsibilities in emergency Emergency Response Liason			
Fire Services Address 1209 3rd. Avenue East, Owen Sound, Ontario N4K 2L6				Propane Supplier Address			
<b>4. Local Fire Services - Alternate Contact</b>				<b>8. Municipal Contact</b>			
Name Greg Nicol		For Office Use - Party No.		Name Pam Coulter		[REDACTED]	
Official Title Fire Prevention Inspector		E-mail gnicol@owensound.ca		Official Title Director, Community Services			
Telephone No. <del>(705) 645-8258</del> <i>519-376-2512</i>		Fax No. <del>(705) 646-2121</del> <i>519-372-0757</i>		Telephone No. (519) 376-4440 Ext. 1252		Fax No. <del>(705) 645-4209</del> <i>519-376-6028</i>	
Role and responsibilities in emergency Officer				E-mail pcoulter@owensound.ca			
Fire Services Address 1209 3rd. Avenue East, Owen Sound, Ontario N4K 2L6				Municipality Name and Address Grey County (City of Owen Sound)			

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Signature <i>Will Dehnke</i>		Telephone No. (705) 739-6999	Date (dd-mm-yyyy) 18/03/2013



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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.

[Large area with horizontal dashed lines for writing 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) 20/08/2012	Print Name of Training Provider: Contractors Rental Supply
	Print Name of Instructor: Pam Schultz
Training Date (dd-mm-yyyy) Monthly	Print Name of Training Provider: Contractors Rental Supply
	Print Name of Instructor: Pam Schultz (reviewed in every monthly safety meeting see Attachment B)
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) 20/08/2012	Print Name of Training Provider: Contractors Rental Supply
	Print Name of Instructor: Pam Schultz
Training Date (dd-mm-yyyy) 20/08/2012	Print Name of Training Provider: Contractors Rental Supply
	Print Name of Instructor: Pam Schultz (reviewed in August safety meeting see Attachment B)
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) 02/11/2011	Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute)
	Print Name of Instructor: Shawn Marles (Trainer T2217)
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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Name of person completing this form (please print) Will Dehnke	Official Title Propane Manager
Signature <i>Will Dehnke</i>	Telephone No. (707) 739-6999
	Date (dd-mm-yyyy) 18/02/2013



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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) 15/04/2013	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B )
	Print Name of Instructor: Pam Schultz
Target Date (dd-mm-yyyy) 15/05/2013	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B )
	Print Name of Instructor: Pam Schultz
Target Date (dd-mm-yyyy) 15/06/2013	Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B )
	Print Name of Instructor: Pam Schultz

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

Target Date (dd-mm-yyyy) 15/08/2013	Print Name of Training Provider: Contractors Rental Supply
	Print Name of Instructor: Pam Schultz (Annual review with all staff, part of August safety meeting, see Attachment B)
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) as required	Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute)
	Print Name of Instructor: Will Dehnke (Trainer 924) or Shawn Marles (Trainer 2217)
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:

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Signature <i>Will Dehnke</i>	Telephone No. (705) 739-6999
	Date (dd-mm-yyyy) 18/03/2013





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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).  
See attached Emergency Response Plan (Attachment C)

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 Response Plan (Attachment C)

**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).  
See attached Emergency Response Plan (Attachment C)

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
As agreed with Owen Sound Fire Department, bolt cutters will be used to gain access and Contractors Rental Supply will replace lock

Describe how the licence holder will ensure continual flow of updated information to authorities.  
See attached Emergency Response Plan (Attachment C)

How long will it take the facility liaison person to respond to the site.  
Maximum of 1 hour

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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)	65	
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)	N/A	

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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.

Local Fire Services Name	Print name <i>Greg Nica</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>08/08/13</i>
--------------------------	--------------------------------	---------------------------------	--------------------------------------

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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.

*SEE BACK COVER*

**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 .

*SEE ATTACHMENT D*

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 12/04/2011	Capacity of single largest propane storage vessel (USWG) 2,000
Tank setback coordinates. Indicate placement on the map.	
Front: 16 ft. <u>5m</u>	Right side property line: 10.5 ft. <u>3m</u>
Rear: 280 ft. <u>85m</u>	Left side property line: 116.5 ft. <u>36m</u>
GPS coordinates of single largest vessel: <u>44 34' 35.17"N 80 56'13.13"W</u>	

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

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

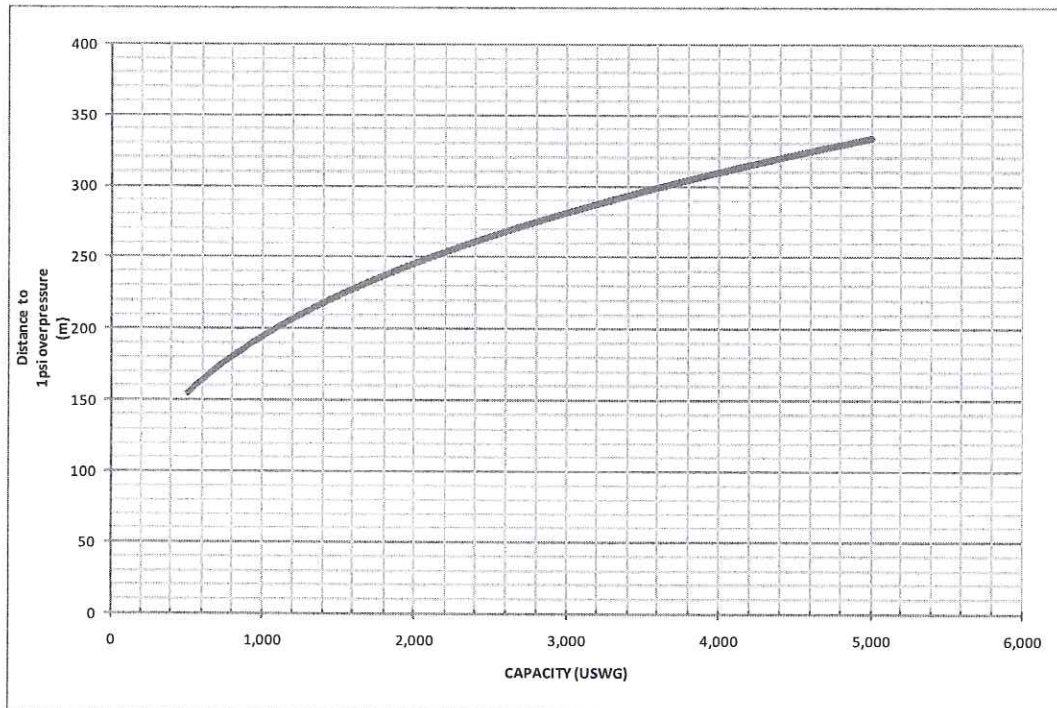
Table 1: Distance Table

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)





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: Muzzell Plumbing and Heating Address: 1615 2nd. Avenue East City: Owen Sound Province Ontario Postal Code N4K 2J6				x	30 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]				x	70 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Best Western Inn on the Bay Address: 1800 2nd. Avenue East City: Owen Sound Province Ontario Postal Code N4K 2L9		x			220 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ 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) Will Dehnke	Official Title Propane Manager
Signature <i>Will Dehnke</i>	Telephone No. (705) 739-6999
	Date (dd-mm-yyyy) 18/02/2013



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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	75	2212.5
# 40	11.75	3	35.25
# 33.3	9.62	36	346.32
# 30	8.8	0	0
# 20	5.8	46	266.8
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity</b>	Potential	160	2860.67

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

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

<b>Total Cylinder Capacity</b>	2860.67
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	2860.67



**NOTES:**  
CONDUCT AN INVESTIGATION TO AN OVERPRESSURE LEVEL OF 1  
OR ABOVE AND DETERMINE THE CAUSE AND MEASURES TO  
PREVENT REPEATED OCCURRENCES. THE INVESTIGATION  
SHOULD BE COMPLETED FOR THE IMPLEMENTATION OF THE RISK AND  
SAFETY MANAGEMENT PLAN.

$$D = 17 \times \left( 0.1 \times W + \frac{V^2}{1000} \right)^{1/2} = 24m$$

PROPOSED DIMENSIONS  
FOR FILLING TANK

NORTH	34.7m
SOUTH	3.1m
EAST	40.7m
WEST	5.0m

GPS COORDINATES

LATITUDE	44°52'35.40"N
LONGITUDE	82°58'13.02"W

AS PER THE TANKER USE FOR THE MINIMUM OF THE  
RISK AND SAFETY MANAGEMENT PLAN, THE TANKER TIGHTENING ON THE  
REQUIRES A LEVEL 1 RMP SUBMISSION.

**ZONING ADVISORY INFORMATION:**  
ZONING IS "MIXED USE COMMERCIAL" (MC)

**PLANNING ADVISORY INFORMATION:**  
AS PER TESA ADVISORY REQUIREMENTS, THE FOLLOWING  
PLANNING INFORMATION IS PROVIDED BELOW:

City of Owenton  
Community Services Department  
302 2nd Avenue East  
Owenton, NC 28445  
PH 1-519-376-1440

Rev.	Date	Description	By
0	08/11/2011	ISSUE FOR RMP	JK



**ALTENG Inc.**  
Alternative Energy Consulting  
1635 - 2nd Avenue East  
Owenton, NC 28445  
Telephone: (919) 794-1644

Drawn By:	JJK
Checked By:	JJK
Date:	AUG 11, 2011
Drawing Title:	BLAST RADIUS PLAN LAYOUT
Drawing Scale:	11/000
Project Name:	ALTENG INC. 081200-2-00
Project No.:	081200



CITY OF OWENTON

R245000 [R807-1]

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map data © 2011 DigitalGlobe

43°54'56.83"N 80°56'18.82"W elev: 177m

Scale: 11/000