



Technical Standards and Safety Authority
www.tssa.org
14th Floor - Centra Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.652.6772

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.

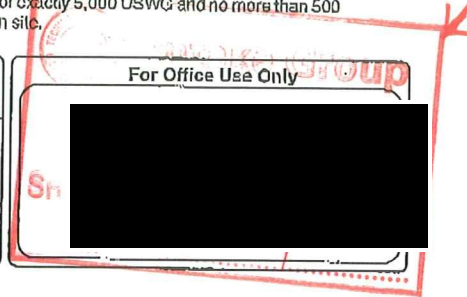
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 0076392905-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.

A Company Name: BURKS GASBAR LTD Ontario Corporation No., if applicable

Operator Name (if different from above): Tim Burk

Telephone No. 705 865-2813 Fax No. E-mail: BURKSSite1@HOTMAIL.COM

B Street No. 465 Street Name / 911 Number / Address, if applicable: SAUBLE ST. Box 4837

Town / City or Township / County: MASSEY Province: ON Postal Code: K0L 1P0

Mailing address if different from above.

C 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.

D Street No. 465 Street Name / 911 Number / Address, if applicable: SAUBLE ST Nearest Major Intersection: Hwy 17 - Bell St.

Town / City or Township / County: MASSEY Province: ON Postal Code: K0L 1P0

Name of Licence Holder: Tim Burk

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Tim Burk ROT type: 100-01

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

Hours of operation.

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

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

Name of Licence Holder: <u>Tim Burk</u>	Signature: <u>[Signature]</u>	Date (dd-mm-yyyy): <u>MAY 30 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Tim Burk</u>	Signature: <u>[Signature]</u>	Date: <u>MAY 30 2011</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.

1993 N/A

2011

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

	PSIG	Serial Number
Tank 1:	250	6976
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: 1300 Portable: 0 Mobile: 0

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Name of person completing this form (please print) Tim Burk	Official Title OWNER	
Signature 	Telephone No. 705-865-2838	Date (dd-mm-yyyy) 30-5-11



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

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 2475	Street Name / 911 Number / Address, if applicable MALBY DRIVE		
Town / City or Township / Country SUDBURY		Province ON	Postal Code P3A4S1
Telephone No. 1-877-873-7461	Fax No.	Contact Name PAUL BASTIEN	
E-mail BASTIEN@SUPERIORPROPANE.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 N/A	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		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) Tim Burk	Official Title OWNER	
Signature 	Telephone No. 865-2858	Date (dd-mm-yyyy) 30-5-11



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Gasoline - 90,000

DIESEL FUEL 35,000

Description of fire and emergency equipment indicated on facility 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.

AUTO SHUT OFF - IF FIRE OCCURS, FLOW OF PROPANE WILL STOP
FIRE EXTINGUISHERS - INSIDE & OUT.
FUSIBLE LINKS.

Maintenance and testing schedule for fire protection controls and devices.

DONE BY SUPERIOR PROPANE

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>Tim Buell</u>		Official Title <u>OWNER</u>	
Signature 		Telephone No. <u>865-2858</u>	Date (dd-mm-yyyy) <u>10-5-11</u>



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: <u>Tim Buek</u> For Office Use - Party No. Official Title: <u>OWNER</u> Telephone No. <u>705-865-3098</u> Fax No. <u>705-865-2330</u> E-mail: <u>BUKSSHELL@HOTMAIL.COM.</u> Role and responsibilities in emergency: <u>OWNER WILL CONTACT PROPER PEOPLE IN EMERGENCY.</u>		5. Facility 24-Hour Contact Person Name: <u>Tim Buek</u> For Office Use - Party No. Official Title: <u>OWNER</u> Cell No. <u>705-869-8533</u> Fax No. E-mail: <u>TBUCKY7@HOTMAIL.COM.</u> Role and responsibilities in emergency: <u>SAME</u>	
2. Facility Contact Personnel - Alternate Contact Name: <u>LISA BUEK</u> For Office Use - Party No. Official Title: <u>CO-OWNER</u> Telephone No. <u>705-865-3098</u> Fax No. E-mail: <u>LISAD@HOTMAIL.COM.</u> Role and responsibilities in emergency: <u>SAME AS ABOVE</u>		6. Name of Facility Manager Name: <u>NONE</u> For Office Use - Party No. Official Title: Telephone No. Fax No. E-mail: Role and responsibilities in emergency:	
3. Local Fire Services - Key Contact Name: <u>RODNEY HOULE</u> For Office Use - Party No. Official Title: <u>FIRE CHIEF</u> Telephone No. <u>705-865-2646</u> Fax No. <u>705-865-2736</u> E-mail: <u>rhoule@sables-spanish.ca</u> Role and responsibilities in emergency: <u>FIRE AND EMERGENCY OPERATIONS COMMAND</u>		7. Propane Supplier Key Contact Person Name: <u>PAUL BASTIEN</u> For Office Use - Party No. Official Title: <u>FIELD SUPERVISOR</u> Telephone No. <u>705-966-3670</u> Fax No. <u>705-566-4314</u> E-mail: Role and responsibilities in emergency: <u>SUPERVISOR OF OPERATIONS.</u>	
4. Local Fire Services - Alternate Contact Name: <u>ROGER RAINVILLE</u> For Office Use - Party No. Official Title: <u>ASSISTANT FIRE CHIEF</u> Telephone No. <u>705-865-2776</u> Fax No. E-mail: Role and responsibilities in emergency:		8. Municipal Contact Name: <u>Kim Sloss</u> For Office Use - Party No. Official Title: <u>TOWN CLERK</u> Telephone No. <u>705-865-2646</u> Fax No. E-mail: Municipality: <u>TOWNSHIP SABLES-SPANISH RIVER</u>	

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Name of person completing this form (please print): <u>Tim Buek</u>	Official Title: <u>OWNER</u>
Signature:	Telephone No. <u>865-2853</u> Date (dd-mm-yyyy) <u>20-5/11</u>



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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.

NO OTHER MEASURES IN PLACE AT THIS TIME. BUT WILL BE DOING NEW TRAINING ONCE NEW SITE IS IN OPERATION

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) <i>Jim Burk</i>	Official Title <i>Owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>868-2858</i>
	Date (dd-mm-yyyy) <i>30-5-11</i>



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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:

NO NEW TRAINING IN LAST 12 MONTHS
WILL BE RECEIVING NEW TRAINING ONCE SITE
IS OPERATING

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) <i>Tom Burk</i>	Official Title <i>OWNER</i>
Signature <i>[Signature]</i>	Telephone No. <i>865-2073</i>
	Date (dd-mm-yyyy) <i>30-5-11</i>



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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) JULY 2011	Print Name of Training Provider: PAUL BASTIEN
	Print Name of Instructor: SUPERIOR PROPANE
Target Date (dd-mm-yyyy) OCT 2011	Print Name of Training Provider: SAME
	Print Name of Instructor:
Target Date (dd-mm-yyyy) JAN 2012	Print Name of Training Provider: SAME
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) ON REOPENING.	Print Name of Training Provider:
	Print Name of Instructor: TIM BURK OR PAUL BASTIEN.
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) REOPENING	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy) ON REOPENING	Print Name of Training Provider: BEURK'S Site 11.
	Print Name of Instructor: TIM BURK..
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

ALL STAFF WILL BE RE-TRAINED ONCE NEW SITE IS OPEN. DATES ARE UNKNOWN @ THIS TIME.

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Name of person completing this form (please print) TIM BURK	Official Title OWNER
Signature 	Telephone No. 865-2818
	Date (dd-mm-yyyy) 30-5-11



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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).

Tim Burk: Massey Fire Dept will be giving the warnings. They will be given out when needed.

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).

All staff is trained with a general meeting place if a emergency occurs.

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).

I will call 911 once staff and customers are safe. I will also call all persons who need to be contacted.

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

I will be on site, or a staff member will allow fire access to site.

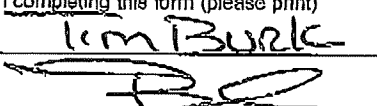
Describe how the licence holder will ensure continual flow of updated information to authorities.

I will update as needed.

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

10 minutes approx.

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Name of person completing this form (please print) <u>Tim Burk</u>		Official Title <u>OWNER</u>
Signature 	Telephone No. <u>865-2823</u>	Date (dd-mm-yyyy) <u>20-5-11</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.

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 type="checkbox"/> | <input type="checkbox"/> N/A |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | <u>25-30</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>50</u> | |

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Name of person completing this form (please print) <u>Tim Burke</u>		Official Title <u>owner</u>	
Signature 		Telephone No. <u>865-2058</u>	Date (dd-mm-yyyy) <u>30-08-11</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:

would like changes updated to local authority within week after changes occur. would also request updated every 6 months or 1 year regardless of implementation. Need to know meeting place.

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 <i>ROONEY HOWLE, F.I.C.</i>	<i>[Signature]</i>	<i>07/06/2011</i>

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Name of person completing this form (please print)	Official Title
<i>ROONEY HOWLE</i>	<i>FIRE CHIEF</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>705-865-7846</i>
K/client/nclient	Date (dd-mm-yyyy)
	<i>07-06-2011</i>

ATTN ISRIAN



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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) 9-11-09	Capacity of single largest propane storage vessel (USWG) 1300
Tank setback coordinates. Indicate placement on the map.	
Front: [Signature]	Right side property line: [Signature]
Rear: [Signature]	Left side property line: [Signature]
GPS coordinates of single largest vessel: ON MAP	

ON MAP

46.12' 46.84"

ALREADY SENT 82.04' 18.11"

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Name of person completing this form (please print) TIM BURK	Official Title OWNER
Signature [Signature]	Telephone No. 866-2858
	Date (dd-mm-yyyy) 7-6-11



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SECTION C: SUBMISSIONS (cont'd)

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

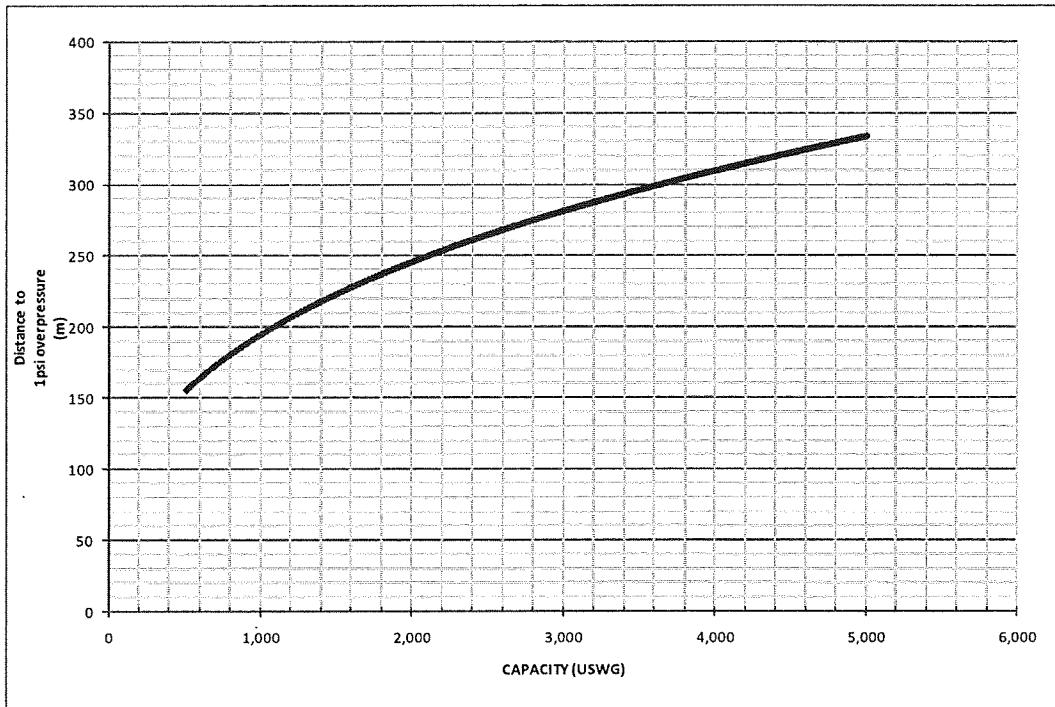
Table 1: Distance Table

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)



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Name of person completing this form (please print) Tim Burk	Official Title owner
Signature 	Telephone No. 867 281 8
	Date (dd-mm-yyyy) June 28/11



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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>ON MAP</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CROCKS RESTAURANT</u> Address: <u>MASSEY</u> Province <u>ON</u> Postal Code <u>R0P 1R0</u> City: _____ Province _____ Postal Code _____		X			100 100 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>MOHAWIC MOTEL</u> Address: <u>SAUBLE ST.</u> City: <u>MASSEY</u> Province <u>ON</u> Postal Code <u>R0P 1R0</u> City: _____ Province _____ Postal Code _____		X			100 120 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 _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> 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>Tim Burk</u>	Official Title <u>owner</u>	
Signature <u>[Signature]</u>	Telephone No. <u>865-2858</u>	Date (dd-mm-yyyy)



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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	15	
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

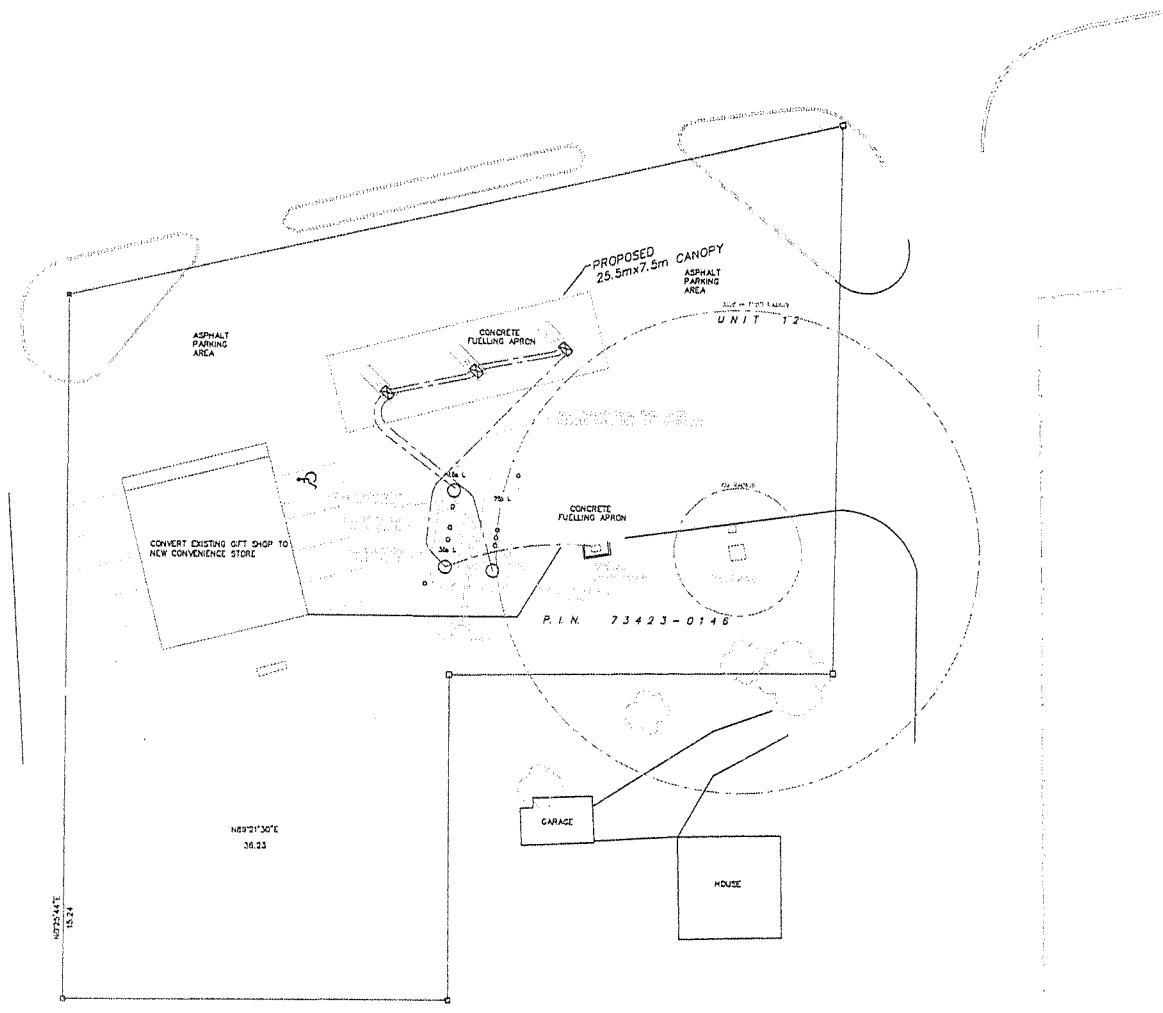
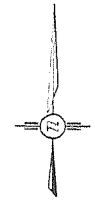
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	1300 USWG
Total Portable Capacity	

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) Tim Burk	Official Title owner	
Signature 	Telephone No. 865-2000	Date (dd-mm-yyyy) 30-5-11

TOPOGRAPHIC SURVEY OF
 UNITS 9 TO 13 AND 15
 INDEX PLAN D-259
 TOWN OF MASSEY
 DISTRICT OF SUDBURY



P.I.N. 73423-0148

- LEGEND**
- SURVEY MONUMENT FOUND
 - SURVEY MONUMENT PLANTED
 - HYDRO POLE
 - CATCH BASIN
 - LIGHT STANDARD (LS)
 - TREE CANOPY (CAN2)
 - FENCING
 - EA - EDGE OF ASPHALT
 - SW - SIDEWALK



NOTE
 BEARINGS ARE UNIVERSAL TRANSVERSE MERCATOR (UTM) (ZONE 17) GRID BEARINGS, WITH CENTRAL MERIDIAN IN LONGITUDE 81°W, AND ARE DERIVED FROM SIMULTANEOUS GPS OBSERVATIONS AT STATIONS 5020, 5023 AND 5054.

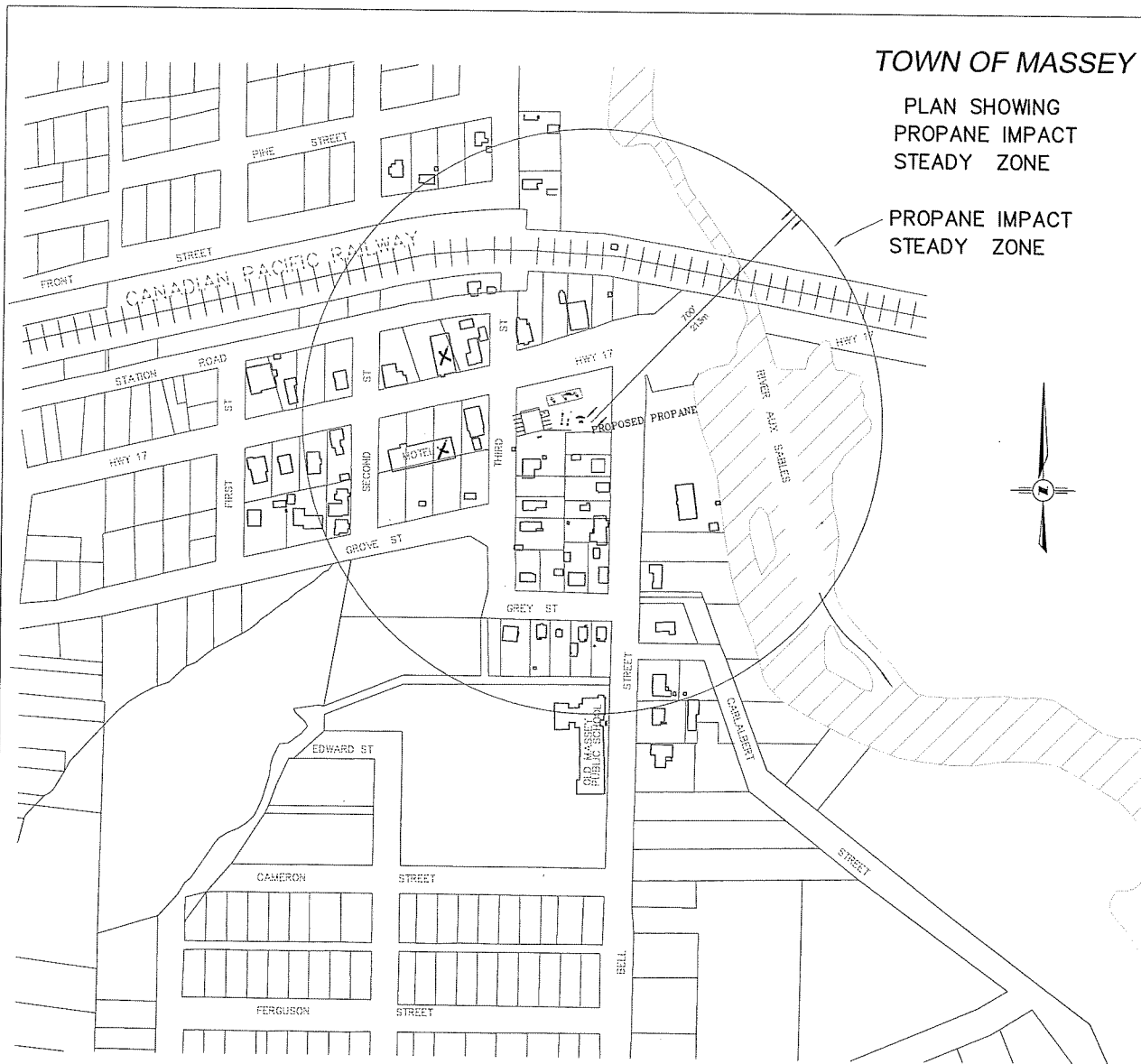
NOTE
 ELEVATIONS ARE GEODETIC (GDA1984 DATUM), AND ARE REFERRED TO BENCHMARK COORDINATORS LOCATED ON THE EAST ABUTMENT OF C.P.R. PAW BRIDGE, HAVING AN ELEVATION OF 104.66M.
 NO SERVICE LOCATED FOR UNDERGROUND SERVICES HAVE BEEN UNDERTAKEN
 IF ANY CONFUSION RELATED TO MEASURED DATA OCCURS PLEASE CONTACT HALLIDAY SURVEYING FOR CLARIFICATION
 FOR SURVEY METHOD, SEE DRAWING 0412.

Wagg's PETROLEUM EQUIPMENT LTD.		INITIAL SURVEY PROVIDED BY: HALLIDAY SURVEYING INC. ONTARIO LAND SURVEYOR - CANADA LAURE BERTHE LAND DEVELOPMENT PROFESSIONAL 20 PAROLA CRT. S.S. MASSEY, ONT.	
		SIZE: DWG. NO. 11X17 BURKES SHELL SITE PLAN TSSA prophase APR 12 2011	REV:
140 TAPPAN DRIVE NORTH BAY, ONTARIO PHONE: (705) 479-2100	SCALE: TSSA BURKES SHELL - MASSEY, ONTARIO	DATE: APR 12 2011 DWG. NO.:	SHEET 1 OF 1

TOWN OF MASSEY

PLAN SHOWING
PROPANE IMPACT
STEADY ZONE

PROPANE IMPACT
STEADY ZONE



NOTE: NO SERVICE LOCATES FOR UNDERGROUND SERVICES HAVE BEEN UNDERTAKEN
ONTARIO ONE STOP AND ESPANOLA REGIONAL HYDRO WILL NOT PROVIDE THIS
SERVICE UNLESS EXCAVATION IS IMMINENT.

NO SURVEY HAS BEEN CONDUCTED FOR THE PRODUCTION OF THIS MAP
BUILDING LOCATION INFORMATION HAS BEEN EXTRACTED
FROM TOWN OF MASSEY INDEX PLANS

IF ANY CONFUSION RELATED TO MEASURED DATA OCCURS PLEASE
CONTACT HALLIDAY SURVEYING FOR CLARIFICATION

HALLIDAY SURVEYING INC ONTARIO LAND SURVEYOR CANADA LANDS SURVEYOR LAND DEVELOPMENT CONSULTANT 449 SECOND AVENUE ESPANOLA ONT P5E 1L2 705 869 5792	
DATE: JUNE 20 2011 FILE: 8546	THIS IS A DIGITAL PRODUCT, SAVED AS DRIVE: I:\JOB32011\8546\8546PROPANE IMPACT AREA.dwg

67' P 35' E
17' 0" S 6' E
16' 0" S 6' E
604

AY NO. 17)

PLAN 122

AND INST. 597(S)

STREET

N 77° 12' E
61'

24' 1.9
61'

N 77° 27' E
67' 9"

FD. SLR.
602

FD. SLR.
592

715

FD. SLR.
M49

FD. SLR.
605

FD. SLR.
592

4

132'

264' 0"

N 0° 24' E

132'

8'

8'

UNIT 9

UNIT 10

UNIT 11

UNIT 12

UNIT 13

UNIT 14

STREET - 1

120'

134'

147'

161'

174'

UNIT 15

UNIT 16

UNIT 17

UNIT 18

UNIT 19

UNIT 20

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

50'

119'

119'

119'

119'

119'

119'

547' 5"

490' 6"

547' 5"

547' 5"

547' 5"

547' 5"

N 13° 52' W

N 13° 52' W

N 13° 52' W

N 13° 52' W

N 13° 52' W

N 13° 52' W

BELL STREET

BELL STREET

BELL STREET

BELL STREET

BELL STREET

BELL STREET