



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

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: 000076649189

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: MIDHURST ROOFING LTD    Ontario Corporation No., if applicable: 1812767

Operator Name (if different from above):

Telephone No. 705-721-8383    Fax No. 705-721-8643    E-mail: sales@midhurstroofing.ca

**B** Street No. 2035    Street Name / 911 Number / Address, if applicable: RUSSELL ROAD

Town / City or Township / County: SPRINGWATER TOWNSHIP    Province: ONTARIO    Postal Code: L0L 1X0

**C** Mailing address if different from above.

Street No.    Street Name / 911 Number / Address, if applicable: P.O. BOX 126

Town / City or Township / County: MIDHURST    Province: ONTARIO    Postal Code: L0L 1X0

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

**D** Location of facility.

Street No. 2035    Street Name / 911 Number / Address, if applicable: RUSSELL ROAD    Nearest Major Intersection: RUSSELL ROAD and FORBES ROAD

Town / City or Township / County: SPRINGWATER TOWNSHIP    Province: ONTARIO    Postal Code: L0L 1X0

Name of Licence Holder: MIDHURST ROOFING LTD

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): DON DERRY, VICE-PRESIDENT    ROT type: PP0-3

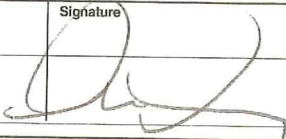
Municipality (or municipalities if the facility or its hazard distance touches multiple borders): TOWNSHIP OF SPRINGWATER

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: MIDHURST ROOFING LTD		February 11, 2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: DON DERRY		

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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.

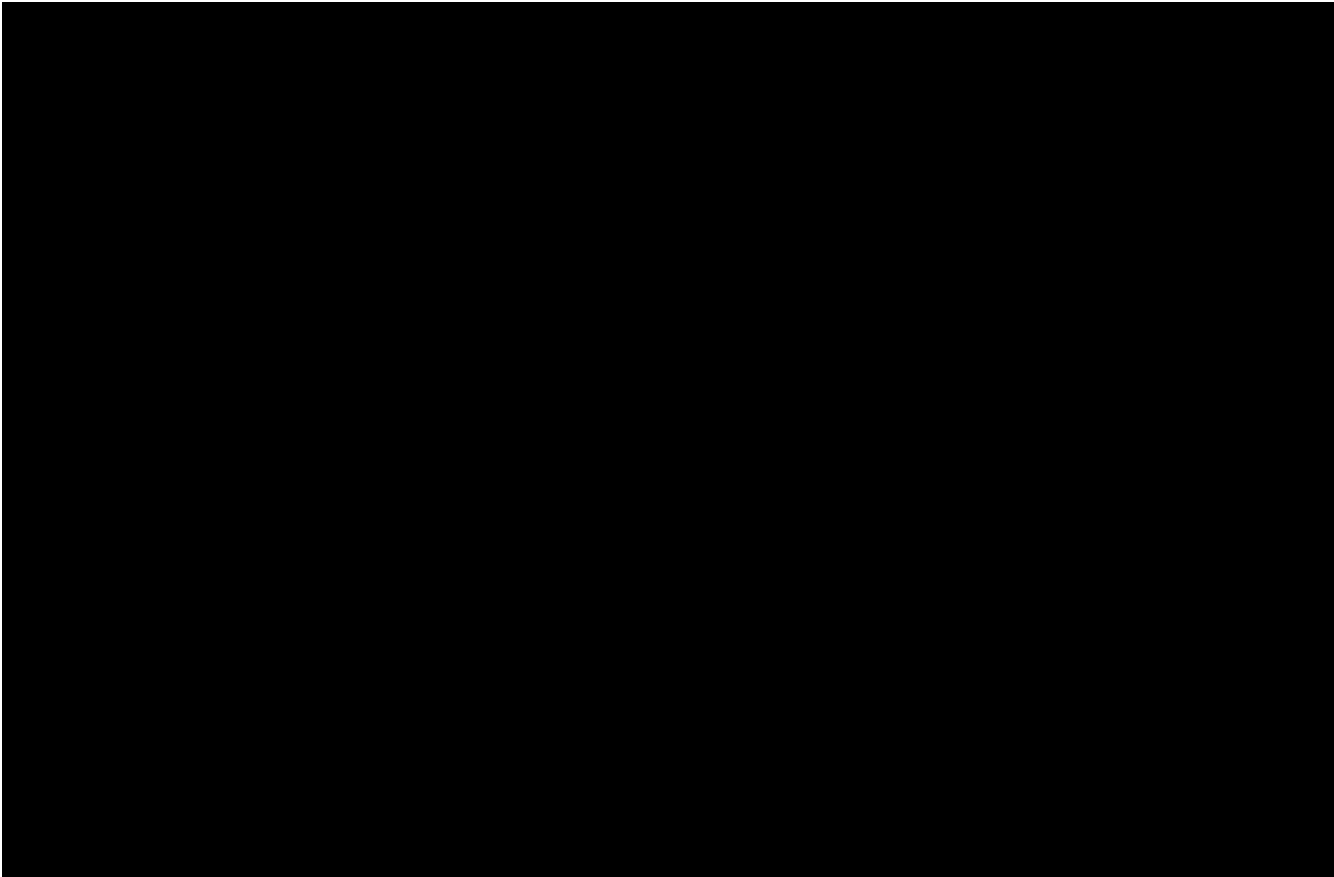
1988      NONE

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

	PSIG	Serial Number
Tank 1:	250	2-95
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: 1091.75      Mobile: NONE



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Name of person completing this form (please print) FRANK AMADIO	Official Title MECHANIC
Signature	Telephone No. 705-721-8383
	Date (dd-mm-yyyy) February 11, 2011



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

Activity Information

<b>Name of Propane Supplier(s)</b> SPARLING'S PROPANE COMPANY LTD.		For Office Use - Party No.	
Street No. 2550	Street Name / 911 Number / Address, if applicable HARRIGAN DRIVE		
Town / City or Township / Country BRECHIN		Province ONTARIO	Postal Code L0K 1B0
Telephone No. 1-888-780-7727	Fax No. 705-484-1156	Contact Name MIKE CAMPBELL	
E-mail mdc@sparlings.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 NONE	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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**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.

No hazardous materials are stored on site.

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

One (1) 20BC Fire Extinguisher is located at the dispenser. Six (6) additional fire extinguishers are located within the shop adjacent to the dispenser. There is an emergency cut-off (ECO) switch mounted outside the building near the dispenser, that terminates power to a solenoid valve on the liquid piping near the outlet of the tank and the propane pump.

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.

The ISC valve at the tank liquid outlet is equipped with a fusible link which when exposed to fire will melt allowing the ISC valve to close.

The ISC valve remains closed when the dispenser is not in use.

The ECO switch is located at the corner of the building adjacent to the dispenser. When activated it will terminate power to the solenoid valve and the pump.

Maintenance and testing schedule for fire protection controls and devices.

The annual maintenance and dispenser inspection is performed by Sparling's Propane. The license holder performs daily recorded visual inspections of the equipment and area. Any deficiencies found are reported to Sparling's Propane for repair immediately. The license holder maintains a record of monthly testing of the ISC valve and the ECO operation. The fire extinguishers are maintained in accordance with applicable Provincial and Municipal Regulations.

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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 **TIM FORBES** For Office Use - Party No.  
Official Title **VICE-PRESIDENT**  
Telephone No. **705-721-8383** Fax No. **705-721-8643**  
E-mail **tim@midhurstroofing.ca** HOME # **705-739-8759**  
Role and responsibilities in emergency  
Assist emergency services as required.

**5. Facility 24-Hour Contact Person**

Name **TIM FORBES** For Office Use - Party No.  
Official Title **VICE-PRESIDENT**  
Cell No. **705-790-0152** Fax No. **705-721-8643**  
E-mail **tim@midhurstroofing.ca** HOME # **705-739-8759**  
Role and responsibilities in emergency  
Assist emergency services as required.

**2. Facility Contact Personnel - Alternate Contact**

Name **DON DERRY** For Office Use - Party No.  
Official Title **VICE-PRESIDENT**  
Telephone No. **705-721-8383** Cell # **705-794-0552** Fax No. **705-721-8643**  
E-mail **don@midhurstroofing.ca** HOME # **705-812-6777**  
Role and responsibilities in emergency  
Assist emergency services as required.

**6. Name of Facility Manager**

Name **TIM FORBES** For Office Use - Party No.  
Official Title **VICE-PRESIDENT**  
Telephone No. **705-721-8383** Fax No. **705-721-8643**  
E-mail **tim@midhurstroofing.ca**  
Role and responsibilities in emergency  
Assist emergency services as required.

**3. Local Fire Services - Key Contact**

Name **TONY VAN DAM** For Office Use - Party No.  
Official Title **DIRECTOR of FIRE and EMERGENCY SERVICES**  
Telephone No. **705-728-4784** Fax No. **705-726-7223**  
E-mail **fire@springwatertownship.ca**  
Role and responsibilities in emergency  
Manage emergency reponse

**7. Propane Supplier Key Contact Person**

Name **MIKE CAMPBELL** For Office Use - Party No.  
Official Title **REGIONAL MANAGER**  
Telephone No. **1-888-780-7727** Fax No. **705-484-1156**  
E-mail **mdc@sparlings.com**  
Role and responsibilities in emergency  
Key contact to activate Sparling's Propane ERAP # 2-0220

**4. Local Fire Services - Alternate Contact**

Name **HERB CLEMENTS** For Office Use - Party No.  
Official Title **DEPUTY DIRECTOR of FIRE and EMERGENCY SERVICES**  
Telephone No. **705-728-4784** Fax No. **705-726-7223**  
E-mail **fire@springwatertownship.ca**  
Role and responsibilities in emergency  
Manage emergency reponse

**8. Municipal Contact**

Name **WINANNE GRANT** For Office Use - Party No.  
Official Title **CHIEF ADMINISTRATIVE OFFICER**  
Telephone No. **705-728-4784 ext 2041** Fax No. **705-728-6957**  
E-mail **info@springwater.ca**  
Municipality **SPRINGWATER TOWNSHIP**

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Name of person completing this form (please print) <b>FRANK AMADIO</b>	Official Title <b>MECHANIC</b>
Signature 	Telephone No. <b>705-721-8383</b> Date (dd-mm-yyyy) <b>February 11, 2011</b>



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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.

There are six (6) additional 10 BC fire extinguishers available at the facility.

The facility is located in a rural area, with no hydrant presence. There is a 10,000 gallon underground storage tank filled with water under a building on the same property, which has been inspected by the local Fire Department. The tank is flushed and refilled on an annual basis.

A sign is affixed to the dispenser identifying Sparling's Propane as the fuel supplier along with the Sparling's 24/7 emergency response phone number.

The dispenser cabinet remains locked except when being used.

Visual inspections are performed and recorded by the operator on days of operation.

Monthly inspections of the fire extinguisher and testing of the ECO switch and ISC valve are performed and recorded by the operator.

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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) APRIL 16, 2010	Print Name of Training Provider: SPARLING'S PROPANE
	Print Name of Instructor: MIKE CAMPBELL
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) MAY 23, 2010	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
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) MAY 23, 2010	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
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) MAY 24, 2011	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) MAY 24, 2011	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
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) MAY 24, 2011	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: MIDHURST ROOFING
	Print Name of Instructor: FRANK AMADIO
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

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

The facility operator will notify office and operational staff in the event of an emergency situation. In the event that the operator is not present all employees are trained to report emergency situations to the office as per their emergency response procedures.

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 employees have been trained that when an evacuation order is announced or an evacuation is otherwise necessary, they are to leave the property immediately and report to the meeting place in front of 2064 Russell Road. Office staff are responsible for notifying emergency services. Office staff will take a role call and will confirm emergency services have been notified of the emergency. This information will be passed on to the key contact or fire services as required.

**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).

Office staff are responsible for calling 911 in an emergency upon notification of an emergency.

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

The fire department has 24 hour access to this site.

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

Once emergency services have been notified, the key contacts for Midhurst Roofing are to be contacted. It is their responsibility to ensure that information is passed on to the authorities.

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

Ten (10) minutes

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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>135 Metres</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>3.7 km (hydrant)</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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

**Fire services comments, if any:**

The Springwater Fire and Emergency Services has no comments at this time.

**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>Jeff Corriveau F.P.O.</i>	<i>Jeff Corriveau</i>	March 7 2011

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Signature <i>F Amadio</i>	Telephone No. 705-721-8383 Date (dd-mm-yyyy) February 11, 2011



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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) January 29, 2011	Capacity of single largest propane storage vessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>88 Metres</u>	Right side property line: <u>198 Metres</u>
Rear: <u>8 Metres</u>	Left side property line: <u>3.048 Metres</u>
GPS coordinates of single largest vessel: <u>North 44. 28.494 by West 079.43.490</u>	

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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

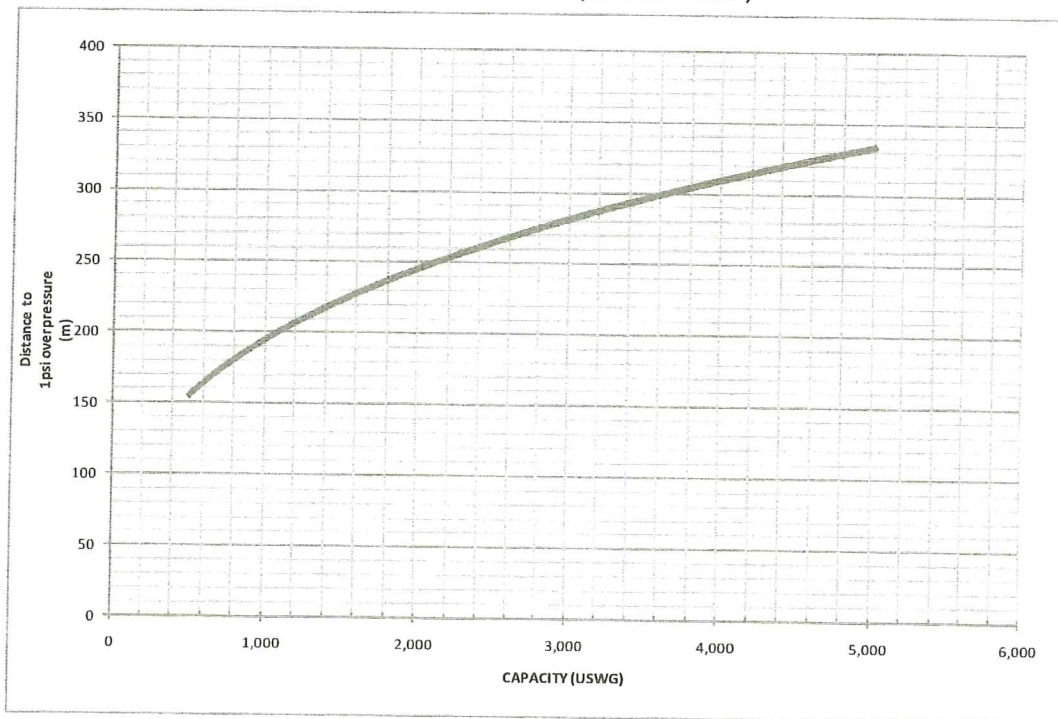
Table 1: Distance Table

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) FRANK AMADIO	Official Title MECHANIC	
Signature <i>Frank Amadio</i>	Telephone No. 705-721-8383	Date (dd-mm-yyyy) February 11, 2011



Technical Standards and Safety Authority  
www.tssa.org

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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
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]		x			218 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ 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".

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

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**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	25	737.5
# 40	11.75	5	58.75
# 33.3	9.62	8 X 60 lb. cylinder	140.8
# 30	8.8	10	88
# 20	5.8	10	58
# 10	2.9	3	8.7
# 5	1.5		
<b>Total Cylinder Capacity</b> 1091.75			

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

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b> NO TANKS ARE STORED ON SITE		

<b>Total Cylinder Capacity</b>	1091.75
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b>	1091.75

**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.**

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Signature <i>Frank Amadio</i>	Telephone No. 705-721-8383	Date (dd-mm-yyyy) February 11, 2011

HEARM U-WVD

10' FARM PROPERTY LINE

N58°33'20"E

RUSSELL RD

N31°18'45"W

LEGAL DESCRIPTION:  
 PART LOT 28 CONC #2  
 SPRING WATER TWP  
 PROPOSED CYL REFILL CENTRE  
 FOR: MIDHURST ROOFING  
 2035 RUSSELL RD  
 MIDHURST DNT. LOL 1X0  
 PO Box 126

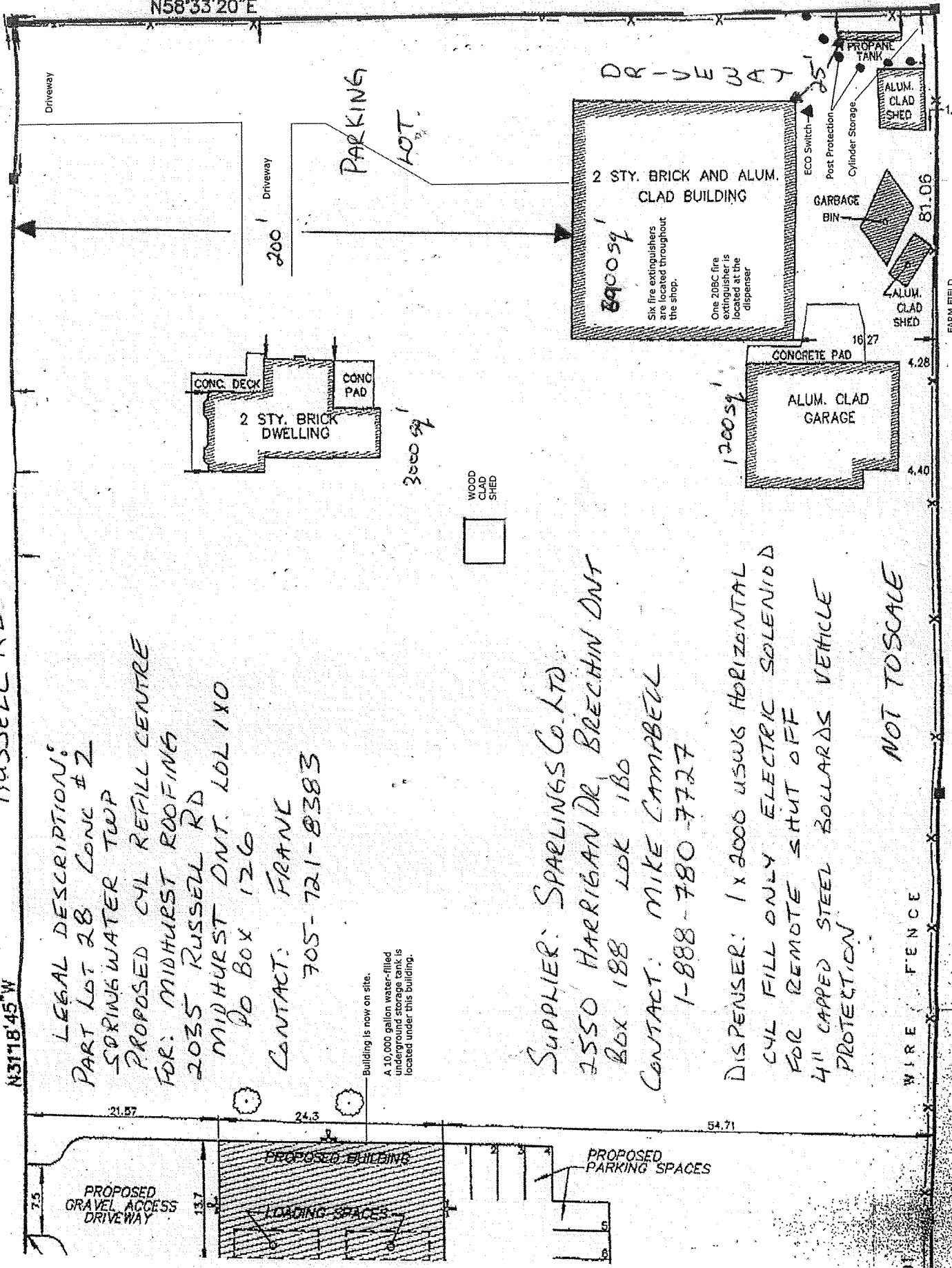
CONTACT: FRANK  
 705-721-8383

SUPPLIER: SPARLINGS Co. LTD.  
 2550 HARRIGAN DR, BRECHIN DNT  
 Box 188 LOK 1B0  
 CONTACT: MIKE CAMPBELL  
 1-888-780-7727

DISPENSER: 1 x 2000 USWS HORIZONTAL  
 CYL FILL ONLY ELECTRIC SOLENOID  
 FOR REMOTE SHUT OFF  
 4" CAPED STEEL BOLLARDS VEHICLE  
 PROTECTION

NOT TO SCALE

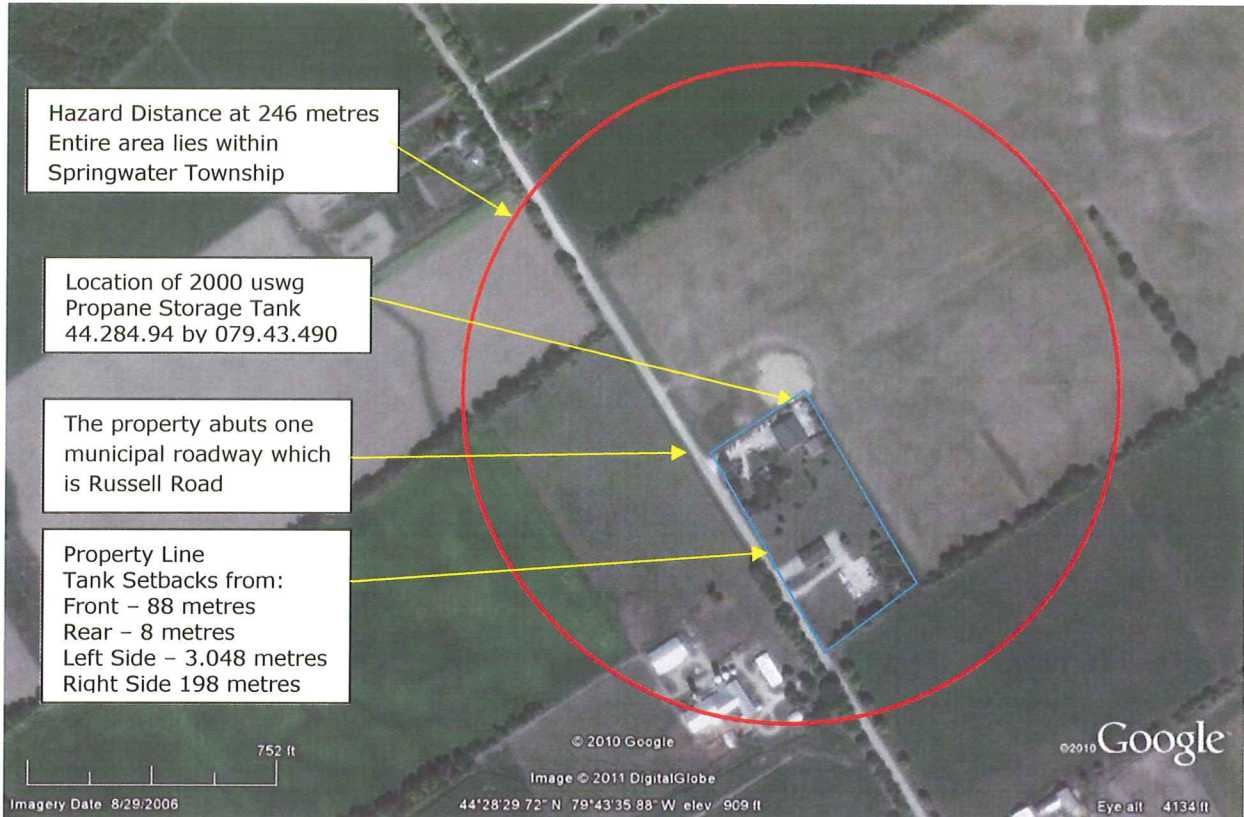
WIRE FENCE





## AERIAL MAP OF MIDHURST ROOFING

### 2035 RUSSELL ROAD, SPRINGWATER TOWNSHIP, ONTARIO



<p>Facility Address: 2035 Russell Road, Springwater Township, Ontario</p>	<p>Legal Description of Property: Part Lot 28, Conc 2, Springwater Township</p>
<p>Municipal Contact Information: Winanne Grant Chief Administrative Officer Springwater Township 2231 Nursery Road, Minesing, Ontario L0L 1Y2 705-728-4784 ext 2041</p>	<p>Date Map Prepared:  February 10, 2011.</p>

**ADDITIONAL AERIAL MAP**

**INCLUDES the LOCATION of the NEAREST HYDRANT**

(added at the request of Springwater Fire Services)

