



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

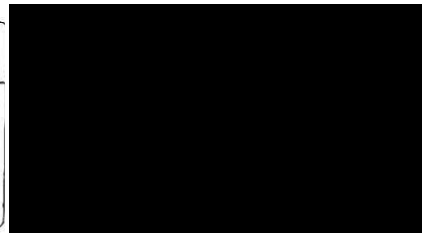
This Level 1 RSMP applies to: a facility with a total propane storage capacity of 5,000 USWG or less; or
a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

Licence Number: **0076572429-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: **C & L TRADERS INC.** Ontario Corporation No., if applicable

Operator Name (if different from above): **WARYAM CHAUDHRY**

Telephone No.: **905-778-0670** Fax No.: **905-778-0670** E-mail Address: **N/A**

B Street No.: **2922** Street Name, Lot / Concession No.: **SIMCOE COUNTY RD. 27**

Town / City or Township / County: **BOND HEAD** Province: **ONTARIO** Postal Code: **LOG 1B0**

Mailing address if different from above:

C Street No.: Street Name, Lot / Concession No. Province Postal Code

D Information on Container Refill Centre or Filling Plant

Location of facility:

Street No.: **2922** Street Name, Lot / Concession No.: **Simcoe County Road 27** Nearest major intersection: **Simcoe County Road 27 & 88**

Town / City or Township / County: **BOND HEAD** Province: **ONTARIO** Postal Code: **LOG 1B0**

Name of Licence Holder: **C&L TRADERS INC.**

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): **WARYAM CHAUDHRY** ROT type: **PPO 1-2-3**

Municipality (or municipalities if the facility or its 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:	Print name: WARYAM CHAUDHRY	Signature: (ATTACHED)	Date (mm-dd-yyyy): 05-25-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training:	WARYAM CHAUDHRY	(ATTACHED)	05-25-2011

Alex L. Goerk, President, Carling Propane on behalf of Waryam Chaudhry



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1989 Indicate the year of any significant modifications, as defined in s.1.0. Reg 211/01, since establishment.

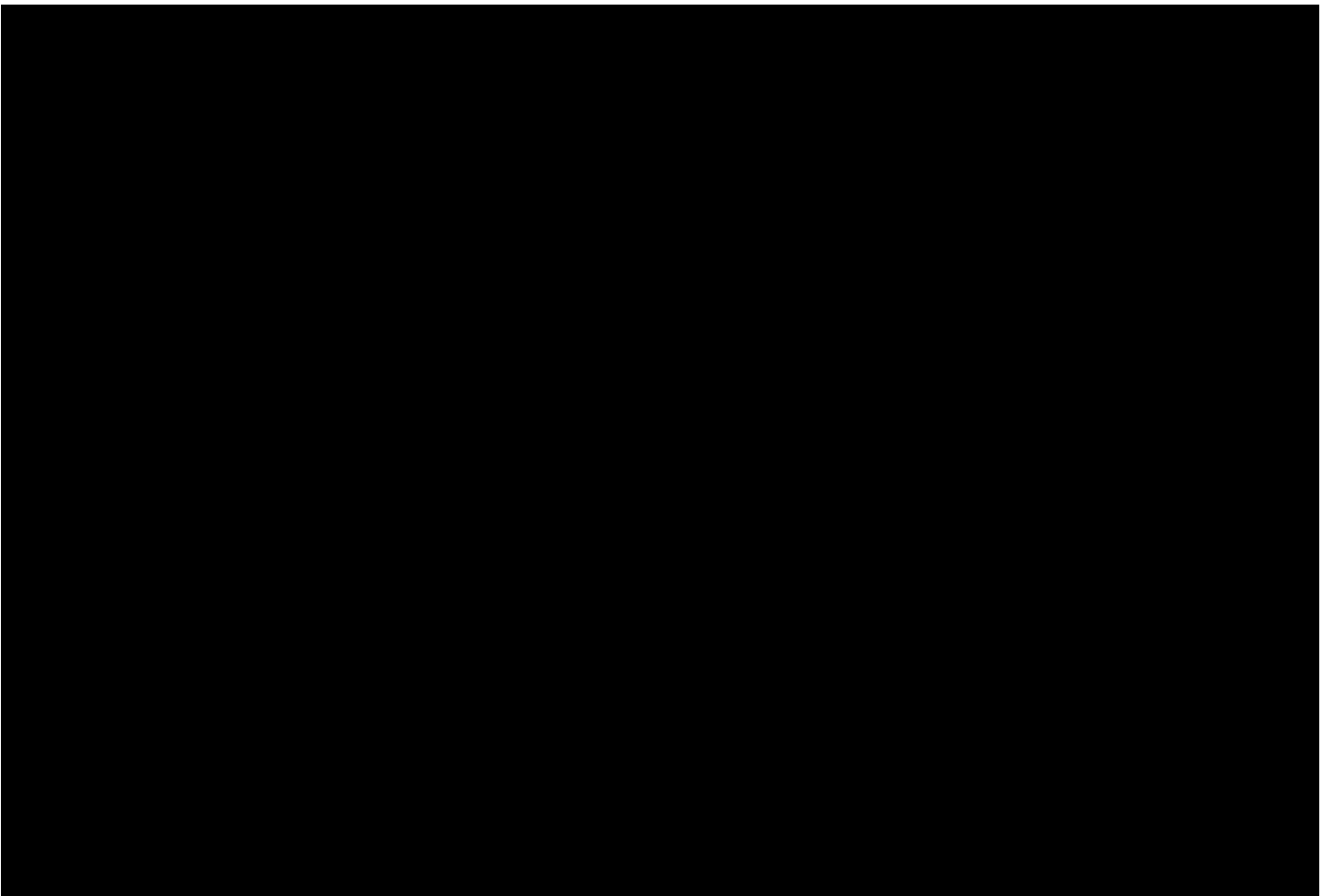
Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>601417</u>
Tank 2:	_____	_____
Tank 3:	_____	_____



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

Fixed: 2000 USWG VERTICAL Portable: _____ Mobile: _____



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Name of person completing this form (please print) ALEX L. GOERK	Official Title PRESIDENT, CARLING PROPANE INC.
Signature <i>Alex Goerk</i>	Telephone No. 905-952-0146
	Date (dd-mm-yyyy) 05-25-2011



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

Name of Propane Supplier(s) CARLING PROPANE INC.		For Office Use - Party No.	
Street No. 19752	Street Name Lot / Concession No. HOLLAND LANDING ROAD		
Town / City or Township / Country HOLLAND LANDING		Province ONTARIO	Postal Code L9N 0A1
Telephone No. 905-952-0146	Fax No. 905-952-0155	Contact Name ALEX L. GOERK	
E-mail carlingpropaneinc@bellnet.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
CARLING PROPANE INC.			
Street No.	Street Name Lot / Concession No.		
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 Lot / Concession No.	
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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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.

GAS BAR UNDERGROUND GASOLINE STORAGE

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

20 LB. DRY CHEM FIRE EXTINGUISHER

MUNICIPAL FIRE HYDRANT - WITHIN 4 (FOUR) METRES

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.

FUSIBLE LINK ON INTERNAL SAFETY VALVE

Maintenance and testing schedule for fire protection controls and devices.

REGULAR VISUAL INSPECTION OF FACILITIES

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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	WARYAM CHAUDHRY	For Office Use - Party No.
Official Title	MANAGER	
Telephone No.	905-778-0670	Fax No. 905-778-0670
E-mail	N/A	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

5. Facility 24-Hour Contact Person

Name	WARYAM CHAUDHRY	For Office Use - Party No.
Official Title	MANAGER	
Cell No.	TEL: 905-778-0670	Fax No. 905-778-0670
E-mail	N/A	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

2. Facility Contact Personnel - Alternate Contact

Name	MAZHUR CHAUDHRY	For Office Use - Party No.
Official Title	MANAGER	
Telephone No.	905-778-0670	Fax No. 905-778-0670
E-mail	N/A	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

6. Name of Facility Manager

Name	MAZHUR CHAUDHRY	For Office Use - Party No.
Official Title	MANAGER	
Telephone No.	905-778-0670	Fax No. 905-778-0670
E-mail	N/A	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

3. Local Fire Services - Key Contact

Name	KEVIN GALLANT	For Office Use - Party No.
Official Title	FIRE CHIEF	CELL #: 905-716-0689
Telephone No.	905-775-7311	Fax No. 905-775-0163
E-mail	kgallant@townofbwg.com	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

7. Propane Supplier - Key Contact Person

Name	MICHAEL GOERK	For Office Use - Party No.
Official Title	GENERAL MANAGER	
Telephone No.	905-952-0146	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

4. Local Fire Services - Alternate Contact

Name	MICHAEL ROZARIO	For Office Use - Party No.
Official Title	DEPUTY FIRE CHIEF	
Telephone No.	905-775-7311x4102	Fax No. 905-775-0163
E-mail	mrozario@townofbwg.com	
Role and responsibilities in emergency	CELL #: 905-955-0352 ASSIST FIRE CHIEF	

8. Municipal Contact

Name	PATRICIA NASH	For Office Use - Party No.
Official Title	MUNICIPAL CLERK	
Telephone No.	905-775-5366	Fax No. 905-775-0153
E-mail	pnash@townofbwg.com	
Municipality	TOWN OF BRADFORD WEST GWILLIMBURY	

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Name of person completing this form (please print)	WARYAM CHAUDHRY	
Signature	(ATTACHED)	
Official Title	MANAGER	
Telephone No.	905-778-0670	Date (mm-dd-yyyy)
		05-25-2011

Alex L. Goerk

Alex L. Goerk, President, Carling Propane on behalf of Waryam Chaudhry



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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.

DAILY VISUAL INSPECTION OF FACILITIES AND SYSTEM.

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Signature <i>Alex Goerk</i>		Telephone No. 905-952-0146	Date (mm-dd-yyyy) 05-25-2011



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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) 15-06-2011	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY
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) 15-06-2011	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY
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) 15-06-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: FRANK CHERRY
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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	Date (mm-dd-yyyy) 05-25-2011



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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) 15-10-2011	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY / DAVE SHEPPARD
Target Date (dd-mm-yyyy) 15-04-2012	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY / DAVE SHEPPARD
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) 15-10-2011	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY / DAVE SHEPPARD
Target Date (dd-mm-yyyy) 15-04-2012	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: FRANK CHERRY / DAVE SHEPPARD
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) 15-10-2011	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: FRANK CHERRY / DOUG CARPENTER
Target Date (dd-mm-yyyy) 15-04-2012	Print Name of Training Provider: CARLING PROPANE INC.
	Print Name of Instructor: DOUG CARPENTER
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:

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) | <u>50 METRES</u> | (see page 11) |
| 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 METRES</u> | |

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Name of person completing this form (please print) WARYAM CHAUDHRY	Official Title MANAGER
Signature (ATTACHED)	Telephone No. 905-775-0670
	Date (mm-dd-yyyy) 08-22-2011

Alex L. Goerk

Alex L. Goerk, President, Carling Propane
on behalf of Waryam Chaudhry



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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).

**ON SITE ATTENDANT WOULD CONTACT EMERGENCY SERVICES - 911
 LOCAL FIRE SERVICES WOULD ADVISE DIRECTION**

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).

**LOCAL FIRE SERVICES WOULD CO-ORDINATE WITH LOCAL POLICE IF AN
 EVACUATION PLAN WERE NECESSARY.**

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).

**IN THE EVENT OF AN EMERGENCY A 911 CALL WOULD BE PLACED BY THE
 ATTENDANT ON DUTY, FOLLOWED BY A CALL TO THE LICENCE HOLDER FOR
 FURTHER ACTION AND CONTACT WITH EMERGENCY RESPONSE PERSONNEL.**

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

CONTACT OWNER FOR BUILDING ACCESS - YARD / PARKING LOT IS ACCESSABLE

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

**CO-ORDINATION OF UPADATED INFORMATION TO AUTHORITIES WOULD BE ON A
 CONTINUAL BASIS AS WARRANTED BY THE CIRCUMSTANCES AND AT THE DIRECTION
 OF THE AUTHORITIES.**

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

PHONE CONTACT - IMMEDIATE

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Signature 		Telephone No. 905-952-0146	Date (mm-dd-yyyy) 05-25-2011



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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
B: 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:

**FIRE HYDRANT IN FRONT OF PROPERTY TOO CLOSE TO HAZARDOUS
HYDRANT TO BE USED LOCATED AT 4336 COUNTY RD
88 NORTH EAST CORNER OF COUNTY RD 27 & 88 INTERSECTION**

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 KEVIN COAKLEY		22/08/2011

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SECTION C: SUBMISSIONS (cont'd)

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 (mm-dd-yyyy) 08-27-2010	Capacity of single largest propane storage vessel (USWG) 1-2000 USWG VERTICAL TANK
Tank setback coordinates. Indicate placement on the map.	
Front: <u>10'</u>	Right side property line: <u>100'</u>
Rear: <u>100'</u>	Left side property line: <u>10'</u>
GPS coordinates of single largest vessel: <u>44° 05' 20.80" N</u> <u>79° 40' 33.29" W</u>	

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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: Saniga Steel Fabrications - VACANT Address: 2902 Simcoe County Road 27 City: Bond Head Province ON Postal Code LOG 1B0			X		<u>76</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments: [REDACTED]				X	<u>46</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Bond Head Variety - VACANT Address: 2914 Simcoe County Road 27 City: Bond Head Province ON Postal Code LOG 1B0			X		<u>22</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A 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: N/A Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A 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) ALEX L. GOERK	Official Title PRESIDENT, CARLING PROPANE INC.	
Signature <i>Alex Goerk</i>	Telephone No. 905-952-0146	Date (mm-dd-yyyy) 05-25-2011



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

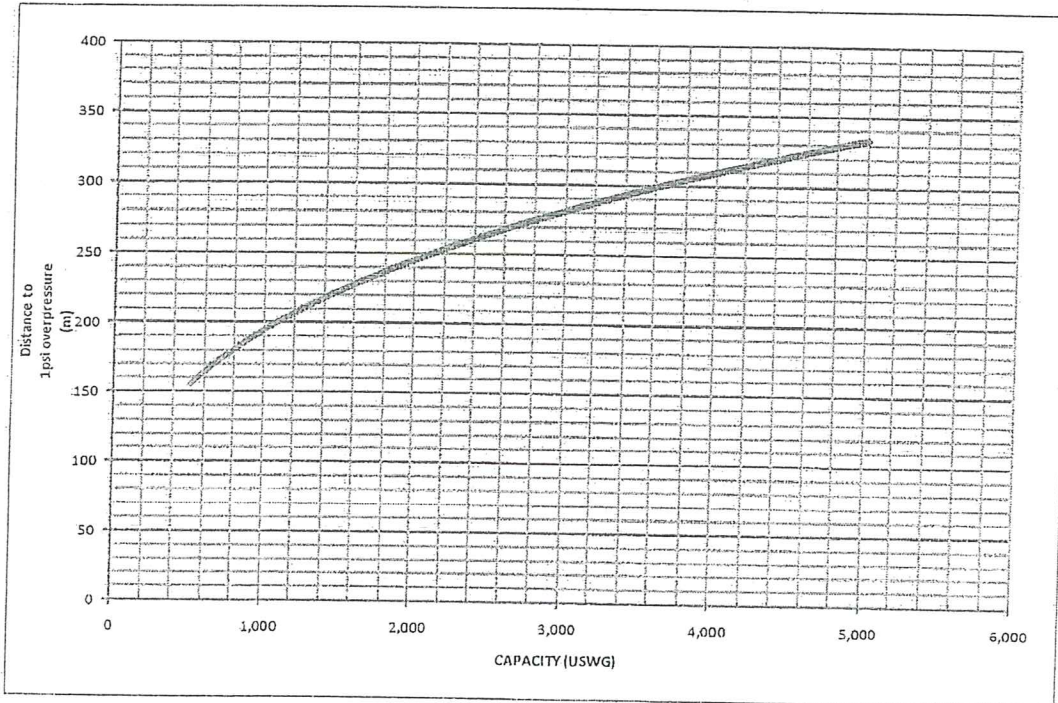
Table 1: Distance Table

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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Signature <i>Alex Goerk</i>		Telephone No. 905-952-0146	Date (mm-dd-yyyy) 05-25-2011



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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	N/A	
# 100	29.5	N/A	
# 40	11.75	N/A	
# 33.3	9.62	N/A	
# 30	8.8	N/A	
# 20	5.8	N/A	
# 10	2.9	N/A	
# 5	1.5	N/A	
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
	N/A	
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	2000 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) ALEX L. GOERK	Official Title PRESIDENT, CARLING PROPANE INC.	
Signature 	Telephone No. 905-952-0146	Date (mm-dd-yyyy) 05-25-2011



Hearn Street

7th Line

Dixon Road

Osler Court

Bud Brown Memorial Park

County Road/Hwy #88

Property Line

County Road/Hwy #27

Image © 2011 GeoEye

LOCATION: 2922 County Rd./Hwy #27, Bond Head, ON
PREPARED: June 30, 2011
2000 USWG vertical tank
TANK SETBACKS: 40.5m North, 5.2m East, 3.7m South, 30m West
RADIUS: 250m **MUNICIPALITY:** Town of Bradford West Gwillimbury
GPS COORDINATES: 44° 05' 20.80"N 79° 40' 33.29"W
MUNICIPAL CLERK: Patricia Nash
ADDRESS: 100 Dissette St., Unit 7&8
 Bradford, ON L3Z 2A7

C & L TRADERS INC.
2922 County Road/Hwy # 27, Bond Head, ON



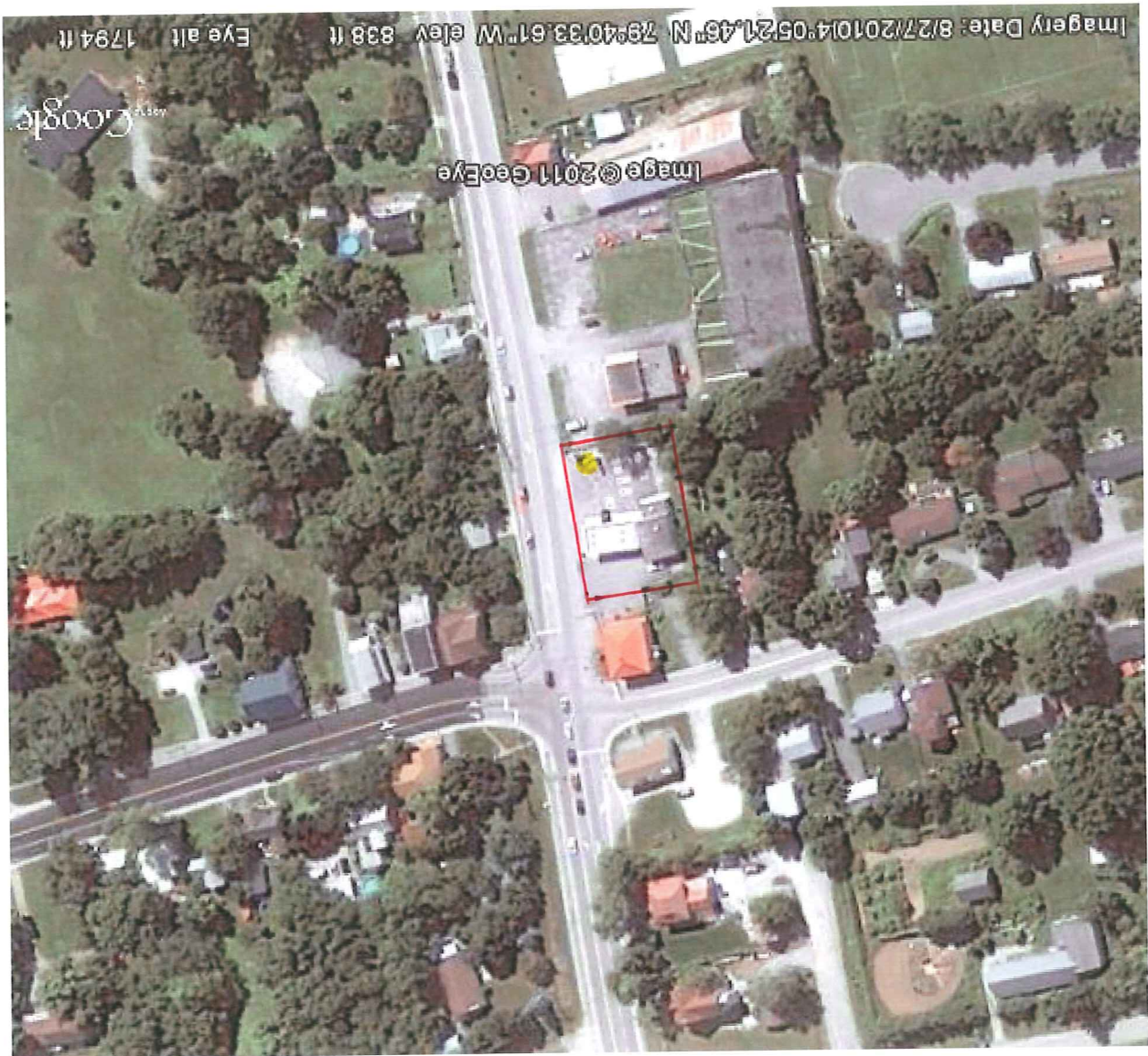
44:0520.20° N 79:4034.91° W elev 859 ft Eye alt 848 ft

Google

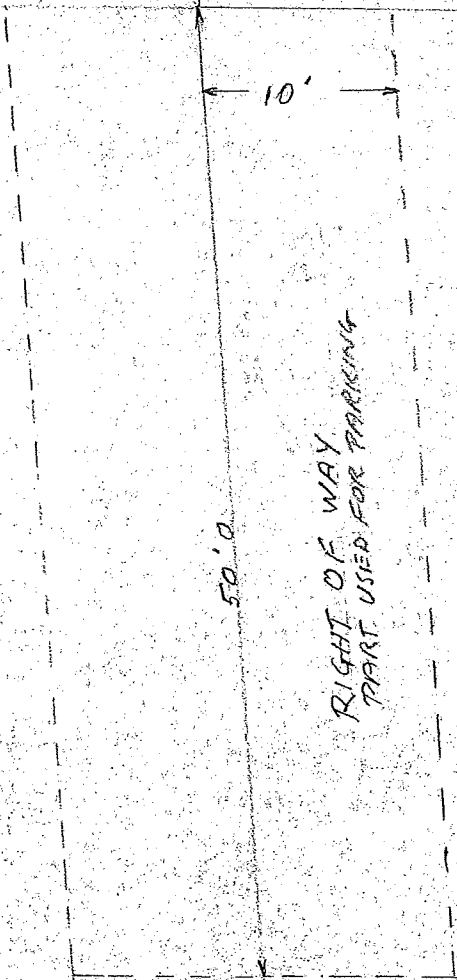
© 2011 Google

2922 COUNTY ROAD/HWY #27, BOND HEAD, ON

C & L TRADERS



BOND HEAD 775-5002



117.50

FENCE



NEW L.A.



PROPANE
DISPENSER

X

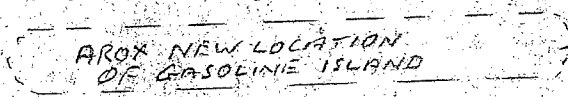
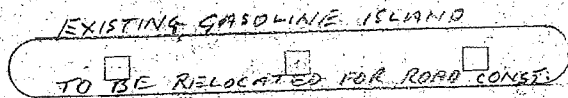
X

X

KINGS HIGHWAY N° 27

D WIDENING INST 18800

145.00 LOT LINE



APPROX 40'0"

APPROX 45'0"

PAVED

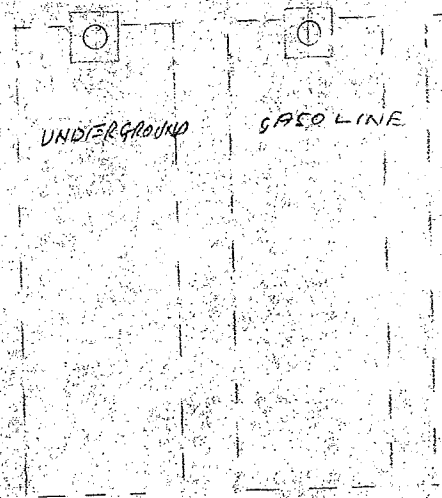
67'0"

SERVICE BAY ENTRANCE

DOOR

SINGLE STOREY BLOCK BUILDING

2 SERVICE BAYS + OFFICE

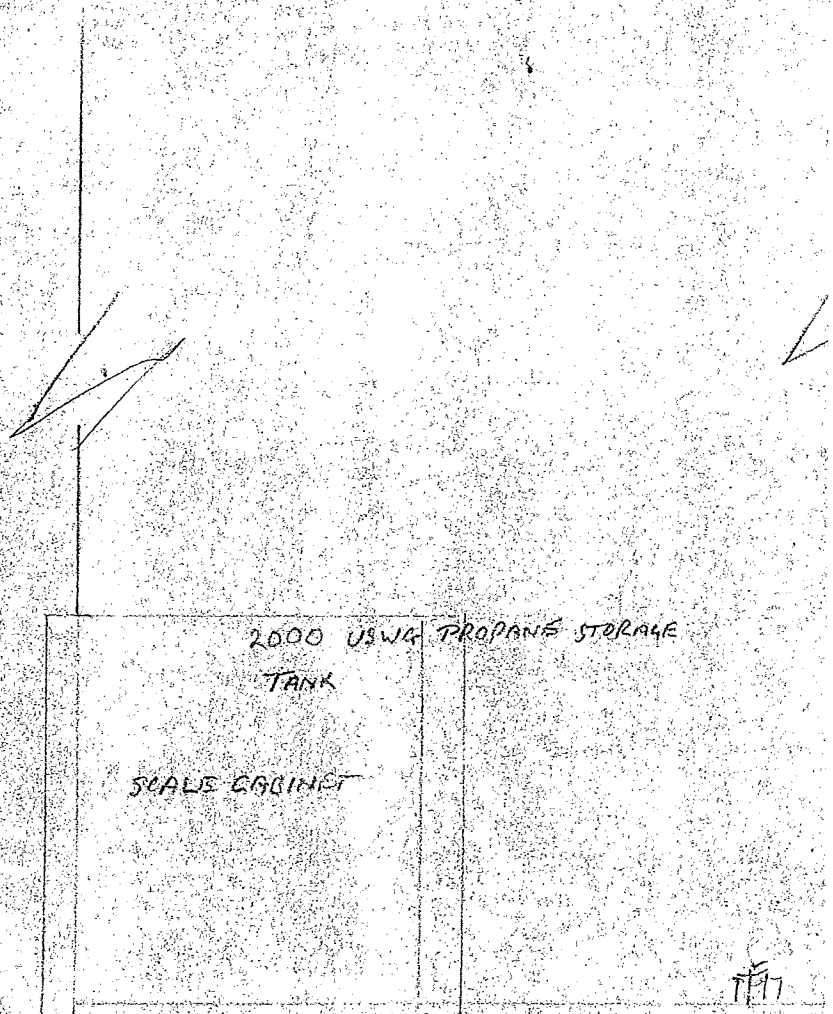


2922 HWY 27

BOND HEAD ONT.

NOT PAVED

OLD WIRE FENCE WOOD ENTOP
144 80



2000 USWG PROPANE STORAGE
TANK

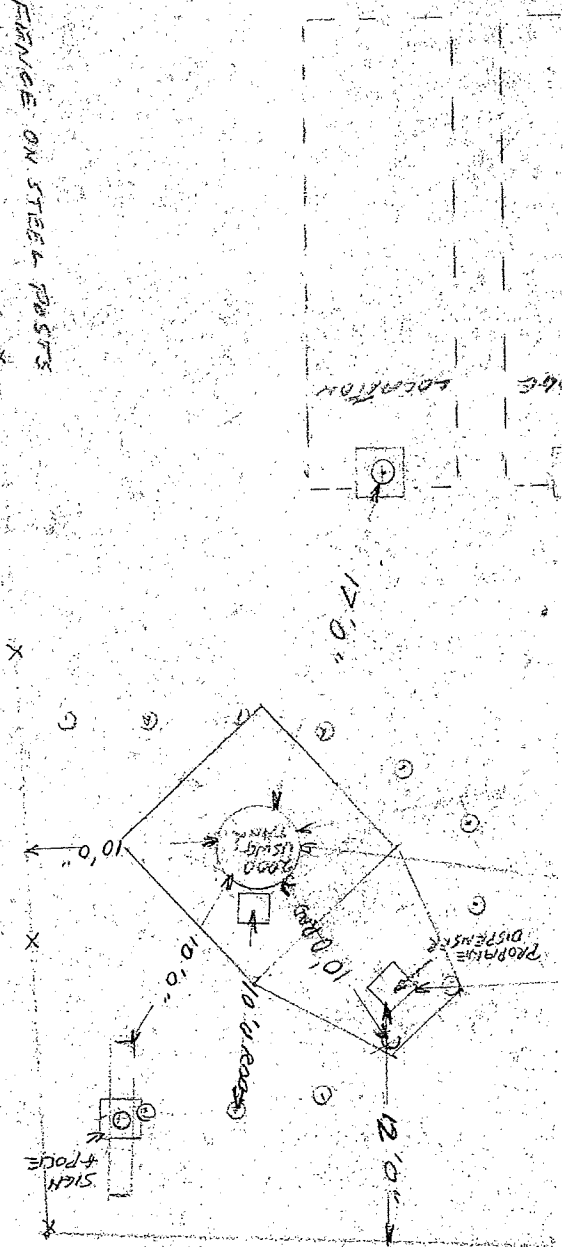
SCALE CABINET

LA

CONCRETE SLAB REINFORCED # 6" MESH
3000 LB TEST @ 28 DAYS 5% AIR ENTRAINMENT

SCALE 1" TO 1'

6 FT OLD WIRE FENCE ON STEEL POSTS
X O O O O O X
1.5 FT

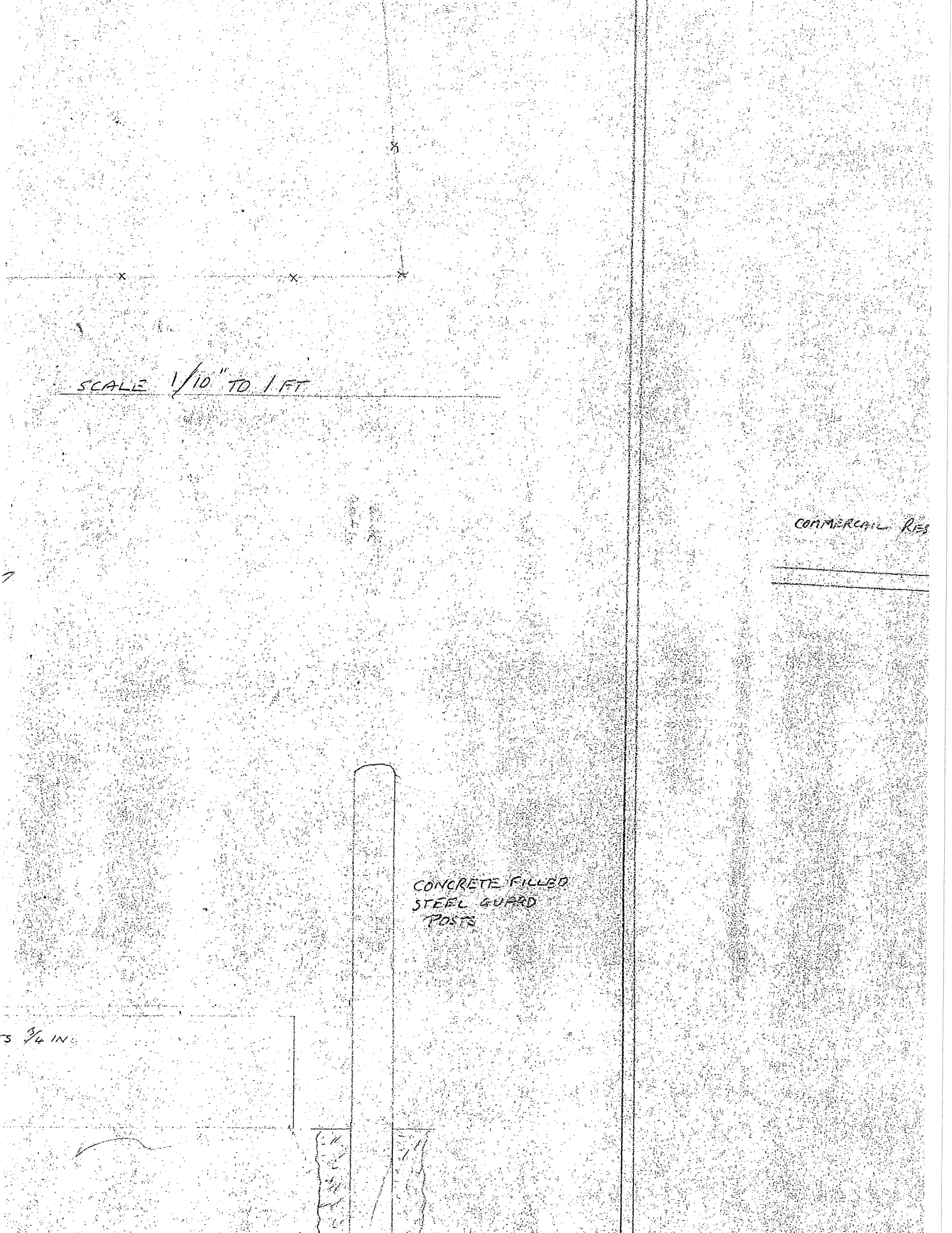


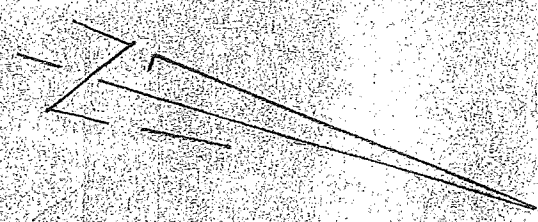
SCALE 1/10" TO 1 FT

COMMERCIAL RISE

CONCRETE FILLED
STEEL GUARD
POSTS

5 3/4 IN

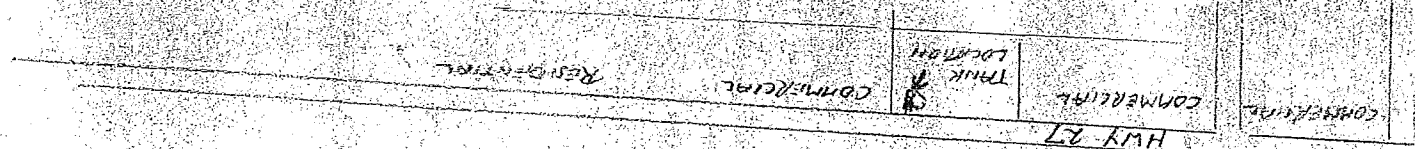




NO PUBLIC GATHERING PLACES
IN THE VICINITY

NOT TO SCALE

RESIDENTIAL



MIXTURE COMMERCIAL RESIDENTIAL

