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

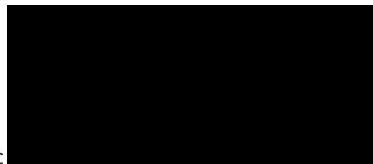
Licence Number 000184863

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Key/lock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

For Office Use Only



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 Killam Properties Inc. Ontario Corporation No., if applicable _____

A Operator Name (if different from above) Family Paradise Campground

Telephone No. 519-527-0629 Fax No. 519-527-2347 E-mail familyparadise@killamproperties.com

B Street No. _____ Street Name / 911 Number / Address, if applicable 43835 Hullett Mckillop Rd.

Town / City or Township / County Walton Province ON Postal Code n0k1z0

Mailing address if different from above.

C Street No. _____ Street Name / 911 Number / Address, if applicable same

Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

Location of facility.

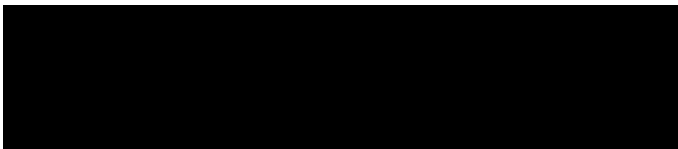
D Street No. _____ Street Name / 911 Number / Address, if applicable 43835 Hullett Mckillop Rd. Nearest Major Intersection County rd. 12 and hullett Mckillop rd.

Town / City or Township / County walton Province ON Postal Code n0k1z0

Name of Licence Holder Peter Majewsky on behalf of Killam Properties Inc.

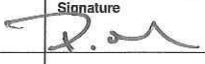
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Robert Richardson ROT type 100-01

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

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Peter Majewsky on behalf of Killam properties</u>		<u>20/02/12</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Robert Richardson</u>		



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

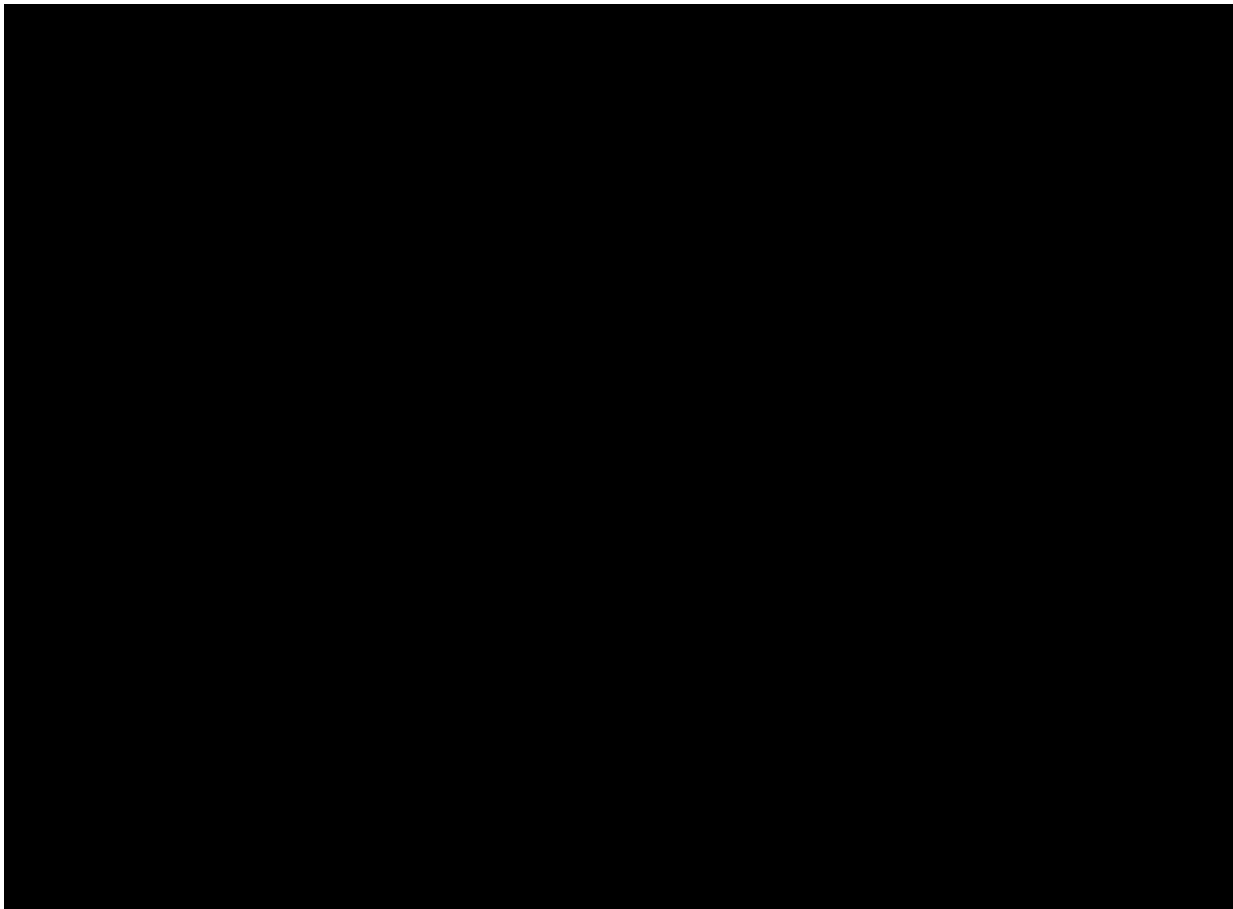
Indicate the year the facility was established. 2003	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2005 Tank was changed from a 2000 uswg to a 1000 uswg.
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250 psig	034884
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: 1000uswg Portable: n/a 247.8 Mobile: n/a



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Name of person completing this form (please print) Peter Miszewsky	Official Title Director-seasonal resorts
Signature 	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 24/03/2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Hensall Co-op		For Office Use - Party No. [REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable 1 Davidson Drive		
Town / City or Township / Country Hensall		Province ON	Postal Code n0m 1x0
Telephone No. 519-262-3002	Fax No.	Contact Name Butch DesJardine	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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 none		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) Peter Majewsky		Official Title Director- seasonal resorts	
Signature 		Telephone No. 519-986-4851	Date (dd-mm-yyyy) 10-01-12 10/02/12



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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.

1000 litres diesel fuel Diesel storage tank is on the opposite side of the main shop from the propane facility

Pool chemicals Storage of the chemicals are in the pool maintenance bldg in a different area of the park than the propane facility

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

Fire Extinguishers - 1 located at the propane facility. 3 in the main shop. 1 in the store. 2 in the hall. 1 in the house.

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.

Breaker for the power supply located in the well house shuts off all power to pump and solenoid valves

Emergency shut off for dispenser located on the outside wall of the pumphouse within view of the propane dispenser. Shuts off all power to facility

Fusible Link on ISC valve for isolation between tank and dispensing equip. in case of fire.

Maintenance and testing schedule for fire protection controls and devices.

Yearly maintenance and testing done by Hensall Co-op

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Name of person completing this form (please print) Peter Majewsky	Official Title Director- Seasonal Parks	
Signature 	Telephone No. 519-986-4851	Date (dd-mm-yyyy) 10-01-12 10/02/12



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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: Peter Majewsky
Official Title: Director- seasonal parks
Telephone No.: 519-986-4851
Fax No.: 519-986-4633
E-mail: pmajewsky@bell.net
Role and responsibilities in emergency: Co-ordinate site response

5. Facility 24-Hour Contact Person

Name: Peter Majewsky
Official Title: Director-seasonal resorts
Cell No.: 519-986-4851
Fax No.: 519-986-4633
E-mail: pmajewsky@bell.net
Role and responsibilities in emergency: coordinate site response

2. Facility Contact Personnel - Alternate Contact

Name: Howard Tonge
Official Title: Campground Manager
Telephone No.: 519-527-0629
Fax No.: 519-527-2347
E-mail: familyparadise@killamproperties.com
Role and responsibilities in emergency: Co-ordinate site response

6. Name of Facility Manager

Name: Howard Tonge
Official Title: Campground Manager
Telephone No.: 519-527-0629
Fax No.: 519-527-2347
E-mail: familyparadise@killamproperties.com
Role and responsibilities in emergency: Coordinate site response

3. Local Fire Services - Key Contact

Name: Marty Bedard
Official Title: Fire Chief
Telephone No.: 519-527-0160
E-mail: mbedard@huroneast.com
Role and responsibilities in emergency: coordinate/advise on fire service response. Liaise with police
Fire Services Address: Seaforth

7. Propane Supplier Key Contact Person

Name: Butch DesJardine
Official Title: Dept. Manager
Telephone No.: 1-800-265-5190
E-mail: [redacted]
Role and responsibilities in emergency: Identify and dispatch emergency response personal as required
Propane Supplier Address: 1 Davidson Dr. Hensall ON.

4. Local Fire Services - Alternate Contact

Name: Tom Phillips
Official Title: District fire chief Seaforth Stn.
Telephone No.: 519-525-7066
E-mail: [redacted]
Role and responsibilities in emergency: Alternate to coordinate fire services
Fire Services Address: Seaforth

8. Municipal Contact

Name: Brad Knight
Official Title: CAO\ Clerk
Telephone No.: 519-527-0160
Fax No.: 519-527-2561
E-mail: bknight@huroneast.com
Municipality Name and Address: Huron East

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Name of person completing this form (please print) Peter Majewsky	Official Title Director seasonal resorts
Signature 	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 11-01-12 10/02/12



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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.

None

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Name of person completing this form (please print) Peter majewsky	Official Title Director - seasonal resorts	
Signature 	Telephone No. 519-986-4851	Date (dd-mm-yyyy) 11-01-12 10/02/12



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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) N/A new facility	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) N/A new facility	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) N/A new facility	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Peter Majewsky	Official Title Director -seasonal resorts
Signature 	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 10/02/12



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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) TBA-Q1-2012	Print Name of Training Provider: Hensall Co-op or alternate
	Print Name of Instructor: To be arranged
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) TBA-Q1-2012	Print Name of Training Provider: Key contact to train staff
	Print Name of Instructor: to be arranged
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) TBA-Q1-2012	Print Name of Training Provider: Hensall Co-op or alternate
	Print Name of Instructor: To be arranged
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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Name of person completing this form (please print) Peter Majewsky	Official Title Director - seasonal resorts
Signature	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 11-01-12 10/02/12



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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 ROT person on duty will contact emergency services by calling 911 and will provide warnings outlined in the attached Propane Emergency Response plan if it is safe to do so.

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).

Actions and warnings will be taken by a ROT person on duty as per emergency response plan. The muster location will be on Hullett Mckillopp rd. or the open area beside the house depending on wind conditions and direction. The facility is in an open area allowing people to self evacuate using an alternate gate.

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).

When the system is operational a ROT person is on duty in the area of the propane facility and can monitor the facility for any abnormal events and implement the appropriate response actions. When the facility is closed the isolation valve is closed and the system is unattended. Staff on site and in the store would randomly monitor the facility.

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

Propane facility is in an open area with clear access at all times
Entry to the facility is off Hullett McKillop Rd. and there are no obstructions to gain entry to Propane facility

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

The critical information from the licence holder is the fill level in the tank.
Fill level info. is relevant from a time- to -BLEVE perspective (a near empty tank will Bleve sooner than a full tank if there is fire impingement on the tank)
This information will be provided by Key personnel on site if time and info is available

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

5-10 minutes

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) Peter Majewsky	Official Title Director-seasonal resorts	Date (dd-mm-yyyy) 11-01-12 10/02/09
Signature 	Telephone No. 519-986-4851	



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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 type="checkbox"/>	<input checked="" 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>20 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>N/A</u>	

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Name of person completing this form (please print) Peter Majewsky	Official Title Director- Seasonal Resorts
Signature 	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 19-01-12 10/02/12



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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:

- ample water supply from lake on property for F.D. use.
- 1500 feet from water supply to propane tank.

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

None

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>Marty Bedard.</i>	<i>Marty Bedard.</i>	<i>20/01/2012.</i>

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>Marty Bedard.</i>	Official Title <i>Fire Chief - Municipality of Huron East</i>		
Signature <i>Marty Bedard.</i>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Telephone No. <i>519-527-0160</i></td> <td style="width: 40%;">Date (dd-mm-yyyy) <i>20/01/2012.</i></td> </tr> </table>	Telephone No. <i>519-527-0160</i>	Date (dd-mm-yyyy) <i>20/01/2012.</i>
Telephone No. <i>519-527-0160</i>	Date (dd-mm-yyyy) <i>20/01/2012.</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.

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) 20-01-12	Capacity of single largest propane storagevessel (USWG) USWG1000
Tank setback coordinates. Indicate placement on the map.	
Front: 15 metres	Right side property line: 58 metres
Rear: 84 metres	Left side property line: 294 metres
GPS coordinates of single largest vessel: lat 43.62424 long. -81258-702	

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Name of person completing this form (please print) Peter Majewsky	Official Title Director - seasonal resorts
Signature 	Telephone No. 519-986-4851
	Date (dd-mm-yyyy) 20-01-12 10/02/12



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SECTION C: SUBMISSIONS (cont'd)

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

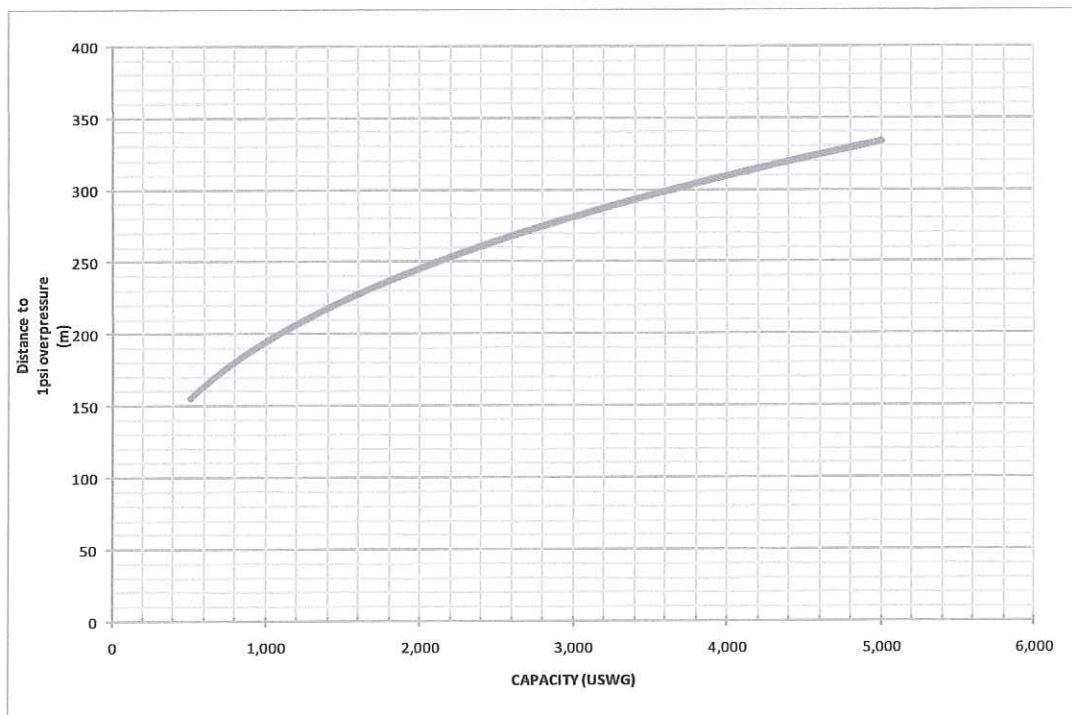
Table 1: Distance Table

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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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: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] [Redacted]				x	<u>54</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Facility is a campground</u> Address: _____ City: _____ Province _____ Postal Code _____				x	<u>54</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> 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) Peter Majewsky	Official Title Diretor - seasonal resorts
Signature 	Telephone No. 519-985-4851
	Date (dd-mm-yyyy) <u>26/03/2012</u>



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)
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WORKSHEET

Portable Storage Additional Information Worksheet

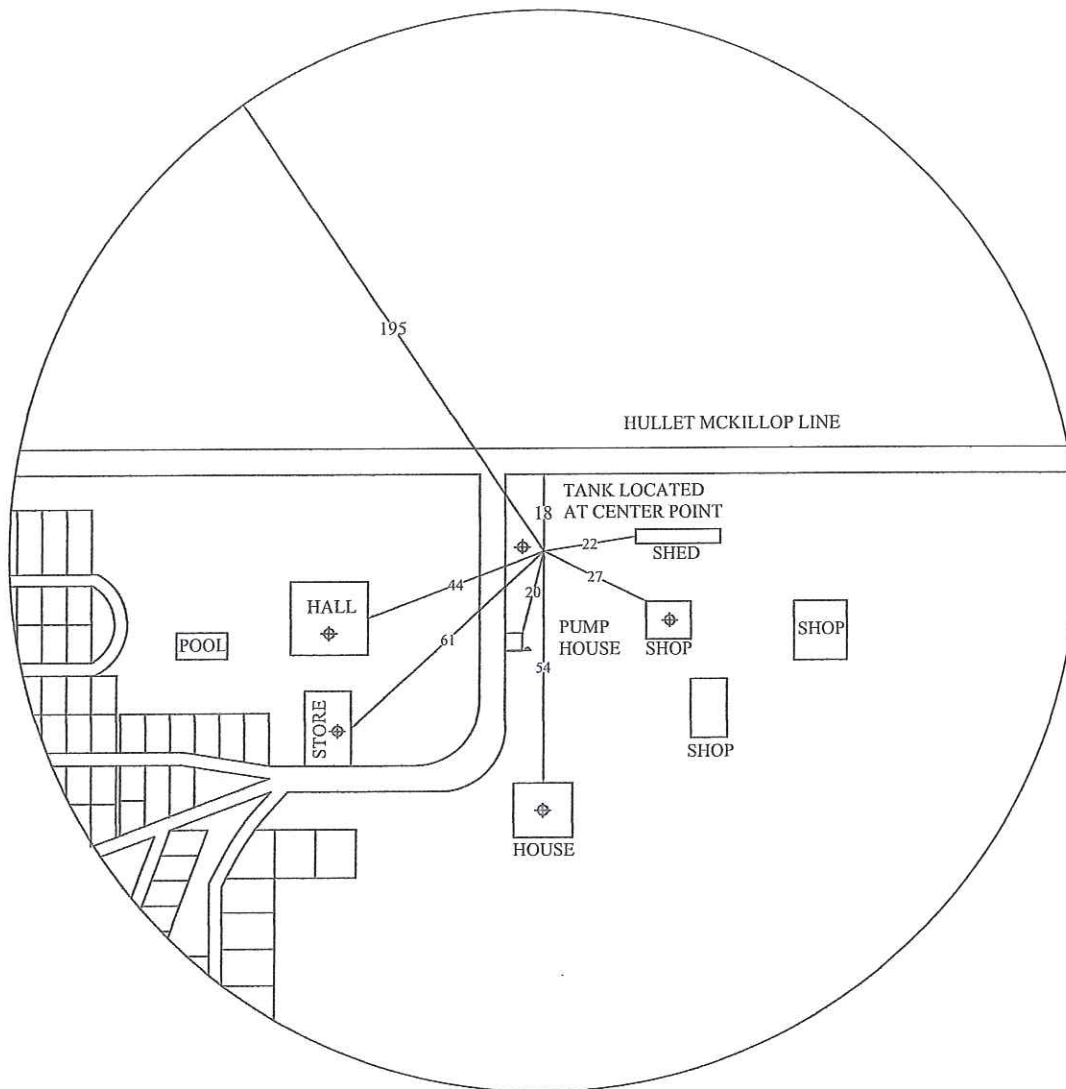
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	2 (pool heater)	247.8
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	247.8
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	247.8

Risk and Safety Management Plan
Area Map Showing
PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

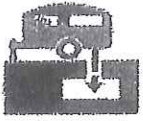


MUNICIPAL CONTACT
BRAD KNIGHT
CAO - CLERK
HURON EAST
519-527-0160

◆ FIRE EXTINGUISHER
△ EMERGENCY SHUT-OFF

GPS COORDINATES
LAT 43.62424
LONG - 81.258-702

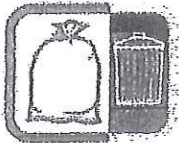
FAMILY PARADISE CAMPGROUND
43835 Hullet McKillop Line, Walton, Ontario, Canada, N0K 1Z0



Dumping Station



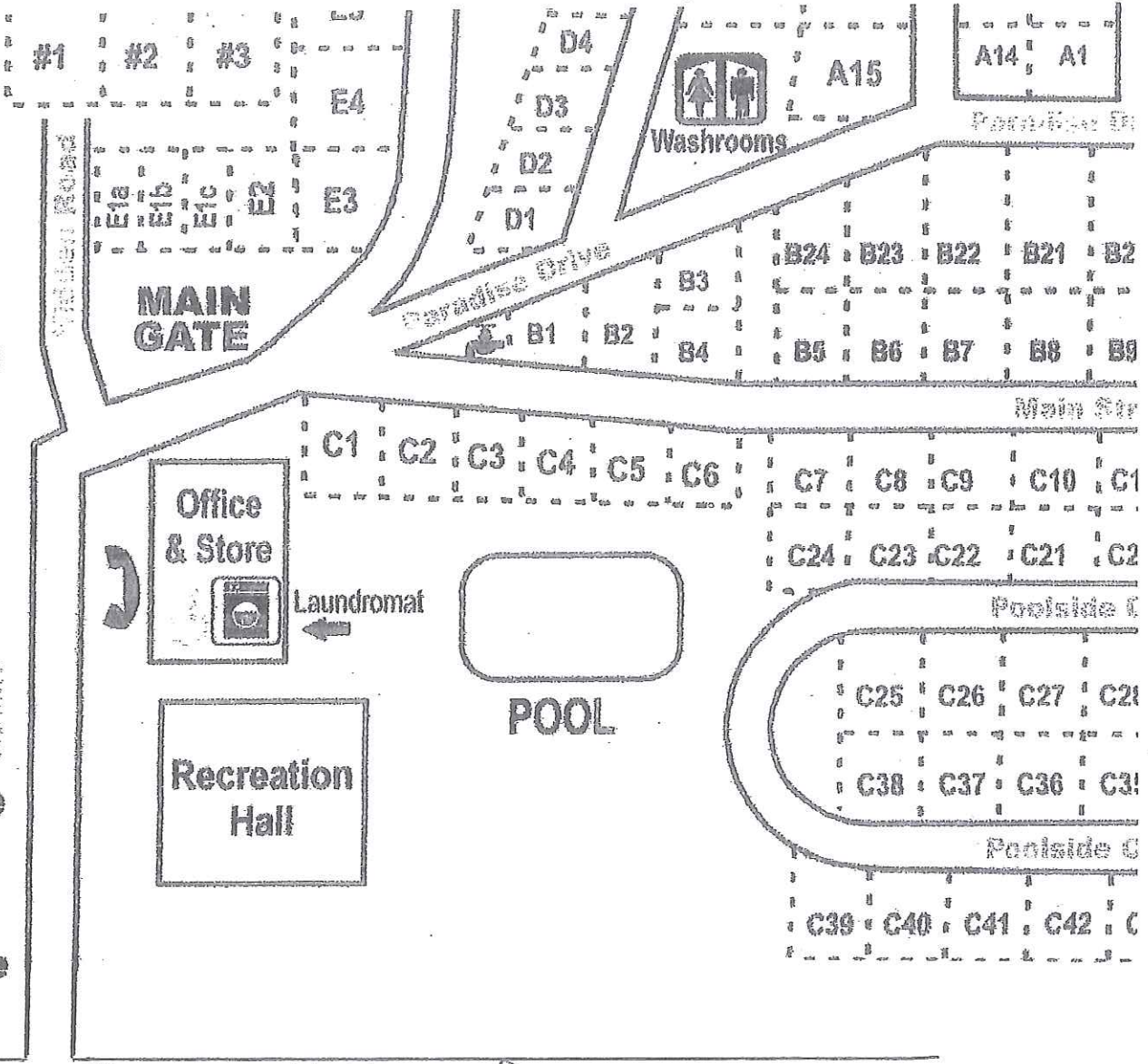
Pump House



Garbage



Propane



HULLETT McKILLOP ROAD

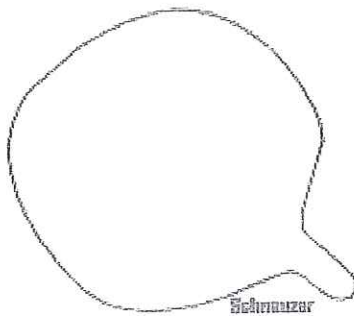


Family Paradise

Seasonal Resort Community
Kilham Leisure Living

43835 Hullet McKillop Line
RR#4, Walton, ON, N0K 1Z0
Phone: 519-527-0629
Toll Free: 1-877-591-1961

Email: FamilyParadise@KilhamProperties.com



Schmauzer Beach



F46	F45
F47	F44
F48	F43
F49	F42
F50	F41
F51	F40
F52	F39

F45	F44
F43	F42
F41	F40
F39	F38
F37	

J11	J10	J9	J8	J7	
J12					
J1	J2	J3	J4	J5	J6

J16
J15
J14
J13

F36	F22	F21	F9	F8
F35	F23	F20	F10	F7
F34	F24	F19	F11	F6
F33	F25	F18	F12	F5
F32	F26	F17	F13	F4
F31	F27	F16	F14	F3
F30	F28		F15	F2
			F1	

NO FISHING
On this Side

Swimming

No dogs on beach or docks

Wharf

NO FISHING
On this Side

Fishing on the backside of the lake only

Fishing Pier

Paddle Boats

Volleyball Court

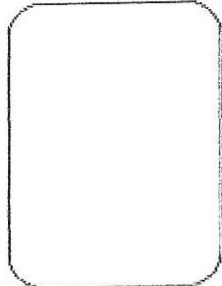
Paradise

Horseshoe Pits

Shuffleboard Courts

Main Playground

Your campsite Number is:



NO LOAN AREA

H7	D11	D12	A8	A7
H6	D10			
H5	D9			
H4	D8			
H3	D7			
H2	D6			
H1	D5			
	D4			
	D3			
	D2			
	D1			

Paradise Drive

E11	A20	A9	A8	
E10	A21	A13	A10	A5
E9	A22	A10	A11	A4
E8	A23	A17	A12	A3
E7	A24	A16	A13	A2
E6		A15	A14	A1

Paradise Drive

B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23	B24	B25	B26	B27	B28	B29	B30	B31	B32	B33	B34	B35	B36	B37	B38	B39	B40	B41	B42	B43	B44	B45	B46	B47	B48	B49	B50	B51	B52	B53	B54	B55	B56	B57	B58	B59	B60	B61	B62	B63	B64	B65	B66	B67	B68	B69	B70	B71	B72	B73	B74	B75	B76	B77	B78	B79	B80	B81	B82	B83	B84	B85	B86	B87	B88	B89	B90	B91	B92	B93	B94	B95	B96	B97	B98	B99	B100
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Main Street

HOLLOW

#1	#2	#3
----	----	----

MAIN GATE



POOL



Please Keep Pets on Leash



Speed Limit 10 Km/h



Quiet Hours 11 am - 7 am



Traffic Sign