



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.

<p style="text-align: center; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number 0076392414-C</p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="background-color: black; width: 100px; height: 40px; margin: 10px auto;"></div>
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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 Bishop Lake Outdoors Incorporated	Ontario Corporation No., if applicable 1744884
	Operator Name (if different from above) Bishop Lake Tent & Trailer Park	
	Telephone No. 613-336-2311	Fax No. 613-336-2311
	E-mail byearwood@omnglobe.ca	
B	Street No. / Street Name / 911 Number / Address, if applicable 13621 / Highway #41	
	Town / City or Township / County Cloyne	Province / Postal Code Ontario / K0H 1K0
C	Mailing address if different from above.	
	Street No. / Street Name / 911 Number / Address, if applicable PO Box 102	
	Town / City or Township / County Cloyne	Province / Postal Code Ontario / K0H 1K0

Information on Container Refill Centre or Filling Plant

D	Location of facility.	Nearest Major Intersection
	Street No. / Street Name / 911 Number / Address, if applicable 13621 / Highway #41	Highway #41 & County Road #506
	Town / City or Township / County Cloyne	Province / Postal Code Ontario / K0H 1K0

Name of Licence Holder Bishop Lake Outdoors Inc.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Kenneth Robert Yearwood	ROT type G 2, LP, PP03
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) North Frontenac	
Hours of operation. <div style="background-color: black; width: 100%; height: 40px;"></div>	

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 Bishop Lake Outdoors Inc.		25-08-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training Kenneth R. Yearwood		25-08-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1993 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2012

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>1118-0</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 Portable: 1135.04 Mobile: 0

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Name of person completing this form (please print) <u>KENNETH ROBERT YEARWOOD</u>	Official Title <u>SECRETARY TREASURER</u>
Signature 	Telephone No. <u>613-336-2311</u> Date (dd-mm-yyyy) <u>06-09-2012</u>



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

Name of Propane Supplier(s) TYENDINAGA PROPANE		For Office	
Street No. 5731	Street Name / 911 Number / Address, if applicable OLD HWY. 2		
Town / City or Township / Country SHANNONVILLE		Province ONTARIO	Postal Code K0K3A0
Telephone No. 613-967-7881	Fax No. 613-967-7831	Contact Name JOHN BUSY	
E-mail john@tyendingapropane.ca			

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		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) KENNETH ROBERT YEARWOOD	Official Title SECRETARY TREASURER	
Signature 	Telephone No. 613-336-2311	Date (dd-mm-yyyy) 06-09-2012



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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.

200 gallon gas (bulk) tank - above ground

200 gallon diesel (bulk) tank - above ground

Fire extinguishers on-site of both gas and diesel tanks

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

In compound - fire extinguisher class 120-BC Model PKD-20-G

In shop - fire extinguisher class 3A, 10-BC Model ABD-050-E (x2)

Fuel tanks - fire extinguisher class 10-Ai 120-BC Model WEDL-ABC20

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 links shut flow off (x2) *melts if fire,*

E-Stop shuts off power to pump

Main panel shuts off power to pump

Maintenance and testing schedule for fire protection controls and devices.

Done by Superior Propane and MacLory's Fire Protection

Maintenance and testing undertaken by Superior Propane according to their standards

Schedule for key equipment is pumps - 3 months, ISC Valve - 6 months, and PRV Valve - 2 year visual (as per provincial regulations)

E-Stop tested daily

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Name of person completing this form (please print)

Kenneth R. Yearwood

Official Title

Secretary Treasurer

Signature

Telephone No.

613-336-2311

Date (dd-mm-yyyy)

25-08-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Kenneth Yearwood	For Office Use - Party No.	Name Kenneth Yearwood	For Office Use - Party No.
Official Title Secretary Treasurer		Official Title Secretary Treasurer	
Telephone No. 613-336-2311	Fax No. 613-336-2311	Cell No. *Home No. 613-336-0146	Fax No. 613-336-2311
E-mail byearwood@omniglobe.ca		E-mail byearwood@omniglobe.ca	
Role and responsibilities in emergency Key contact for evacuation plan		Role and responsibilities in emergency Co-ordinate Site Response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Don Yearwood	For Office Use - Party No.	Name Kenneth Yearwood	For Office Use - Party No.
Official Title President		Official Title Secretary Treasurer	
Telephone No. 613-336-2311	Fax No. 613-336-2311	Telephone No. 613-336-2311	Fax No. 613-336-2311
E-mail byearwood@omniglobe.ca		E-mail byearwood@omniglobe.ca	
Role and responsibilities in emergency Co-ordinate Site Response		Role and responsibilities in emergency Co-ordinate Site Response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Casey Cuddy	For Office Use - Party No.	Name Superior Propane (Hotline)	For Office Use - Party No.
Official Title Fire Chief	E-mail kbfdchief@xplornst.ca	Official Title Superior Propane Hotline	E-mail
Telephone No. 613-336-8135	Fax No. 613-336-1851	Telephone No. 1-877-873-7467	Fax No. 519-836-7766
Role and responsibilities in emergency Incident Command		Role and responsibilities in emergency Identify & dispatch Superior Propane and/or Liquid Propane Emergency Response Correspondents (L.P.E.R.C.) as required	
Fire Services Address Box 89 Flinton, Ontario K0H 1P0		Propane Supplier Address 251 Woodlawn Road West Unit 217 Guelph, Ontario N1H 8J1	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Dispatch	For Office Use - Party No.	Name Cheryl Robson	For Office Use - Party No.
Official Title Napaneer Fire Dispatch	E-mail	Official Title CAO	
Telephone No. 613-354-3415	Fax No.	Telephone No. 613-479-2231	Fax No. 613-479-2352
Role and responsibilities in emergency Dispatch Fire Department & at any time can contact Fire Department members, including Chief and Deputy Chief		E-mail cao@northfrontenac.ca	
Fire Services Address		Municipality Name and Address North Frontenac - 6648 Road #506 PO Box 97 Plevna, Ontario K0H 2M0	

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Name of person completing this form (please print) Kenneth R. Yearwood	Official Title Secretary Treasurer
<i>Signature</i>	Telephone No. 613-336-2311
	Date (dd-mm-yyyy) 25-08-2011



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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.
Local Fire Department uses this facility for training exercises (verified water flow greater than 375 GPM at this location)

In process of installing a dry hydrant on-site

One 1200 gallon tanker fire engine on-site

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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	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	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) 24-08-2011	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Leo Alkenbrack (Training No. T-111)
Training Date (dd-mm-yyyy) 13-10-2008	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Leo Alkenbrack (Training No. T-111)
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)	Print Name of Training Provider: Superior Propane or Canadian Propane Association
Fourth Quarter <i>Oct 1/12</i>	Print Name of Instructor: Please note PGAC currently developing course contents
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Provider should be available fourth quarter
	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)	Print Name of Training Provider: Key contact to train
Fourth Quarter <i>Oct 1/12</i>	Print Name of Instructor:
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)	Print Name of Training Provider: FSN Training
24-08-2011 <i>Oct 1/12</i>	Print Name of Instructor: Leo Alkenbrack (Training No. T-111)
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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Kenneth R. Yearwood	Secretary Treasurer
Signature <i>[Signature]</i>	Telephone No. 613-336-2311
	Date (dd-mm-yyyy) 25-08-2011



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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.

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).

Warnings given by on duty ROT persons with one on-site at all times

Alarm on store building can be sounded & is heard around the whole property

Immediately

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).

If alarm sounds, all people are to evacuate and meet at the beach area in the park 340 metres away

Access road to rear of property

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).

Phone 911 (all staff are trained on emergency shut down procedures)

Actions or warning will be given by on duty ROT persons as per attached ERP placards

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

Donald & Kenneth both live on-site

The propane tank system is in a wide open area easily accessible off Highway #41, identified on site map

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

Critical information required from licensed holder is the fill level in tank

, will advise T.S.S.A of changes

Fill level is relevant from a time-2-bleve perspective

(a near empty tank will bleve sooner than a full tank with fire)

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

Donald & Kenneth live on-site

Approximately five minutes after receiving an emergency call

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Signature <i>Kenneth R. Yearwood</i>	Telephone No. 613-336-2311	



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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>150M Lake on-site</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>1250M 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

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

Fire services comments, if any:

To be completed by the Licence Holder

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

The licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

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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) 02-08-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 145 Feet	Right side property line: 321 Feet
Rear: 5135 Feet	Left side property line: 964 Feet
GPS coordinates of single largest vessel:	N44-47,250' - W77-10,527'

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SECTION C: SUBMISSIONS (cont'd)

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

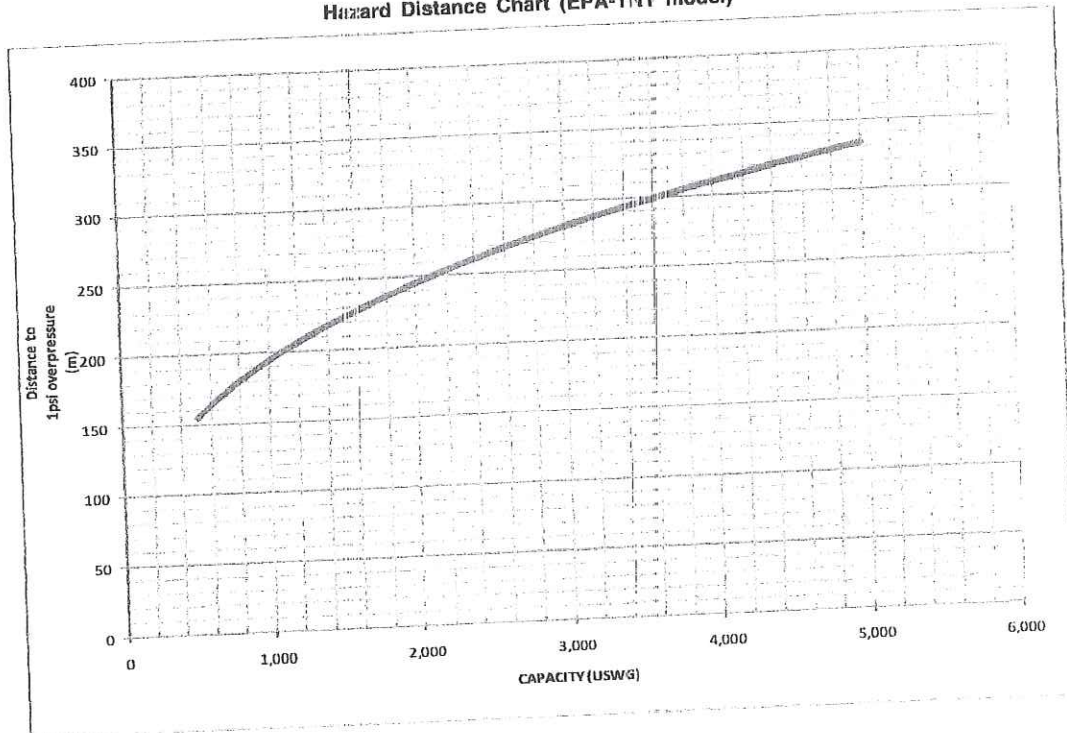
Table 1: Distance Table

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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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: Custom Aluminum Docks Address: 13641 Highway #41 City: Cloyne Province Ontario Postal Code K0H 1K0		X			135 m
Residential buildings specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]			X		65 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Bishop Lake Outdoor Centre / Hook's Rona Address: 13621 Highway #41 / 13586 Highway #41 City: Cloyne Province Ontario Postal Code K0H 1K0			X		37 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: Bishop Lake Tent and Trailer Park Address: 13621 Highway #41 City: Cloyne Province Ontario Postal Code K0H 1K0		X			37 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

* For multi-unit buildings, count each unit as "1".

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

Name of person completing this form (please print) Kenneth R. Yearwood	Official Title Secretary Treasurer	Date (dd-mm-yyyy) 25-08-2011
Signature 	Telephone No. 613-336-2311	



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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	+ 4	123.9 495.6
# 100	29.5	15 22	442.5 649.
# 40	11.75	0	0
# 33.3	9.62	2 4	19.24 318.48
# 30	8.8	12 21	105.6 184.80
# 20	5.8	75	435
# 10	2.9	2	5.8
# 5	1.5	2	3.0
Total Cylinder Capacity 1135.04 USWG			

Tanks Stored On-site Not Connected for Use


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

Total Cylinder Capacity	1135.04 USWG 2091.68
Total Tank Capacity	2000 USWG Refill Centre
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	3135.04 USWG 4091.68

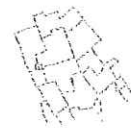
FLINTON ON. KOKIPO
 PH-613-336-2286 Fax 613-336-2847
 E-mail: CLERK@Addingtonhighlands.ca
 NORTH FRONTENAC TWP CONTACT
 CHERYL ROBSON CAO
 6648 RD. #506, P.O. BOX 97
 PLEUNA ON. KOKI2MO
 613-479-2231

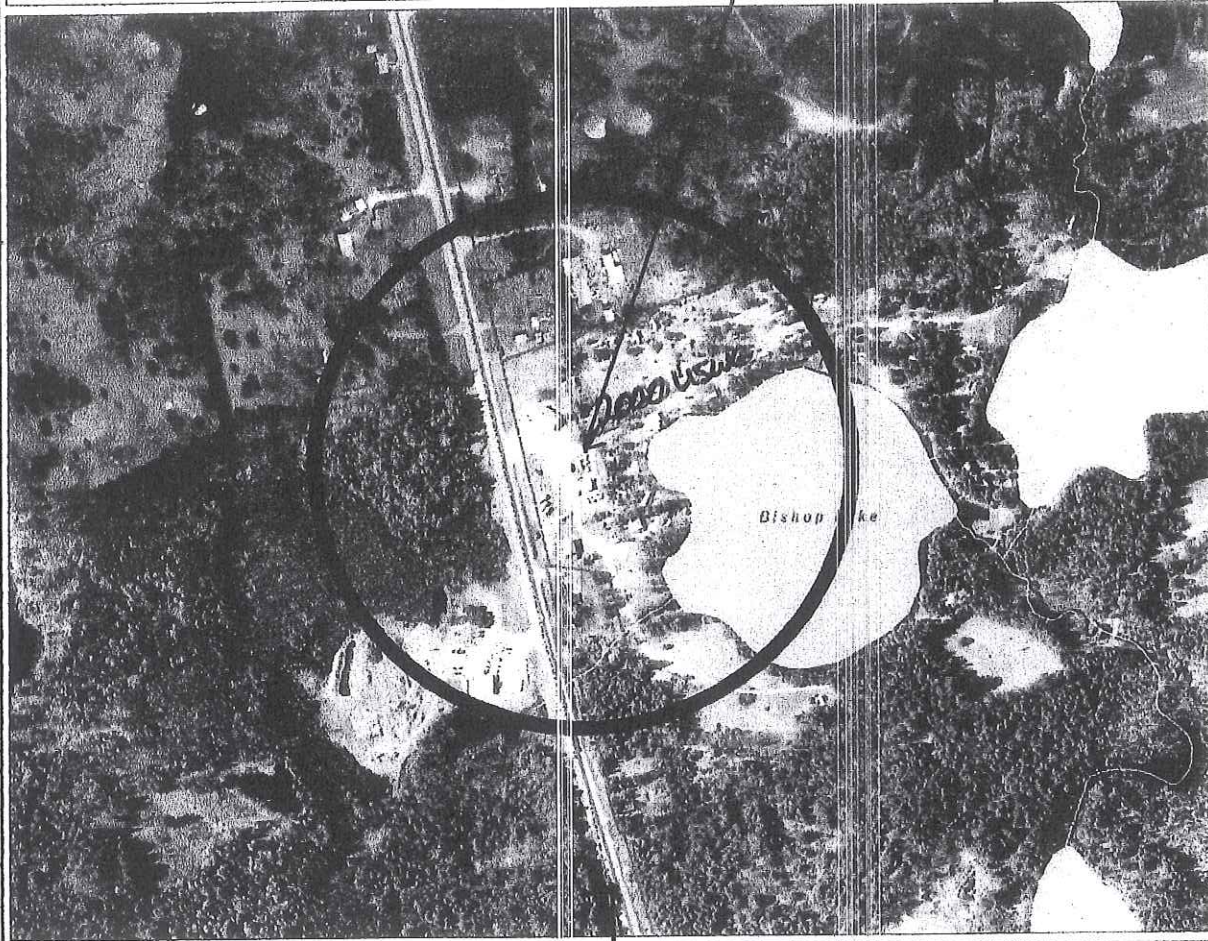
2000 WSW
 SET BACK - Front 145' Rear 5135'
 Right Side 321' Left Side 964'

Propertyline




County of Frontenac Interactive Web Map






Legend

- Highway
 - Hwy 401
 - Highway
- Major Road
 - Arterial/Collector
 - Ferry Route
- Secondary Road
- River/Stream
- Lake Ontario
- Major Lake
- Minor Lake
- Wetland
- Provincial Park
- Parcel Fabric
- Fire
- School
- Library
- Church
- Boat Launch
- Baseball Field
- Waste Site



This map is a user generated static output from the County of Frontenac internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.
 THIS MAP IS NOT TO BE USED FOR NAVIGATION

1:4,622



Notes

Enter Map Description

ADDINGTON HIGHLANDS

Radius of 246m
 from centre of
 propane tank
 dedicated on map

NORTH FRONTENAC TWP.
 13621 Hwy 41
 Lot 8, Range B. BARRIE
 GPS Co-ordinates N44-47.250'-W77-10.527'
 Highway #41 (only road on map)
 ALSO HIGHWAY #41 IS CONCESSION LINE

Hwy. 41

← 6 Km To Northbrook

1.5 Km To Lloyne →

Property line
1235' Frontage

House

Barn

STORE

WATER



Approx. scale $\frac{1}{4}'' = 20'$

SO

W

W - Pressurized Water
 SO - Shut-off
 Fe - Fire Extinguish

Bishop Lake

Don Yearwood
 Tent & Trailer Sales
 BISHOP LAKE TRAILER SALES
 P.O. Box 102, (Hwy 41 south of)
 Cloyne, Ontario - K0H 1K0
 (613) 336-2311

Lot 8 Range B
 Barrie Township
 Total 96 acres

