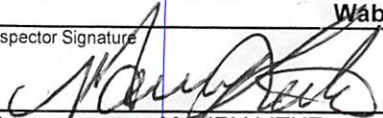
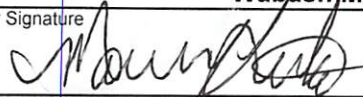
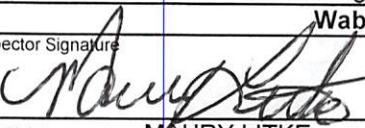
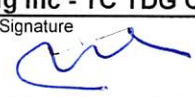


J20-30 C

|                                                                                                                                                                                                                    |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
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|                                                                                                                                    |  | <b>9312 - 110A Street</b><br><b>Westlock, AB</b><br><b>Canada</b><br><b>780-349-4282</b> |  | <b>Quality Assurance Record</b><br><b>LEAKAGE TEST/REPAIR REPORT</b> |  |                                               |  | <b>QF-045</b><br><b>Rev: 4</b>   <b>Page 1 of 1</b> |  |
|                                                                                                                                                                                                                    |  | <b>Tank S/N</b><br>13-1126                                                               |  | <b>WO No.</b><br>SV-23555                                            |  | <b>Test Date:</b><br>APR. 13- 2023            |  |                                                     |  |
| <b>Owner</b><br>Larson Management Inc.<br>240, 6715 8th Street NE<br>Calgary, AB T2E 7H7<br><b>Phone No.</b><br>780-872-9875                                                                                       |  | <b>Mfr</b><br>HUTCHINSON INDUSTRIES CANADA INC.                                          |  | <b>Tank Spec</b><br>TC 406 CRUDE                                     |  | <b>Mfr Date</b><br>Oct 2012                   |  | <b>Retest Required On</b><br>OCT. 2025              |  |
|                                                                                                                                                                                                                    |  | <b>Assembler</b><br>HUTCHINSON INDUSTRIES CANADA INC.                                    |  | <b>Min Thickness, Heads (in)</b><br>4.30 mm                          |  | <b>Min Thickness, Shell (in)</b><br>4.06 mm   |  | <b>Special Services</b><br>N/A                      |  |
|                                                                                                                                                                                                                    |  | <b>Tank Type</b><br>STIFF POLE PUP                                                       |  | <b>Certification Date</b><br>Oct 2012                                |  | <b>Original Test Date</b><br>Oct 2012         |  |                                                     |  |
| <b>Tank is Lined</b><br>NO                                                                                                                                                                                         |  | <b>Tank is Insulated</b><br>NO                                                           |  | <b>Both</b><br>NO                                                    |  | <b>Inspection Location</b><br>WESTLOCK        |  | <b>VIN</b><br>2H9AA6HN9DT002227                     |  |
| <b>Material</b><br>5454-H32                                                                                                                                                                                        |  | <b>Owners's Serial No.</b><br>W03                                                        |  | <b>TCRN / MDIN / CRN</b><br>10334                                    |  | <b>Unit No</b><br>W03                         |  | <b>MAWP</b><br>20.7KPA                              |  |
| <b># Compartments</b><br>1                                                                                                                                                                                         |  | <b>Test Pressure</b><br>2.5 PSI                                                          |  | <b>Test Medium</b><br>WATER                                          |  |                                               |  |                                                     |  |
| <b>PREPARATION</b>                                                                                                                                                                                                 |  | <b>Complies</b><br>N/A                                                                   |  | <b>Concerns</b>                                                      |  | <b>Re-test after repair</b>                   |  | <b>COMPARTMENT LEAKAGE TEST</b>                     |  |
| 1. External & Internal visual (& thickness if required) done                                                                                                                                                       |  | X                                                                                        |  | X                                                                    |  | X                                             |  | 5. Check for leaks & 10 min retention               |  |
| 2. Ensure all valves and plumbing are leak tight                                                                                                                                                                   |  | X                                                                                        |  |                                                                      |  |                                               |  |                                                     |  |
| 3. Select proper gauges and SRV                                                                                                                                                                                    |  | X                                                                                        |  |                                                                      |  |                                               |  | 6. Bleed of pressure and drain                      |  |
| 4. Inspect reclosing vents, inert & red flag                                                                                                                                                                       |  | X                                                                                        |  |                                                                      |  |                                               |  | <b>COMPLETION</b>                                   |  |
| <b>COMPARTMENT LEAKAGE TEST</b>                                                                                                                                                                                    |  | <b>Complies</b><br>N/A                                                                   |  | <b>Concerns</b>                                                      |  | <b>Re-test after repair</b>                   |  | 1. Flush per 300WP                                  |  |
| 1. Assemble hose and piping on unit                                                                                                                                                                                |  | X                                                                                        |  |                                                                      |  |                                               |  | 2. Tag valve & placard if required                  |  |
| 2. Mount test head at top. Visible from safe distance                                                                                                                                                              |  | X                                                                                        |  |                                                                      |  |                                               |  | 3. Sticker as appropriate                           |  |
| 3. Fill test compartment                                                                                                                                                                                           |  | X                                                                                        |  |                                                                      |  |                                               |  | 4. Original Wabash file. Copy to owner              |  |
| 4. Press to 80% MAWP & disconnect                                                                                                                                                                                  |  | X                                                                                        |  |                                                                      |  |                                               |  | <b>MC330/331 / TC331/341/11/51/60 tanks only</b>    |  |
| <b>PRV</b>                                                                                                                                                                                                         |  | <b>Compartment 1</b>                                                                     |  | <b>Compartment 2</b>                                                 |  | <b>PRV Test Report QF-046</b>                 |  | 1. Is tank QT or NQT                                |  |
| <b>Make</b>                                                                                                                                                                                                        |  | TIONA VENTED                                                                             |  |                                                                      |  | Completed and Attached?                       |  | 2. Stress relieved after manufacture? (New Tanks)   |  |
| <b>Release Pressure</b>                                                                                                                                                                                            |  | 1 PSI                                                                                    |  |                                                                      |  | NO                                            |  | 3. If applicable: Stress relief after repair?       |  |
| <b>Set Pressure</b>                                                                                                                                                                                                |  | 1 PSI                                                                                    |  |                                                                      |  |                                               |  | <b>Location:</b>                                    |  |
| <b>Compartment 3</b>                                                                                                                                                                                               |  | <b>Compartment 4</b>                                                                     |  | <b>Compartment 5</b>                                                 |  |                                               |  | 4. Off-truck remote emergency shutdown?             |  |
|                                                                                                                                                                                                                    |  |                                                                                          |  |                                                                      |  |                                               |  | N/A                                                 |  |
| <b>Comments/Description of Repair (include severity of defects, how they were noticed, nature of repair, etc.)</b>                                                                                                 |  |                                                                                          |  |                                                                      |  |                                               |  | <b>TANK VOLUME (LITERS)</b>                         |  |
| REPAIRED VENT LINE VALVE ( BY PASSING )                                                                                                                                                                            |  |                                                                                          |  |                                                                      |  |                                               |  | 18,000                                              |  |
| <b>Current Disposition of Tank Tested</b>                                                                                                                                                                          |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
| New Tank Entered in to Service <input type="checkbox"/> Returned to Service <input checked="" type="checkbox"/> Repair Required <input type="checkbox"/> Condemned (removed from service) <input type="checkbox"/> |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
| <b>CERTIFICATE OF INSPECTION COMPLIANCE</b>                                                                                                                                                                        |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
| We certify that the statements in this report are correct and the said unit has been inspected in accordance with D.O.T. Regulations, Transport Canada Regulations and Alberta Regulations.                        |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
| <b>Wabash Mfg Inc - TC TDG Certificate of Registration #25-93</b>                                                                                                                                                  |  |                                                                                          |  |                                                                      |  |                                               |  |                                                     |  |
| <b>Inspector Signature</b>                                                                                                                                                                                         |  | <b>Tester Signature</b>                                                                  |  |                                                                      |  | <b>Welder Signature &amp; Weld Procedure:</b> |  |                                                     |  |
|                                                                                                                                  |  |       |  |                                                                      |  |                                               |  |                                                     |  |
| <b>Name:</b> MAURY LITKE                                                                                                                                                                                           |  | <b>Name:</b> JOENARD JOROLAN                                                             |  |                                                                      |  |                                               |  |                                                     |  |
| <b>Title:</b> INSPECTOR                                                                                                                                                                                            |  | <b>Title:</b> TESTER                                                                     |  |                                                                      |  |                                               |  |                                                     |  |
| <b>Date:</b> APR. 13- 2023                                                                                                                                                                                         |  | <b>Date:</b> APR. 13- 2023                                                               |  |                                                                      |  |                                               |  |                                                     |  |

|                                                                                                                                                                                                                    |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
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|                                                                                                                                   |  | <b>9312 - 110A Street</b><br><b>Westlock, AB</b><br><b>Canada</b><br><b>780-349-4282</b> |  | <b>Quality Control Record</b><br><b>INTERNAL VISUAL / LINING INSPECTION</b>                                                 |  |                                             |  | <b>QF-042</b><br><b>Rev: 4</b> PAGE 1 OF 1  |  |                                        |  |
|                                                                                                                                                                                                                    |  |                                                                                          |  | Tank S/N<br>13-1126                                                                                                         |  | WO No.<br>SV-23555                          |  | Inspection Date<br>APR. 13- 2023            |  |                                        |  |
| <b>Owner</b><br>Larson Management Inc.<br>240, 6715 8th Street NE<br>Calgary, AB T2E 7H7                                                                                                                           |  |                                                                                          |  | <b>Mfr</b><br>HUTCHINSON INDUSTRIES CANADA INC.                                                                             |  | <b>Tank Spec</b><br>TC 406 CRUDE            |  | <b>Mfr Date</b><br>Oct 2012                 |  | <b>Retest Required On</b><br>APR. 2028 |  |
|                                                                                                                                                                                                                    |  |                                                                                          |  | <b>Assembler</b><br>HUTCHINSON INDUSTRIES CANADA INC.                                                                       |  | <b>Min Thickness, Heads (in)</b><br>4.30 mm |  | <b>Min Thickness, Shell (in)</b><br>4.06 mm |  | <b>Special Services</b><br>N/A         |  |
| <b>Phone No.</b><br>780-872-9875                                                                                                                                                                                   |  |                                                                                          |  | <b>Tank Type</b><br>STIFF POLE PUP                                                                                          |  |                                             |  | <b>Certification Date</b><br>Oct 2012       |  | <b>Original Test Date</b><br>Oct 2012  |  |
| <b>Tank is Lined</b><br>NO                                                                                                                                                                                         |  | <b>Tank is Insulated</b><br>NO                                                           |  | <b>Both</b><br>NO                                                                                                           |  | <b>Inspection Location</b><br>WESTLOCK      |  | <b>VIN</b><br>2H9AA6HN9DT002227             |  | <b>Material</b><br>5454-H32            |  |
| <b>Owners's Serial No.</b><br>W03                                                                                                                                                                                  |  | <b>TCRN / MDIN / CRN</b><br>10334                                                        |  | <b>Unit No</b><br>W03                                                                                                       |  | <b>MAWP</b><br>20.7KPA                      |  | <b># Compartments</b><br>1                  |  |                                        |  |
| <b>LINING INSPECTION</b>                                                                                                                                                                                           |  |                                                                                          |  | Yes                                                                                                                         |  | No                                          |  | N/A                                         |  | <b>Complies</b>                        |  |
| <b>Internal lining Inspection</b>                                                                                                                                                                                  |  |                                                                                          |  |                                                                                                                             |  |                                             |  | X                                           |  | <b>Concerns</b>                        |  |
| <b>Comments:</b>                                                                                                                                                                                                   |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  | <b>Fails</b>                           |  |
| <b>WF MPI: If QT or NQT w/o PWHT: Tank passed Inspection?</b>                                                                                                                                                      |  |                                                                                          |  | Yes                                                                                                                         |  | No                                          |  | N/A                                         |  |                                        |  |
| <b>Comments:</b>                                                                                                                                                                                                   |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>INTERNAL VISUAL EXAMINATION</b>                                                                                                                                                                                 |  |                                                                                          |  | Complies                                                                                                                    |  | Concerns                                    |  |                                             |  |                                        |  |
| 1. Head surfaces                                                                                                                                                                                                   |  |                                                                                          |  | X                                                                                                                           |  |                                             |  |                                             |  |                                        |  |
| 2. Shell welds, seams and surface                                                                                                                                                                                  |  |                                                                                          |  | X                                                                                                                           |  | X                                           |  |                                             |  |                                        |  |
| 3. Baffle welds and surfaces                                                                                                                                                                                       |  |                                                                                          |  | X                                                                                                                           |  |                                             |  |                                             |  |                                        |  |
| 4. Manways, signs of leakage                                                                                                                                                                                       |  |                                                                                          |  | X                                                                                                                           |  |                                             |  |                                             |  |                                        |  |
| 5. Float can                                                                                                                                                                                                       |  |                                                                                          |  | X                                                                                                                           |  | X                                           |  |                                             |  |                                        |  |
| <b>Comments/Description of Repair (include severity of defects, how they were noticed, nature of repair, etc.)</b>                                                                                                 |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Repaired pits on floor, repair seized side float<br>Replaced air switch for end dump                                                                                                                               |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>Current Disposition of Tank Tested</b>                                                                                                                                                                          |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| New Tank Entered in to Service <input type="checkbox"/> Returned to Service <input checked="" type="checkbox"/> Repair Required <input type="checkbox"/> Condemned (removed from service) <input type="checkbox"/> |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>CERTIFICATE OF INSPECTION COMPLIANCE</b>                                                                                                                                                                        |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| We certify that the statements in this report are correct and the said unit has been inspected in accordance with D.O.T. Regulations, Transport Canada Regulations and Alberta Regulations.                        |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>Wabash Mfg Inc - TC TDG Certificate of Registration #25-93</b>                                                                                                                                                  |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>Inspector Signature</b><br>                                                                                                  |  |                                                                                          |  | <b>Welder &amp; Weld Procedure:</b><br> |  |                                             |  | <b>DEVIN LLOYD</b><br><b>W-GMAW-AL-1A</b>   |  |                                        |  |
| <b>Name:</b> MAURY LITKE                                                                                                                                                                                           |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>Title:</b> INSPECTOR                                                                                                                                                                                            |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>Date:</b> APR. 13- 2023                                                                                                                                                                                         |  |                                                                                          |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |

|                                                                                                                                                                                                                    |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
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|                                                                                                                                   |  | <b>9312 - 110A Street</b><br><b>Westlock, AB</b><br><b>Canada</b><br><b>780-349-4282</b>                |  | <b>Quality Control Record</b><br><b>PRESSURE TEST REPORT</b> |  |                                                   |  | <b>QF-044</b>                                                   |  |
|                                                                                                                                                                                                                    |  |                                                                                                         |  | Tank S/N<br>13-1126                                          |  | WO No.<br>SV-23555                                |  | Rev: 5 Page 1 of 1<br>Test Date<br>APR. 13- 2023                |  |
| Owner<br>Larson Management Inc.<br>240, 6715 8th Street NE<br>Calgary, AB T2E 7H7                                                                                                                                  |  | Mfr<br>HUTCHINSON INDUSTRIES CANADA INC.                                                                |  | Tank Spec<br>TC 406 CRUDE                                    |  | Mfr Date<br>Oct 2012                              |  | Retest Required On<br>APR. 2028                                 |  |
|                                                                                                                                                                                                                    |  | Assembler<br>HUTCHINSON INDUSTRIES CANADA INC.                                                          |  | Min Thickness, Heads (in)<br>4.30 mm                         |  | Min Thickness, Shell (in)<br>4.06 mm              |  | Special Services<br>N/A                                         |  |
| Phone No.<br>780-872-9875                                                                                                                                                                                          |  | Tank Type<br>STIFF POLE PUP                                                                             |  |                                                              |  | Certification Date<br>Oct 2012                    |  | Original Test Date<br>Oct 2012                                  |  |
| Tank is Lined<br>NO                                                                                                                                                                                                |  | Tank is Insulated<br>NO                                                                                 |  | Both<br>NO                                                   |  | Inspection Location<br>WESTLOCK                   |  | VIN<br>2H9AA6HN9DT002227                                        |  |
| Owners's Serial No.<br>W03                                                                                                                                                                                         |  | TCRN / MDIN / CRN<br>10334                                                                              |  | Unit No<br>20.7KPA                                           |  | MAWP<br>20.7KPA                                   |  | # Compartments<br>1                                             |  |
| Test Pressure<br>5 PSI                                                                                                                                                                                             |  | Test Medium<br>WATER                                                                                    |  |                                                              |  |                                                   |  |                                                                 |  |
| <b>PREPARATION</b>                                                                                                                                                                                                 |  | Complies<br>N/A                                                                                         |  | Concerns<br>Fails<br>Re-test after<br>repair                 |  | <b>PIPING &amp; ACCESSORIES</b>                   |  | Complies<br>N/A<br>Concerns<br>Fails<br>Re-test<br>after repair |  |
| 1. External & Internal visual (& thickness if required) done                                                                                                                                                       |  | X                                                                                                       |  |                                                              |  | 1. Assemble hose and piping on unit               |  | X                                                               |  |
| 2. Select proper gauges and SRV                                                                                                                                                                                    |  | X                                                                                                       |  |                                                              |  | 2. Mount test head at top of piping               |  | X                                                               |  |
| 3. Inspect reclosing vents, inert & red flag                                                                                                                                                                       |  | X                                                                                                       |  |                                                              |  | 3. Press to 80% MAWP&disconnect                   |  | X                                                               |  |
| <b>COMPARTMENT HYDRO TEST</b>                                                                                                                                                                                      |  | Complies<br>N/A                                                                                         |  | Concerns<br>Fails<br>Re-test after<br>repair                 |  | 4. Check for leaks & 10 min retention             |  | X                                                               |  |
| 1. Mount test head at top. Visible from safe distance                                                                                                                                                              |  | X                                                                                                       |  |                                                              |  | 5. Bleed off pressure & drain                     |  | X                                                               |  |
| 2. Fill test compartment                                                                                                                                                                                           |  | X                                                                                                       |  |                                                              |  | <b>COMPLETION</b>                                 |  | Complies<br>N/A<br>Concerns<br>Fails<br>Re-test<br>after repair |  |
| 3. Pressure up to Test pressure & disconnect hose                                                                                                                                                                  |  | X                                                                                                       |  |                                                              |  | 1. Flush per 300WP                                |  | N/A                                                             |  |
| 4. Check for leaks &/or 10min retention/Bleed of pressure to MAWP/10min retention                                                                                                                                  |  | X                                                                                                       |  |                                                              |  | 2. Tag valve & placard if required                |  | N/A                                                             |  |
| 5. Apply soap water, check for leak and/or Bleed off pressure                                                                                                                                                      |  | N/A                                                                                                     |  |                                                              |  | 3. Sticker as appropriate                         |  | N/A                                                             |  |
| 6. Activate vent to confirm set pressure. Bleed off pressure & drain                                                                                                                                               |  | X                                                                                                       |  |                                                              |  | 4. Original Wabash file. Copies to owner          |  | N/A                                                             |  |
| PRV                                                                                                                                                                                                                |  | Compartment 1                                                                                           |  | Compartment 2                                                |  | PRV Test Report QF-046 Completed and Attached?    |  | <b>MC330/331 / TC331/341/11/51/60 tanks only</b>                |  |
| Make<br>TIONA VENTED                                                                                                                                                                                               |  |                                                                                                         |  |                                                              |  | 1. Is tank QT or NQT                              |  | N/A                                                             |  |
| Release Pressure<br>1 PSI                                                                                                                                                                                          |  |                                                                                                         |  |                                                              |  | 2. Stress relieved after manufacture? (New Tanks) |  | N/A                                                             |  |
| Set Pressure<br>1 PSI                                                                                                                                                                                              |  |                                                                                                         |  |                                                              |  | 3. If applicable: Stress relief after repair?     |  | N/A                                                             |  |
| Compartment 3                                                                                                                                                                                                      |  | Compartment 4                                                                                           |  | Compartment 5                                                |  | Location:                                         |  | N/A                                                             |  |
|                                                                                                                                                                                                                    |  |                                                                                                         |  |                                                              |  | 4. Off-truck remote emergency shutdown?           |  | N/A                                                             |  |
|                                                                                                                                                                                                                    |  |                                                                                                         |  |                                                              |  | TANK VOLUME (LITERS)                              |  | 18,000                                                          |  |
| Comments/Description of Repair (include severity of defects, how they were noticed, nature of repair, etc.)                                                                                                        |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| <b>Current Disposition of Tank Tested</b>                                                                                                                                                                          |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| New Tank Entered in to Service <input type="checkbox"/> Returned to Service <input checked="" type="checkbox"/> Repair Required <input type="checkbox"/> Condemned (removed from service) <input type="checkbox"/> |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| <b>CERTIFICATE OF INSPECTION COMPLIANCE</b>                                                                                                                                                                        |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| We certify that the statements in this report are correct and the said unit has been inspected in accordance with D.O.T. Regulations, Transport Canada Regulations and Alberta Regulations.                        |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| <b>Wabash Mfg Inc - TC TDG Certificate of Registration #25-93</b>                                                                                                                                                  |  |                                                                                                         |  |                                                              |  |                                                   |  |                                                                 |  |
| Inspector Signature<br>                                                                                                         |  | Tester Signature<br> |  |                                                              |  | Welder & Weld Procedure:                          |  |                                                                 |  |
| Name: MAURY LITKE                                                                                                                                                                                                  |  | Name: JOENARD JOROLAN                                                                                   |  |                                                              |  |                                                   |  |                                                                 |  |
| Title: INSPECTOR                                                                                                                                                                                                   |  | Title: TESTER                                                                                           |  |                                                              |  |                                                   |  |                                                                 |  |
| Date: APR. 13- 2023                                                                                                                                                                                                |  | Date: APR. 13- 2023                                                                                     |  |                                                              |  |                                                   |  |                                                                 |  |

|                                                                                                                                                                                                                                                                                                   |  |                                                                                     |  |                                                                    |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
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|                                                                                                                                                                                                                  |  | 9312 - 110A Street                                                                  |  | <b>Quality Control Record</b><br><b>EXTERNAL VISUAL INSPECTION</b> |  |                                                                                                                                                                                                                                                               |  | QF-041                          |  |  |  |
|                                                                                                                                                                                                                                                                                                   |  | Westlock, AB<br>Canada<br>780-349-4282                                              |  |                                                                    |  |                                                                                                                                                                                                                                                               |  | Rev: 6 PAGE 1 OF 1              |  |  |  |
| Owner<br>Larson Management Inc.<br>240, 6715 8th Street NE<br>Calgary, AB T2E 7H7                                                                                                                                                                                                                 |  | Tank S/N<br>13-1126                                                                 |  | WO No.<br>SV-23555                                                 |  | Inspection Date<br>APR. 13- 2023                                                                                                                                                                                                                              |  |                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                   |  | Mfr<br>HUTCHINSON INDUSTRIES CANADA INC.                                            |  | Tank Spec<br>TC 406 CRUDE                                          |  | Mfr Date<br>Oct 2012                                                                                                                                                                                                                                          |  |                                 |  |  |  |
| Phone No.<br>780-872-9875                                                                                                                                                                                                                                                                         |  | Assembler<br>HUTCHINSON INDUSTRIES CANADA INC.                                      |  | Min Thickness, Heads (in)<br>4.30 mm                               |  | Min Thickness, Shell (in)<br>4.06 mm                                                                                                                                                                                                                          |  | Retest Required On<br>OCT. 2025 |  |  |  |
|                                                                                                                                                                                                                                                                                                   |  | Tank Type<br>STIFF POLE PUP                                                         |  | Certification Date<br>Oct 2012                                     |  | Original Test Date<br>Oct 2012                                                                                                                                                                                                                                |  |                                 |  |  |  |
| Tank is Lined                                                                                                                                                                                                                                                                                     |  | Tank is Insulated                                                                   |  | Both                                                               |  | Inspection Location<br>WESTLOCK                                                                                                                                                                                                                               |  | VIN<br>2H9AA6HN9DT002227        |  |  |  |
| NO                                                                                                                                                                                                                                                                                                |  | NO                                                                                  |  | NO                                                                 |  | Material<br>5454-H32                                                                                                                                                                                                                                          |  | # Compartments<br>1             |  |  |  |
| Owners's Serial No.<br>W03                                                                                                                                                                                                                                                                        |  | TCRN / MDIN / CRN<br>10334                                                          |  | Unit No<br>W03                                                     |  | MAWP<br>20.7KPA                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| <b>MARKINGS</b>                                                                                                                                                                                                                                                                                   |  | Complies                                                                            |  | Concerns                                                           |  | <b>EXTERNAL EXAMINATION</b>                                                                                                                                                                                                                                   |  | Complies                        |  |  |  |
| 1. TDG Nameplate legible & correct. VIN numbers match                                                                                                                                                                                                                                             |  | X                                                                                   |  |                                                                    |  | 1. Barrel weld seams and attachments                                                                                                                                                                                                                          |  | X                               |  |  |  |
| 2. Placarding provisions                                                                                                                                                                                                                                                                          |  | X                                                                                   |  |                                                                    |  | 2. Hold down bolts and tank mounting                                                                                                                                                                                                                          |  | X                               |  |  |  |
| 3. Tests/inspections marked on vessel                                                                                                                                                                                                                                                             |  | X                                                                                   |  |                                                                    |  | 3. Pipe and fittings protected w/ shear section                                                                                                                                                                                                               |  | X                               |  |  |  |
| 4. Vapor/Liquid marked correctly.                                                                                                                                                                                                                                                                 |  | N/A                                                                                 |  |                                                                    |  | 4. Structural components, outriggers, crossmembers                                                                                                                                                                                                            |  | X                               |  |  |  |
| 5. Railway crossing decal                                                                                                                                                                                                                                                                         |  | X                                                                                   |  | X                                                                  |  | 5. Manways; Shell; signs of leakage?                                                                                                                                                                                                                          |  | X                               |  |  |  |
| 6. Internal Grounding on TC 312/412                                                                                                                                                                                                                                                               |  | N/A                                                                                 |  |                                                                    |  | 6. Overturn protection adequate                                                                                                                                                                                                                               |  | X                               |  |  |  |
| <b>SAFETY DEVICES</b>                                                                                                                                                                                                                                                                             |  | Complies                                                                            |  | Concerns                                                           |  | 7. Bumper&protection adequate: Height must not exceed 30"                                                                                                                                                                                                     |  | X                               |  |  |  |
| 1. Primary Venting, press & vacuum                                                                                                                                                                                                                                                                |  | X                                                                                   |  |                                                                    |  | 8. Level indicator operational                                                                                                                                                                                                                                |  | X                               |  |  |  |
| 2. Total Vent cap (SCFM)                                                                                                                                                                                                                                                                          |  | X                                                                                   |  |                                                                    |  | 9. Appurtenances on repads                                                                                                                                                                                                                                    |  | X                               |  |  |  |
| 3. Grounding provisions                                                                                                                                                                                                                                                                           |  | X                                                                                   |  |                                                                    |  | 10. Ladder sound and tight                                                                                                                                                                                                                                    |  | X                               |  |  |  |
| 4. Internal self closing stop valve on outlet                                                                                                                                                                                                                                                     |  | X                                                                                   |  |                                                                    |  | 11. Overlay Patches (None allowed)                                                                                                                                                                                                                            |  | NO                              |  |  |  |
| 5. Remote emergency shut off for outlets                                                                                                                                                                                                                                                          |  | X                                                                                   |  | X                                                                  |  | 12. Tank wall corroded or abraded                                                                                                                                                                                                                             |  | NO                              |  |  |  |
| 6. Thermal shut off for outlets                                                                                                                                                                                                                                                                   |  | X                                                                                   |  |                                                                    |  | 13. Condition of hoses and connections                                                                                                                                                                                                                        |  | X                               |  |  |  |
| 7. Items 4, 5 & 6 not required on "Crude"                                                                                                                                                                                                                                                         |  | X                                                                                   |  |                                                                    |  | <b>MC330/331 / TC331/341/11/51/60 tanks only</b><br>1. Is tank QT or NQT<br>2. Stress relieved after manufacture? (New Tanks)<br>3. If applicable: Stress relief after repair? Complete/Local?<br><b>Location:</b><br>4. Off-truck remote emergency shutdown? |  | N/A                             |  |  |  |
| 8. Items 3 to 6 not revised, if tank is in class 8 service                                                                                                                                                                                                                                        |  | N/A                                                                                 |  | N/A                                                                |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| Comments/Description of Repair (include severity of defects, how they were noticed, nature of repair, etc.)<br>Replaced seized emergency shut off<br>Replaced faded railway decal<br>Replaced seized air switch for front P/S manifold valve<br>Installed shear sections on front & rear manifold |  |                                                                                     |  | N/A                                                                |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                   |  |                                                                                     |  | N/A                                                                |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                   |  |                                                                                     |  | N/A                                                                |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| <b>Current Disposition of Tank Tested</b><br>New Tank Entered in to Service <input type="checkbox"/> Returned to Service <input type="checkbox"/> Repair Required <input type="checkbox"/> Condemned (removed from service) <input type="checkbox"/>                                              |  |                                                                                     |  |                                                                    |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| <b>CERTIFICATE OF INSPECTION COMPLIANCE</b><br>We certify that the statements in this report are correct and the said unit has been inspected in accordance with D.O.T. Regulations, Transport Canada Regulations and Alberta Regulations.                                                        |  |                                                                                     |  |                                                                    |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| Wabash Mfg Inc - TC TDG Certificate of Registration #25-93                                                                                                                                                                                                                                        |  |                                                                                     |  |                                                                    |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |
| Inspector Signature                                                                                                                                                                                                                                                                               |  |  |  | Fire Extinguisher Mounted to Unit and Available:                   |  | Welder & Weld Procedure:                                                                                                                                                                                                                                      |  |                                 |  |  |  |
| Name:                                                                                                                                                                                                                                                                                             |  |                                                                                     |  | Complies                                                           |  | Location                                                                                                                                                                                                                                                      |  |                                 |  |  |  |
| Title:                                                                                                                                                                                                                                                                                            |  |                                                                                     |  | X                                                                  |  | D/S                                                                                                                                                                                                                                                           |  |                                 |  |  |  |
| Date:                                                                                                                                                                                                                                                                                             |  |                                                                                     |  |                                                                    |  |                                                                                                                                                                                                                                                               |  |                                 |  |  |  |