

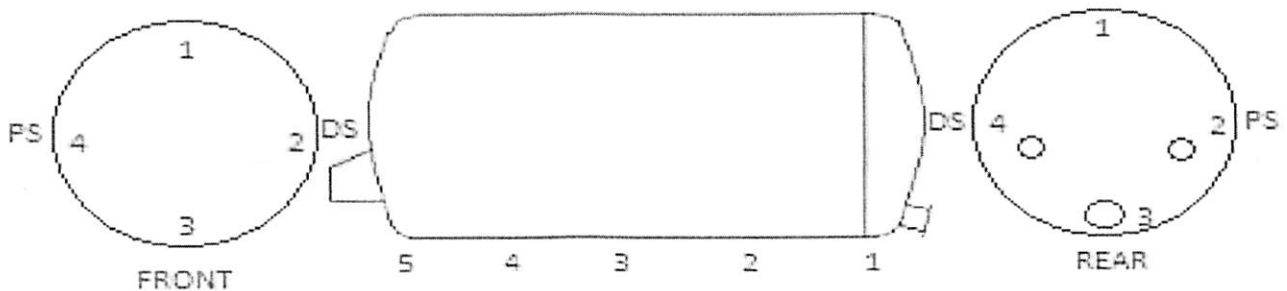


V-S.H.I.F.T. INC.  
110-50416 RR245  
Leduc County, AB  
T4X 0P5  
780-777-7102

GF40-24

|                   |                                                                                                                                                                                                                            |                       |                |                 |          |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------|-----------------|----------|
| Date:             | OCTOBER 1 2025                                                                                                                                                                                                             | Tank Owner:           | 2170144 AB LTD |                 |          |
| Work Order:       |                                                                                                                                                                                                                            | Address:              |                |                 |          |
| Facility #:       | 25-1043                                                                                                                                                                                                                    | Unit #                | N/A            |                 |          |
| Test Performed:   | <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> V <input type="checkbox"/> U/C | Phone #:              | 780-815-0284   |                 |          |
| Tank Serial #:    | 48990908                                                                                                                                                                                                                   | Certification Date:   | 04/17/09       | Shell Material: | SA36     |
| Manu./Assembler:  | CUSTOM VAC                                                                                                                                                                                                                 | MDIN/TCRN/CRN:        | CV-78-SS-1+9   | Head Material:  | SA516-70 |
| Tank Spec:        | 407                                                                                                                                                                                                                        | Design Pressure/MAWP: | 30 PSI         | Mfd. Shell      |          |
| Special Services: | N/A                                                                                                                                                                                                                        | NB NO:                | N/A            | Thickness:      | 6.35     |
| Manufacture Date: | 2009                                                                                                                                                                                                                       | Capacity:             | 16802          | Min. Shell      |          |
| Lined:            | NO                                                                                                                                                                                                                         | Insulated:            | NO             | Thickness:      | 4.65     |
|                   |                                                                                                                                                                                                                            |                       |                | Mfd. Head       |          |
|                   |                                                                                                                                                                                                                            |                       |                | Thickness:      | 7.9      |
|                   |                                                                                                                                                                                                                            |                       |                | Min. Head       |          |
|                   |                                                                                                                                                                                                                            |                       |                | Thickness:      | 5.61     |

### Ultrasonic Thickness Test



Measurements taken every 6' starting at rear of tank at numbered intervals in 4 positions.  
Front and rear measurements as numbered.  
Note other areas of excess wear and measurements taken.

|                  | 1<br>(REAR) | 2 (6') | 3 (12') | 4 (18') | 5 (24') | 6 (30') | 7 (36') | 8 (42') | 9 (48') | 10 (36') |
|------------------|-------------|--------|---------|---------|---------|---------|---------|---------|---------|----------|
| FRONT HEAD       | 7.2         | 7.1    | 7.0     | 7.1     |         |         |         |         |         |          |
| REAR HEAD        | 7.1         | 7.1    | 7.0     | 7.1     |         |         |         |         |         |          |
| SHELL POSITION 1 | 5.7         | 5.6    | 5.5     | 5.6     |         |         |         |         |         |          |
| SHELL POSITION 2 | 5.7         | 5.6    | 5.6     | 5.6     |         |         |         |         |         |          |
| SHELL POSITION 3 | 5.6         | 5.6    | 5.6     | 5.6     |         |         |         |         |         |          |
| SHELL POSITION 4 | 5.6         | 5.6    | 5.5     | 2.6     |         |         |         |         |         |          |
| OTHER:           |             |        |         |         |         |         |         |         |         |          |
| OTHER:           |             |        |         |         |         |         |         |         |         |          |
| OTHER:           |             |        |         |         |         |         |         |         |         |          |

Inspector's Name: RYAN EAMON Signature: [Signature] Date: 10/01/25  
Signature of Owner/owner Representative: [Signature] Date: 10/01/25



V-S.H.I.F.T. INC.  
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780-777-7102

Date: OCTOBER 1 2025  
Work Order: \_\_\_\_\_  
Facility #: 25-1043  
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD  
Address: \_\_\_\_\_  
Unit # 40A  
Phone #: 780-815-0284

Tank Serial #: 48990908  
Manu./Assembler: CUSTOM VAC  
Tank Spec: 407  
Special Services: N/A  
Manufacture Date: 2009  
Lined: NO

Certification Date: 04/17/09  
MDIN/TCRN/CRN: CV-78-SS-1+9  
Design Pressure/MAWP: 30 PSI  
NB NO: N/A  
Capacity: 16802  
Insulated: NO

Shell Material: SA36  
Head Material: SA516-70  
Mfd. Shell Thickness: 6.35  
Min. Shell Thickness: 4.65  
Mfd. Head Thickness: 7.9  
Min. Head Thickness: 5.61

### Pressure Test

|                                                   | Pass                                | Fail                     | Corrected                | N/A                      |
|---------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ensure all tank valves have no leakage.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Inspect gaskets and seals for leakage.         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Inspect welded areas and areas of high stress. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pressure tested, no leakage.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Heating system tested.                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Inspect flue for signs of leakage              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tank Test Pressure: 45 PSI Hold Time: 10 MIN Test Medium: WATER

### Corrected Actions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN FAMON Signature: [Signature] Date: 10/01/25

Signature of Owner/owner Representative: [Signature] Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.  
110-50416 RR245  
Leduc County, AB  
T4X 0P5  
780-777-7102

Date: OCTOBER 1 2025  
Work Order: \_\_\_\_\_  
Facility #: 25-1043  
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD  
Address: \_\_\_\_\_  
Unit # 409  
Phone #: 780-815-0284

Tank Serial #: 48990908  
Manu./Assembler: CUSTOM VAC  
Tank Spec: 407  
Special Services: N/A  
Manufacture Date: 2009  
Lined: NO

Certification Date: 04/17/09  
MDIN/TCRN/CRN: CV-78-SS-1+9  
Design Pressure/MAWP: 30 PSI  
NB NO: N/A  
Capacity: 16802  
Insulated: NO

Shell Material: SA36  
Head Material: SA516-70  
Mfd. Shell Thickness: 6.35  
Min. Shell Thickness: 4.65  
Mfd. Head Thickness: 7.9  
Min. Head Thickness: 5.61

### Leakage Test

|                                                   | Pass                                | Fail                     | Corrected                | N/A                      |
|---------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ensure all tank valves have no leakage.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Inspect gaskets and seals for leakage.         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Inspect welded areas and areas of high stress. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pressure tested, no leakage.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tank Test Pressure (80% of MAWP): 24 PSI Hold Time: 10 MIN Test Medium: WATER

### Corrected Actions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN EAMON Signature:  Date: 10/01/25

Signature of Owner/owner Representative:  Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.  
110-50416 RR245  
Leduc County, AB  
T4X 0P5  
780-777-7102

Date: OCTOBER 1 2025 Tank Owner: 2170144 AB LTD  
Work Order: \_\_\_\_\_ Address: \_\_\_\_\_  
Facility #: 25-1043 Unit # 209  
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C Phone #: 780-815-0284

|                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| Tank Serial #: <u>48990908</u>     | Certification Date: <u>04/17/09</u> | Shell Material: <u>SA36</u>       |
| Manu./Assembler: <u>CUSTOM VAC</u> | MDIN/TCRN/CRN: <u>CV-78-SS-1+9</u>  | Head Material: <u>SA516-70</u>    |
| Tank Spec: <u>407</u>              | Design Pressure/MAWP: <u>30 PSI</u> | Mfd. Shell Thickness: <u>6.35</u> |
| Special Services: <u>N/A</u>       | NB NO: <u>N/A</u>                   | Min. Shell Thickness: <u>4.65</u> |
| Manufacture Date: <u>2009</u>      | Capacity: <u>16802</u>              | Mfd. Head Thickness: <u>7.9</u>   |
| Lined: <u>NO</u>                   | Insulated: <u>NO</u>                | Min. Head Thickness: <u>5.61</u>  |

### Internal Visual Inspections

|                                                                                                           | Pass                                | Fail                     | Corrected                | N/A                      |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inspect internal surface for corrosion, distortion overlaying Patches, abraded areas and cracking etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Inspect internal welds for defects, cracking etc.                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Inspect internal supports, attachments, baffles and sandpipe for defects and cracking.                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Inspect internal seals gaskets for defects or signs of leakage.                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Corrected Actions:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐  
Inspector's Name: RYAN EAMON Signature:  Date: 10/01/25  
Signature of Owner/owner Representative:  Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.  
110-50416 RR245  
Leduc County, AB  
T4X 0P5  
780-777-7102

Date: OCTOBER 1 2025  
Work Order: \_\_\_\_\_  
Facility #: 25-1043  
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD  
Address: \_\_\_\_\_  
Unit #: 401  
Phone #: 780-815-0284

Tank Serial #: 48990908  
Manu./Assembler: CUSTOM VAC  
Tank Spec: 407  
Special Services: N/A  
Manufacture Date: 2009  
Lined: NO

Certification Date: 04/17/09  
MDIN/TCRN/CRN: CV-78-SS-1+9  
Design Pressure/MAWP: 30 PSI  
NB NO: N/A  
Capacity: 16802  
Insulated: NO

Shell Material: SA36  
Head Material: SA516-70  
Mfd. Shell Thickness: 6.35  
Min. Shell Thickness: 4.65  
Mfd. Head Thickness: 7.9  
Min. Head Thickness: 5.61

### External Visual Inspections

|                                                                                                                                   | Pass                                | Fail                     | Corrected                | N/A                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Data plate, present and legible.                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Inspect valves for proper function, leakage, corrosion and fusible link.                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Ensure emergency shut off functions and closes valves.                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Inspect shells & heads for corrosion, dents, overlay patches, abraded areas and signs of leakage.                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Inspect structural members, appurtenances, and attachments for signs of defects or corrosion.                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Inspect relief valves and vents (replace or test if tank is service where lading is corrosive to relief device).               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Inspect gaskets on full openings rear heads for damages or cuts.                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Inspect all areas of sealing, gaskets, floats etc.                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Inspect hoses for defects, identification, and tests dates. (yearly)                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect the upper coupler area for signs of defect or abrasion, tanks in corrosive service remove coupler assembly & inspect. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Ensure devices for tightening covers, manways, and closure devices are operational.                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. On multi-compartment tanks inspect void drains for signs of leakage.                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Ensure proper operation of all remote closure devices, excess flow valves and self closing stop valves.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Periodic test and inspection decals applied                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. No defects or damages were discovered                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### Corrected Actions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN EAMON Signature: Ryan Eamon Date: 10/01/25

Signature of Owner/owner Representative: [Signature] Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180