GT34-1

TANK TESTING INSPECTION SHEET

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN#_____
REG NO. 25-323

Date: Sept 2/2025 Decal Information: 09/2025 V.K. 323

Owner of Tank: Jacc's Oilfield Services Ltd. Phone # 780-515-1513
Address: Box 5157 Drayton Valley, AB T7A 1R3 Unit # T9
Tank S/N 5HTDL423XE5J27027 Tank Manufacturer Heil Trailer
Date Mfg: 09/2013 Transport Canada Specification: DOT 4076
VIN # 5HTDL423XE5J27027 Certification Date: Nov27/2023 MDIN 9987
Assembler Heil Trailer
Work Required: 1) External Inspection ☑ 2) Internal Inspection ☐ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☑ 6) Pressure Test ☐

1) *External Inspection = V*

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	☐	☑	b) Bad Dents	☐	☑
c) Defects in Welds/Laminations	☐	☑	d) Defects in Valves – if yes	☑	☐
e) Other defects *i.e.: gaskets, packing, seals*	☐	☑	explain - Vent valve by passes		
f) Manhole Covers – Tightening devices operative	☑	☐	g) Insulated	☐	☑
h) Proper functions of: Vent Line Valves	☐	☑	Loading/unloading valves	☑	☐
Emergency devices	☑	☐	Self-closing stop valves	☑	☐
Excess flow valves	☑	☐	Remote closure devices	☑	☐

Comments: Rebuilt vent valve

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☑ ☐

Comments:

j) Legible tank specification plate ☑ ☐ legible test markings ☑ ☐
Comments:

k) All major appurtenances & attachments in good conditions
Cross members ☑ ☐ Rear Bumper Height Good
Fifth wheel upper coupler ☑ ☐ Fenders ☑ ☐
Tie down bolts ☑ ☐
Comments

l) Multi compartment tanks ☐ ☑ Drain is open in void ☐ N/A ☐
Evidence of leakage from void ☐ N/A ☐
Number of compartments 1
m) Reclosing pressure relief Relief Valve Tested ☑ ☐
Free from corrosion ☑ ☐ Free from damage ☑ ☐
Relief valve replaced ☐ ☑
Comments:

n) Full opening rear head ☐ N/A ☐ Gasket free of cuts, cracks ☐ ☐
Gasket replaced
Comments:

o) Hoses inspected ☐ N/A ☐ Test Pressure _____
Hose pressure tested
Comments: Not required, Tested by others

INSPECTOR David Carrothers SIGNATURE David Carrothers DATE Sept 2/2025

2) *Internal Test: I*

	YES	NO		YES	NO
a) Corroded Areas	☐	☐	b) Bad Dents	☐	☐
c) Defects in welds/laminations	☐	☐	d) Cracks	☐	☐
e) Broken Baffles	☐	☐	f) Lined	☐	☐

Other defects: Explain or elaborate on one above:

Thickness Test required	☐	☐	Lining Test required	☐	☐

INSPECTOR_____**SIGNATURE**_____ **DATE**_____

3) *Coating Inspection*

	YES	NO
a) Visual signs of degraded coating	☐	☐
b) Thickness test required	☐	☐

c) Coating type: _____

Comments

INSPECTOR_____**SIGNATURE**_____ **DATE**_____

4) *Thickness Test = T*

	Mfg Thickness	*Actual Thickness*		*Mfg Thickness*	*Actual Thickness*
a) Head Thickness			b) Shell Side/Top		
c) Shell bottom			d) Around discharge openings		
e) Near a Baffle			f) Near a Fifth Wheel		
g) Near Nominal liquid level lines			h) On shell to shell joints		

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____ Head_____ Shell_____

Comments:

INSPECTOR_____**SIGNATURE**_____ **DATE**_____

5a) Leakage Test –First Compartment – K

	YES	NO		YES	NO
Original Test	☐	☑	Re-Test	☑	☐
Any Venting devices blocked or removed	☐	☑	Leakage	☐	☑
Test Pressure 28 psi _____ (80% of M.A.W.P.)			MAWP	35 psi	
Product piping with all valves & accessories In place & operative	☑	☐	Distortion	☐	☑
Test pressure held for 5 minutes	☑	☐			

Test Medium Water/Air

***Comments :ie**: If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

Test held for 5-10 mins

5b) Leakage Test –Second Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

5c) Leakage Test – Third Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

5d) Leakage Test – Fourth Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

INSPECTOR David Carrothers **SIGNATURE** David Carrothers **DATE** Sept2/2025

6a) Pressure Test –First Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure Relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ***ie*** *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6b) Pressure Test - Second Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6c) Pressure Test – Third Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6d) Pressure Test – Fourth Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

INSPECTOR _____ **SIGNATURE** _____ **DATE** _____

No Defects or Damages _____

NEXT TEST:

EXTERNAL 09/2026 1yr ***INTERNAL*** 08/2028 5yrs

LEAKAGE 09/2026 1yr ***HYDRO*** 08/2028 5yrs

THICKNESS N/A ***LINING*** N/A

REMOVED FROM SERVICE ☐ ***RETURNED TO SERVICE*** ☑ ***Sour Service*** ☐ ***Acid Service*** ☐

NOTES:

Has met all requirements to the best of my knowledge and returned to service David Cornette Sept 2/2025

TANK TESTING INSPECTION SHEET

AUG 12 2024

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN#_____
REG NO. 25-323

Date: Aug 8/2024 **Decal Information:** 08/2024 V.K. 323

Owner of Tank: Jacc's Oilfield Services Ltd. **Phone #** 780-515-1513
Address: Box 5157 Drayton Valley, AB T7A 1R3 **Unit #** T9
Tank S/N 5HTDL423XE5J27027 **Tank Manufacturer** Heil Trailer
Date Mfg: 09/2013 **Transport Canada Specification:** DOT 407
VIN # 5HTDL423XE5J27027 **Certification Date:** Nov27/2023 **MDIN** 9987
Assembler_____
Work Required: 1) External Inspection ☑ 2) Internal Inspection ☐ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☑ 6) Pressure Test ☐

1) *External Inspection = V*

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO
a) Corroded Areas – if yes a thickness test required	☐	☑
c) Defects in Welds/Laminations	☐	☑
e) Other defects *i.e.: gaskets, packing, seals*	☐	☑
f) Manhole Covers – Tightening devices operative	☑	☐
h) Proper functions of: Vent Line Valves	☐	☑
Emergency devices	☑	☐
Excess flow valves	☑	☐

	YES	NO
b) Bad Dents	☐	☑
d) Defects in Valves – if yes	☑	☐
explain - Vent valve by passes		
g) Insulated	☐	☑
Loading/unloading valves	☑	☐
Self-closing stop valves	☑	☐
Remote closure devices	☑	☐

Comments: Replaced vent valve

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☑ ☐

Comments:

j) Legible tank specification plate ☑ ☐ legible test markings ☑ ☐
Comments:

k) All major appurtenances & attachments in good conditions
Cross members ☑ ☐
Fifth wheel upper coupler ☑ ☐
Rear Bumper Height Good
Fenders ☑ ☐
Tie down bolts ☑ ☐

Comments

l) Multi compartment tanks ☐ ☑
Evidence of leakage from void ☐ N/A ☐
Number of compartments 1
Drain is open in void ☐ N/A ☐

m) Reclosing pressure relief
Free from corrosion ☑ ☐
Relief Valve Tested ☑ ☐
Free from damage ☑ ☐
Relief valve replaced ☐ ☑

Comments:

n) Full opening rear head ☐ N/A ☐
Gasket replaced
Gasket free of cuts, cracks ☐ ☐

Comments:

o) Hoses inspected ☐ N/A ☐
Hose pressure tested
Test Pressure _____

Comments: Not required, Tested by others

INSPECTOR David Carrothers **SIGNATURE** David Carrothers **DATE** Aug 8/2024

2) *Internal Test: I*

	YES	NO		YES	NO
a) Corroded Areas	☐	☐	b) Bad Dents	☐	☐
c) Defects in welds/laminations	☐	☐	d) Cracks	☐	☐
e) Broken Baffles	☐	☐	f) Lined	☐	☐

Other defects: Explain or elaborate on one above:

Thickness Test required	☐	☐	Lining Test required	☐	☐

INSPECTOR_____**SIGNATURE**_____**DATE**_____

3) *Coating Inspection*

	YES	NO
a) Visual signs of degraded coating	☐	☐
b) Thickness test required	☐	☐

c) Coating type: _____

Comments

INSPECTOR_____**SIGNATURE**_____**DATE**_____

4) *Thickness Test = T*

	Mfg Thickness	*Actual Thickness*		*Mfg Thickness*	*Actual Thickness*
a) Head Thickness			b) Shell Side/Top		
c) Shell bottom			d) Around discharge openings		
e) Near a Baffle			f) Near a Fifth Wheel		
g) Near Nominal liquid level lines			h) On shell to shell joints		

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____ Head_____ Shell_____

Comments:

INSPECTOR_____**SIGNATURE**_____**DATE**_____

5a) Leakage Test –First Compartment – K

	YES	NO		YES	NO
Original Test	☐	☑	Re-Test	☑	☐
Any Venting devices blocked or removed	☐	☑	Leakage	☐	☑
Test Pressure 28 psi _____ (80% of M.A.W.P.)			MAWP	35 psi	
Product piping with all valves & accessories In place & operative	☑	☐	Distortion	☐	☑
Test pressure held for 5 minutes	☑	☐			

Test Medium Water/Air

***Comments :ie**: If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

Test held for 5-10 mins

5b) Leakage Test –Second Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

5c) Leakage Test – Third Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

5d) Leakage Test – Fourth Compartment – K

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

***Comments: ie.** If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

INSPECTOR David Carrothers **SIGNATURE** David Carrothers **DATE** Aug 8/2024

6a) Pressure Test –First Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure Relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion		
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ***ie*** *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6b) Pressure Test - Second Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion		
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6c) Pressure Test – Third Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion		
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6d) Pressure Test – Fourth Compartment = P

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion		
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: ie. *If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

INSPECTOR _____ **SIGNATURE** _____ **DATE** _____

No Defects or Damages _____

NEXT TEST:

EXTERNAL 08/2025 1yr ***INTERNAL*** 08/2028 5yrs

LEAKAGE 08/2025 1yr ***HYDRO*** 08/2028 5yrs

THICKNESS N/A ***LINING*** N/A

REMOVED FROM SERVICE ☐ ***RETURNED TO SERVICE*** ☑ ***Sour Service*** ☐ ***Acid Service*** ☐

NOTES:_

Has met all requirements to the best of my knowledge and returned to service David Coulter Aug 8/2024

TANK TESTING INSPECTION SHEET

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN# _____
REG NO. 25-323

Date: August 24, 2023 **Decal Information:** 08/2023 VKIPUC 323

Owner of Tank: Jacc's Oilfield Services Ltd. **Phone #** 780-515-1513
Address: Box 848, Breton, AB T0C 0P0 **Unit #** T-135

Tank S/N 5HTDL423XE5J27C27 **Tank Manufacturer** Heil
Date Mfg: 09/2013 **Transport Canada Specification:** DOT 407
VIN # 5HTDL423XE5J27C27 **Certification Date:** 09/2013 **MDIN** _____
Assembler Heil
Work Required: 1) External Inspection ☑ 2) Internal Inspection ☑ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☑ 6) Pressure Test ☑

1) *External Inspection = V*

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	☐	☑	b) Bad Dents	☐	☑
c) Defects in Welds/Laminations	☐	☑	d) Defects in Valves – if yes	☑	☐
e) Other defects *i.e.: gaskets, packing, seals*	☐	☑	explain - Both belly valves		
f) Manhole Covers – Tightening devices operative	☐	☑	g) Insulated	☐	☑
h) Proper functions of: Vent Line Valves	☑	☐	Loading/unloading valves	☑	☐
Emergency devices	☑	☐	Self-closing stop valves	☑	☐
Excess flow valves	☑	☐	Remote closure devices	☑	☐

Comments: 3 hatch wingnuts seized, removed and replaced. front and rear belly valves corroded, removed and replaced. Re-tested tank after valves replaced.

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☑ ☐

Comments: _____

j) Legible tank specification plate ☑ ☐ legible test markings ☑ ☐
Comments: _____

k) All major appurtenances & attachments in good conditions Rear Bumper Height Good
Cross members ☑ ☐ Fenders ☑ ☐
Fifth wheel upper coupler ☑ ☐ Tie down bolts ☑ ☐
Comments: _____

l) Multi compartment tanks ☐ ☑ Drain is open in void ☐ N/A ☐
Evidence of leakage from void ☐ N/A ☐
Number of compartments 1
m) Reclosing pressure relief Relief Valve Tested ☑ ☐
Free from corrosion ☑ ☐ Free from damage ☑ ☐
Relief valve replaced ☐ ☑
Comments: _____

n) Full opening rear head N/A ☐ ☐ Gasket free of cuts, cracks ☐ ☐
Gasket replaced
Comments: _____

o) Hoses inspected N/A ☐ ☐ Test Pressure _____ _____
Hose pressure tested
Comments: _____

INSPECTOR David Bevan **SIGNATURE** _____ **DATE** 08/24/2023

Ink Pot Ref # 58397-1/4

2) *Internal Test: I*

	YES	NO		YES	NO
a) Corroded Areas	☐	☑	b) Bad Dents	☐	☑
c) Defects in welds/laminations	☐	☑	d) Cracks	☐	☑
e) Broken Baffles	☐	☑	f) Lined	☐	☑

Other defects: Explain or elaborate on one above: _____

Thickness Test required ☐ ☑ Lining Test required ☐ ☑

INSPECTOR David Bevan **SIGNATURE** _____ **DATE** 08/24/2023

3) *Coating Inspection*

	YES	NO
a) Visual signs of degraded coating	☐	☑
b) Thickness test required	☐	☑

c) Coating type: Sherglass FF

Comments _____

INSPECTOR David Bevan **SIGNATURE** _____ **DATE** 08/24/2023

4) *Thickness Test = T*

	Mfg Thickness	*Actual Thickness*		*Mfg Thickness*	*Actual Thickness*
a) Head Thickness N/A	____	____	b) Shell Side/Top	____	____
c) Shell bottom	____	____	d) Around discharge openings	____	____
e) Near a Baffle	____	____	f) Near a Fifth Wheel	____	____
g) Near Nominal liquid level lines	____	____	h) On shell to shell joints	____	____

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____ Head_____ Shell_____

Comments: _____

INSPECTOR _____ **SIGNATURE** _____ **DATE** _____

5a) Leakage Test –First Compartment – K

	YES	NO		YES	NO
Original Test	☐	☑	Re-Test	☑	☐
Any Venting devices blocked or removed	☐	☑	Leakage	☐	☑
Test Pressure 28 PSI (80% of M.A.W.P.)			MAWP	35 PSI	
Product piping with all valves & accessories In place & operative	☑	☐	Distortion	☐	☑
Test pressure held for 5 minutes	☑	☐			

Test Medium air/water

Comments :ie: If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5b) Leakage Test –Second Compartment – K

N/A

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP	_____	
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5c) Leakage Test – Third Compartment – K

N/A

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP	_____	
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5d) Leakage Test – Fourth Compartment – K

N/A

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Any Venting devices blocked or removed	☐	☐	Leakage	☐	☐
Test Pressure _____ (80% of M.A.W.P.)			MAWP	_____	
Product piping with all valves & accessories In place & operative	☐	☐	Distortion	☐	☐
Test pressure held for 5 minutes	☐	☐			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR David Bevan **SIGNATURE** _____ **DATE** 08/24/2023

6a) *Pressure Test –First Compartment = P*

	YES	NO		YES	NO
Original Test	☐	☑	Re-Test	☑	☐
Pressure Relief device Tested	☑	☐	Pressure relief device replaced	☐	☑
Leakage	☐	☑	Distortion	☐	☑
Test Head held for 10 minutes	☑	☐			

Test Medium Water Test Pressure 52.5 PSI

Comments: *ie If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6b) *Pressure Test - Second Compartment = P*

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested N/A	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: *ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

_____

6c) *Pressure Test – Third Compartment = P*

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested N/A	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: *ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

6d) *Pressure Test – Fourth Compartment = P*

	YES	NO		YES	NO
Original Test	☐	☐	Re-Test	☐	☐
Pressure relief device Tested N/A	☐	☐	Pressure relief device replaced	☐	☐
Leakage	☐	☐	Distortion	☐	☐
Test Head held for 10 minutes	☐	☐			

Test Medium _____ Test Pressure

Comments: *ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.*

INSPECTOR David Bevan SIGNATURE _____ DATE 08/24/2023

No Defects or Damages

NEXT TEST: *EXTERNAL* 08/2024 1 Year *INTERNAL* 08/2028 5 Years

LEAKAGE 08/2024 1 Year *HYDRO* 08/2028 5 Years

THICKNESS _____ *LINING* _____

REMOVED FROM SERVICE ☐ *RETURNED TO SERVICE* ☑ *Sour Service* ☐ *Acid Service* ☐

NOTES: _____