

N19-1
MAY



Test and Inspection Report in Accordance with CSA B620

Facility Name:	Total Inspection Services Inc.	Work Order Number:	6320
Address:	7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date:	NOV 12 2025
Telephone:	250-784-7966	Transport Canada	
		Facility Registration #:	25-0847
Tank Owner:	DIVERSE DRILLING LTD	Tank TCRN/MDIN:	Z 05 475 05 04
Address:	PO BOX 73 BAYTREE AB T0H 0A0	Unit #:	117
Telephone:	1-780-864-0791		

Tank Serial #:	0505337	Tank Spec:	TC 407/412
Manufacturer:	STEEL HEAD	Mfr. Date:	09/2005
Special Service:	CORROSIVE	Lined:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MAWP or Design Pressure:	25PSI	Insulated:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Min Shell Thickness:	5.52 MM	Min Head Thickness:	6.35 MM
Gauge Calibration Checked:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gauge #:	N/A
Cert. Date:	09/2005	Assembler:	STEEL HEAD
Capacity:	<input type="checkbox"/> Total US gals <input checked="" type="checkbox"/> Total Litres <input type="checkbox"/> Total Imp gals		
Compartments:	1. 6113 2. 3. 4.		

TEST PERFORMED V – shall signify external inspection

EXTERNAL VISUAL INSPECTION "V"

	Complies	Reject	N/A	Complies on Retest
Data plate, present and legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion, abrasion, dents, overlay patches, leaks etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote closures, emergency shut off decals, thermal devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaskets on full opening rear heads for damage or cuts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents (replace or test if tank in service where lading corrosive to relieve device)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Defects found, location and corrective action *(use additional sheets if necessary)*

Defects corrected and released
Tank successfully retested after repair

Yes
 Yes

No
 No

Tank Disposition: Returned to service as no defects or damage was discovered
 Returned to service after retest
 Removed from Service

Tank Marking: 11 25 V 847

Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied

Yes

No

Tank Tester Name: Brennan Grant Signature:



Date: NOV 12 2025



Test and Inspection Report in Accordance with CSA B620

Facility Name: Total Inspection Services Inc.	Work Order Number: 5829
Address: 7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date: MAY 12 2025
Telephone: 250-784-7966	Transport Canada Facility Registration #: 25-0847
Tank Owner: DIVERSE DRILLING LTD	Tank TCRN/MDIN: Z 05 475 05 04
Address: PO BOX 73 BAYTREE ALBERTA T0H-0A0	Unit #: 117
Telephone: 780-864-0791	

Tank Serial #: 0505337	Tank Spec: TC 407 / 412
Manufacturer: STEEL HEAD	Mfr. Date: 9/2005
Special Service: CORROSIVE	Lined: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MAWP or Design 25 PSI	Insulated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Pressure:	Min Shell 6.35 MM	Min Head 5.53 MM
Thickness:	Thickness:	

Cert. Date: 09/2005	Assembler: STEEL HEAD
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Gauge Calibration Checked: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gauge #: D1
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Capacity: <input type="checkbox"/> Total US gals	<input checked="" type="checkbox"/> Total Litres	<input type="checkbox"/> Total Imp gals
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Compartments: 1. 6115	2.	3.	4.
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TEST PERFORMED V – shall signify external inspection I – shall signify internal inspection
 K – shall signify leakage test P – shall signify pressure test

EXTERNAL VISUAL INSPECTION "V"

	Complies	Reject	N/A	Complies on Retest
Data plate, present and legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion, abrasion, dents, overlay patches, leaks etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remote closures, emergency shut off decals, thermal devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gaskets on full opening rear heads for damage or cuts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents (replace or test if tank in service where lading corrosive to relieve device)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERNAL VISUAL INSPECTION "I"

	Complies	Reject	N/A	Complies on Retest
Interior surface, corrosion, distortion, overlay patches, cracking etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal supports and attachments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves, piping and vents for leakage, damage, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Rejection Criteria for Visual Inspections

Any of the following conditions shall cause the tank to be rejected:

- Less than minimum material thickness under any cut, dig or gouge.
- Any dent with a depth greater than 1/2" where it includes a weld.
- Any dent with a depth greater than 10% of the length of the dent.
- Any weld defect including a crack, pinhole, or incomplete fusion of the weld.
- Any repairs made using overlay patches.
- Defective, unidentified or out of test Hose Assemblies.

LEAKAGE TEST "K"

Test Pressure: 20 PSI (80% of MAWP Min.) Test Medium: WATER Hold Time: 5 MIN

Item Tested			Item Tested				
	Pass	Fail	Complies on Retest		Pass	Fail	Complies on Retest
Compartment # 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 1 Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 2 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 3 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRESSURE TEST "P"

Test Pressure (Tank): 40 PSI (Refer to Table 7.3 of CSA B620 (latest Edition, latest Addenda) for appropriate test pressure.

Test Pressure (Piping): 20 PSI (80% Tank Test) Test Medium: WATER Hold Time: 10 MIN

Item Tested	Pass	Fail	Complies on Retest	Item Tested	Pass	Fail	Complies on Retest
Compartment # 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 1 Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 2 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 3 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIEF DEVICE TEST RESULTS		<input checked="" type="checkbox"/> Applicable		<input type="checkbox"/> Not Applicable		
Compartment:	ONE	Device Type:	GIRARD	Set to Discharge:	30 PSI	PSIG/in Hg
Device Opened:	30 PSI	PSIG/in Hg	Reseated:	28 PSI	PSIG/in Hg	
Disposition:	<input checked="" type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	
Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg
Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	
Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg
Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	
Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg

Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	

Defects found, location and corrective action *(use additional sheets if necessary)*

LH VALVE

Defects corrected and released
 Tank successfully retested after repair

Yes No
 Yes No

Tank Disposition: Returned to service as no defects or damage was discovered
 Returned to service after retest
 Removed from service

Tank Marking: 05 25 VIKP 847

Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied

Yes No

Tank Tester Name: Brennan Grant Signature:



Date: MAY 12 2025



Test and Inspection Report in Accordance with CSA B620

Facility Name: Total Inspection Services Inc.	Work Order Number: 5829T
Address: 7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date: MAY 12 2025
Telephone: 250-784-7966	Transport Canada Facility Registration #: 25-0847
Tank Owner: DIVERSE DRILLING LTD	Tank TCRN/MDIN: Z 05 475 05 04
Address: PO BOX 73 BAYTREE ALBERTA T0H-0A0	Unit #: 117
Telephone: 780-864-0791	

Tank Serial #: 0505337	Tank Spec: TC 407/ 412
Manufacturer: STEEL HEAD	Mfr. Date: 09/2005
Special Service: CORROSIVE	Lined: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MAWP or Design Pressure: 25 PSI	Insulated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Min Shell Thickness: 6.35 MM	Min Head Thickness: 5.53 MM
Cert. Date: 09/2005	Assembler: STEEL HEAD
Capacity: <input type="checkbox"/> Total US gals <input checked="" type="checkbox"/> Total Litres <input type="checkbox"/> Total Imp gals	
Compartments: 1. 6115 2. 3. 4.	

TEST PERFORMED T - shall signify Thickness Inspection

THICKNESS TEST "T"

Thickness Tester Calibrated in accordance with Instructions provided by the manufacturer or the testing device Yes No

Minimum in-service Thickness:
Shells: 6.3 MM Heads: 5.53 MM

Defects Corrected and Released Yes No

Tank Disposition: Returned to service as no defects or damage was discovered
 Complies on retest
 Removed from service

Tank Marking: 05 25 T 847 Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied Yes No

Inspector Name: Brennan Grant Signature: 

Date: MAY 12 2025