

J26-18  
MAY

G&D Tank Testing and Repair  
Box 247 Rocky Rapids, AB  
1-780-898-0962  
TC Canada Reg. # TC-25-1247



**HIGHWAY TANK EXTERNAL "V" INSPECTION REPORT**

|                       |                               |                                 |                    |
|-----------------------|-------------------------------|---------------------------------|--------------------|
| <b>Account#</b>       | 41                            | <b>NEXT REQUIRED INSPECTION</b> | Feb-27             |
| <b>OWNER</b>          | Neway Oilfield Services       | <b>UNIT#</b>                    | 312                |
| <b>ADDRESS</b>        | Rocky Mountain House, Alberta | <b>MFG'S SERIAL#</b>            | 5HTDL4233D5J25084  |
| <b>DATE</b>           | February 12/2026              | <b>DATE OF MFG</b>              | 06/2012            |
| <b>TELEPHONE</b>      | 403-846-6954                  | <b>TANK SPECIFICATION</b>       | DOT 407            |
| <b>TANK MFG</b>       | Heil Trailer International    | <b>COMPART/CAPACITY</b>         | 10,000 US Gallon's |
| <b>TANK ASSEMBLER</b> | Heil Trailer International    | <b>TCRN/MDIN</b>                | N/A                |

| Areas of Inspection   | PASS                                |                                     |                                     | Description of Defect                  | Repaired                            |                          |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|--------------------------|
|   | Yes                                 | No                                  | N/A                                 |  | Yes                                 | No                       |
| Data plate legible and correct  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accident damage protection (Roll - Over & Bumper etc)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Support Structure (cradle, bolster, frame & sills)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Corrosion   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Dents and Cracks  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Welds   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Gaskets   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Flange Retainers  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fittings/Nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Valves Operational & Leak Proof   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | See Comments                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Emergency Devices Operational   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | DS Middle Emergency Switch Not Working | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PRV/Vents Tested  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Visual Pass                            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Tank Identification & Markings  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Piping & Hoses voids free of residue, unplugged, no leakage   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fixed & hard plumbed hoses free of exposed reinforcement, kinks, flatness or permanently deformed wire braids, soft spots, damaged or loose fittings, missing bolts | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Manhole Tightening Devices Operable   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Relief devices tested, reinstalled & operative  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Visual Pass                            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Manhole Covers Leak Proof   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A.                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Hose Identification, test markings are legible, test dates, tank markings applied   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No Hose's on Unit.                     | <input type="checkbox"/>            | <input type="checkbox"/> |

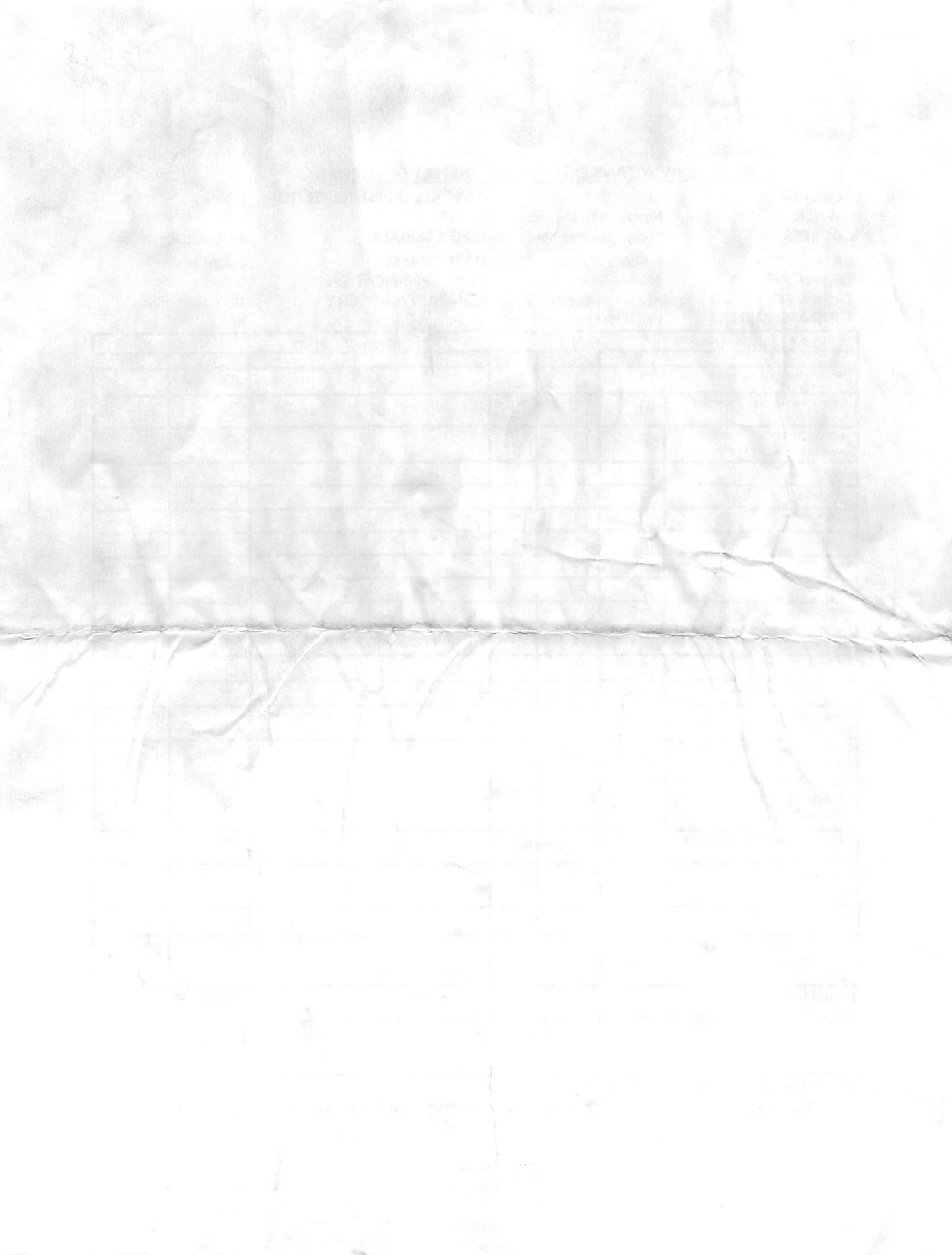
**Comments**

Bottom Rear Air Valve Leaking, DS Front Air Fail Safe Valve Leaking, Top Air Vent Valve Leaking

Signature

Box 247 Rocky Rapids, AB  
Inspector: Greg Mulligan.

Standard Service  
Disposition Statement: Return To Service



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 TC Canada Reg. # TC-25-1247



**HIGHWAY TANK THICKNESS "T" TEST REPORT**

**Account#** 41 **NEXT REQUIRED INSPECTION** Feb-31  
**OWNER** Neway Oilfield Services **UNIT#** 312  
**ADDRESS** Rocky Mountain House, **MFG'S SERIAL#** 5HTDL4233D5J25084  
**DATE** February 12/2026 **DATE OF MFG** 06/2012  
**TELEPHONE** 403-846-6954 **TANK SPECIFICATION** DOT 407  
**TANK MFG** Heil Trailer Internationa **COMPART/CAPACITY** 10,000 US Gallon's  
 Head Material Thickness 9.525 MM. MINIMAL 8.18 M.M.  
 Shell Material Thickness 6.35 MM. MINIMAL 5.79 MM.  
 Tank Assembler Heil Trailer Internationa **TCRN/MDIN** N/A  
 Testing Device Serial # TT0001  
 Testing Device thickness respond 4.00 MM  
 Calibrated Date / Expiry Date SELF CALB. / STEP BLOCK

| Areas of Inspection            | Minimum M.M.     | Pass                                |                          |                                     |
|--------------------------------|------------------|-------------------------------------|--------------------------|-------------------------------------|
|                                |                  | Yes                                 | No                       | N/A                                 |
| Head.                          | 9.03 M.M.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Shell.                         | 6.30 M.M.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Piping.                        | N/A              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Underside of the tank.         | 6.30 M.M.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Calibrated Date / Expiry Date. | February 12/2026 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Around Upper Coupler.          | N/A              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nominal Liquid Level Lines.    | N/A              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Shell Reinforcements / Repads. | N/A.             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Inspector: Greg Mulligan

Disposition Statement: Return To Service

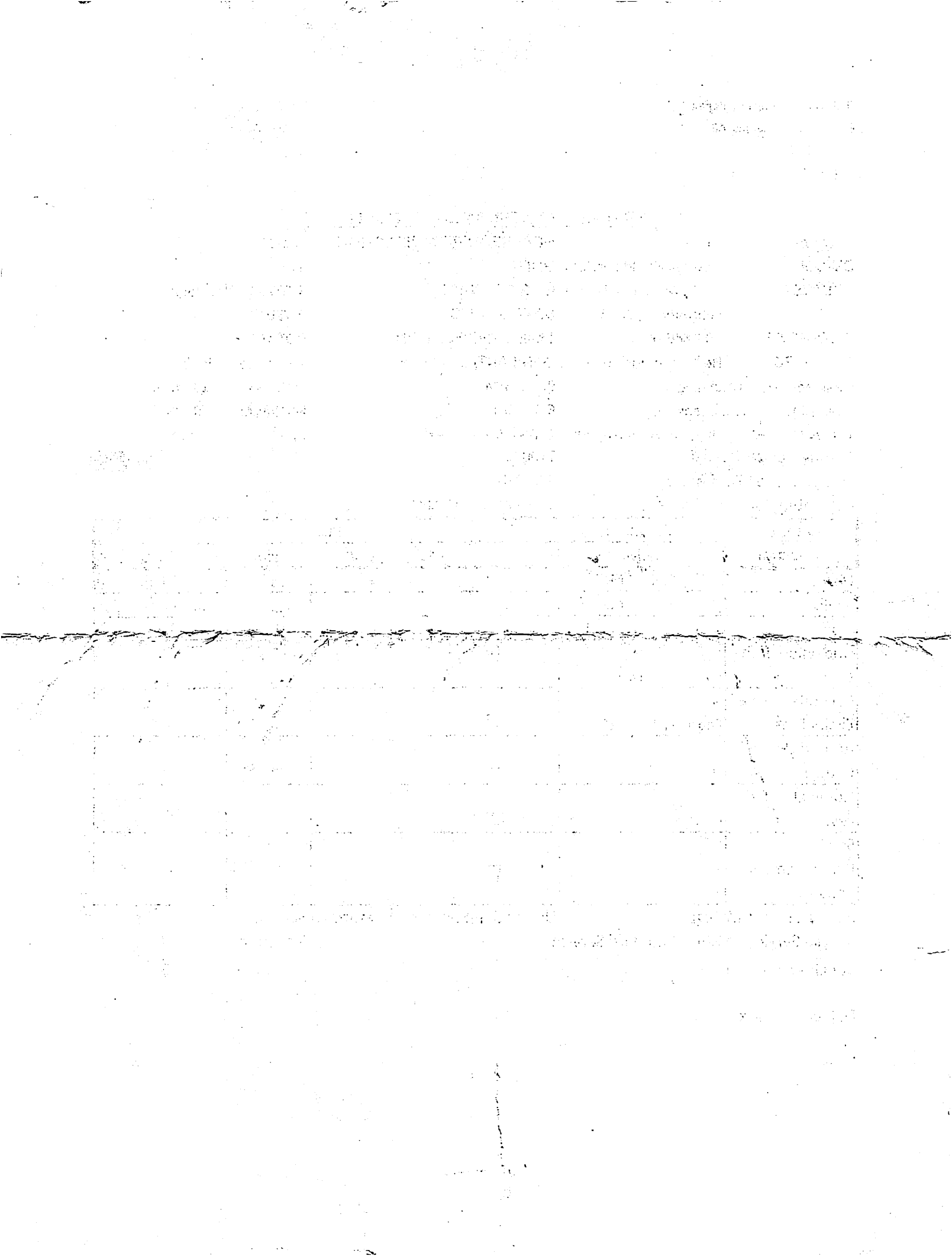
Special Service of Tank : Standard Service

Signature

Repair Performed

Defects Observed

Comment:



G&D Tank Testing and Repair  
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 TC Canada Reg. # TC-25-1247



**HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT**

|                       |                               |                                 |                    |
|-----------------------|-------------------------------|---------------------------------|--------------------|
| <b>Account#</b>       | 41                            | <b>NEXT REQUIRED INSPECTION</b> | Feb-27             |
| <b>OWNER</b>          | Neway Oilfield Services       | <b>UNIT#</b>                    | 312                |
| <b>ADDRESS</b>        | Rocky Mountain House, Alberta | <b>MFG'S SERIAL#</b>            | 5HTDL4233D5J25084  |
| <b>DATE</b>           | February 12/2026              | <b>DATE OF MFG</b>              | 06/2012            |
| <b>TELEPHONE</b>      | 403-846-6954                  | <b>TANK SPECIFICATION</b>       | DOT 407            |
| <b>TANK MFG</b>       | Heil Trailer International    | <b>COMPART/CAPACITY</b>         | 10,000 US Gallon's |
| <b>MEDIUM</b>         | Pneumatic                     | <b>MAWP</b>                     | 35 PSI             |
| <b>VISCOSITY</b>      |                               | <b>1 80% OF MAWP</b>            | 28 PSI             |
| <b>TANK ASSEMBLER</b> | Heil Trailer International    | <b>TCRN/MDIN</b>                | N/A                |

| Areas of Inspection  | Pass                                |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
|  | Yes                                 | No                       | N/A                                 |
| Venting that relieves at less than test pressure closed or inoperative | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hose tested to 75 psi or 120% of marked MAWP which ever is greater     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Piping are in place and operative                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Valves are in place and operative                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No leakage detected after pressure maintained for 5 minutes            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Inspector: Greg Mulligan

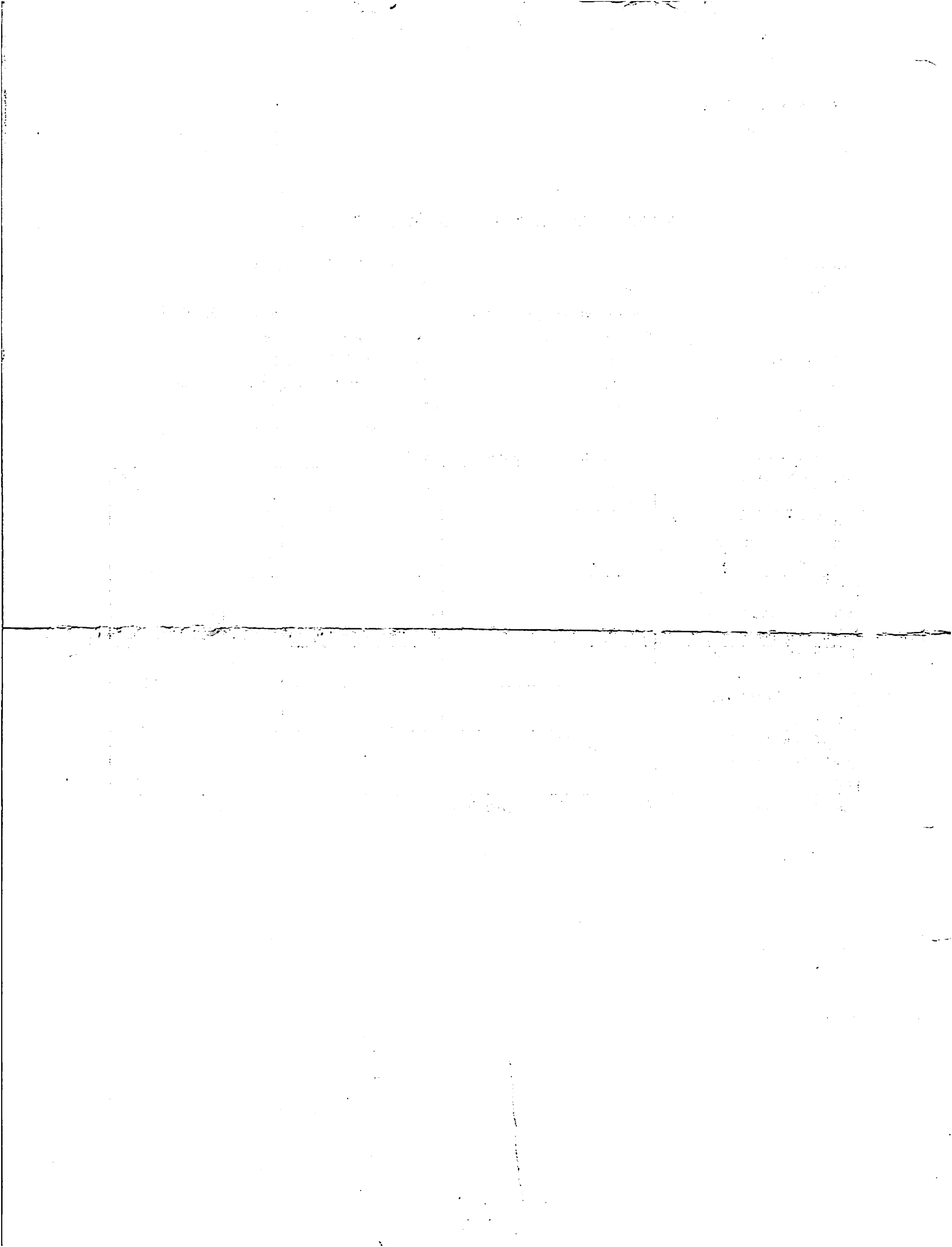
Disposition Statement: Return to Service

Signature

Repair performed:

Defects observed:

Comments:



|  |   |   |                                  |                          |
|--|---|---|----------------------------------|--------------------------|
| <b>Name and address of Inspection and Test Facility:</b><br>Rogue Pressure Testing<br>32126 RR 5.5 Sundre AB T0M 1X0<br>TC-1273  |   | <b>Name Owner/Carrier:</b><br>Address Rocky Mountain House<br>Alberta<br>Telephone No: 403-844-2700 |                                  |                          |
| <b>Tank Spec</b><br>DOT 407  | <b>Mfr. Certification Date</b><br>Month/Year<br>07/2012   | <b>Assembler Certification Date</b><br>Month/Year<br>07/2012  | <b>Last M5:</b><br>04/2017       |                          |
| TC 331 51, MC 330 QT <input type="checkbox"/> NQT <input type="checkbox"/> PWHT After Mfr <input type="checkbox"/>   |   |   |                                  |                          |
| Special Service Corrosive <input type="checkbox"/> LPG <input type="checkbox"/> NH3 <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other _____ |   |   |                                  |                          |
| Lined <input type="checkbox"/> Insulated and Jacketed <input type="checkbox"/> Lining Type _____   |   |   |                                  |                          |
| <b>Owner Unit No</b><br>313  | <b>Tank Mfr Serial No.</b><br>VIN<br>5HTDL4235D5J25085  | <b>Tank Mfr Date</b><br>Month/Year<br>07/2012   | <b>Tank Manufacturer</b><br>Heil | <b>Assembler</b><br>Heil |
| <b>Tank Design Pressure</b> kPa <input type="checkbox"/> PSI <input type="checkbox"/>  | <b>Original Tank Test Pressure</b> kPa <input type="checkbox"/> PSI <input checked="" type="checkbox"/> | <b>MDIN</b>   |                                  |                          |
| <b>Tank MAWP</b> kPa <input type="checkbox"/> PSI <input checked="" type="checkbox"/>  | <b>Re-test Pressure</b> kPa <input type="checkbox"/> PSI <input type="checkbox"/>                       | <b>TCRN</b>   |                                  |                          |
| <b>Tank Vol. Cap</b> Liters <input type="checkbox"/> USG <input checked="" type="checkbox"/>   |   |   |                                  |                          |
| Comp 1 10000 _____ Comp 2 _____ Comp 3 _____   |   |   |                                  |                          |
| Comp 4 _____ Comp 5 _____ Comp 6 _____   |   |   |                                  |                          |
| <b>Exposed Surface Area</b> SQ.M <input type="checkbox"/> SQ.FT <input checked="" type="checkbox"/>  |   |   |                                  |                          |
| Comp 1 919 _____ Comp 2 _____ Comp 3 _____   |   |   |                                  |                          |
| Comp 4 _____ Comp 5 _____ Comp 6 _____   |   |   |                                  |                          |
| <b>Shell Manufactured Thickness</b> MM <input type="checkbox"/> INCHES <input checked="" type="checkbox"/>   |   |   |                                  |                          |
| Top .250 _____ Sides .250 _____ Bottom .250 _____ Heads Mfd. Thk. .375 _____   |   |   |                                  |                          |
| <b>Shell Minimum Thickness</b> MM <input type="checkbox"/> INCHES <input checked="" type="checkbox"/>  |   |   |                                  |                          |
| Top .232 _____ Sides .232 _____ Bottom .232 _____ Heads Min Thk .328 _____   |   |   |                                  |                          |
| <b>Shell Mat.Spec/Grade</b> 5454-H32 _____ <b>Heads Mat. Spec/Grade</b> 5454-0 _____ <b>Weld Material</b> 5356 _____   |   |   |                                  |                          |

**Types of inspections and tests performed.**

External Inspection  Leakage Test  Internal Inspection  Upper Coupler Area Inspection  Thickness Test   
 Pressure Test

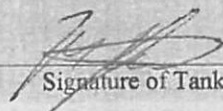
Legible pictures of the MIP and the ASME Nameplates are attached to this Inspection Test and Repair Report

| Ref | External Inspection. Appendix 1 - 1.0 and CSA B620 7.2.1  | Pass                                | Fail                                | Corrected                           | NA                                  |
|-----|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1   | Metal identification plate, tank markings: Inspect to ensure plate is secured, entries legible - no paint or corrosion. Ensuring that specification markings and all other required markings on the tank are present and legible.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2   | Without removing insulation or jacketing, inspect tank for corroded areas, dents, distortions, defects in welds, and any other condition, including leakage, that indicates weakness in the tank that might render it unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented. Overlay patches are prohibited.<br>Insulated tanks – Outer Jacket. Condition of attachments, dents, digs, scrapes, perforations, loose sheeting, cracks and distortion.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3   | Inspect structural supports, crossmembers, outriggers, pads, tank frame, reinforcement rings, major appurtenances and attachments, connecting structures, and those elements of the upper coupler (fifth wheel) assembly that can be inspected without dismantling that assembly, are not damaged or corroded so as to affect safe operation of the vehicle   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4   | Inspect piping, valves and gaskets for operation, leakage, corrosion. Ensure proper functioning of all valves, vents, pressure and emergency devices, including self-closing stop valves, excess-flow valves, and remote closure devices – ensuring that they are free of corrosion, distortion or any other condition or damage that would prevent their normal operation. Ensure all bottom outlet valves have shear sections or accident damage protection Ensure that fusible links, and fusible elements are present and operative | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5   | Inspect all ladders, catwalks, platforms and fall protection devices for damage, defects in welds, ensuring their safe operation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6   | Inspect manway covers, all closure devices, caps, nipples and plugs for leaks, tightness and operation. Check all gaskets for leaks. Inspect all bolts and nuts on any flanged connections or blank flange – ensure all bolts, nuts are in place and properly secured   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7   | All vacuum and reclosing pressure-relief devices shall be externally inspected for any corrosion or damage that could prevent their safe operation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8   | For tanks in corrosive service, all vacuum and reclosing pressure-relief devices shall be removed for inspection and shall be bench tested to ensure that they open at the required set-to-discharge pressure for the tank's MAWP and reseal at not less than 90% of that pressure or at the reseal pressure prescribed for the tank specification  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9   | Inspect accident damage protection devices – condition of welds, damage, distortion, corrosion abrasion and any other condition that might render the tank unsafe for transportation or cause the tank to be out of compliance.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10  | TC/MC 331-Inspect the internal self-closing valve in the liquid discharge opening for leakage through the valve. Off-truck emergency shutdown system shall be inspected to ensure that the system will stop the flow of product from the tank or shall stop motive power to the tank transfer pump.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11  | Full opening rear heads – the gaskets shall be inspected for cuts cracks or splits and replaced if cuts cracks, or splits exceed 0.5".  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12  | Inspect hose assemblies mounted on or accompanying the tank to ensure that they do not display any defects. Inspect hose assemblies to ensure that the required markings are legible, and that the markings indicate that the hose assemblies are pressure tested within the prescribed period.<br>Complete Hose Assembly Inspection and Test Report Exhibit 2  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13  | Tank marking: Date (month and year), Symbol (V), Facility Registration Number applied after all defects corrected, inspected, and tested  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass .

**Mitch Kehler**

Name of Tank Inspector



Signature of Tank Inspector

**12/08/2022**

Date Inspection Completed

Exhibit 1. Date November 3, 2021. Rev 0  
**Inspection, and Test Report in accordance with CSA B620 7.2. Page 3 of 6.**

| Ref | Leakage Test Appendix 1 - 2.0 and CSA B620 7.2.5   | Pass                                | Fail                                | Corrected                           | NA                                  |
|-----|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 14  | Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With internal valve closed and external valve open inspect for signs of leakage, and no pressure drop. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15  | Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With external valve closed and internal valve open inspect for signs of leakage, and no pressure drop. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 16  | Vacuum test tank valves  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17  | Tank marking: Date (month and year), Symbol (K), Facility Registration Number applied after all defects corrected, inspected and tested  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |


| Tank Comp | Design/MAWP | Test Pressure | Pass                                | Fail                     | Corrected                |
|-----------|-------------|---------------|-------------------------------------|--------------------------|--------------------------|
| 1         | 30 PSI      | 25 PSI        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Time Leakage Test Held 5 min. Test Medium: Air  Water  Other \_\_\_\_\_

No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass .

**Mitch Kehler**

Name of Tank Tester



Signature of Tank Tester

**12/08/2022**

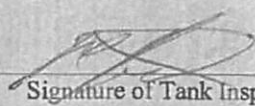
Date Leakage Test Completed

| Ref | Internal Inspection Appendix 1 - 3.0 and CSA B620 7.2.2   | Pass                                | Fail                     | Corrected                | NA                                  |
|-----|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 18  | When the tank is not equipped with a manway or inspection opening, or the tank precludes an internal inspection due to lining, the tank shall be pressure tested.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19  | Inspect entire interior surface of shell and heads for signs of corrosion, abrasion, pitting, dents or cracks. Overly patches are prohibited. Corroded or abraded areas shall be thickness tested and documented. Inspect non elastomeric linings and coatings in accordance with the lining manufacturers procedures.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 20  | If the tank is coated an inspection shall conform with the procedures and equipment specified by the coating manufacturer or installer.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21  | Inspect all welded connections of tank shell and heads and all structural supports: inspect for corrosion, abrasion, dents, digs, gouges, distortions, defects in welds and other conditions that might render the tank unsafe for transportation. Check areas around baffle openings for sign of distortion or cracks. Corroded or abraded areas shall be thickness tested and documented. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 22  | Inspect all piping, valves, vents, fittings and gaskets for corrosion, abrasion, and defects in welds, leakage and other conditions that may render the tank unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 23  | Tank marking: Date (month and year), Symbol (I), Facility Registration Number applied after all defects corrected, inspected and tested   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass .

**Mitch Kehler**

Name of Tank Inspector



Signature of Tank Inspector

**12/08/2022**

Date Leak Test Completed

| Ref | Upper Coupler Area Inspection Appendix 1 - 6.0 and CSA B620 7.2.4   | Pass                                | Fail                     | Corrected                | NA                                  |
|-----|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 24  | For tanks in corrosive service, once in each 2-year period and in conjunction with the External Visual Inspection, the upper coupler or turntable assembly, and the areas covered by the upper coupler or turntable assembly shall be inspected for corroded and abraded areas, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for transportation. The upper coupler or turntable assembly must be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25  | Once in each 5-year period and in conjunction with the Pressure Test, the upper coupler assembly and areas covered by the upper coupler or turntable assembly shall be inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that may render the tank unsafe for use in transportation. The upper coupler or turntable assembly shall be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 26  | Tank marking: Date (month and year), Symbol (UC), Facility Registration Number applied after all defects corrected, inspected, and tested.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass .

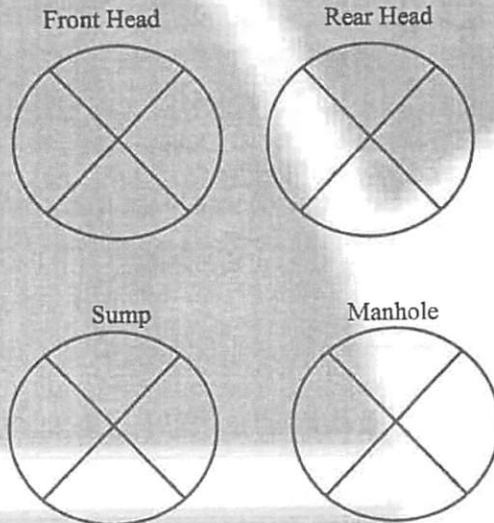
**Mitch Kehler**  
 Name of Tank Inspector

*[Signature]*  
 Signature of Tank Inspector

**12/08/2022**  
 Date Upper Coupler Inspection Completed

| Ref | Thickness Test Appendix 1 - 5.0 CSA B620 7.2.6  | Pass                     | Fail                     | Corrected                | NA                       |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 27  | The shell and head thickness of all unlined tanks used for materials corrosive to the tank shell or heads must be tested at 2-year intervals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28  | Tank marking: Date (month and year), Symbol (T), Facility Registration Number applied after all defects corrected, inspected, and tested.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|    | 12:00 | 3:00 | 6:00 | 9:00 | HEAD |
|----|-------|------|------|------|------|
| 1  |       |      |      |      | 1    |
| 2  |       |      |      |      | 2    |
| 3  |       |      |      |      | 3    |
| 4  |       |      |      |      | 4    |
| 5  |       |      |      |      | 5    |
| 6  |       |      |      |      | 6    |
| 7  |       |      |      |      | 7    |
| 8  |       |      |      |      | 8    |
| 9  |       |      |      |      | 9    |
| 10 |       |      |      |      | 10   |
| 11 |       |      |      |      | 11   |
|    |       |      |      |      | HEAD |
|    | 12:00 | 3:00 | 6:00 | 9:00 |      |



No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass .

\_\_\_\_\_  
 Name of Tank Tester

\_\_\_\_\_  
 Signature of Tank Tester

\_\_\_\_\_  
 Date Thickness Test Completed

| Ref | Pressure Test Appendix 1 - 4.0 and CSA B620 7.2.7  | Pass                                | Fail                     | Corrected                | NA                                  |
|-----|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 29  | Prior to performing the Pressure Test, the External Visual Inspection and Internal Visual Inspection shall be completed satisfactorily,<br><br>All closures except PRD and vents set to operate at or below test pressure shall be rendered inoperative. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30  | Heating System Hydrostatic Pressure Test. Completed prior to tank pressure test. Tank shall be empty and at atmospheric pressure   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31  | In conjunction with the Pressure Test all self-closing pressure relief devices shall be removed and tested or replaced.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 32  | Tank Pressure Test<br>When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks, deformation and bulging.                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 33  | Piping Pressure Test – test at 80% of tank MAWP<br>When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks.                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 34  | Tank marking: Date (month and year), Symbol (P), and Facility Registration Number applied after all defects corrected, inspected and tested.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| Tank Comp | Design/MAWP | Test Pressure | Pass                                | Fail                     | Corrected                |
|-----------|-------------|---------------|-------------------------------------|--------------------------|--------------------------|
| 1         | 35 PSI      | 45 PSI        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6         |             |               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Time Pressure Test Held 10 minutes. Tank Pressure Test Method: Hydrostatic

Additional Tank Markings applied after all defects corrected inspected and tested:  
 NQT (Not Quenched and Tempered)  QT (Quenched and Tempered)  WF

No Defects Found  Defects Found  Defects Corrected, Inspected and Tested - Pass

Mitch Kehler



12/08/2022

Name of Tank Tester

Signature of Tank Tester

Date Pressure Test Completed

Describe all defects; nature, severity, location, method of repair and corrective action taken.

| Ref Item # | Deficiencies  |
|------------|---|
|            | No Hoses on Tank  |
|            | D.S. Header valve leaks - Replaced - Retested - Passed        |
|            | Rear ESD leaks - Replaced - Retested - Passed                 |
|            | Rear sump internal leaks - Replaced Oring - Retested - Passed |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |

Tank Disposition Statement: Tank Returned to Service  Tank Removed from Service

Next inspection due: 04/2023 VIPK U/C

**Certificate of inspection**

We certify that the statements in this report are correct and that said unit has been inspected and retested in accordance with Alberta Regulations, B620-20, and DOT Regulations (as Required)