

I18-1
MAY

G&D Tank Testing and Repair
Box 5164, Drayton Valley, AB
1-780-898-0962
TC Canada Reg. # TC-25-1247



HIGHWAY TANK THICKNESS "T" TEST REPORT

Account#	1	NEXT REQUIRED INSPECTION	July. 2026
OWNER	Strada Oilfield Services	UNIT#	102T
ADDRESS	Bonnyville, AB	MFG'S SERIAL#	WT0606149
DATE	July. 12 2021	DATE OF MFG	July. 2006
TELEPHONE	780-207-7926	TANK SPECIFICATION	DOT-407
TANK MFG	Westech	COMPART/CAPACITY	7256 Gal
Head Material Thickness:7.94MM		MINIMAL:6.85 MM	
Shell Material Thickness:7.94MM		MINIMAL:6.35 MM	
Testing Device Serial #	TT 002		
Testing Device thickness respond	4.00 MM		
Calibrated Date / Expiry Date	July. 12 2021 Self Calibrated / Step Block		

Areas of Inspection	Minimum Reading (inches)	Pass		
		Yes	No	N/A
Shell	<input checked="" type="checkbox"/> Che 6.4MM	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Head	<input checked="" type="checkbox"/> Che 7.6MM	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Piping	<input checked="" type="checkbox"/> Che	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Underside of the tank	<input checked="" type="checkbox"/> Che 6.4MM	<input type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Corroded Areas	<input checked="" type="checkbox"/> Che	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Around Upper Coupler	<input type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che	<input checked="" type="checkbox"/> Che
Nominal Liquid Level Lines	<input checked="" type="checkbox"/> Che	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che
Shell Reinforcements / Repads	<input checked="" type="checkbox"/> Che	<input checked="" type="checkbox"/> Che	<input type="checkbox"/> Che	<input type="checkbox"/> Che

Defects Observed: Float Bushings Leaked

Repair Performed: Tightened & greased both float bushings

Disposition Statement: Return to service

Inspector: SHAWN LAUER

Signature:

G&D Tank Testing and Repair
 Box 247 Rocky Rapids, AB
 1-780-898-0962
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HIGHWAY TANK EXTERNAL "V" INSPECTION REPORT

Account#	77	NEXT REQUIRED INSPECTION	Sep-26
OWNER	Strada	UNIT#	102T
ADDRESS	Bonnyville, Alberta	MFG'S SERIAL#	WT0606149
DATE	March 18/2026	DATE OF MFG	07/2006
TELEPHONE	780-207-7925	TANK SPECIFICATION	DOT 407
TANK MFG	Westech	COMPART/CAPACITY	7,256 US Gallon's
TANK ASSEMBLER	Westech	TCRN/MDIN	R2269.2

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Devices Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A.	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Signature

box 247 Rocky Rapids, AB
 Inspector: Greg Mulligan.

Standard Service
 Disposition Statement: Return To Service



HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT

Account#	1	NEXT REQUIRED INSPECTION	Sept. 2026
OWNER	Strada Oilfield Services Ltd.	UNIT#	102T
ADDRESS	Bonnyville, AB	MFG'S SERIAL#	WT0606149
DATE	Sept. 16, 2025	DATE OF MFG	July. 2006
TELEPHONE	780-207-7926	TANK SPECIFICATION	DOT-407
TANK MFG	Westech Vac Systems	COMPART/CAPACITY	7256 Gal
MEDIUM	Vacuum.	MAWP	25 P.S.I./20" Vacuum.
VISCOSITY	1	80% OF MAWP	20 P.S.I./20" Vacuum.
TANK ASSEMBLER	Westech Vac Systems	TCRN/MDIN	CRN R2269.2

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"/>

Comments: See External Inspection

Defects observed: None

Repairs performed: None

Disposition Statement: Return to Service

Inspector: Shawn Lauer

Signature:



HIGHWAY TANK HYDROSTATIC "P" INSPECTION REPORT

Account#	1	NEXT REQUIRED INSPECTION	Sept. 2027
OWNER	Strada Oilfield Services Ltd.	UNIT#	102T
ADDRESS	Bonnyville, AB	MFG'S SERIAL#	WT0606149
DATE	Sept. 16, 2025	DATE OF MFG	July. 2006
TELEPHONE	780-207-7926	TANK SPECIFICATION	DOT-407
TANK MFG	Westech Vac Systems	COMPART/CAPACITY	7256 Gal
# OF COMPARTMENTS	1	DIGITAL MONOMETER SERIAL#	N/A
MEDIUM	Water.	GAUGE SERIAL #	SWD001/SWD002
TANK ASSEMBLER	Westech Vac Systems	TCRN/MDIN	CRN R2269.2

HYDRO TEST PRESSURE AS PER TABLE 7.3: 40 P.S.I

All surfaces must be inspected under test pressure and domes completely filled with test medium. Please ensure that adjacent compartments are empty.

Procedure Check List	Yes	No	N/A	Comments
Fittings: Hose & Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
All Closures in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Relief devices inoperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Valves Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Heat/Refrigerant lines at Atmospheric Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Pressure regulator adjusted & tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Test Pressure stable for minimum 10 minutes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Compartment 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Tank returned to Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Comments: See External Report

Disposition Statement: Return to Service

Inspector: Shawn Lauer

Signature: