

M12-45
JUN

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

Account#	23	NEXT REQUIRED INSPECTION	Aug. 2026
OWNER	KMC Oilfield Services	UNIT#	221
ADDRESS	Spruce Grove, AB	MFG'S SERIAL#	CF30197
DATE	Aug. 26, 2025	DATE OF MFG	Feb. 2010
TELEPHONE	780-960-2129	TANK SPECIFICATION	TC-407
TANK MFG	Lazer Inox	COMPART/CAPACITY	22000 L
TANK ASSEMBLER	Edmonton Trailer	TCRN/MDIN	12304

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"/>
PSV/Vents Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leak Test Only	<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"/>	Leak Test Only	<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 Hoses Present at Time of Inspection	<input type="checkbox"/>	<input type="checkbox"/>

Comments: No defects found

Special Service of Tank: Standard Service
Disposition Statement: Returned to Service
Inspector: Shawn Lauer

Signature:

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HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT

Account#	23	NEXT REQUIRED INSPECTION	Aug. 2026
OWNER	KMC Oilfield Services	UNIT#	221
ADDRESS	Spruce Grove, AB	MFG'S SERIAL#	CF30197
DATE	Aug. 26, 2025	DATE OF MFG	Feb. 2010
TELEPHONE	780-960-2129	TANK SPECIFICATION	TC-407
TANK MFG	Lazer Inox	COMPART/CAPACITY	22000 L
MEDIUM	Air	MAWP	25 PSI
VISCOSITY	1	80% OF MAWP	20 PSI
TANK ASSEMBLER	Edmonton Trailer	TCRN/MDIN	12304

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 Report

Defects observed:

Repairs performed:

Disposition Statement: Returned to Service

Signature:

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HIGHWAY TANK INTERNAL "I" INSPECTION REPORT

Account#	23	NEXT REQUIRED INSPECTION	July, 2029
OWNER	KMC Oilfield Services	UNIT#	221
ADDRESS	Spruce Grove, AB	MFG'S SERIAL#	CF30197
DATE	July. 3, 2024	DATE OF MFG	Feb. 2010
TELEPHONE	780-960-2129	TANK SPECIFICATION	TC-407
TANK MFG	Lazer Inox	COMPART/CAPACITY	22000 L
Tank Assembler	Edmonton Trailer	TCRN/MDIN	12304

Areas of Inspection	Pass			Description of Defect	Repaired	
	Yes	No	N/A		Yes	No
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"/>
Baffles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Bulkheads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Internal Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Comments: No Defects Found

Special Service of Tank: Standard Service
 Disposition Statement: Return to Service

Inspector: Shawn Lauer

Signature:

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HIGHWAY TANK HYDROSTATIC "P" INSPECTION REPORT

Account#	23	NEXT REQUIRED INSPECTION	July, 2029
OWNER	KMC Oilfield Services	UNIT#	221
ADDRESS	Spruce Grove, AB	MFG'S SERIAL#	CF30197
DATE	July, 3, 2024	DATE OF MFG	Feb. 2010
TELEPHONE	780-960-2129	TANK SPECIFICATION	TC-407
TANK MFG	Lazer Inox	COMPART/CAPACITY	22000 L
# OF COMPARTMENTS	1	DIGITAL MONOMETER SERIAL#	N/A
MEDIUM	Water.	GAUGE SERIAL #	SWD001/SWD002
TANK ASSEMBLER	Edmonton Trailer	TCRN/MDIN	12304

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 Inspection Report

Disposition Statement: Return to Service

Inspctor: Shawn Lauer

Signature: