

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

018-3  
SEP

# HIGHWAY TANK INTERNAL "I" INSPECTION REPORT

|                       |                           |                                 |                |
|-----------------------|---------------------------|---------------------------------|----------------|
| <b>Account#</b>       | 5                         | <b>NEXT REQUIRED INSPECTION</b> | Sep-31         |
| <b>OWNER</b>          | Cardium Vac Services Ltd. | <b>UNIT#</b>                    | ST-1           |
| <b>ADDRESS</b>        | Edson, Alberta.           | <b>MFG'S SERIAL#</b>            | 5588           |
| <b>DATE</b>           | September 2/2026          | <b>DATE OF MFG</b>              | 01/2006        |
| <b>TELEPHONE</b>      | 780-723-7777.             | <b>TANK SPECIFICATION</b>       | DOT 407        |
| <b>TANK MFG</b>       | Tremcar Inc.              | <b>COMPART/CAPACITY</b>         | 40,000 Liter's |
| <b>Tank Assembler</b> | Tremcar Inc               | <b>TCRN/MDIN</b>                | N/A            |

| 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"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Dents and Cracks    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Welds               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Gaskets             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Flange Retainers    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Baffles             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Bulkheads           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Insulated           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Lining              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Internal Piping     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Inspector: Greg Mulligan

Disposition Statement: Return To Service

Signature



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### HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT

|                |                           |                          |                |
|----------------|---------------------------|--------------------------|----------------|
| Account#       | 5                         | NEXT REQUIRED INSPECTION | Sep-27         |
| OWNER          | Cardium Vac Services Ltd. | UNIT#                    | ST-1           |
| ADDRESS        | Edson, Alberta.           | MFG'S SERIAL#            | 5588           |
| DATE           | September 2/2026          | DATE OF MFG              | 01/2006        |
| TELEPHONE      | 780-723-7777.             | TANK SPECIFICATION       | DOT 407        |
| TANK MFG       | Tremcar Inc.              | COMPART/CAPACITY         | 40,000 Liter's |
| MEDIUM         | Air                       | MAWP                     | 25PSI          |
| VISCOSITY      |                           | 1 80% OF MAWP            | 20PSI          |
| TANK ASSEMBLER | Tremcar Inc               | TCRN/MDIN                | 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:

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### HIGHWAY TANK HYDROSTATIC "P" INSPECTION REPORT

|                                             |                          |                                  |                |
|---------------------------------------------|--------------------------|----------------------------------|----------------|
| <b>Account#</b>                             | 5                        | <b>NEXT REQUIRED INSPECTION</b>  | Sep-31         |
| <b>OWNER</b>                                | Cardium Vac Services Ltd | <b>UNIT#</b>                     | ST-1           |
| <b>ADDRESS</b>                              | Edson, Alberta.          | <b>MFG'S SERIAL#</b>             | 5588           |
| <b>DATE</b>                                 | September 2/2026         | <b>DATE OF MFG</b>               | 01/2006        |
| <b>TELEPHONE</b>                            | 780-723-7777.            | <b>TANK SPECIFICATION</b>        | DOT 407        |
| <b>TANK MFG</b>                             | Tremcar Inc.             | <b>COMPART/CAPACITY</b>          | 40,000 Liter's |
| <b># OF</b>                                 |                          | <b>DIGITAL MONOMETER SERIAL#</b> | N/A            |
| <b>COMPARTMENTS</b>                         | 1                        |                                  |                |
| <b>MEDIUM</b>                               | Water                    | <b>GAUGE SERIAL #</b>            | GD0001/GD0002  |
| <b>Tank Assembler</b>                       | Tremcar Inc              | <b>TCRN/MDIN</b>                 | N/A            |
| <b>HYDRO TEST PRESSURE AS PER TABLE 7.3</b> |                          |                                  | 40PSI          |

\*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"/>            |          |
| All Closures In Place                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Relief devices Inoperative                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Valves Closed                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Heat/Refrigerant lines at Atmospheric Pressure | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Pressure regulator adjusted & tested           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Test Pressure stable for minimum 10 minutes:   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Compartment 1                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Compartment 2                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Compartment 3                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Relief Devices Operational.                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Tank returned to Service                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |

#### COMMENTS

INSPECTOR: Greg Mulligan

DISPOSITON STATEMENT: Return to Service

SIGNATURE

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# HIGHWAY TANK THICKNESS "T" TEST REPORT

|                                         |                          |                                 |                |
|-----------------------------------------|--------------------------|---------------------------------|----------------|
| <b>Account#</b>                         | 5                        | <b>NEXT REQUIRED INSPECTION</b> | Sep-31         |
| <b>OWNER</b>                            | Cardium Vac Services Ltd | <b>UNIT#</b>                    | ST-1           |
| <b>ADDRESS</b>                          | Edson, Alberta.          | <b>MFG'S SERIAL#</b>            | 5588           |
| <b>DATE</b>                             | September 2/2026         | <b>DATE OF MFG</b>              | 01/2006        |
| <b>TELEPHONE</b>                        | 780-723-7777.            | <b>TANK SPECIFICATION</b>       | DOT 407        |
| <b>TANK MFG</b>                         | Tremcar Inc.             | <b>COMPART/CAPACITY</b>         | 40,000 Liter's |
| <b>Head Material Thickness</b>          | N/A                      | <b>MINIMAL</b>                  | 3.56 MM        |
| <b>Shell Material Thickness</b>         | N/A                      | <b>MINIMAL</b>                  | 3.28MM         |
| <b>Tank Assembler</b>                   | Tremcar Inc              | <b>TCRN/MDIN</b>                | N/A            |
| <b>Testing Device Serial #</b>          | TT0001                   |                                 |                |
| <b>Testing Device Thickness Respond</b> | 4.00 MM                  |                                 |                |
| <b>Calibrated Date / Expiry Date</b>    | SELF CALB. / STEP BLOCK  |                                 |                |

| Areas of Inspection            | Minimum          | Pass                                |                          |                                     |
|--------------------------------|------------------|-------------------------------------|--------------------------|-------------------------------------|
|                                | M.M.             | Yes                                 | No                       | N/A                                 |
| Head.                          | 4.35 MM          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Shell.                         | 3.35MM           | <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.         | 3.35 MM          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Calibrated Date / Expiry Date. | September 2/2026 | <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:

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### HIGHWAY TANK UPPER COUPLER "UC" INSPECTION REPORT

|                       |                          |                                 |                |
|-----------------------|--------------------------|---------------------------------|----------------|
| <b>Account#</b>       | 5                        | <b>NEXT REQUIRED INSPECTION</b> | Sep-31         |
| <b>OWNER</b>          | Cardium Vac Services Ltc | <b>UNIT#</b>                    | ST-1           |
| <b>ADDRESS</b>        | Edson, Alberta.          | <b>MFG'S SERIAL#</b>            | 5588           |
| <b>DATE</b>           | September 2/2026         | <b>DATE OF MFG</b>              | 01/2006        |
| <b>TELEPHONE</b>      | 780-723-7777.            | <b>TANK SPECIFICATION</b>       | DOT 407        |
| <b>TANK MFG</b>       | Tremcar Inc.             | <b>COMPART/CAPACITY</b>         | 40,000 Liter's |
| <b>TANK ASSEMBLER</b> | Tremcar Inc              | <b>TCRN/MDIN</b>                | N/A            |

Remove Upper Coupler from Tank prior to Inspection

| Inspection Criteria     | Comments                 | Pass                                |                          |                          |
|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|                         |                          | Yes                                 | No                       | N/A                      |
| Corroded areas          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abraded areas           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cracks                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dents                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distortions             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Defects in welds        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other unsafe conditions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Inspector: Greg Mulligan.

Disposition Statement: RETURNED TO SERVICE

Defects Observed

Repair Performed Fifth Wheel Plate Replaced

SPECIAL SERVICE OF TANK : Standard Service

Signature

Comments : Customer Removes and Re Installed Upper Coupler

G&D Tank Testing and Repair  
Box 247 Rocky Rapids, AB  
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## HIGHWAY TANK EXTERNAL "V" INSPECTION REPORT

|                       |                           |                                 |                |
|-----------------------|---------------------------|---------------------------------|----------------|
| <b>Account#</b>       | 5                         | <b>Next Required Inspection</b> | Sep-27         |
| <b>OWNER</b>          | Cardium Vac Services Ltd. | <b>UNIT#</b>                    | ST-1           |
| <b>ADDRESS</b>        | Edson, Alberta.           | <b>MFG'S SERIAL#</b>            | 5588           |
| <b>DATE</b>           | September 2/2026          | <b>DATE OF MFG</b>              | 01/2006        |
| <b>TELEPHONE</b>      | 780-723-7777.             | <b>TANK SPECIFICATION</b>       | DOT 407        |
| <b>TANK MFG</b>       | Tremcar Inc.              | <b>COMPART/CAPACITY</b>         | 40,000 Liter's |
| <b>TANK ASSEMBLER</b> | Tremcar Inc               | <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"/>            | Top F and R Vent Valves Leaking            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Emergency Devices Operational                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | F and R Sump Valves Req Thermal Protection | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PRV/Vents Tested                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A                                        | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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:**

Fifth Wheel Plate Replaced

Signature

Box 247 Rocky Rapids, AB  
Inspector: Greg Mulligan.

Standard Service

Disposition Statment: Returned to Service.