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5 PROSPECT ROAD  
 SASKATOON, SK S7R 0H5  
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DYTERRA.COM | INFO@DYTERRA.COM

# INVOICE

Invoice	SVC0018561
Date	2/25/2026
Customer	3063809899
Page	1

GST #: 86308 9728 RT0001

**Bill To:**  
 CLYTHEMANE FARMS  
 BOX 56  
 BORDEN SK S0K 0N0

**Service Location:**  
 CLYTHEMANE FARMS  
 BOX 56  
 BORDEN SK S0K 0N0

**DESCRIPTION OF WORK PERFORMED:**

UNIT: CLYTHMANE 1, SN: 31866A & 31525A

- COMPLETE M5 INSPECTION
- REPAIRS

Purchase Order No.	Payment Terms	Work Location	PST No.	Date of Call	Call ID:
	ON RECEIPT	SHOP		2/12/2026	2602-0013
Item Number	Item Description		Qty	Unit Price	Extension
CTA-400-C	HYDRO RELIEF VALVE 1/4" 350 PSI		4.00	\$49.50	\$198.00
CTA-402-265	VALVE RELIEF 3/4" 265 PSI		4.00	\$91.95	\$367.80
DE1005W	DECAL - 1005 (10")		3.00	\$20.00	\$60.00
DEHAZ	DECAL - HAZARD		1.00	\$8.00	\$8.00
DEINH	DECAL - INHALATION		1.00	\$10.00	\$10.00
DELO2	DECAL - LIQUID		1.00	\$2.50	\$2.50
HSN259520	HOSE NH3 1 1/4" SS BRAID		15.00	\$38.15	\$572.25
ST1102A16	GASKET 1 3/4 ACME {ST119337}		2.00	\$0.50	\$1.00
ST130129	GASKET FLOAT GAUGE SR HEAD {ST130122}		2.00	\$1.15	\$2.30
ST1E8126	GASKET 2 1/4 ACME {ST126670}		1.00	\$2.00	\$2.00
STA1132F	COUPLER SPEEDY 1-1/4" MPT X 2 1/4 ACME {110650}		1.00	\$317.30	\$317.30
SVSHOP50	SHOP SUPPLIES		1.00	\$75.00	\$75.00
TCM5NURSE-2	FIVE YEAR INSPECTION NURSE TANK TWINS		1.00	\$780.00	\$780.00
LABOUR	REGULAR TIME		7.25	\$135.00	\$978.75

Electronic Payment Preferred. Remit by e-transfer to [ar@dyterra.com](mailto:ar@dyterra.com) or contact us for EFT information

Subtotal	\$3,374.90
GST/HST	\$168.75
PST	\$202.49
<b>Total</b>	<b>\$3,746.14</b>

**TERMS & CONDITIONS**

**Payment:** A 2% fee will be charged each month on all overdue accounts. Charge accounts must be paid with cash, cheque or bank transfer. If paid by credit card, a 3% convenience fee will be added at time of payment. **Warranty:** Customer is obligated to monitor work performed to ensure accuracy and report any discrepancies in writing within 45 days of service. In no event shall DyTerra Corporation have any liability in connection with any service for incidental, indirect, consequential or punitive damages. For our full warranty, visit [dyterra.com/warranties](http://dyterra.com/warranties).



**EXHIBIT – A1 TANK INFORMATION**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
<b>Owner's Address:</b> BOX 56 BORDEN SK S0K 0N0		<b>Phone Number:</b> (306) 380-9899	

**INSPECTION CHECKLIST AND REPORT**

Service: <input checked="" type="checkbox"/> NH3 <input type="checkbox"/> LPG <input type="checkbox"/> Other: _____		Tank Spec: <input type="checkbox"/> TC331 <input type="checkbox"/> TC51 Other: SR55		HT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Serial Number	31866A			31525A	
Type of Material	<input type="checkbox"/> QT <input checked="" type="checkbox"/> NQT <input type="checkbox"/> NOT LISTED		<input type="checkbox"/> QT <input checked="" type="checkbox"/> NQT <input type="checkbox"/> NOT LISTED		
Tank Manufacturer	WESTERN ROCK BIT		WESTERN ROCK BIT		
Manufacture Date	1995		1994		
CRN Number	E8048.234		E8048.234		
TCRN Number	NA		NA		
NB Number	NA		NA		
MAWP	265 psi		265 psi		
Shell Material	SA455		SA455		
Shell Thickness	.349		.349		
Head Material	SA455		SA455		
Head Thickness	.347		.347		
Head Type	Semi-Ellipsoidal		Semi-Ellipsoidal		
Diameter	49.0 " <input type="checkbox"/> OD <input checked="" type="checkbox"/> ID		49.0 <input type="checkbox"/> OD <input checked="" type="checkbox"/> ID		
Over All Length (OAL)	16'4 "		16'4 "		
Volume Capacity	1500 USWG		1500 USWG		

Required Job:  M1  M5  Other: \_\_\_\_\_

**Summary of Activities for this report:**

<input checked="" type="checkbox"/>	V-Visual	Exhibit-A2
<input type="checkbox"/>	I-Internal	Exhibit-A3
<input checked="" type="checkbox"/>	K-Leakage	Exhibit-A4
<input type="checkbox"/>	T-Thickness	Exhibit-A5
<input checked="" type="checkbox"/>	P-Pressure	Exhibit-A6
<input type="checkbox"/>	UC-Upper Coupler	Exhibit-A3

<input type="checkbox"/>	On-Truck ESS	Exhibit-A9
<input type="checkbox"/>	Off-Truck ESS	Exhibit-A10
<input checked="" type="checkbox"/>	Hose Test	Exhibit-A11
<input type="checkbox"/>	MPI/WF	Exhibit-A3
<input checked="" type="checkbox"/>	Statement of Certification	Exhibit-A12
<input type="checkbox"/>	Certificate of Compliance	Exhibits-A13a or A13b

**Record the last 3/5 years markings prior to test/inspections:**

<b>Serial Number</b>	31866A	10 - 20	<input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> UC <input type="checkbox"/> WF	705
		mm-yy	Check	TC Reg. #
<b>Serial Number</b>	31525A	10 - 20	<input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> UC <input type="checkbox"/> WF	705
		mm-yy	Check	TC Reg. #



**EXHIBIT – A2 V-EXTERNAL INSPECTION**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
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**INSPECTION CHECKLIST AND REPORT**

REFERENCE: CSA B620:20 SECTION 7.2.1

	Satisfactory	Unsatisfactory	N/A	Defect Repaired	See Comments
<b>EXHIBIT - 2.1</b>					
Tank wall free of corrosion or abrasion Note: corroded or abraded areas shall be thickness tested (see Exhibit A-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dents Fail if greater than 0.5" where it includes a weld. Fail if depth of dent is greater than 10% of the length of the dent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distortions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weld defects, cracks, pinholes, incomplete fusion of weld (all around the tank)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify if any piping defects:					
All screwed joints extra heavy forged steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounts secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All inlets/outlets 1 1/4" and over have ISC valves or double back check valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak indications (fail if any source of leakage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Liquid level gauge in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manholes secure (if equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaskets are free of cuts, cracks or splits (replace if defects are a depth of 1/2" or more) when applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify valves operational:					
All manual and emergency shut off valves are operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All manual and emergency shut off valves are free from corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All manual and emergency closing devices are operational (including all EDC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All manual and emergency closing devices are free from corrosion, distortion or any other damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All flange bolts & nuts are in place and tightened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NURSE TANKS:</b> Was the passive emergency shutoff system installed and operative? (Applies to TC51 tanks, SR55 single with a capacity higher than 2,641 gal and all interconnected tanks regardless their capacity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify Tank Markings:					
Tank data plate legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All vessel openings marked liquid/vapour/spray fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vessel painted in light reflecting paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vessel correctly identified for its service (i.e. Placards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**EXHIBIT – A2 V-EXTERNAL INSPECTION**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
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**INSPECTION CHECKLIST AND REPORT**

REFERENCE: CSA B620:20 SECTION 7.2.1

	Satisfactory	Unsatisfactory	N/A	Defect Repaired	See Comments
Tank mounting secure/bolts tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment mounting secure (i.e pumps/meters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous attachments secure (i.e hose assembly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth wheel plate free of:					
Cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abrasion or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distortions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other conditions that might render the tank unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any repairs using overlay patches? (Fail if yes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose assembly					
Pressure tested (see hose test, Exhibit - A11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free of defects (see hose test, Exhibit - A11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Self-closing Valve System (see Exhibit A9 and A10)					
Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal closure in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct emergency discharge control See clause 5.2.2.1.2 (c) of CSA B620:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Truck Emergency System (see Exhibit A-9) - Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-Truck Emergency System (see Exhibit A-10) - Complete (for Highway tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumpers reference CSA B620-20 Section 5.1.5.2 (For highway and TC51 tanks only)					
Clearance between the bottom of the bumper and the ground must be less than 30" when empty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If double bumper, the distance between bumpers must be no greater than 24"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumper does not exceed outmost edge of tank by more than 18"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumper is located not more than 24" forward of rear of vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are bumpers securely attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**EXHIBIT - A2 V-EXTERNAL INSPECTION**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
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**INSPECTION CHECKLIST AND REPORT**

REFERENCE: CSA B620:20 SECTION 7.2.1

	Satisfactory	Unsatisfactory	N/A	Defect Repaired	See Comments
<b>Rear end protection Reference CSA B620-20 Section 5.1.5.4.1 (For highway and TC51 tanks only)</b>					
Extends at least 6" past parts containing lading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bottom surface is at least 4" below the lower surface of parts containing lading, during transit and not more than 60" from ground while empty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widest part of vehicle at the rear shall not extend more than 18" beyond outermost ends of the device(s) on either side of the vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXHIBIT - 2.2 PRESSURE RELIEF VALVES</b>					
Piping System (replace on pressure test)		Replacement date: 03-30			
Thermal expansion relief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed in the correct location (between two closed valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion-free	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage-free	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank (replace on pressure test)</b>					
Roll over protection in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain caps in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion-free	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage-free	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer: CONTINENTAL	Manufacturer Date, Front: 11-25		Rear: 11-25		
		Installation Date - Front : 03-26		Rear: 03-26	
# of valves per vessel: 2	Set pressure (psi): 265		Valves replaced: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Total SCFM required per vessel: 1920		Total SCFM installed per vessel: 4,260			
Total relief valve capacity acceptable? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Results of subsequent test: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL		

**COMMENTS:**

Inspector Name: Jamison Gallant

Inspector Signature: 



**EXHIBIT - A4 K-LEAKAGE TEST**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
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**INSPECTION CHECKLIST AND REPORT**

REFERENCE: CSA B620:20 SECTION 7.2.5

	Satisfactory	Unsatisfactory	N/A	Defect Repaired	See Comments
Plumbing decontaminated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping bled down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All valving and accessories in place and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank design pressure (MAWP)per nameplate (psi): <u>265 psi</u>					
<b>Test Medium:</b>					
<input checked="" type="checkbox"/> <b>Air or inert Gas:</b> Use a soapy water mixture or other material that will foam or bubble to locate leaks. The minimum pressure test is 60 psi (do not exceed 80 psi).					
<input type="checkbox"/> <b>Product of Lading:</b> The minimum pressure test is 60 psi, check the tank gauges. Tank pressure may be higher.					
<input type="checkbox"/> <b>Water:</b> The minimum pressure test is 60 psi. If it is performed during the tank hydro test, reduce the pressure to 220 psi to start the test.					
Tank Pressure at test start (psi): <u>80</u>					
Tank Pressure at test finish (psi): <u>80</u>					
Leak-proof (hold for 5 minutes)					
Internal Safety Control Valve (ISC) (For highway and TC51 tanks only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>					
Emergency Shutoff Valve (ESV) for ASME Nurse Tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each sequential valves leak-proof (hold each valve for 5 minutes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose-end valve leak-proof (hold for 5 minutes for highway tanks & 10 minutes for storage tanks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TEST RESULT:</b>					<input checked="" type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>

**COMMENTS:**

Inspector Name: Jamison Gallant

Inspector Signature: 



**EXHIBIT - A6 P - PRESSURE TEST**

<b>Owner:</b> CLYTHEMANE FARMS	<b>Unit No.:</b> CLYTHEMANE 1	<b>Job No.:</b> 2602-0013	<b>Date:</b> 03-02-2026
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**INSPECTION CHECKLIST AND REPORT**

REFERENCE: CSA B620:20 SECTION 7.2.7

Hydrostatic Test       Pneumatic Test (For LPG piping only)

	Satisfactory	Unsatisfactory	N/A	Defect Repaired	See Comments
Decontamination complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External visual inspection complete (Exhibit -A2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal inspection complete (if required, Exhibit - A3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-closing pressure relief valves made inoperative or removed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank supported & secured prior to test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank completely filled with test medium (16°C min., 38°C max.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test medium is water <input checked="" type="checkbox"/> Water <input type="checkbox"/> Other:					
Two calibrated gauges mounted on top of the tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All air purged from the system. Ensure the tank is 100% full	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAWP on tank nameplate: <u>265 psi</u>					
Tank test pressure = 1.5 x MAWP = <u>398 psi</u> (for welding repairs, see A-19)					
Gradually increase pressure to 50 psig	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold this pressure for 5 minutes, then reduce to 10 psig:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visually check all joints for leaks or deformations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gradually increase the test pressure and reinspect on each increment step until maximum test pressure is reached. Increment steps for Hydrostatic test: 100 psi and for Pneumatic test:50 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic tests are permitted on LPG's Piping Systems only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and accessories shall be pressure tested at not less than 80% of the tank's MAWP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Visual Inspection:</b>					
Test pressure held for a minimum of 10 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual exam of external surfaces reveals no defects, leakage or deformation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water purged after test completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-closing pressure relief valves and hydrostatic - (see Exhibit A2.2) are set to operable conditions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>TEST RESULT:</b>	<input checked="" type="checkbox"/> PASS		<input type="checkbox"/> FAIL		

**COMMENTS:**

Inspector Name: Jamison Gallant

Inspector Signature: *JMG*



### EXHIBIT – A11 HOSE ASSEMBLY INSPECTIONS AND TESTING

Owner: CLYTHEMANE FARMS	Unit No.: CLYTHEMANE 1	Job No.: 2602-0013	Date: 03-02-2026
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#### INSPECTION CHECK LIST AND REPORT

REFERENCE: CSA B620:20 SECTION 7.2.10 – ANSI / CGA G2.1 SECTION 5.7

#### Visual Inspect on and Hose Test

1 - All hose markings are legible and not worn (e.g: S/N, HAWP) | 2 - Damage to outer cover exposing reinforcement | 3 - Kinked or flattened or deformed wire braid | 4 - Soft spots when not under pressure | 5 - Bulging when under pressure | 6 - Loose outer coverings | 7 - Damaged, loose, slipping or excessively worn hose couplings | 8 - Loose, missing bolts on couplings | 9 - Hoses to be marked with month/year of test and inspection with 5mm (0.2") high letters | 10 - For LPG piping or hoses used for loading or unloading, shall be provided with manual bleed valve or other means of relieving before the hose is disconnected.

Location: BAY 2

Test Medium: Water

Gauge SN: T42-42

Gauge SN: T43-43

**Pressure Test.**

CSA certified assemblies: 350 psi

Non-CSA certified assemblies (per B51): 1.2xHAWP.

Sample: for HAWP=350, the P. Test=1.2x350= 420 psi.

ITEM	ASSET NUMBER	HOSE ID No.	MANUFACTURER	NEW HOSE	S = 5 YEARS A = ANNUAL	HOSE SIZE (INCHES)	HAWP	HOSE LENGTH (INCHES)	VISUAL INSPECTION (1) TO (10)		PRESSURE TEST		REPLACE DATE
											ACTUAL PRESSURE TEST (PSI)	HOLD TIME 5 MIN. W/NO DISTORTIONS OR LEAKS	
1	1	0013-1	Goodall	<input checked="" type="checkbox"/>	<input type="checkbox"/> S <input checked="" type="checkbox"/> A	1-1/4"	350 psi	120	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2029	
2	1	0013-2	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	24	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
3	1	0013-3	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	24	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
4	1	0013-4	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	24	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
5	1	0013-5	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	34	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
6	1	0013-6	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	34	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
7	1	0013-7	Goodall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> S <input type="checkbox"/> A	1-1/4"	350 psi	30	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	420 psi	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	2033	
8				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
9				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
10				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
11				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
12				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
13				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
14				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
15				<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> A				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		

COMMENTS: (WRITE THE ITEM NUMBER FOLLOWED BY YOUR COMMENT)

Hose Tester Name: Jamison Gallant

Hose Tester Signature: *Jamison*





### EXHIBIT – A12 STATEMENT OF CERTIFICATION

Owner: CLYTHEMANE FARMS	Unit No.:CLYTHEM	Job No.: 2602-0013	Date: 03-02-2026
Owner's Address:BOX 56 BORDEN SK S0K 0N0		Phone Number: (306)380-9899	

#### INSPECTION CHECK LIST AND REPORT

REFERENCE: CSA B620:20 SECTION 7.3.1

Tank SN: 31866A

Tank Spec: TC331 TC51 Other: SR55

Tank SN: 31525A

#### Tank Steel Materials

QT - Quenched and Tempered Steel

NQT – Non Quenched and Tempered Steel

#### 12.1 Non-conformity report

During these inspections/tests, defects were discovered:

YES  NO if "YES" reference the reports

- |  |               |   |               |
|--|---------------|---|---------------|
| <input type="checkbox"/> V - EXTERNAL  | Exhibit - A2  | <input type="checkbox"/> WF - WET FLUORESCENT (MPI) | Exhibit – A3  |
| <input type="checkbox"/> I - INTERNAL  | Exhibit – A3  | <input type="checkbox"/> UC – UPPER COUPLER         | Exhibit – A3  |
| <input type="checkbox"/> K - LEAKAGE   | Exhibit – A4  | <input type="checkbox"/> T – THICKNESS              | Exhibit – A5  |
| <input type="checkbox"/> P – PRESSURE  | Exhibit – A6  | <input type="checkbox"/> ON-TRUCK EDC               | Exhibit – A9  |
| <input type="checkbox"/> OFF-TRUCK EDC | Exhibit – A10 | <input type="checkbox"/> HOSE TEST AND INSPECTION   | Exhibit – A11 |

#### This tank was stress relieved after:

Repair  Modification  N/A

If repaired or modified, was it:  Local  complete tank

Details of modification, repairs or corrections.

Current tank disposition after performing inspection(s) or test(s):

Return to Service  Out of Service  Scrapped  New tank

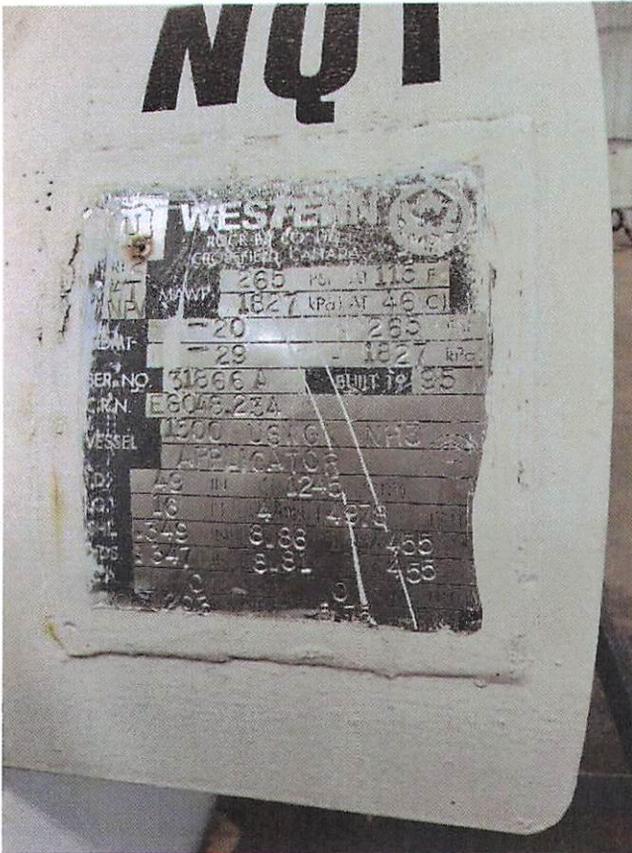
#### Post test/inspection markings:

Serial Number: 31866A	03 - 26 mm-yy	<input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> UC <input type="checkbox"/> WF	705 TC Reg. #
		(check the performed inspections/test)	
Serial Number: 31525A	03 - 26 mm-yy	<input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> UC <input type="checkbox"/> WF	705 TC Reg. #
		(check the performed inspections/test)	

Inspector Name: Jamison Gallant

Inspector Signature:

## DATA PLATE PICTURES



FRONT OF ASSET



BACK OF ASSET



LEFT SIDE OF ASSET



RIGHT SIDE OF ASSET

