



Test and Inspection Report in Accordance with CSA B620

|                |                                                          |                          |               |
|----------------|----------------------------------------------------------|--------------------------|---------------|
| Facility Name: | Total Inspection Services Inc.                           | Work Order Number:       | 5279          |
| Address:       | 7018 Stanley Drive PO Box 974<br>Dawson Creek BC V1G 4H9 | Date:                    | APRIL 29 2026 |
| Telephone:     | 250-784-7966                                             | Transport Canada         |               |
| Tank Owner:    | SWAMP DONKEY OILFIELD SERVICES                           | Facility Registration #: | 25-0847       |
| Address:       | PO BOX 2394<br>DAWSON CREEK BC V1G4T8                    | 331 Construction:        | N/A           |
| Telephone:     | 250-219-8370                                             | Tank TCRN/MDIN:          | 6782          |
|                |                                                          | Unit #:                  | 261           |

|                          |         |                     |                                                                     |
|--------------------------|---------|---------------------|---------------------------------------------------------------------|
| Tank Serial #:           | 11609   | Tank Spec:          | TC / DOT 407                                                        |
| Manufacturer:            | TREMCAR | Mfr. Date:          | 04/2013                                                             |
| Special Service:         | N/A     | Lined:              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| MAWP or Design Pressure: | 25 PSI  | Insulated:          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Min Shell thickness:     | 3.277MM | Min Head Thickness: | 3.429 MM                                                            |

Cert. Date: 04/2013 Assembler: TREMCAR

Gauge Calibration Checked: Yes ☒ No ☐ Gauge #: D3

Capacity: ☐ Total US gals ☒ Total Litres ☐ Total Imp gals

Compartments: 1. 31675 2. 3. 4.

TEST PERFORMED ☒ V – shall signify external inspection ☒ K – shall signify leakage test

EXTERNAL VISUAL INSPECTION "V"

|                                                                                                       | Complies                            | Reject                              | N/A                                 | Complies on Retest                  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Data plate, present and legible                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Shell & Heads, corrosion, abrasion, dents, overlay patches, leaks etc.                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Structural members, outriggers, cross members, etc.                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Piping and valves for leakage, damage, corrosion                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Remote closures, emergency shut off decals, thermal devices                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Hoses for defects, identification and test dates                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Gaskets on full opening rear heads for damage or cuts                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Tank attachments to frame or running gear                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Ladders, walkways, etc.                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Fill covers, manways and closure devices                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Relief valves and vents (replace or test if tank in service where lading corrosive to relieve device) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

|                            |                                     |                          |                          |                          |                          |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Accident damage protection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

### LEAKAGE TEST "K"

Test Pressure: 20 PSI (80% of MAWP Min.) Test Medium: WATER Hold Time: 5 MIN

| Item Tested     |                                     |                          |                          | Item Tested            |                                     |                          |                          |
|-----------------|-------------------------------------|--------------------------|--------------------------|------------------------|-------------------------------------|--------------------------|--------------------------|
|                 | Pass                                | Fail                     | Complies on Retest       |                        | Pass                                | Fail                     | Complies on Retest       |
| Compartment # 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compartment # 1 Piping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compartment # 2 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Compartment # 2 Piping | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Compartment # 3 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Compartment # 3 Piping | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Compartment # 4 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Compartment # 4 Piping | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Defects found, location and corrective action (use additional sheets if necessary)

|                             |
|-----------------------------|
| RH FRONT GATE VALVE LEAKING |
| LABEL ESD                   |
| RH FRONT VALVE LEAKING      |
|                             |
|                             |
|                             |

Defects corrected and released  
Tank successfully retested after repair

☒ Yes ☐ No  
☒ Yes ☐ No

Tank Disposition: ☐ Returned to service as no defects or damage was discovered  
☒ Returned to service after retest  
☐ Removed from service

Tank Marking: 04 26 VK 847

Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied

☒ Yes ☐ No

Tank Tester Name: Gary Grant

Signature: 

Date: APRIL 29 2026