

Acuren Inspection, Inc. 21112 South Scott Park Road Davenport, Iowa 52807 Phone: 563.391.8500

www.acuren.com A Higher Level of Reliability

Report Number: DAV964323

RADIOGRAPHIC EXAMINATION REPORT

CUSTOMER:								ACUREN SERVICE	E CALL#:		DATE:	Page 1 of	
Akron Services								358-J151261			06/11/2024		
LOCATION/ADDRESS:								CUSTOMER CONTACT:				'	
17705 N. Elevator Rd., Edelstein, Illinois								Tim Wagonbach					
PART # / DRAWING #:								TIM N/A STAGE OF MANUFACTURE: SURF Final As \			IER WO#:		
Tank #75 ITEM DESCRIPTION: Anhydrous Ammonia Nurse Tank											N/A		
											ACE CONDITION:		
											As Welded		
Production out to search was a few countries and the first	SPECIFICATION/CO	DDE	R	EV./EDITION	AC	CEPTAN	CE PROC	EDURE / STANDA	RD: PARTS	INSPECTED:	ACCEPTE	D: REJECTE	
RT-1 38	ASME Sec. V		2	.023	AS	SME se	c. VIII, I	Div. 1 ,2023 Ed	1.	1	0	0	
Material and Thickness:	Carbon Steel	.238 ir	i. A			in. B			in. C			in.	
Diameter: (inches)	42		Α			В			C		***************************************	***************************************	
Rein. Thickness: (inches)	.125		Α			В			С				
Distance: (inches)	SOD: 42.75	OFD: 0.396	A SO	D:	OFD:	В	SOD:	OFD:	С	SOD:	OFD		
	00:19:30		Α		~~~	В			C				
IQI Amount / Type / Material:	ASTM 1B	Matt: S	SA		Matt:	В		Ma	nti: C			Matl:	
IQI Size / Location:	Size: Wire #6	Film	A Size	:		В	Size:		С	Size:			
Shim Thickness & Material:	N/	/A	А		***************************************	В			С				
Number of Exposures:	1		Α			В			C				
Markers: Number or Spacing:	3		Α			В			С				
Focal Spot µg	0.122 in.	0.0011 μ	g A	in.		µg B		in.	µg C		in.	μg	
Screens: (inches)	Front: .010	Rear: .010	A Fro	nt:	Rear:	~~~~	Front:	Rear:	C		Rear		
Film Loading / Brand / Type:	Single	AGFA D5	А			В			С		,		
***************************************		emp: 68 °F	A Tim	e: Te	emp:	°F B	Time:	Temp:	°F C	1	Temp:	۰F	
Shot Configuration:	D - DWE/SWV		Α	***************************************		В			C		romp.	1	
A B	С	상 Sou	rce D	Optional Source	E	Eption Source	nat	F & Source		¥ Source	₩ H	¥ Source	
SWE/SWV	Swe/swv	J SWE/SWV		DWE/SWY		DWE/SW		Film DWE/DWV		FRM		SWE/SWV	
SOURCE:	Ci 7 X-Ray 88	kV	m N	a DENS	ITOMETER			DENSITOM	ETER SERIA	DWE/DWV		UE DATE:	
C - Crack CP - Cluste	7 / ((())	IP - Insuffici		12.11.	EU - Exter	nallinde	arout 9	023361 S - Surface		IFD - IF Du		72024	
SL - Slag P - Porosity	/Gas Pocket	IF - Insufficie	ent Fusior	1	IU - Interna			PD - IP Due to F	ligh/Low	FA - Film A		Lap	
T - Tungsten HB - Hollow	Bead	EP - Excess			IC - Interna		vity B	3T - Burn Throug	ıh	SC - Stres	s Crack		
101-1-110	757			ensity	Accept /						Welder ID - Other ID		
Weld/Component Weld #2	View A-B	Technique	OMEGICAL PROPERTY AND ADDRESS.		Reje			List Ind	cations		Re	marks	
Back Head	B-C	D	2.37	2.44	Reje		C C						
Dack field	D-0	0	2.43	2.52	Reje			nee VIII Die	2000 5	(11) A (CO)			
Parameter and the second secon		 		+	-		ASIVIE	E sec. VIII, Div. 1 ,2023 E		.(044-52)			
					-		***************************************					***************************************	

***************************************		-			 			***************************************			-	***************************************	
W.,				-									
		-		+	-						-		
		 		+	-						<u> </u>		
WARRANT A STATE OF THE STATE OF		-											
		-	-		-						-	***************************************	
		1			<u> </u>							***************************************	
Additional Pages Comme	ents:							Per N/A	Diem		Tech Name	(Print):	
# of Film & Size:		Tot	al # of Weld	is: No. on Job:	Travel if A	oplicable.		Hours Wor		Lane E.	Smalley	Total Hou	
2- 4.5" x 17"			1		1		s Total:	to		and to		Total Hou	
CLIENT REPRESENTATIVE	***************************************			1	ACUREN IN					und to			
					Patrick A.			6419	TWO S	06/11/2024		11	
Print Nan	ne / Signature			Date			nt Name /	Signature		Date	Inci	ection Level	
The Client Representative who receives fisted in the report is correct, confirming promptly notifying Acuren of any issues	this report is responsible that all radiographs liste with this report and/or th	ed in the report hav he work summarize	e been received herein. The	ce standard red by Client and owner is	PEER REVI					Date	ms	Dection Level	
responsible for the permanent custody of						Prir	t Name /:	Signature		Date			
This document and all services a when the services and/or produc SHALL SUPERSEDE ANY CONFI	as are ordered. INC	ISE LEKINS AR	- AVAILAR	F AT www acti	tran com/cor	ruicatarma	VECEA	DDESCI A INCUDD	SPATER BY F	SECENEURE IN	d Service To TO THIS DO	erms' in effec OCUMENT AN	