



101 E. South St.
Rockford OH 45882
Office: 419-363-2342
Fax: 419-363-2370

SJA Transport, Inc. is authorized to utilize Belna Petroleum unit #6 at Marathon terminals. Both companies are owned by Robert Belna.

Sincerely,

A handwritten signature in cursive script that reads "Robert Belna".

Robert Belna

Belna Petroleum Inc.

C.H. Bradshaw Co.
2004 Hendrix Drive
Grove City, Ohio 43123-1278
DOT CT0097

(VKE) REVISION 10/10

Work Order # 094024

V
K
K-EPA 27

External Visual Inspection
Leakage Test / Inspection
Annual Certification Test
Method 27 - 63.425 (e) (1) (2)

Customer Belna Petroleum, Inc
Address 101 E. South St
C.S.Z Rockford, Ohio 45882

Owner Same

License Plate # PVT 5091
Owners Unit # G
Serial # 0510309
Trlr. Vin # (If Applicable) 11A
D.O.T. Spec # DOT406AL
Original Test Date 7-19
Design or MAWP 3.3
Test Location (C.S.) Rockford, Ohio

Previous Test Dates
V 7-19
I 7-17
P 7-17
K 7-19
K-EPA 27 7-19
Number of Compartments 5

Compartment Size: #1 1500 #2 800 #3 700 #4 800 #5 700

Year Tank Mfg 1911 Mfg Name Polar Tank Gallons 4500

Minimum Thickness Of Cargo Tank Shell 173 Heads 220

Is Tank Lined? NO Insulated? NO

Is the unit used for transport of any material other than petroleum based products? NO

External Visual Inspection 180.407 (d)

	Faulty	Okay
1.) External Inspection Of Tank Shell And Heads:		
A) Corroded or Abraded Areas (Rust)	_____	<u>✓</u>
B) Dents or Punctures	_____	<u>✓</u>
C) Distortion or Defects In Welds	_____	<u>✓</u>
D) Thickness Testing Needed	_____	<u>✓</u>
2.) External Inspection Of Piping, Vaives, Gaskets:		
A) Corroded Areas	_____	<u>✓</u>
B) Defects in Welds, Signs of Leakage	_____	<u>✓</u>
C) Condition of delivery, vapor hoses	_____	<u>✓</u>

	Faulty	Okay
3) External Inspection Of Manholes:		
A.) Devices for tightening manhole covers operative	_____	_____/
B.) Evidence of leakage	_____	_____/
C.) Inspect and pressure test fill lids, normal vents	_____	_____/
4) External Inspection Of Emergency Valves And Devices		
A.) Emergency valves free from corrosion, erosion, distortion, or external damage that would prevent safe operation	_____	_____/
B.) Remote trip control in operation / activate	_____	_____/
C.) Leakage test seating disc in emergency valve	_____	_____/
D.) Self closing stop valves in operation - function	_____	_____/
5) <u>Missing</u> bolts, nuts, and fusible links must be replaced and loose nuts - bolts tightened	_____	_____/
6) All Required Marking On Tank Legible		
A.) DOT spec. plate accessible / legible	_____	_____/
B.) Flammable placards legible (all 4-sides)	_____	_____/
7) External Inspection Of All Major Appurtenances		
A.) Fifth wheel plate, pins, bolts	<u>n/a</u>	<u>n/a</u>
B.) Suspension, springs, hangers, etc.	_____	_____/
C.) Frame, cross members, gussets, etc.	_____	_____/
8) Inspect all re-closing pressure relief valves	_____	_____/
9) Lights, reflectors, wiring in good working order	_____	_____/
10) Brakes in good working order	_____	_____/
11) Air hoses above axles, chambers, chafed, or rotted	_____	_____/
12) Air system have any leaks	_____	_____/
13) Tank mounting bolts, boards, attachments in proper working order	_____	_____/
14) Leakage test entire pump system(s)	_____	_____/

Leakage Test 180.407 (h) Pneumatic

Each cargo tank with all valves and accessories in place or operative must be tested at not less than 80% of the tank design pressure or maximum allowable working pressure (MAWP) whichever is marked on the certification plate.

Compt.	#1	#2	#3	#4	#5	#6
Start Time	<u>9:07</u>	<u>9:15</u>	<u>9:02</u>	<u>9:18</u>	<u>9:05</u>	
Pressure	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	
Final Time	<u>9:12</u>	<u>9:20</u>	<u>9:07</u>	<u>9:23</u>	<u>9:10</u>	

Alternate EPA / Pressure Vacuum Test Method 27 / 40CFR63.425

Pressure Test = 18"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time <u>9:24</u> ^(AM) Average
1	<u>18.0</u>	<u>17.9</u>	<u>17.9</u>	<u>17.8</u>	<u>17.8</u>	
2	<u>18.0</u>	<u>18.0</u>	<u>17.9</u>	<u>17.9</u>	<u>17.8</u>	<u>17.8"</u>

Vacuum Test = -6.0"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time <u>9:39</u> ^(AM) Average
1	<u>-5.9</u>	<u>-5.8</u>	<u>-5.7</u>	<u>-5.7</u>	<u>-5.6</u>	
2	<u>-6.0</u>	<u>-5.9</u>	<u>-5.9</u>	<u>-5.8</u>	<u>-5.8</u>	<u>-5.7"</u>

Vapor Vent Test/Vapor Rail Pressure Test

Test I	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time <u>9:54</u> ^(AM)
	<u>0"</u>	<u>0.1"</u>	<u>0.2"</u>	<u>0.2"</u>	<u>0.3"</u>	

Location of Defects Found and Method of Repair:

- 1.) (S) Adjusted #3 Inl. to proper setting.
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification
 Identified On This Report Yes / No _____

Was The Tank Marked "V" Yes Month 7 Year 20
 "K" Yes Month 7 Year 20
 "K EPA" Yes Month 7 Year 20

I certify that the above inspections were conducted in accordance with 180.407.

Owner Acknowledgment Robert W. Behan Date 7-2-20

R/I, Manager's Acknowledgment Rouphenian Date 7-2-20

Inspected By Tim Buck Print Tim Buck Date 7-2-20