

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

(VKE) REVISION 11/21

Work Order #. 096793

V.   
K.   
K-EPA 27

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

Customer SJA Transport, Inc  
Address 101 E. South St  
C.S.Z. Rockford, Ohio 45882

Owner Same

License Plate # TOX 1064  
Owners Unit # 23  
Serial # SHTAM442637H66823  
Trlr. Vin # (If Applicable) SHTAM442637H66823  
D.O.T. Spec # DOT406H  
Original Test Date 8-02  
Design or MAWP 3.3  
Test Location (C.S.) Rockford, Ohio

Previous Test Dates  
V 7-22  
I 7-22  
P 7-22  
K 7-22  
K-EPA 27 7-22  
Number of Compartments 4

Compartment Size: #1 3400 #2 1300 #3 2000 #4 2900 #5 x

Year Tank Mfg 8-02 Mfg. Name Heil Trailer Gallons 9600

Minimum Thickness Of Cargo Tank Shell .173 Heads .187

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>
E) Tank has Imaging Decals (Wrap)	YES	<u>NO</u>
Internal Visual In Accordance To 180.407(c)	YES	<u>NO</u>
2.) External Inspection Of Piping, Valves, 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	_____	_____✓
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)	_____ <u>N/A</u>	_____ <u>N/A</u>

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>7:03</u>	<u>7:16</u>	<u>7:06</u>	<u>7:27</u>		
Pressure	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>		
Final Time	<u>7:08</u>	<u>7:21</u>	<u>7:11</u>	<u>7:32</u>		

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

Pressure Test = 18"						Time
Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	<u>18.0</u>	<u>17.9</u>	<u>17.8</u>	<u>17.8</u>	<u>17.7</u>	<u>17.7"</u>
2	<u>18.0</u>	<u>17.9</u>	<u>17.9</u>	<u>17.8</u>	<u>17.7</u>	<u>17.7"</u>

Time 7:49 am

Vacuum Test = -6.0"						Time
Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	<u>-5.8</u>	<u>-5.7</u>	<u>-5.7</u>	<u>-5.6</u>	<u>-5.5</u>	<u>-5.6"</u>
2	<u>-5.9</u>	<u>-5.8</u>	<u>-5.8</u>	<u>-5.7</u>	<u>-5.7</u>	<u>-5.6"</u>

Time 8:54 am

Vapor Vent Test/Vapor Rail Pressure Test						Time
Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	
	<u>0.2"</u>	<u>0.4"</u>	<u>0.7"</u>	<u>1.0"</u>	<u>1.3"</u>	<u>9:12 am</u>

Location of Defects Found and Method of Repair:

- 1.) (30) Replaced seals on #1, #2, #4 / (15) (12)
- 2.) Replaced emergency shut-off valve.
- 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"	<u>Yes</u>	Month <u>8</u>	Year <u>23</u>
"K"	<u>Yes</u>	Month <u>8</u>	Year <u>23</u>
"K EPA"	<u>Yes</u>	Month <u>8</u>	Year <u>23</u>
"T"	<u>Yes</u>	Month <u>8</u>	Year <u>23</u>

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

Owner Acknowledgment	<u>Robert W. Bux</u>	Date	<u>8-23-23</u>
R/L, Manager's Acknowledgment	<u>[Signature]</u>	Date	<u>8-23-23</u>
Inspected By:	<u>Tim Bux</u>	Date	<u>8-23-23</u>



Energy Transfer Partners  
 Data Operations and  
 Carrier Compliance  
 4041 Market Street  
 Aston, PA 19014  
 Version 1.1 - 08/02/2020

## WET TEST CERTIFICATION FORM

This document certifies that this trailer testing has been completed and has passed the wet test requirement for overfill protection probes. This certifies that the entire operation of the truck overfill prevention system is wired correctly and that the entire system is working properly.

The trailer noted below meets the requirements for the overfill probes to be set where the maximum safe fill is at least sixty (60) gallons less than the manufacturers specified compartment capacity.

### PROBES TESTED AND SET PROPERLY

	YES	NO	SAFE FILL AMOUNT (GALS)
Compartment #1:	✓	_____	3500
Compartment #2:	✓	_____	1050
Compartment #3:	✓	_____	2000
Compartment #4:	✓	_____	2700
Compartment #5:	N/A	_____	_____
Compartment #6:	N/A	_____	_____

Carrier Name: SJA TRANSPORT

Carrier Address: 101 E. SOUTH ST.  
ROCKFORD, OH 49882

Trailer Number: 23

VIN Number: SHTAM4422637H66823

Signature:

Date: 8/23/23



**CITGO Petroleum Corporation**  
TERMINALS AND PIPELINES

<b>Carrier Equipment Inspection Form</b>	<b>TPL-OPS-002-C</b>
Effective Date: June 15, 2020	Rev. 0

Carrier Name: SJA Transport Inc Trailer Unit #: 23

Trailer: Make Heil Year 8/2002 DOT Type 406 Serial Number 5HTAM4422637H66823

Retain Sensors Installed Yes X No \_\_\_\_\_

*API RP 1004: Bottom Loading and Vapor Recovery for MC-306 & DOT-406 Tank Motor Vehicles*

		Front				Compartments		Rear
	Example	#1	#2	#3	#4	#5	#6	
1 Max Compartment Capacity	3140	3502	1362	2061	2988	N/A	N/A	
2 Probe Outage (60 gal min)	60	60	60	60				
3 *Carrier Outage	3000	3442	1302	2001	2938			
4 Maximum Preset	3000	3500	1000	2000	2700			

Subtract Lines 2&3 from Line 1

All Sections must be completed

\*Carrier outage is the distance between the overfill probe and the product that prevents setting off the rack shutdown system (domeouts). This option is at the discretion of the carrier and varies on the tank strapping charts and the level outage selected.

**Certified Inspection Requirements**

**All Boxes Must Be Completed**

- Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity?
- Is the overfill protection system in working condition?
- Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry?
- Has the grounding system been checked and is in proper operating condition?
- Has the grounding system been checked to ensure that has not been modified or rewired in any manner that would allow it to provide a false reading to allow loading?
- Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires?
- Is a functional brake interlock system installed on the loading header and vapor recovery hose?

YES

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

[Signature]  
Name (Print)

Horizon Trailer Truck  
Inspection Company

8/23/23  
Date (MM/DD/YY)

[Signature]  
Name (Sign)

CA 7437  
Inspector's DOT reg. #

**Carrier Verification Requirements**

- Is an MC306, DOT406 or other specification plate installed?
- Is proper placarding installed for the product(s) that are hauled?
- Is the state DOT inspection or DOT 396/17 data current?
- Are pressure, leakage and visual decals current?
- Is emergency response information (including guidebook) on board?
- Is each tank/trailer marked with appropriate unit numbers?
- Are compartment capacity charts current and available upon request?
- Is each compartment loading headers matching with maximum presets recorded above?

YES

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

As representative of the company, I certify that all information on this document is certified and true

Robertu Bah  
Name (Print & Sign)

PRESIDENT  
Title

8/23/23  
Date (MM/DD/YY)