

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

(VKE) REVISION 11/21

Work Order # 096818

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 # JRP 7213  
Owners Unit # 218  
Serial # 5HTAM452517H65304  
Trlr. Vin # (If Applicable) 5HTAM452517H65304  
D.O.T. Spec # DOT 406 AL  
Original Test Date 11-00  
Design or MAWP 3.3  
Test Location (C.S.) Rockford, Ohio

Previous Test Dates  
V 9-22  
I 9-21  
P 9-21  
K 9-22  
K-EPA 27 9-22  
Number of Compartments 4

Compartment Size: #1 3500 #2 1800 #3 1300 #4 2700 #5 —

Year Tank Mfg 11-00 Mfg. Name Heil Trailer Gallons 9300

Minimum Thickness Of Cargo Tank Shell .173 Heads .173

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
1) 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>

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 Work Order # 096818

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>7:04</u>	<u>7:15</u>	<u>6:58</u>	<u>7:12</u>	<u>/</u>	<u>/</u>
Pressure	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>/</u>	<u>/</u>
Final Time	<u>7:09</u>	<u>7:20</u>	<u>7:02</u>	<u>7:17</u>	<u>/</u>	<u>/</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
1	<u>18.0</u>	<u>18.0</u>	<u>17.9</u>	<u>17.9</u>	<u>17.8</u>	<u>7:22am</u>
2	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>Average</u>
						<u>17.9"</u>

Vacuum Test = -6.0"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time
1	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>7:37am</u>
2	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>Average</u>
						<u>-6.0"</u>

Vapor Vent Test/Vapor Rail Pressure Test

Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time
	<u>0"</u>	<u>0"</u>	<u>0"</u>	<u>0"</u>	<u>0"</u>	<u>7:53am</u>

- Location of Defects Found and Method of Repair:
- 1.) (R) Right rear side has scrapes & shallow dent. @
  - 2.) (R) Replaced Rear Vapor cap. @
  - 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 9 Year 23  
 "K" Yes Month 9 Year 23  
 "K EPA" Yes Month 9 Year 23  
 "T" \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

I certify that the above inspections were conducted in accordance with 180.407.  
 Owner Acknowledgment Robert W. Beh Date 9-11-23  
 R/I, Manager's Acknowledgment [Signature] Date 9-11-23  
 Inspected By: [Signature] Print Tim Buck Date 9-11-23



Energy Transfer Partners  
 Data Operations and  
 Carrier Compliance  
 4041 Market Street  
 Aston, PA 19014  
 Version 1.1 - 09/03/2020

## 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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3500
Compartment #2:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1800
Compartment #3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1300
Compartment #4:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2700
Compartment #5:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Compartment #6:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A

Carrier Name: SSA TRANSPORT

Carrier Address: 101 E SOUTH ST.  
ROCKFORD, OH 45882

Trailer Number: 218

VIN Number: 5HTA M452 517 H653 04

Signature: [Signature]

Date: 9/11/23



**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 #: 218  
 Trailer: Make Heil Year 2000 DOT Type 406 Serial Number 5HTAM4452517H65304  
 Retain Sensors Installed Yes X No     

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

	Example	Front	Compartments				Rear
		#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3140	3606	1860	1360	2761	NA	NA
2 Probe Outage (60 gal min)	60	60	60	60	60	NA	NA
3 *Carrier Outage	3000	46	0	0	1	1	1
4 Maximum Preset	3000	3500	1800	1300	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 Tank & Trail  
Inspection Company

9/11/23  
Date (MM/DD/YY)

[Signature]  
Name (Sign)

# 3437  
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

ROBERT BURNA ROBERT R.H. PRESIDENT  
Name (Print & Sign) Title

9/11/23  
Date (MM/DD/YY)