

TANKER TEST AND INSPECTION REPORT

Information as required by Sec. 160.407(b)(4), and 160.417(b) & (c) of the D.O.T. Hazardous Materials Regulations

INSPECTION TEST DATE

12-8-23

| | | | |
|--|---|---|--|
| OWNER SJA Transport Inc | | CARRIER (If other than owner) | |
| PRINCIPAL PLACE OF BUSINESS ADDRESS 101 E South St | | PRINCIPAL PLACE OF BUSINESS ADDRESS | |
| CITY, STATE, ZIP CODE Rockford, OH, 45802 | TELEPHONE 419-323-2342 | CITY, STATE, ZIP CODE | TELEPHONE |
| OWNER'S SERIAL NO. | MFG. DATE 03-06 | ORIG. TEST DATE 03-06 | CARRIER'S EQUIPMENT NO. 48 |
| CARGO TANK MOTOR VEHICLE MFG. | CARGO TANK MOTOR VEHICLE CERT. DATE | TANK MANUFACTURER Polar | VESSEL MATERIAL SPEC. I.D. 5454 |
| MAX. WEIGHT OF LADING LBS. NA | LINING MATERIALS | MANUFACTURER'S SERIAL NO. 1PMA2449915105790 | ASME CODE SYMBOL |
| HEATING SYSTEM | DESIGN PRESSURE (PSIG) NA | DESIGN TEMPERATURE (°F) NA | ORIGINAL TEST DATE 03-06 |
| SHELL MATERIAL | | DESIGN TEMPERATURE (°F) NA | MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3 |
| EXPOSED SURFACE AREA IN SQ. FT. NA | MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA | TANK <input type="checkbox"/> LINED <input type="checkbox"/> INSULATED | |
| <input checked="" type="checkbox"/> EXTERNAL VISUAL (V) <input type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> THICKNESS TEST (T) | | <input type="checkbox"/> LEAKAGE TEST (M) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> K-EPA27 | |
| <input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC | | <input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> MATERIAL CORROSIVE TO TANK <input type="checkbox"/> DEDICATED SERVICE <input type="checkbox"/> OTHER | |

| YES | NO | ITEM | YES | NO | ITEM | TYPE | LEAKAGE | | PRESSURE | | AVERAGE RESULTS |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-----------------------------|---------|--------------------|----------|-------------------------------------|-----------------|
| | | | | | | | TIME | TIME | TIME | TIME | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Tank Shell | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Frangible (Rupture) Disk | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Tank Heads | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Major Appendages | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Head-to-Shell Seam | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Upper coupler assembly | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Valves | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | suspension system attachments | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Gaskets | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | connecting structure | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Manhole Covers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Living Material | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Manhole Gaskets | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Pressure Bearing Portions of Hoisting System | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Devices for Tightening Manhole Gaskets on Full Opening Reel Hood | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Fuses for Hoisting System | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Self-closing Stop-valves | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Corroded or Abraded Areas | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Excess Flow Valves | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dimensions | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Remote Closure Devices | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dents | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Releasing Pressure Relief Valves | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Welds | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Mark and Dots | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | |
| DELIVERY HOSE/PIPING | | | | | | THICKNESS (INCHES) | | MEG. | | I.D. | |
| HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____ | | | | | | HEAD _____ | | SHELL TOP _____ | | SHELL SIDE _____ | |
| CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____ | | | | | | SHELL SIDE _____ | | SHELL BOTTOM _____ | | UPPER COUPLER ASSEMBLY | |
| | | | | | | Pressure - set to discharge | | 3.63 | | 3.63 | |
| | | | | | | Pressure - when open | | 3.71 | | 3.70 | |
| | | | | | | Pressure - when retested | | 3.30 | | 3.51 | |
| | | | | | | | | 3.02 | | 3.40 | |
| | | | | | | | | | | I.D. OF FLUID USED FOR TEST | |
| | | | | | | | | | | H2O-AIR LEAKAGE/PRESSURE | |
| | | | | | | | | | | TEST PRESSURE 3.3 lbs / 5 lbs | |
| | | | | | | | | | | HOLDING TIME OF TEST 5 min / 10 min | |

(CHECK ONE) NO DEFECT OR DAMAGE DISCOVERED DEFECTS OR DAMAGE DISCOVERED

LOCATION OF DEFECTS OR DAMAGE: weld heat-affected zone liquid phase vapor phase head-to-shell seam delivery hose/pipe appendages

Example: **Comp #2 & #3 PRD Brakes**

NATURE AND SEVERITY:

METHOD OF REPAIRS: **Replaced Comp 2 & 3 PRD**

IS REPAIR CERTIFICATION REQUIRED? YES NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

| | | | | |
|--|--|---|--|-------------------|
| THIS UNIT HAS HAULED | <input type="checkbox"/> ANHYDROUS AMMONIA <input type="checkbox"/> COMPRESSED AS BLENDED WATER BY WEIGHT <input type="checkbox"/> LIQUEFIED PETROLEUM GAS | <input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING | STRESS RELIEVED AFTER FABRICATION NA <input type="checkbox"/> YES <input type="checkbox"/> NO | REPAIR DATE NA |
| DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON CT 3437 | TEST DATE 12-8-23 | STRESS RELIEVED AFTER REPAIR <input checked="" type="checkbox"/> YES (F or L or M) <input type="checkbox"/> NO | REPAIRED BY HOOSIER TRAILER AND TRUCK EQUIP. INC. | |
| TESTED BY (Person's Name) Kyle McCann | | ADDRESS 4830 TODD DRIVE | | |
| CITY, STATE, ZIP FORT WAYNE, IN 46803 | | CITY, STATE, ZIP FORT WAYNE, TN 46803 | | |

CARGO TANK: MEETS FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK: WITHDRAWN FROM SERVICE RETURNED TO SERVICE

SIGNATURE OF INSPECTOR: **[Signature]** DOT REGISTRATION NUMBER: **CT 3437** DATE: **12-8-23**

MARKINGS APPLIED: YES NO

SIGNATURE OF OWNER: **[Signature]** DATE: **12-8-23**

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ORIGINAL

TANKER TEST AND INSPECTION REPORT

Information as required by Sec. 100.407(b)(4), and 100.417(b) & (c) of the D.O.T. Hazardous Materials Regulations

FINISH/COMPLETION DATE: 12-8-23

| | | | |
|--|-------------------------------------|---|--|
| OWNER SJA Transport Inc | | CARRIER (if other than owner) | |
| PRINCIPAL PLACE OF BUSINESS ADDRESS 101 E South St | | PRINCIPAL PLACE OF BUSINESS ADDRESS | |
| CITY, STATE, ZIP CODE Rockford, OH, 45602 | | TELEPHONE 419-263-2342 | TELEPHONE |
| OWNER'S SERIAL NO. | MFG. DATE 03-06 | ORIG. TEST DATE 03-06 | CARRIER'S EQUIPMENT NO. 418 |
| CARGO TANK MOTOR VEHICLE MFG. | CARGO TANK MOTOR VEHICLE CERT. DATE | TANK MANUFACTURER Polar | VESSSEL MATERIAL SPEC. NO. 5454 |
| MAX. WEIGHT OF LADING LBS. NA | LINING MATERIALS | DOT SPECIFICATION NO. 4D6 | MANUFACTURER'S SERIAL NO. 1PMA12442915005740 |
| HEATING SYSTEM | DESIGN PRESSURE (PSIG) NA | DESIGN TEMPERATURE (°F) NA | ORIGINAL TEST DATE 03-06 |
| SHELL | | FLUID CAPACITY (GALS.) 9500 | MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3 |
| EXPOSED SURFACE AREA IN SQ. FT. NA | | DESIGN TEMPERATURE (°F) TO (°F) | |
| MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA | | TANK <input type="checkbox"/> LINED <input type="checkbox"/> INSULATED | |
| <input type="checkbox"/> EXTERNAL VISUAL (V) <input type="checkbox"/> LEAKAGE TEST (K) <input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> THICKNESS TEST (T) <input checked="" type="checkbox"/> EPA27 | | | |

| CHECKLIST OF ITEMS INSPECTED OR TESTED | | | | | | | | | | | |
|--|----|---|---|-------------------------|----------------------|-------|--|-------|-----|-----------------|--|
| YES | NO | ITEM | ITEM | TYPE | MODIFIED / METHOD 27 | | | | | | |
| | | | | | TEST | START | END | START | END | AVERAGE RESULTS | |
| | | Tank Shell | Frangible (Rupture) Disk | PRESSURE RELIEF DEVICES | | | | | | | |
| | | Tank Heads | Major Appurtenances | | | | | | | | |
| | | Head-to-Shell Seam | - upper coupler assembly | | | | | | | | |
| | | Valves | - suspension system attachments | | | | | | | | |
| | | Gaskets | - connecting structures | | | | | | | | |
| | | Manhole Covers | Lining Material | | | | | | | | |
| | | Manhole Gaskets | | | | | | | | | |
| | | Device for Tightening Manhole Gaskets on Full Opening Rear Head | Pressure Bearing Portions of Heating System | | | | | | | | |
| | | Self-closing Stop-valves | Fines for Heating System | | | | | | | | |
| | | Excess Flow Valves | Corroded or Abraded Areas | | | | | | | | |
| | | Remote Closure Devices | Distortions | | | | | | | | |
| | | Reclosing Pressure Relief Valves | Dents | | | | | | | | |
| | | Nuts and Bolts | Welds | | | | | | | | |
| DELIVERY HOSE/PIPING | | | | THICKNESS (INCHES) | MEQ. | MIN. | I.D. OF FLUID USED FOR TEST H₂O | | | | |
| HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____ | | | | HEAD _____ | | | TEST PRESSURE 18" | | | | |
| CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____ | | | | SHELL TOP _____ | | | HOLDING TIME OF TEST 5 min | | | | |
| | | | | SHELL SIDE _____ | | | | | | | |
| | | | | SHELL BOTTOM _____ | | | | | | | |

(CHECK ONE) NO DEFECT OR DAMAGE DISCOVERED DEFECTS OR DAMAGE DISCOVERED

LOCATION OF DEFECTS OR DAMAGE: weld heat-affected zone liquid phase vapor phase head-to-shell seam delivery hose/piping appurtenances

EXPLAIN:

NATURE AND SEVERITY:

METHOD OF REPAIRS: IS REPAIR CERTIFICATION REQUIRED? YES NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

| | | | | |
|--|---|--|---|--------------------------|
| THIS UNIT HAS HAULED | <input type="checkbox"/> ANHYDROUS AMMONIA <input type="checkbox"/> CEATHISO AS 0.2% WATER BY WEIGHT <input type="checkbox"/> LIQUEFIED PETROLEUM GAS | <input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING | STRESS RELIEVED AFTER FABRICATION NA <input type="checkbox"/> YES <input type="checkbox"/> NO | REPAIR DATE NA |
| DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON CT 3437 | TEST DATE | STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES (<input type="checkbox"/> Full <input type="checkbox"/> Local) <input type="checkbox"/> NO NA | REPAIRED BY HOOSIER TRAILER AND TRUCK EQUIP. INC. | |
| TESTED BY (Person's Name) Kyle McClann | ADDRESS 4830 TODD DRIVE | ADDRESS 4830 TODD DRIVE | CITY, STATE, ZIP FORT WAYNE, IN 46803 | |

CARGO TANK: MEETS FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK: WITHDRAWN FROM SERVICE RETURNED TO SERVICE MARKINGS APPLIED: YES NO

| | | | | |
|--|---|------------------------|--|------------------------|
| SIGNATURE OF INSPECTOR [Signature] | DOT REGISTRATION NUMBER CT 3437 | DATE 12-8-23 | SIGNATURE OF OWNER [Signature] | DATE 12-8-23 |
|--|---|------------------------|--|------------------------|



CITGO Petroleum Corporation
TERMINALS AND PIPELINES

| | |
|--|----------------------|
| Carrier Equipment Inspection Form | TPL-OPS-002-C |
| Effective Date: June 15, 2020 | Rev. 0 |

Carrier Name: SJA Transport Inc Trailer Unit #: 48
 Trailer: Make Polar Year 2006 DOT Type 406 Serial Number 1PMA2442975005790
 Retain Sensors Installed Yes _____ 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 | 3037 | 2067 | 1294 | 2928 | NA | NA |
| 2 Probe Outage (60 gal min) | 60 | 60 | 60 | 60 | | | |
| 3 *Carrier Outage | 3080 | 3577 | 2007 | 1234 | 2868 | | |
| 4 Maximum Preset | 3000 | 3500 | 2000 | 1200 | 2800 | | |

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

YES

- 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?

| |
|-------------------------------------|
| <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"/> |

Kyle McCann
Name (Print)

Hosier Trailer & Truck
Inspection Company

12-8-23
Date (MM/DD/YY)

[Signature]
Name (Sign)

CT 3437
Inspector's DOT reg. #

Carrier Verification Requirements

YES

- 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?

| |
|-------------------------------------|
| <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 W. Beha
Name (Print & Sign)

PRESIDENT
Title

12/8/23
Date (MM/DD/YY)



Energy Transfer Partners
 Data Operations and
 Carrier Compliance
 4041 Market Street
 Astori, PA 19014
 Version 1.0 - 12/22/21

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: | / | | 2000 |
| Compartment #3: | / | | 1200 |
| Compartment #4: | / | | 2800 |
| Compartment #5: | | | |
| Compartment #6: | | | |

Carrier Name: SJA Transport, Inc.
 Carrier Address: 101 E. South St
Rockford, Ohio 45882
 Trailer Number: 48
 VIN Number: 1PMA2442975005290
 Tester Signature: T. B. [Signature]
 Date: 12/8/23