

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

(VKE) REVISION 11/21

Work Order # 097145

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 # TQZ 9658
Owners Unit # 205
Serial # J815664
Trlr. Vin # (If Applicable) 1PMS24529J8015664
D.O.T. Spec # DOT 406AL
Original Test Date 05-17
Design or MAWP 3.3
Test Location (C.S.) Rockford, Ohio

Previous Test Dates
V 5-23
L 5-22
P 5-22
K 5-23
K-EPA 27 5-23
Number of Compartments 4

Compartment Size: #1 3500 #2 1700 #3 2000 #4 2800 #5 X

Year Tank Mfg 05-17 Mfg. Name Polar Trailer Gallons 9500

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>
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>8:28</u>	<u>8:37</u>	<u>8:17</u>	<u>8:46</u>		
Pressure	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>		
Final Time	<u>8:33</u>	<u>8:42</u>	<u>8:22</u>	<u>8:51</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	Average
1	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>
2	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>

Time 8:53 AM

Vacuum Test = -6.0"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	<u>-6.0</u>	<u>-6.0</u>	<u>-5.9</u>	<u>-5.9</u>	<u>-5.8</u>	<u>-5.9</u>
2	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>	<u>-6.0</u>

Time 9:08 AM

Vapor Vent Test/Vapor Rail Pressure Test

Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
	<u>0.1"</u>	<u>0.2"</u>	<u>0.3"</u>	<u>0.4"</u>	<u>0.4"</u>	<u>0.4"</u>

Time 9:24 AM

Location of Defects Found and Method of Repair:

- 1.) _____
- 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"	<u>YES</u>	Month <u>4</u>	Year <u>24</u>
"K"	<u>YES</u>	Month <u>4</u>	Year <u>24</u>
"K EPA"	<u>YES</u>	Month <u>4</u>	Year <u>24</u>
"T"	<u>—</u>	Month <u>—</u>	Year <u>—</u>

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

Owner Acknowledgment Robert B. Bely Date 4-22-24
 R/I, Manager's Acknowledgment [Signature] Date 4-22-24
 Inspected By: [Signature] Print Tim Busk Date 4-22-24



ENERGY TRANSFER

Energy Transfer Partners
Data Operations and
Carrier Compliance
4041 Market Street
Aston, PA 19014
Version 1.1 - 08/05/2020

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"/>	1200
Compartment #3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000
Compartment #4:	<input type="checkbox"/>	<input type="checkbox"/>	2800
Compartment #5:	<input type="checkbox"/>	<input type="checkbox"/>	—
Compartment #6:	<input type="checkbox"/>	<input type="checkbox"/>	—

Carrier Name: SSA TRANSPORT

Carrier Address: 101 E SOUTH ST
ROCKFORD, OH 45882

Trailer Number: 205

VIN Number: 1PMS24529J8015664

Signature: Tim Birch

Date: 4/22/24



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 #: 205
 Trailer: Make Polar Year 5/2017 DOT Type 406 Serial Number 1PMS24529J8015664
 Retain Sensors Installed Yes No

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

- 1 Max Compartment Capacity
- 2 Probe Outage (60 gal min)
- 3 *Carrier Outage
- 4 Maximum Preset

Example
3140
60
3680
3680

Front	Compartments				Rear	
#1	#2	#3	#4	#5	#6	
3621	1317	2109	2902	N/A	N/A	
60	60	60	60			
3560	1257	2049	2852			
3500	1200	2000	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

- 1 Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity?
- 2 Is the overfill protection system in working condition?
- 3 Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry?
- 4 Has the grounding system been checked and is in proper operating condition?
- 5 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?
- 6 Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires?
- 7 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"/>

Name (Print)

Name (Sign)

Hoosier Trailer and Truck Equipment
Inspection Company

CT 3437
Inspector's DOT reg. #

4/22/24
Date (MM/DD/YY)

Carrier Verification Requirements

- 1 Is an MC306, DOT406 or other specification plate installed?
- 2 Is proper placarding installed for the product(s) that are hauled?
- 3 Is the state DOT inspection or DOT 396/17 data current?
- 4 Are pressure, leakage and visual decals current?
- 5 Is emergency response information (including guidebook) on board?
- 6 Is each tank/trailer marked with appropriate unit numbers?
- 7 Are compartment capacity charts current and available upon request?
- 8 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, certify that all information on this document is certified and true

Robert Beza
Name (Print & Sign)

President
Title

4/22/24
Date (MM/DD/YY)