

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

(VKE) REVISION 11/21

Work Order # 097141

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 # TRN 3647
Owners Unit # 216
Serial # 5HTAM4427T7H59072
Trlr. Vin # (If Applicable) 5HTAM4427T7H59072
D.O.T. Spec # DOT 406AL
Original Test Date 02-96
Design or MAWP 3.3
Test Location (C.S.) Rockford, Ohio

Previous Test Dates
V 4-23
I 5-21
P 5-21
K 4-23
K-EPA.27 4-23
Number of Compartments 4

Compartment Size: #1 3600 #2 2000 #3 1100 #4 2700 #5 X

Year Tank Mfg 02-96 Mfg. Name Heil Trailer Gallons 9400

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) | --- | --- |
| B) Dents or Punctures | --- | --- |
| C) Distortion of Defects In Welds | --- | --- |
| D) Thickness Testing Needed | --- | --- |
| E) Tank has Imaging Decals (Wrap) | YES | NO |
| Internal Visual In Accordance To 180.407(c) | YES | NO |
| 2.) External Inspection Of Piping, Valves, Gaskets: | | |
| A) Corroded Areas | --- | --- |
| B) Defects in Welds, Signs of Leakage | X | --- |
| C) Condition of delivery, vapor hoses | --- | --- |

| | Faulty | Okay |
|---|-------------|--------------|
| 3) External Inspection Of Manholes: | | |
| A) Devices for tightening manhole covers operative | <u> </u> | <u> /</u> |
| B) Evidence of leakage | <u> </u> | <u> /</u> |
| C) Inspect and pressure test fill lids, normal vents | <u> </u> | <u> /</u> |
| 4) External Inspection Of Emergency Valves And Devices | | |
| A) Emergency valves free from corrosion, erosion, distortion, or external damage that would prevent safe operation | <u> </u> | <u> /</u> |
| B) Remote trip control in operation / activate | <u> </u> | <u> /</u> |
| C) Leakage test seating disc in emergency valve | <u> </u> | <u> /</u> |
| D) Self closing stop valves in operation - function | <u> </u> | <u> /</u> |
| 5) <u>Missing</u> bolts, nuts, and fusible links must be replaced and loose nuts - bolts tightened | <u> </u> | <u> /</u> |
| 6) All Required Marking On Tank Legible | | |
| A) DOT spec. plate accessible / legible | <u> </u> | <u> /</u> |
| B) Flammable placards legible (all 4-sides) | <u> </u> | <u> /</u> |
| 7) External Inspection Of All Major Appurtenances | | |
| A) Fifth wheel plate, pins, bolts | <u> </u> | <u> /</u> |
| B) Suspension, springs, hangers, etc. | <u> </u> | <u> /</u> |
| C) Frame, cross members, gussets, etc. | <u> </u> | <u> /</u> |
| 8) Inspect all re-closing pressure relief valves | <u> </u> | <u> /</u> |
| 9) Lights, reflectors, wiring in good working order | <u> </u> | <u> /</u> |
| 10) Brakes in good working order | <u> </u> | <u> /</u> |
| 11) Air hoses above axles, chambers, chafed, or rotted | <u> </u> | <u> /</u> |
| 12) Air system have any leaks | <u> </u> | <u> /</u> |
| 13) Tank mounting bolts, boards, attachments in proper working order | <u> </u> | <u> /</u> |
| 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>6:58</u> | <u>7:07</u> | <u>6:52</u> | <u>7:04</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>7:08</u> | <u>7:12</u> | <u>6:57</u> | <u>7:04</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 | Time |
|------|-------------|-------------|-------------|-------------|-------------|--------------|----------------|
| 1 | <u>18.0</u> | <u>17.9</u> | <u>17.9</u> | <u>17.8</u> | <u>17.8</u> | <u>17.9"</u> | <u>7:11 AM</u> |
| 2 | <u>18.0</u> | <u>18.0</u> | <u>18.0</u> | <u>18.0</u> | <u>18.0</u> | | |

Vacuum Test = -6.0"

| Test | 1 Minute | 2 Minutes | 3 Minutes | 4 Minutes | 5 Minutes | Average | Time |
|------|-------------|-------------|-------------|-------------|-------------|--------------|----------------|
| 1 | <u>-5.9</u> | <u>-5.8</u> | <u>-5.7</u> | <u>-5.6</u> | <u>-5.5</u> | <u>-5.5"</u> | <u>7:25 AM</u> |
| 2 | <u>-5.9</u> | <u>-5.8</u> | <u>-5.8</u> | <u>-5.6</u> | <u>-5.5</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>0.1"</u> | <u>0.2"</u> | <u>0.4"</u> | <u>0.5"</u> | <u>7:39 AM</u> |

Location of Defects Found and Method of Repair:

- 1.) (2) #4 & #1 lines leaking @ metallic - Emergency valves
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification

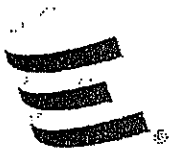
Identified On This Report Yes ___ No X

Was The Tank Marked

| | | | | | |
|---------|-----------|-------|-----------|------|-----------|
| "V" | <u>NO</u> | Month | <u>4</u> | Year | <u>24</u> |
| "K" | <u>NO</u> | Month | <u>4</u> | Year | <u>24</u> |
| "K EPA" | <u>NO</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 Roberta. Beck Date 4-22-24
 R/I, Manager's Acknowledgment [Signature] Date 4-22-24
 Inspected By: [Signature] Print Tim Bursk Date 4-22-24



ENERGY TRANSFER

Energy Transfer Partners
Data Operations and
Carrier Compliance
4041 Market Street
Aston, PA 19014
Version 1.1 - 08/03/2020

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"/> | 3600 |
| Compartment #2: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2000 |
| Compartment #3: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1100 |
| Compartment #4: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2700 |
| Compartment #5: | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Compartment #6: | <input type="checkbox"/> | <input type="checkbox"/> | N/A |

Carrier Name: SSA TRANSPORT

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

Trailer Number: 216

VIN Number: SHTAM 4427T7H 59 072

Signature: Tim Brown

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 Trailer Unit #: 216
 Trailer: Make HEIL Year 1996 DOT Type 406 Serial Number SHAM 4427TH59072
 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 | 3708 | 2060 | 1160 | 2782 | | |
| 2 Probe Outage (60 gal min) | 60 | 60 | 60 | 60 | | | |
| 3 *Carrier Outage | 3080 | 48 | 0 | 0 | 22 | | |
| 4 Maximum Preset | 3000 | 3600 | 2000 | 1100 | 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

| | YES |
|--|-------------------------------------|
| 1 Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity? | <input checked="" type="checkbox"/> |
| 2 Is the overfill protection system in working condition? | <input checked="" type="checkbox"/> |
| 3 Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry? | <input checked="" type="checkbox"/> |
| 4 Has the grounding system been checked and is in proper operating condition? | <input checked="" type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> |
| 6 Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires? | <input checked="" type="checkbox"/> |
| 7 Is a functional brake interlock system installed on the loading header and vapor recovery hose? | <input checked="" type="checkbox"/> |

TIM BUCK
Name (Print)

C.H. BRADSHAW
Inspection Company

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

Tim Buck
Name (Sign)

CT0097
Inspector's DOT reg. #

Carrier Verification Requirements

| | YES |
|---|-------------------------------------|
| 1 Is an MC306, DOT406 or other specification plate installed? | <input checked="" type="checkbox"/> |
| 2 Is proper placarding installed for the product(s) that are hauled? | <input checked="" type="checkbox"/> |
| 3 Is the state DOT inspection or DOT 396/17 data current? | <input checked="" type="checkbox"/> |
| 4 Are pressure, leakage and visual decals current? | <input checked="" type="checkbox"/> |
| 5 Is emergency response information (including guidebook) on board? | <input checked="" type="checkbox"/> |
| 6 Is each tank/trailer marked with appropriate unit numbers? | <input checked="" type="checkbox"/> |
| 7 Are compartment capacity charts current and available upon request? | <input checked="" type="checkbox"/> |
| 8 Is each compartment loading headers matching with maximum presets recorded above? | <input checked="" type="checkbox"/> |

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

ROBERT BRANA Robert Brana
Name (Print & Sign)

PRESIDENT
Title

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