

5/1/24

| | | | |
|---|---|---|---|
| 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 45882 | | TELEPHONE 419.363.2342 | CITY, STATE, ZIP CODE |
| OWNERS SERIAL NO. | MFG. DATE 3/2001 | ORIG. TEST DATE 2/2001 | TANK'S EQUIPMENT NO. 225 |
| CARGO TANK MOTOR VEHICLE MFG. | CARGO TANK MOTOR VEHICLE CERT. DATE | TANK MANUFACTURER LBT | VESSEL MATERIAL SPEC. NO. 5454-H32 |
| MAX WEIGHT OF LADING LBS. NA | LINING MATERIALS | DOT SPECIFICATION NO. 406 | MANUFACTURER'S SERIAL NO. 4J8T043211T010805 |
| HEATING SYSTEM | DESIGN PRESSURE (PSIG) NA | DESIGN TEMPERATURE NA | FLUID CAPACITY (GALS) 6500 |
| MATERIAL | | ORIGINAL TEST DATE 2/2001 | MAXIMUM ALLOWABLE WORKING PRESSURE PSIG 3.3 |
| SHELL | HEAD | DESIGN TEMPERATURE | WATER CAPACITY IN LBS. |
| EXPOSED SURFACE AREA IN SQ. FT. NA | MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA | TANK <input type="checkbox"/> UNLINED <input type="checkbox"/> INSULATED | |
| <input 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 (K) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> KEPA27 | |
| <input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC | | <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 RESULT | |
|--------|--|--------|--|------|---------|------|----------|------|----------------|-------|
| | | | | | TEST | TIME | START | END | | START |
| ✓ | Tank Shell | ✓ | Frangula (Repair) Disk | | | | | | | |
| ✓ | Tank Heads | ✓ | Major Appearance | | | | | | | |
| ✓ | Head-to-Shell Seam | ✓ | - upper coupler assembly | | | 1 | 8:30 | 8:35 | 7:00 | 7:10 |
| ✓ | Valves | ✓ | - suspension system attachments | | | 2 | 8:45 | 8:50 | 7:20 | 7:30 |
| ✓ | Gaskets | ✓ | - connecting structures | | | | | | | |
| ✓ | Manhole Covers | ✓ | Using Material | | | | | | | |
| ✓ | Manhole Gaskets | ✓ | Pressure Bearing Portion of Heating System | | | 3 | 9:00 | 9:05 | 7:40 | 7:50 |
| ✓ | Devices for Tightening Manhole Gaskets on Full Opening Rear Head | ✓ | Flats for Heating System | | | 4 | 9:15 | 9:20 | 8:00 | 8:10 |
| ✓ | Self-closing Stop-valves | ✓ | Corrected or Abraded Areas | | | 5 | | | | |
| ✓ | Excess Flow Valves | ✓ | Obstructions | | | 6 | | | | |
| ✓ | Removal Closure Devices | ✓ | Welds | | | | | | | |
| ✓ | Relieving Pressure Relief Valves | ✓ | | | | | | | | |
| ✓ | Nut and Bolt | ✓ | | | | | | | | |

(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 appearance

Example: cracked baffle #4
emergency shut off cable broken

NATURE AND SEVERITY:

METHOD OF REPAIRS: Removed old weld & cleaned. Rewelded
Replaced Emergency cable.

IS REPAIR CERTIFICATION REQUIRED? YES NO

DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

| | | | | | |
|--|--|--|--|--|-------------------|
| THIS UNIT HAS HAULED | <input type="checkbox"/> ANHYDROUS AMMONIA (<input type="checkbox"/> CERTIFIED AS 99.9% 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 5/1/24 | STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES <input type="checkbox"/> F ₁ <input type="checkbox"/> F ₂ <input type="checkbox"/> F ₃ <input type="checkbox"/> NO NA | | | |
| TESTED BY (Print or Stamp Name) Michael Capeland | REPAIRED BY BOOSIER TRAILER AND TRUCK EQUIP. INC. | ADDRESS 4830 TODD DR | | | |
| 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

MARKINGS APPLIED: YES NO

SIGNATURE OF INSPECTOR: Michael Capeland DOT REGISTRATION NUMBER: **CT 3437** DATE: **5/1/24** SIGNATURE OF OWNER: Robert W. ... DATE: **5/1/24**

TANKER TEST AND INSPECTION REPORT

Information as required by Sec. 180.407(h)(4), and 180.417(b) & (c) of the D.O.T. Hazardous Materials Regulations

INSPECTION DATE: 5/1/24

| | | | |
|---|---|--|--|
| 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 45882 | | TELEPHONE 419.363.2342 | TELEPHONE |
| OWNER'S SERIAL NO. | MFG. DATE 3/2001 | ORIG. TEST DATE 2/2001 | CARRIER'S EQUIPMENT NO. 325 |
| CARGO TANK MOTOR VEHICLE MFG. | CARGO TANK MOTOR VEHICLE CERT. DATE | TANK MANUFACTURER LBT | VESSEL MATERIAL SPEC. NO. 5454-H32 |
| MAX. WEIGHT OF LADINGS LBS. NA | LINING MATERIALS | DOT SPECIFICATION NO. 406 | FLUID CAPACITY (GALS.) 6500 |
| HEATING SYSTEM | DESIGN PRESSURE (PSIG) NA | DESIGN TEMPERATURE (°F) NA | ORIGINAL TEST DATE 2/2001 |
| MATERIAL | | DESIGN TEMPERATURE (°F) NA | MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3 |
| SHELL | HEAD | WATER CAPACITY IN LBS. | |
| EXPOSED SURFACE AREA IN SQ. FT. NA | MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA | <input type="checkbox"/> LINEO <input type="checkbox"/> TANK <input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> INSULATED <input type="checkbox"/> MATERIAL CORROSIVE TO TANK <input type="checkbox"/> DEDICATED SERVICE <input type="checkbox"/> OTHER | |
| <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"/> 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"/> KEPA27 <input type="checkbox"/> PNEUMATIC | | | |

| YES | NO | ITEM | YES | NO | ITEM | TYPE | TEST | START | END | MEASURE | AVERAGE RESULTS | |
|-----|----|--|-----|----|---|------------------------------------|---|-------|-------|---------|-----------------|--|
| | | Tank Shell | | | Frangible (Rupture) Disk | PRESSURE RELIEF DEVICES | TEST 1 | 9:30 | 9:35 | 18 | 17.9 | |
| | | Tank Heads | | | Major Appurtenances | | TEST 2 | 9:45 | 9:54 | 18 | 17.9 | |
| | | Head-to-Shell Seam | | | - upper coupler assembly | | VAC. 1 | 10:00 | 10:05 | 6 | 5.7 | |
| | | Valves | | | - suspension system attachments | | VAC. 2 | 10:15 | 10:20 | 6 | 5.7 | |
| | | Gaskets | | | - connecting structures | | VR VENT 1 | 10:30 | 10:35 | 0 | 0.4 | |
| | | Manhole Covers | | | Lining Material | | VR VENT 2 | 10:45 | 10:50 | 0 | 0.4 | |
| | | Manhole Gaskets | | | Pressure Bearing Portions of Heating System | | UPPER COUPLER ASSEMBLY | | | | | |
| | | Devices for Tightening Manhole Gaskets on Full Opening Rear Head | | | Flues for Heating System | | <input type="checkbox"/> EXAMINED IN PLACE | | | | | |
| | | Self-closing Stop-valves | | | Corroded or Abraded Areas | | <input checked="" type="checkbox"/> REMOVED FOR EXAMINATION | | | | | |
| | | Excess Flow Valves | | | Obstructions | | I.D. OF FLUID USED FOR TEST | | | | | |
| | | Remote Closure Devices | | | Dents | Water | | | | | | |
| | | Reclosing Pressure Relief Valves | | | Welds | TEST PRESSURE 18" | | | | | | |
| | | Rivets and Bolts | | | | HOLDING TIME OF TEST 5 mins | | | | | | |

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

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

Explain: **Over fill system failed to work correctly.**

NATURE AND SEVERITY:

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

Replaced over fill system brain to fix issue.

THIS UNIT HAS HAULED ANHYDROUS AMMONIA ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING

STRESS RELIEVED AFTER FABRICATION YES NO NA

REPAIR DATE **NA**

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON **CT 3437** TEST DATE **5/1/24** STRESS RELIEVED AFTER REPAIR YES NO NA

TESTED BY (Person's Name) **Michael Copeland** REPAIRED BY **HOOSIER TRAILER AND TRUCK EQUIP. INC.**

ADDRESS **4830 TODD DRIVE** ADDRESS **4830 TODD DRIVE**

CITY, STATE, ZIP **FORT WAYNE, IN 46803** 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 **Michael Copeland** DOT REGISTRATION NUMBER **CT 3437** DATE **5/1/24** SIGNATURE OF OWNER **Robert...** DATE **5/1/24**



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 #: 225
 Trailer: Make LBT Year 2/2001 DOT Type 406 Serial Number 4J8T043211T010805
 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 | 3564 | 2089 | 1156 | 2829 | N/A | N/A |
| 2 Probe Outage (60 gal min) | 60 | 60 | 60 | 60 | | | |
| 3 *Carrier Outage | 3080 | 3504 | 2029 | 1096 | 2869 | | |
| 4 Maximum Preset | 3000 | 3400 | 2000 | 1000 | 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

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

Michael Copeland
Name (Print)
Michael Copeland
Name (Sign)

Hoozier Trailer & Truck Equip.
Inspection Company
CT 3437
Inspector's DOT reg. #

5/1/24
Date (MM/DD/YY)

Carrier Verification Requirements

- | | |
|---|-----|
| 1 Is an MC306, DOT406 or other specification plate installed? | YES |
| 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? | ✓ |

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

ROBERT DEWA
Name (Print & Sign)

PRES.
Title

05/01/24
Date (MM/DD/YY)



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"/> | 3400 |
| Compartment #2: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2000 |
| Compartment #3: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1000 |
| 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: SJA TRANSPORT

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

Trailer Number: 225

VIN Number: 4J8T043211T010805

Signature: Tim Bu

Date: 5/1/24