

Bowmans Tank Services Registration # CT-11696		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		WO Date 2/16/2024	TEST FORMS
				WO # 33576	External (V) <input checked="" type="checkbox"/>
Facility Information					Internal (I) <input checked="" type="checkbox"/>
Facility: Bowmans Tank Services - Brownsburg			National Board # R-7842	Fac ID: BROWNSBURG	Leakage (K) <input checked="" type="checkbox"/>
Address: 10445 N State Road 267			Ref # OWNER-010318		
City: Brownsburg	ST: IN	Zip: 46112	Phone: 317-858-1900		
Customer/Company Information					K-EPA27 <input checked="" type="checkbox"/>
Cust PO#	Payment <input type="checkbox"/> COD <input type="checkbox"/> Account				
Company: SJA TRANSPORT					
Address: 101 E. SOUTH ST.			COD	PTP Cust ID:	
Address 2:			Contact		
City, ST Zip: ROCKFORD OH 45882 USA					
Phone: 419-363-2342 Alt			Fax:		
Unit Information					Wet Test <input type="checkbox"/>
Unit#: 226	VIN#: 10BEA92348FOB8813	SER#:	Model: DOT406		
Mfgr: BRENNER	Year: 2008	Unit Type: SEMI TRLR; TANK			
					Pressure (P) <input checked="" type="checkbox"/>
Chassis Information (CMV-Commercial Motor Vehicle Information)					Thickness (T) <input type="checkbox"/>
VIN #: 10BEA92348FOB8813	Mfgr: BRENNER	Year: 2008	Type: Semi-Trailer		
UNIT IS IN COMPLIANCE					PRD <input type="checkbox"/>
UNIT DATA HAS BEEN VERIFIED WITH MANUFACTURER'S DATA PLATE:					Lining <input type="checkbox"/>

Special Instructions	Inspection/Test Page Index																																																			
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Bowmans Tank Services		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		Form K- EPA27- Leakage Test	
Facility Registration # CT-11696 National Board # R-7842				WO # 33576	
Facility: Bowmans Tank Services - Brownsburg		Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024	
Address: 10445 N State Road 267		City: Brownsburg		State: IN	Zip: 46112
Carrier: SJA TRANSPORT		Phone: 419-367-2342		Email:	
Address: 101 E. SOUTH ST.		City: ROCKFORD		State: OH	Zip: 45882
Fleet #: 226	VIN: 10BEA92348F0B8613	Serial #:	MC/DOT: DOT406	Special Permit: N/A	Lic Plate# TN U741782
Type: SEMI TRLR; TANK	MAWP: 3.3	Mfr: BRENNER	Year: 2008	VIP Chip # N/A	No VIP <input checked="" type="checkbox"/>
# Compartments: 3	Total Capacity: 9600 Gal	Cap/Comp: #1 4400 #2 1300 #3 3900 #4	#5	#6	
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: NO		Vac/Full Opening RH: NO	

PRESSURE AND VACUUM TESTS PER METHOD 27: 40 CFR PART 60, APPENDIX A

MACT R/MACT CC FACILITIES:
Maximum 1.0 in. H2O Pressure drop allowed

Test 1 & 2 Variation: Tests must agree within 0.5 in. H2O

Initial Test Maricopa Co ONLY ==>>>	Initial Pressure = 18 in. H2O			Total Time > 5 minutes			
	18						
PRESSURE TEST	Initial Pressure (inches H2O)	Initial Test Time (HH:MM)	Final Pressure (inches H2O)	Final Test Time (HH:MM)	Pressure Change (inches H2O)	Time Change (in minutes)	T1 & T2 VARIATION
TEST 1	18	11:40	17.8	11:45	-0.2	5	
TEST 2	18	11:50	18	11:55	0	5	
AVG	18		17.90		-0.1		

VACUUM TEST	Initial Pressure = 6 in. H2O			Total Time > 5 minutes			
	6						
TEST 1	6	12:00	6	12:05	0	5	T1 & T2 VARIATION
TEST 2	6	12:10	6	12:15	0	5	
AVG	6		6		0		

INTERNAL VAPOR VALVE TEST: 40 CFR PART 63, SUBPART R (Required only at MACT Facilities)

	Initial Tank Pressure = 18 in. H2O			Total Time > 5 minutes			
	Initial Line Pressure = 0 in. H2O						
	Initial Pressure (inches H2O)	Initial Test Time (HH:MM)	Final Pressure (inches H2O)	Final Test Time (HH:MM)	Pressure Change (inches H2O)	Time Change (in minutes)	T1 & T2 VARIATION
TEST 1	0	12:20	0	12:25	0	5	
TEST 2	0						
AVG	0						

MACT R/MACT CC FACILITIES: <= 5 in. H2O pressure increase

ALL COMPONENTS TESTED CONNECTED COMPT # TESTED INDIVIDUALLY

TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407

RETURNED TO SERVICE

FAILS TO MEET SPECIFICATION REQUIREMENTS

WITHDRAWN FROM SERVICE

Enrique Alcocer DATE 02/16/2024

OWNER SIGNATURE DATE

REGISTERED
INSPECTOR
SIGNATURE *Enrique Alcocer*

Robert W. Boh 2/16/24

Bowman's

TANK ACCEPTANCE AND PREPARATION Form No.: F-506

DATE: 02/16/2024

Transport Tank Repair and Truck Service

WO # 33576

Facility Information

Facility: Bowmans Tank Services - Brownsburg	Facility Registration # CT-11696	National Board # R-7842	Fac ID: BROWNSBURG
Address: 10445 N State Road 267	City: Brownsburg	State: IN	Zip: 46112
Phone: 317-858-1900			

Customer/Company Information

Company: SJA TRANSPORT	#	Contact Name:	Phone: 419.367.2342
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Unit Information

Fleet Unit # 226	CTMV VIN: 10BEA92348FOB8813	Tank Serial #	Year: 2008	Mfgr: BRENNER
ODO/Hub:	MAWP: 3.3	TEST PRESS: 5	N/A: <input type="checkbox"/>	Type: SEMI TRLR; TANK
MC/DOT/Spec #: DOT406	Special Permit (SP####):	ST & License #: (Enter 'NA' if none) TN U741782		

Insulated: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Corrosive Service: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Vapor Recovery: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Manhole: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Heating System: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Vac/Full Opening Rear Head: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Dedicated Service: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

# Compts: 3	Total Capacity: 9600 Gal	MATERIAL: Aluminum	WEIGHT:
Compt Capacity:	1 4400	2 1300	3 3900
Lining: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

LAST INSPECTION DATE MARKINGS (as MM/YY or NA) Unit for Repair Only: <input type="checkbox"/> (All Inspections/Tests NA)	V		K		K-EPA27		I		P	
	MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY
	11	2022	11	2022	11	2022	11	2022	11	2022
	NA <input type="checkbox"/>	DUE <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	DUE <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	DUE <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	DUE <input type="checkbox"/>	NA <input type="checkbox"/>	DUE <input type="checkbox"/>
	T		L		UC		FMCSA			
	MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY		
				11	2022	11	2022			
NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input type="checkbox"/>	DUE <input type="checkbox"/>	NA <input type="checkbox"/>	DUE <input checked="" type="checkbox"/>			

Identification of Last Product Contained and Tank Cleaning Method

LAST PRODUCT:	UN NO:	PRODUCT NAME:	CLASS:
SAFETY DATA SHEET: CHECK ONE: <input type="checkbox"/>	ON FILE <input type="checkbox"/>	NON-HAZMAT <input type="checkbox"/>	
CHECK-IN CONDITION: CHECK ONE: <input type="checkbox"/>	LOADED <input type="checkbox"/>	EMPTY W/ RESIDUE (Attach Shippers Bill of Lading) <input type="checkbox"/>	INERTED W/: <input type="checkbox"/>
CLEANOUT DISPOSITION: CHECK ONE: <input type="checkbox"/>	DO NOT CLEAN (Attach "DO NOT OPEN" tags to all inlets/outlets)		
	SEND TO CLEANOUT FACILITY <input type="checkbox"/>		

COMMENTS:

FOR CLEANED CARGO TANKS PERFORM ATMOSPHERIC CHECK THROUGH ALL COMPARTMENT MANHOLES, VOIDS AND PIPING. RECORD RESULTS BELOW.

DATE	TIME	O2 19.5- 23.5%	LEL < 10%	CO < 35 ppm	h2S < 10 ppm	OTHER TOXICS	TECHNICIAN NAME/SIG	SUPERVISOR NAME/SIG
02/16/2024	07:43	23	0	0	0		Enrique Alcocer	02/20/2024

THIS FORM MUST BE SIGNED AND ATTACHED TO CARGO TANK MOTOR VEHICLE

FOLLOW CONFINED SPACE ENTRY PROCEDURES PRIOR TO PERFORMING HOT WORK ON CARGO TANKS THAT CONTAINED FLAMMABLE OR COMBUSTIBLE MATERIAL

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		Form I - Internal Visual Inspection	
				WO #	33576
Facility: Bowmans Tank Services - Brownsburg		Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024	
Address: 10445 N State Road 267		City: Brownsburg		State: IN	Zip: 46112
Carrier: SSA TRANSPORT Phone: 419-367-2742		Fleet # 226	VIN: 10BEA92348FOB8813		Serial#:
Address: 101 E. SOUTH ST.		MC/DOT: DOT406	Sp Permit: N/A	Cust ID: TC00016	
City: ROCKFORD State: OH Zip: 45882		Design/MAWP: 3.3	Mfgr/Asmblr: BRENNER	Year: 2008	
# Compts: 3	Total Capacity: 9600 Gal	Compt Cap: #1 4400	#2 1300	#3 3900	#4 #5 #6
Corrosive Service: NO		Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Min T Shell:	Lined: NO	Vac/Full Opening RH: NO	
					Manhole: YES
<input checked="" type="checkbox"/> CHECK THE FOLLOWING INSPECTION ITEMS:					

SECTION 1 TANK SHELL/HEADS:

1.1) Corroded or abraded areas

	P	F	N/A	Rep
Compt. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1.2) Dents or distortions

Compt. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1.3) Defects in welds

Compt. 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compt. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELDED CRACKS #1 BAFFLE BOTH SIDES OVER FRAME RAIL.

WELDED CRACKS #1 & #2 BAFFLES TOP & BOTTOM OF MAN HOLE.

1.4) Defects in lining

Compt. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1.5) Any condition that might render tank unsafe for transportation service

Compt. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> INSPECTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407	<input checked="" type="checkbox"/> RETURNED TO SERVICE		
<input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS	<input type="checkbox"/> WITHDRAWN FROM SERVICE		
Enrique Alcocer REGISTERED INSPECTOR SIGNATURE <i>Enrique Alcocer</i>	DATE 02/16/2024	OWNER SIGNATURE <i>Robert W. Bah</i>	DATE 2/16/24

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		Form P - Pressure Test	
				WO #	33576
Facility: Bowmans Tank Services - Brownsburg	Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024		
Address: 10445 N State Road 267	City: Brownsburg	State: IN	Zip: 46112		
Carrier: SJA TRAILBLAZER Phone: 419-367-2742	Fleet#: 226	VIN: 10BEA92348FOB8813	Serial #:		
Address: 101 E. SOUTH ST.	MC/DOT: DOT406	Sp Permit: N/A	Cust ID: TC00016		
City: ROCKFORD State: OH Zip: 45882	Design/MAWP: 3.3	Mfg/Asmblr: BRENNER	Year: 2008		
# Compartments: 3	Total Capacity: 9600 Gal	Cap/Comp: #1 4400 #2 1300 #3 3900 #4 #5 #6			
Corrosive Service: NO	Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES	
Dedicated Service: NO	Min T Shell:	Lined: NO	Vac/Full Opening RH: NO		

TESTING PROCEDURE:

1. Remove all reclosing pressure relief valves, emergency relief and normal vents from tank and bench test. See FORM S1 (PRD).
2. Remove or render inoperative any other relief device rated below cargo tank test pressure.
3. Except for cargo tanks carrying lading corrosive to the tank (removed every two years) remove upper coupler assembly and inspect. See External Visual Inspection Section/item '8.6.
4. Select test method and test media.

HYDROSTATIC: WATER OTHER:

1. Fill tank including domes with water or other liquid of similar viscosity at a temperature not exceeding 100 F.
2. Pressurize tank as specified in table and enter test pressure below.
3. While under pressure (minimum of 10 minutes) perform External Visual Inspection checking for leakage, bulging or any other defect.

TEST PRESSURE: _____ psi PASS FAIL

PNEUMATIC: AIR INERT GAS:

1. Fill tank with air or inert gas gradually increasing the pressure to 1/2 of the test pressure specified in table. Thereafter increase pressure in steps of 1/10 of test pressure until test pressure is reached and enter test pressure below.
2. Hold test pressure for 5 minutes then reduce pressure to MAWP.
3. Hold MAWP, coat entire surface of all joints under pressure with soap and water, or use other equally sensitive methods and perform External Visual Inspection checking for leakage.

TEST PRESSURE: 5 psi PASS FAIL

5. Test heating system if so equipped hydrostatically only with tank full of water by removing relief devices, filling with water or other liquid and pressurizing to maximum system design operating pressure. Hold test pressure for 5 minutes and enter below.

TEST PRESSURE: _____ psi PASS FAIL INOP

NOTE: Each compartment of a multi-compartmented tank must be tested with adjacent compartments empty and at atmospheric pressure.

Each compartment tested individually:

- OR -

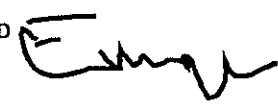
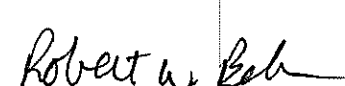
Mark compartments tested in combination:

Test 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specification	Test Pressure
MC 300, 301, 302 303, 305, 306	The test pressure on name plate, or specification plate, 20.7 kPa (3 psig) or design pressure, whichever is greater
MC 304, 307	The test pressure on the data plate, 278.5 kPa (40 psig) or 1.5 times the design pressure, whichever is greater.
MC 310,311,312	The test pressure on the data plate, 20.7 kPa (3 psig) or 1.5 times the design pressure, whichever is greater
MC 330, 331	The test pressure on the data plate, 1.5 times either the MAWP or the re-rated pressure, whichever is applicable.
MC 338	The test pressure on the data plate, 1.25 times either the MAWP or the re-rated pressure, whichever is applicable.
CGA/TC 341	1.5 times for hydro testing or 1.25 times for pneumatic testing the MAWP minus the actual vacuum measured (14.7 psia) minus the absolute pressure in the annular space.
DOT 406	The test pressure on the data plate, 34.5 kPa (5 psig) or 1.5 times the MAWP, whichever is greater.
DOT 407	The test pressure on the data plate, 275.8 kPa (40 psig) or 1.5 times the MAWP, whichever is greater.
DOT 412	The test pressure on the data plate, or 1.5 times the MAWP whichever is greater.

NOTE: List any defects on External Visual Inspection, affected section.

NOTE: if heating maximum system design operating pressure is not marked, test at 100 psig.

<input checked="" type="checkbox"/> TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407	<input checked="" type="checkbox"/> RETURNED TO SERVICE
<input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS	<input type="checkbox"/> CARGO TANK ONLY PER 180.407(C) NOTE 4
<input type="checkbox"/> WITHDRAWN FROM SERVICE	
Enrique Alcocer REGISTERED INSPECTOR SIGNATURE 	DATE 02/16/2024 OWNER SIGNATURE 
	DATE 2/16/24

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		Form K - Leakage Test	
				WO # 33576	
Facility: Bowmans Tank Services - Brownsburg		Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024	
Address: 10445 N State Road 267		City: Brownsburg		State: IN	Zip: 46112
Carrier: SJA TRANSPORT		Fleet # 226	VIN: 10BEA92348FOB8813	Serial#:	
Address: 101 E. SOUTH ST.		MC/DOT: DOT406	Special Permit: N/A	Cust ID: TC00016	
City: ROCKFORD State: OH Zip: 45882		MAWP: 3.3	Mfr: BRENNER	Year: 2008	
# Compartments: 3	Total Capacity: 9600	Gal	Cap/Comp: #1 4400 #2 1300 #3 3900 #4 #5 #6		
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: NO		Vac/Full Opening RH: NO	

TESTING PROCEDURE:

1. Test cargo tank including product piping with all valves and accessories in place and operative, except any relief devices rated below cargo tank test pressure must be removed or rendered inoperative during the test.
2. Select test method and test media.

HYDROSTATIC: WATER OTHER:

1. Fill tank including domes with water or other liquid of similar viscosity at a temperature not exceeding 100 F.
2. Pressurize tank as specified in table and enter test pressure below.
3. While under pressure (minimum of 5 minutes) perform External Visual Inspection including opening all outlet valves and checking all self-closing stop valves for leakage or any other defect.

TEST PRESSURE: _____ psi PASS FAIL

PNEUMATIC: AIR INERT GAS:

1. Fill tank with air or inert gas gradually increasing the pressure to 1/2 of the test pressure specified in table. Thereafter increase pressure in steps of 1/10 of test pressure until test pressure is reached and enter test pressure below.
2. Hold test pressure (min 5 minutes), coat entire surface of all joints under pressure with soap and water, or other equally sensitive method, and perform External Visual Inspection checking for leakage.

TEST PRESSURE: 2.8 psi PASS FAIL

MNOP/60 psig PRODUCT:

1. Enter indicated tank pressure below.
2. While under pressure (minimum of 5 minutes) perform External Visual Inspection.

TEST PRESSURE: _____ psi PASS FAIL

3. For MC330, 331 and Nonspec (173.315(k)): Except CO2, inspect delivery hose and piping system while under leakage test pressure. Delivery hose assemblies not permanently attached to the cargo tank motor vehicle may be tested and inspected separately. Perform all tests/inspections using:

Form S2 - Hose Test and Inspection Supplement.

NOTE: Each compartment of a multi-compartmented tank must be tested with adjacent compartments empty and at atmospheric pressure.

Each compartment tested individually:

- OR -

Mark compartments tested in combination:

Test 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Leakage Test pressure must be no less than 80% of MAWP as marked on the Data Plate, unless excepted in table below.

Specification	Test Pressure
Non-specification {173.8 (d)}	Not less than 2.4 psig
MC 300, 301,302,303,304,305 MC 306, 307, 310, 311, 312 DOT 406, 407, 412	Not less than 80% of design (MAWP) pressure
MC330, 331 dedicated to liquified petroleum gas (LPG) or anhydrous ammonia (NH3) service.	Not less than 60 psig
All cargo tanks with design (MAWP) pressure at or above 100 psig and in dedicated service	At Maximum Normal Operating Pressure (MNOP) or not less than 80% of design (MAWP) pressure.

NOTE: MC330, 331 and Nonspec (173.315(k) equipped with a meter may check self-closing stop valve leak tightness by conducting a meter creep test.

NOTE: List any defects on External Visual Inspection, affected section.

TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407

FAILS TO MEET SPECIFICATION REQUIREMENTS

RETURNED TO SERVICE

WITHDRAWN FROM SERVICE

Enrique Alcocer DATE 02/16/2024

REGISTERED INSPECTOR SIGNATURE

Enrique Alcocer

OWNER SIGNATURE

DATE

Robert W. Bel 2/16/24

Bowmans Tank Services		<h1>Bowman's</h1> <i>Transport Tank Repair and Truck Service</i>		Form V - External Inspection Part A	
Facility Registration # CT-11696	National Board # R-7842			WO # 33576	
Facility: Bowmans Tank Services - Brownsburg		Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024	
Address: 10445 N State Road 267		City: Brownsburg		State: IN	Zip: 46112
Carrier: <i>SJA TRANSPORT</i> Phone: <i>419-367-2772</i>		Fleet # <i>226</i>	VIN: 10BEA92348FOB8813		Serial#:
Address: <i>101 E. SOUTH ST.</i>		MC/DOT: DOT406	Sp Permit: N/A	Cust ID: TC00016	
City: <i>ROCKFORD</i> State: <i>OH</i> Zip: <i>45882</i>		Design/MAWP: 3.3	Mfgr/Asmblr: BRENNER	Year: 2008	
# Compartments: 3	Total Capacity: 9600 Gal	Cap/Comp: #1 4400	#2 1300	#3 3900	#4 #5 #6
Corrosive Service: NO	Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES	
Dedicated Service: NO	Min T Shell:	Lined: NO	Vac/Full Opening RH: NO		
CHECK THE FOLLOWING INSPECTION ITEMS:					

SECTION 1 - TANK SHELL/HEADS:

- 1.1) Corroded or abraded areas
- 1.2) Dents, cuts, digs, gouges
- 1.3) Distortions
- 1.4) Defects in welds

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 - PIPING/VALVES/GASKETS:

- 2.1) Corroded or abraded areas
- 2.2) Defects in welds
- 2.3) Defects in valves/check function
- 2.4) Defects in the manifold
- 2.5) Defects in piping/flanges/fittings/gaskets

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - MANHOLE COVERS/GASKETS:

- 3.1) Manhole cover fasteners operable
- 3.2) Defects in the manhole cover
- 3.3) Defects in the gaskets

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - EMERGENCY DEVICES/VALVES INCLUDING SELF-CLOSING STOP VALVES, EXCESS FLOW VALVES, REMOTE CLOSURE DEVICES

- 4.1) Corroded or abraded areas
- 4.2) Distortions
- 4.3) Indications of erosion
- 4.4) External damage that will prevent safe operation
- 4.5) Check device function/leaks

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REPLACED ALL NORMAL VENTS.

SECTION 5 - BOLTS/NUTS/FUSIBLE LINKS/ELEMENTS

- 5.1) Replace any missing items
- 5.2) Tighten any loose items
- 5.3) Replace any corroded/broken items

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 - REQUIRED MARKINGS

- 6.1) Correct and legible

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		Form V - External Inspection Part B <hr/> WO # 33576
CHECK THE FOLLOWING INSPECTION ITEMS:		

**SECTION 7 - MAJOR APPURTENANCES/
STRUCTURAL ATTACHMENTS:**

	P	F	N/A	Rep
7.1) Defects in Subframe/connecting structures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2) Defects in suspension system attachments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3) Defects in welds/corroded or abraded areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4) Defects in ladder/catwalk assys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8 - UPPER COUPLER REMOVAL DUE N/A

NOTE: IF REMOVED FOR INSPECTION, REINSTALL USING NEW 1/2 OR 5/8 INCH GRADE 8 BOLTS.

	P	F	N/A	Rep
8.1) Corroded or abraded areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2) Dents or distortions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3) Defects in welds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4) Missing/loose mounting fasteners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5) King pin tight and not less than 1-7/8" thick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6) Upper Coupler was removed and area above inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9 NOTE: If PRD(s) inspected in place, complete this section only. If PRD(s) removed for inspection, add form S1 And perform bench test.

SECTION 9 - RECLOSING PRESS RELIEF VALVES

	P	F	N/A	Rep
9.1) Corrosion or damage which might prevent safe operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTE: IF AIR CAVITY EXISTS ADJACENT TO TANK SHELL PERFORM THICKNESS TEST EVERY TWO YEARS

**SECTION 10 - MS/HSLA RING STIFFENERS/
OTHER APPURTENANCES**

	P	F	N/A	Rep
10.1) Thickness test; Take four symmetrical readings to establish average, All readings must be at least 90% of average	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 11 - REAR OPENING HEAD GASKETS N/A

	P	F	N/A	Rep
11.1) Cracks/splits from weather/wear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.2) Cracks/cuts likely to cause leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.3) Cracks/cuts 1/2" or more	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SECTION 12 - NON-RECLOSING PRESSURE
RELIEF DEVICES/ACCESSORIES**

	P	F	N/A	Rep
12.1) Rupture discs <small>Allowed on MC310/MC311/MC312 only unless in series with reclosing press/vac device</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.2) Fusible/frangible caps <small>Allowed on MC304/MC307 only when equipped with original style venting</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.3) Tank pressure gauge operable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.4) Tank thermometer operable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.5) Tank measurement devices operable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.6) Defects in gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 13 - VARIABLES

	P	F	N/A	Rep
13.1) Any condition that might render tank unsafe for transportation service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> INSPECTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407 <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS	<input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE
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REGISTERED INSPECTOR SIGNATURE Enrique Alcocer 	DATE 02/16/2024	OWNER SIGNATURE 	DATE 2/16/24
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Bowmans Tank Services		<h1>Bowman's</h1>		FMCSA Trailer Inspection Part A	
Facility Registration # CT-11696 National Board # R-7842		<i>Transport Tank Repair and Truck Service</i>		WO # 33576	
Facility: Bowmans Tank Services - Brownsburg		Phone: 317-858-1900	Branch Code: BROWNSBURG	Date: 02/16/2024	
Address: 10445 N State Road 267		City: Brownsburg		State: IN	Zip: 46112
Carrier: SSR TRANSPORT		Fleet # 226	VIN: 10BEA92348F0B8813	Serial#:	
Address: 101 E. SOUTH ST.		MC/DOT: DOT406	Special Permit: N/A	Cust ID: TC00016	
City: ROCKFORD State: OH Zip: 45882		MAWP: 3.3	Mfg: BRENNER	Year: 2008	
# Compartments: 3	Total Capacity: 9600 Gal	Cap/Comp: #1 4400	#2 1300	#3 3900	#4 #5 #6
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: NO		Vac/Full Opening RH: NO	
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION PERIODIC (ANNUAL) INSPECTION					
CHECK THE FOLLOWING INSPECTION ITEMS: CVSA OOS CRITERIA FOR TRAILERS					

1. BRAKE SYSTEM

a. SERVICE BRAKES:

	P	F	N/A	Rep	Comments
1.a.1) Brake Action: Linings move/contact surface when applied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.2) Missing/broken mech comps Pads, shoes, sprs, pins, spdrs, rollers, rods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.3) Loose brake components Air chambers, spiders, camshafts/brkts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.4) Audible air leaks Air chamber diaphragm, clamps, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.5) Check adjustment Measure w/80psi in reservoir. Re-adjust type 30 at 2", long stroke at 2.5"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.6) Oil or grease on linings/pads, or not firmly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.7) Air drum linings Air drum linings at minimum 1/4" T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.a.8) Air disc linings Air disc linings at minimum 1/8" T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c. BRAKE DRUMS OR ROTORS:

	P	F	N/A	Rep
1.c.1) Open flexural cracks/ applied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.c.2) Portion of drum/rotor falling away	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. BRAKE HOSE:

	P	F	N/A	Rep
1.d.1) Outer ply damage/impregnation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.2) Bulges/swelling/distortion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.3) Audible air leaks: glandhands/gskts/connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.4) Improper/spliced connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.5) Broken/cracked/crimped hoses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. BRAKE TUBING:

	P	F	N/A	Rep
1.e.1) Audible leaks: Tubing/connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.e.2) Heat damage, broken, crimped lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		FMCSA Trailer Inspection Part B
		WO # 33576

CHECK THE FOLLOWING INSPECTION ITEMS: CVSA OOS CRITERIA FOR TRAILERS

NOTE: The National Highway Traffic Safety Administration (NHTSA) mandated that Anti-lock Brake Systems (ABS) are required on air-brake equipped semi-trailers equipped with air brakes and manufactured on or after March 1,1998.

This unit is equipped with electric brakes.

1. BRAKE SYSTEM (cont.)
I. ANTILOCK BRAKE SYSTEM:

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> N/A | P | F | N/A | Rep |
| 1.1.1) No missing ABS malfunction indicator components (i.e., bulb, wiring, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.2) ABS malfunction indicator illuminates when power is first applied to ABS controller (ECU) during initial power up. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.3) ABS malfunction indicator lamp does not stay illuminated while power is continuously applied to the ABS controller (ECU) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.4) ABS malfunction indicator lamp cycles when power is applied (a) Only to the vehicles constant ABS power circuit, or (b) only to the vehicle's stop lamp circuit. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.6) No other missing or inoperative ABS components | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: The National Highway Traffic Safety Administration (NHTSA) mandated that each commercial motor vehicle manufactured on or after October 20,1994 and equipped with an air brake system must meet the automatic brake adjustment system and indicator requirements of Federal Motor Carrier Safety Administration (FMCSA) Standard 121 applicable to the motor vehicle at the time it was manufactured.

m. AUTOMATIC BRAKE ADJUSTERS

- N/A - Manufactured prior to mandate
 N/A - Equipped with disc brakes

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | P | F | N/A | Rep |
| 1.m.1) Brakes are within the brake stroke limit specified by the vehicle manufacturer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.m.2) No automatic adjusters replaced by manual | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.m.3) No damaged, loose, or missing components | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Any brake found to be out of adjustment on initial inspection must be evaluated to determine why the automatic brake adjuster is not functioning properly and the problem must be corrected in order for the vehicle to pass inspection. It is not acceptable to manually adjust automatic brake adjusters without first correcting the underlying problem.

Bowmans Tank Services
 Facility Registration # CT-11696
 National Board # R-7842

Bowman's
 Transport Tank Repair and Truck Service

FMCSA Trailer Inspection Part C
 WO # 33576

CHECK THE FOLLOWING INSPECTION ITEMS: CVSA OOS CRITERIA FOR TRAILERS

2. COUPLING DEVICES

- a. LWR COUPLER ASSY (5TH WHL):** N/A
- | | P | F | N/A | Rep |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 2a.1) Frame mt 20%+ fasteners effective | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.2) No movement between components | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.3) No cracks in welds or parent metal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.4) Failed previous repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.5) Pivot pin & bracket movement
3/8" max movement between pivot pin and bracket | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.6) Sliders; 25%+ fasteners effective | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.7) Sliders; No fore/aft stops missing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.8) Sliders; bracket to base movement
3/8" max movement between bracket and base | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.9) Operable handle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.10) Fifth wheel plate
No cracks in welds or parent metal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a.11) Locking mechanism
Parts missing/broken/deformed/effectiveness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- b. UPPER COUPLER ASSY:** N/A
- | | P | F | N/A | Rep |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 2.b.1) Kingpin tight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.2) Kingpin thickness:
min = 1-7/8" | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.3) Fasteners:
1/2" = 7 per side min. 5/8" = 5 per side min. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.4) No cracks in parent metal > 20% of distance across. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.5) No cracks/gaps caused by corrosion => 1/8" width. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.6) No original weld cracks > 20% on sides, front, back. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b.7) No cracks on repair welds. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- c. PINTLE HOOK:** N/A
- | | P | F | N/A | Rep |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 2.c.1) Missing/damaged/loose fasteners | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.c.2) Insecure latching mechanism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.c.3) Weld status:
Cracks or existing weld repairs on assy or frame member mt = replace | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.c.4) Horn wear:
less than 20% of original thickness at any section | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Bowmans Tank Services
 Facility Registration # CT-11696
 National Board # R-7842

Bowman's
 Transport Tank Repair and Truck Service

FMCSA Trailer Inspection Part D
 WO # 33576

CHECK THE FOLLOWING INSPECTION ITEMS: CVSA OOS CRITERIA FOR TRAILERS

2. COUPLING DEVICES (cont)

d. DRAWBAR EYE: N/A

	P	F	N/A	Rep
2.d.1) Cracks on assy = Replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.d.2) Crack in attachment welds = replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.d.3) Any part of eye reduced by more than 20% = replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

e. DRAWBAR/TONGUE: N/A

	P	F	N/A	Rep
2.e.1) Slider has working latch & stop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.e.2) slider to hsg movement = 1/4" max	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.e.3) Assy/frame attach mvmt = 1/4" max	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.e.4) Cracks on assy = replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.e.5) Leaking air/hyd cylinders, hoses/chambers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

f. SAFETY DEVICES N/A

	P	F	N/A	Rep
2.f.1) Cable assy: Missing/damaged fasteners. 1/8" to 7/16" = 2 per side min 1/2" to 5/8" = 3 per side min	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.f.2) Improper repairs: Weld repairs, small bolts, wire rope, tape, replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.f.3) Kinked or broken strands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

h. FULL TRL DBL RING BALL-BRG TURNTABLES N/A

	P	F	N/A	Rep
2.h.1) Top flange has 7 fasteners min	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.h.2) Bottom flange has 7 fasteners min	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.h.3) Cracks on mounting = Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.h.4) Cracks on flanges = Replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.h.5) Top/bottom flanges touch = Replace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.h.6) Pry top flange from bottom Tolerance = 1/8" gap (mfg sug)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bowmans Tank Services Facility Registration # CT-11696 National Board # R-7842		FMCSA Trailer Inspection Part E WO # 33576
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CHECK THE FOLLOWING INSPECTION ITEMS: CVSA OOS CRITERIA FOR TRAILERS

4. FRAME

a. FRAME MEMBERS:

	P	F	N/A	Rep
4.a.1) Frame Members: Cracks, sagging, broken members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2) Frame Fasteners: Loose/missing attaching functioning component	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. LIGHTING

a. LAMPS:

	P	F	N/A	Rep
6.a.1) Lamps: Tail/Stop lamps, turn signals, flashers marker/clearance lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. REFLECTORS:

6.b.1) Reflectors Front: 2 amber at front, side, & mid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.b.2) Reflectors Side & Rear: 2 red at rear side & rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.b.3) Reflectors: Conspicuity tape, front, sides, rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. SUSPENSION

a. AXLE PARTS/MEMBERS:

	P	F	N/A	Rep
9.a.1) Axle - U-bolts: U-bolts tight, broken/missing pieces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.a.2) Axle - Spring Hangers: Spr hgrs tight, cracks, broke/missing pieces. Proper positioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. SPRING ASSEMBLY:

9.b.1) Spring Assembly - Leafs: Leafs missing, separated, broken parts = Replace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTE: One or more leafs displaced in a manner that could result in contact with a tire, rim or frame must be repaired back to original configuration.

9.b.2) Spring Assembly - Torsion bars: Torsion bars cracks, missing/broken parts/bushings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.b.3) Spring Assembly - Air bags: Air bags condition, air leaks, frame mounts, broken/missing parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. TORQUE RADIUS/TRACKING COMPONENTS:

9.d.1) Torque Radius - Parts attached: Parts attached to frame cracked loose, broken, missing, worn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. TIRES

b. TRAILER TIRES:

	P	F	N/A	Rep
10.b.1) Tires: Flat, leaks, exposed body ply/belt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.b.2) Tire Tread: Tread depth not less than 2/32"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.b.3) Proper inflation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.b.4) No items lodged between dual tires or contacting side walls, excluding mud and snow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. WHEELS/RIMS

	P	F	N/A	Rep
11.a) LOCK OR SIDE RINGS: Bent, broken, sprung, mismatched	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.b) WHEELS: Cracks, elongated holes, weld cracks = Replace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.c) FASTENERS: Loose, missing, broken, cracked, stripped or ineffective	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Energy Transfer Partners
 Carrier Access & Compliance
 4041 Market Street
 Upper Chichester, PA 19014
 Em: TTDataAdmin@EnergyTransfer.com
 Version 2.0 - Rev. 03/01/2024

TRAILER INSPECTION & WET TEST CERTIFICATION FORM

Carrier Name: SJA Transport, Inc.
 Carrier Address: 101 E. South Street Rockford, OH 45882
 Load Type: Top _____ Bottom X Trailer Type: LPG _____
 Vapor Test: Has a valid Method27 Vapor Tightness Test been attached?

Trailer #: 226
 Serial/VIN: 10BEA92348FOB8813
 Gas / Dist. X Dist. Only _____
 YES X NO _____

Trailer & Safety Maintenance

Certified Inspection Requirements - All Boxes Must Be Completed

1. Is the overflow protection system in working condition and have the overfill protection probes been set and tested to a minimum 60 gross gallons?
2. Has each compartment probe been tested to verify it activates the shutdown circuitry on this unit?
3. Has the grounding system been checked to ensure it is in working condition and has not been modified or rewired in any manner?
4. Has the grounding system been tampered with to allow a false reading to permit loading?
5. Are all gauge rods and compartment protrusions grounded with secure bonding wires?
6. Has a brake interlock system been installed on the loading header and vapor recovery hose?

	YES	NO
1. Is the overflow protection system in working condition and have the overfill protection probes been set and tested to a minimum 60 gross gallons?	X	
2. Has each compartment probe been tested to verify it activates the shutdown circuitry on this unit?	X	
3. Has the grounding system been checked to ensure it is in working condition and has not been modified or rewired in any manner?	X	
4. Has the grounding system been tampered with to allow a false reading to permit loading?		X
5. Are all gauge rods and compartment protrusions grounded with secure bonding wires?	X	
6. Has a brake interlock system been installed on the loading header and vapor recovery hose?	X	

Trailer Wet Test Verification

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 correctly. The trailer noted 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.

The carrier certifies that all DOT inspections, stickers, decals and DOT 396/17 data is current for this trailer. An emergency response guidebook is on board and the vehicle has compartment capacity / strapping charts that are current and available upon request.

Max Compartment Capacities

	EXAMPLE																															
Max Compartment Capacity	3140	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Comp #1</th> <th>Comp #2</th> <th>Comp #3</th> <th>Comp #4</th> <th>Comp #5</th> <th>Comp #6</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">4491</td> <td style="text-align: center;">1401</td> <td style="text-align: center;">3985</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">60</td> <td style="text-align: center;">60</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4431</td> <td style="text-align: center;">1341</td> <td style="text-align: center;">3925</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4400</td> <td style="text-align: center;">1300</td> <td style="text-align: center;">3900</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6	4491	1401	3985	N/A	N/A	N/A	60	60	60				4431	1341	3925				4400	1300	3900			
Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6																											
4491	1401	3985	N/A	N/A	N/A																											
60	60	60																														
4431	1341	3925																														
4400	1300	3900																														
Probe Outage (60 Gal min.)	60																															
Carrier Outage *	80																															
Maximum Preset	3000																															

* The distance between the overfill probe and the product that prevents the rack shutdown system from being activated.

My signature below certifies that as a representative of the above carrier, all information obtained and written on this document is certified and true.

Signature: Robert Belna

Date: 8/22/24

Print Name: Robert Belna

