

10-23-2024

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 TELEPHONE
OWNER'S SERIAL NO.	MFG. DATE 8/2006	ORIG. TEST DATE 8/2006	CARRIER'S EQUIPMENT NO. 65
CARGO TANK MOTOR VEHICLE REG. NO.		CARGO TANK MOTOR VEHICLE CERT. DATE	VEHICLE MATERIAL SPEC. NO. 5454-H32
MAX WEIGHT OF LADING (LBS.) NA	LADING MATERIALS		TANK MANUFACTURER Heil
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	MANUFACTURER'S SERIAL NO. 5HTAB432477H72102
SHELL MATERIAL		HEAD MATERIAL	DOT SPECIFICATION NO. 406
EXPOSED SURFACE AREA IN SQ. FT. NA		MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA	FLUID CAPACITY (GALS.) 9600
ORIGINAL TEST DATE 8/2006		MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3	
DESIGN TEMPERATURE (°F) TO (°F)		WATER CAPACITY IN LBS.	
<input type="checkbox"/> LINED <input type="checkbox"/> INSULATED <input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> MATERIAL CORROSIVE TO TANK <input type="checkbox"/> DEDICATED SERVICE <input type="checkbox"/> OTHER			
<input checked="" type="checkbox"/> EXTERNAL VISUAL (M) <input checked="" type="checkbox"/> LEAKAGE TEST (M) <input checked="" type="checkbox"/> PRESSURE RETEST (P) <input checked="" type="checkbox"/> INTERNAL VISUAL (I) <input checked="" type="checkbox"/> HYDROSTATIC <input checked="" type="checkbox"/> HYDROSTATIC <input checked="" type="checkbox"/> LINING INSPECTION (L) <input checked="" type="checkbox"/> DELIVERY HOSE/PIPING <input checked="" type="checkbox"/> PNEUMATIC <input checked="" type="checkbox"/> THICKNESS TEST (T) <input checked="" type="checkbox"/> K-EPAS? <input checked="" type="checkbox"/> PNEUMATIC			

TEST NO	ITEM	YES/NO	ITEM	PRESSURE RELIEF DEVICES	LEAKAGE					PRESSURE	
					TYPE	TEST	START	END	START	END	AVERAGE RESULTS
1	Tank Body	✓	Frangible (Rupture) Disk	Tested	1	8:00	8:05	7:00	7:10		
2	Tank Head	✓	Water Attachments	Removed	2	8:15	8:26	7:20	7:30		
3	Head-to-Shell Seam	✓	upper coupler assembly	Inspected	3	8:30	8:35	7:40	7:50		
4	Valves	✓	suspension system attachments	Replaced	4	NA	NA	NA	NA		
5	Gaskets	✓	concocting attachments	Reinstalled	5						
6	Manhole Covers	✓	Living Material	Repaired	6						
7	Manhole Gaskets	✓	Pressure Bearing Portions of Heating System	Pressure - set to discharge		3.63	3.68	3.68			
8	Devices for Tightening Manhole Gaskets on Full Operating Rear Head	✓	Rivets for Heating System	Pressure - when open		3.67	3.91	3.91			
9	Self-closing Stop Valves	✓	Connects of Abraded Areas	Pressure - when reclosed		3.61	3.62	3.71			
10	Excess Flow Valves	✓	Distanacs	THICKNESS (INCHES)							
11	Remote Closure Devices	✓	Dents	HEAD _____							
12	Recycling Pressure Relief Valves	✓	Welds	SHELL TOP _____							
13	Nuts and Bolts	✓		SHELL SIDE _____							
				SHELL BOTTOM _____							

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

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

NATURE AND SEVERITY:

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

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

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON: **CT 3437** TEST DATE: **10-23-2024** STRESS RELIEVED AFTER FABRICATION: **NA** REPAIR DATE: **NA**

TESTED BY (Person's Name): **Kyle McCann** REPAIRED BY: **HOOSIER TRAILER AND TRUCK EQUIP. INC.**

ADDRESS: **4830 TODD DRIVE** ADDRESS: **4830 TODD DR**

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: **[Signature]** DOT REGISTRATION NUMBER: **CT 3437** DATE: **10-23-2024** SIGNATURE OF OWNER: _____ DATE: _____

ORIGINAL

TANKER TEST AND INSPECTION REPORT

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

INSPECTION RESIDUALS

10-23-2024

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 8/2006	ORIG. TEST DATE 8/2006	CARRIER'S EQUIPMENT NO. 65
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER HEIL	VESSEL MATERIAL SPEC. NO. 5454-H32
MAX. WEIGHT OF LADINGS LBS. NA	LINING MATERIALS	DOT SPECIFICATION NO. 406	FLUID CAPACITY (GALS.) 9600
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	ORIGINAL TEST DATE 8/2006
SHELL	MATERIAL	DESIGN TEMPERATURE (°F) TO (°F)	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 type="checkbox"/> EXTERNAL VISUAL (M) <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"/> KEPA27			

YES	NO	ITEM	YES	NO	ITEM	TYPE	TEST	START	END	START	END	AVERAGE RESULTS
		Tank Shell			Frangible (Rupture) Disk	PRESSURE						
		Tank Heads			Major Appurtenances	RELIEF						
		Head-to-Shell Seam			Upper coupler assembly	DEVICES						
		Valves			suspension system attachments							
		Gaskets			connecting structures							
		Manhole Covers			Ueling Material							
		Manhole Gaskets			Pressure Bearing Portion of Heating System							
		Devices for Tightening Manhole Gaskets on Full Opening Rear Head			Fines for Heating System							
		Self-closing Stop-valves			Concords or Abraded Areas							
		Excess Flow Valves			Distortions							
		Remote Closure Devices			Dents							
		Reclosing Pressure Relief Valves			Welds							
		Nuts and Bolts										
DELIVERY HOSE/PIPING HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____ CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____						THICKNESS (INCHES) _____ HEAD _____ SHELL TOP _____ SHELL SIDE _____ SHELL BOTTOM _____	MODIFIED / METHOD 27 PRES. 1 8:45 8:50 18 17.7 17.7 PRES. 2 9:00 9:05 18 17.7 17.7 VAD. 1 9:15 9:20 6 5.6 5.65 VAD. 2 9:30 9:35 6 5.7 5.65 VR VENT 1 9:45 9:50 0 .6 .5 VR VENT 2 10:00 10:05 0 .4 .5					
UPPER COUPLER ASSEMBLY <input type="checkbox"/> EXAMINED IN PLACE <input checked="" type="checkbox"/> REMOVED FOR EXAMINATION						I.D. OF FLUID USED FOR TEST Water TEST PRESSURE 18" 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/lining appurtenances

EXPOSURE _____

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"/> CERTIFIED AS D.O.S. WATER BY WEIGHT)	<input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING	STRESS RELIEVED AFTER FABRICATION	REPAIR DATE
DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON CT 3437	<input type="checkbox"/> LIQUEFIED PETROLEUM GAS		NA <input type="checkbox"/> YES <input type="checkbox"/> NO	NA
TESTED BY (Person's Name) Kyle McLann	TEST DATE 10-23-2024	STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES (<input type="checkbox"/> Full <input type="checkbox"/> Local) <input type="checkbox"/> NO NA	REPAIRED BY	
ADDRESS 4830 TODD DRIVE	CITY, STATE, ZIP FORT WAYNE, IN 46803	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 <i>[Signature]</i>	DOT REGISTRATION NUMBER CT 3437	DATE 10-23-2024	SIGNATURE OF OWNER	DATE
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ORIGINAL

165-FS-02 (Rev. 4/05) 8897



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 #: 65
 Trailer: Make HEIL Year 8/2006 DOT Type 406 Serial Number 5HTAB432477H72102

Retain Sensors Installed Yes X No _____

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

	Front	Compartments				Rear
	#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3140	4521	1380	3992	N/A	N/A
2 Probe Outage (60 gal min)	60	60	60			
3 *Carrier Outage	3080	4461	1320	3932		
4 Maximum Preset	3000	4400	1300	3900		

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?

Kyle McLann
Name (Print)
[Signature]
Name (Sign)

Hoosier Trailer & Truck Eq
Inspection Company
CT-3437
Inspector's DOT reg. #

10-23-2024
Date (MM/DD/YY)

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?

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

Robert Beh PRESIDENT
Name (Print & Sign) Title

10/23/24
Date (MM/DD/YY)



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 #: 65
 Serial/VIN: 5HTAB432477H72102
 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.	X	
2.	X	
3.	X	
4.		X
5.	X	
6.	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
3140
60
80
3000

Max Compartment Capacity
Probe Outage (60 Gal min.)
Carrier Outage *
Maximum Preset

Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6
4521	1380	3992	N/A	N/A	N/A
60	60	60			
4461	1320	3932			
4400	1300	3900			

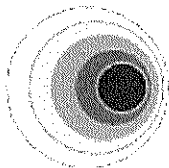
* The distance between the overfill probe and the product that prevents the rack shutdown system from being activated.

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: 10/23/24

Print Name: Robert Belna



Buckeye Annual & Post Incident Trailer Inspection Form

This form must be completed each year or following a lock out on each trailer and provided to each facility utilized by this equipment. This form shall accompany the federally required annual pressure-vacuum test or Distillate Only Loading Certification and as such any equipment without either shall be automatically locked out from the loading system if no renewal is provided on or before the anniversary date.

Carrier Name: SJA TRANSPORT

Trailer #: 65

Certification Date: _____

Trailer Serial # 5HTAB432477H72102

Calculate Working Volume (Max volume minus - 60 gallons ullage) for each compartment below.

		#1	#2	#3	#4	#5	
Max Capacity	Front	4521	1380	3992	N/A	N/A	Rear
		-60	-60	-60	-60	-60	
Working Capacity	Front	4400	1300	3900			Rear

Certified Inspection Company Verification Requirements

Wet Test Certification

The Overfill Protection Probe system has been inspected and is in operating condition. The process should test the probe of each compartment with a liquid to verify it activates the shutdown circuitry.

Ullage Certification

Overfill Protection Probes are at such a height to allow for 60 gallons of ullage prior to reaching the compartments maximum volume.

Grounding System Certification

The Grounding system has been checked and is in proper working condition, AND has not been modified in any way to provide a false reading allowing the trailer to be loaded.

Brake Interlock Certification

A brake interlock system is installed and functional on the loading header and the vapor recovery hose connection.

MC 306 / DOT 406 Certification

The unit has passed the inspection and is released for return to service.

Kyle McCann
Sig. of Inspector / Inspector's DOT Reg. #

HOOSEER TRAILER & TRUCK
Inspection Company Name

10/23/24
Date