

2-6-2025

OWNER <b>SJA Transport Inc</b>		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS <b>101 E South St</b>		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE <b>Rockford, OH 45882</b>		TELEPHONE <b>419.363.2342</b>	CITY, STATE, ZIP CODE TELEPHONE
OWNER'S SERIAL NO.	MFG. DATE <b>1/2020</b>	ORIG. TEST DATE <b>1/2020</b>	CARRIER'S EQUIPMENT NO. <b>220</b>
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	VESSEL MATERIAL SPEC. NO. <b>5454-H32</b>	
MAX. WEIGHT OF LADING LBS. <b>NA</b>	LINING MATERIALS	TANK MANUFACTURER <b>POLAR</b>	MANUFACTURER'S SERIAL NO. <b>1PMKA4527M7108650</b>
HEATING SYSTEM	DESIGN PRESSURE (PSIG) <b>NA</b>	DESIGN TEMPERATURE (°F) <b>NA</b>	DOT SPECIFICATION NO. <b>406</b>
SHELL	MATERIAL	HEAD	FLUID CAPACITY (GALS.) <b>9500</b>
EXPOSED SURFACE AREA IN SQ. FT. <b>NA</b>	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) <b>NA</b>	ORIGINAL TEST DATE <b>1/2020</b>	MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) <b>3.3</b>
<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"/> K-EPA27	
<input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC		<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	

YES/NO	ITEM	YES/NO	ITEM	TYPE	LEAKAGE		PRESSURE		AVERAGE RESULTS
					TIME	TIME	START	END	
✓	Tank Sides	NA	Frangible (Rupture) Disk	PRESSURE					
✓	Tank Heads	✓	Major Apertures	RELIEF					
✓	Head-to-Shell Seam	✓	Upper coupler assembly	DEVICES					
✓	Valves	✓	Suspension system attachments						
✓	Gaskets	✓	connecting structures						
✓	Manhole Covers	NA	Lining Material						
✓	Manhole Gaskets	NA	Pressure Bearing Portion of Hoisting System						
✓	Devices for Tightening Manhole Gaskets on Full Opening Rear Head	NA	Fits for Hoisting System						
✓	Self-closing Stop Valves	✓	Corroded or Abraded Areas						
✓	Excess Flow Valves	✓	Discontin.						
✓	Removal Closure Devices	✓	Omits						
✓	Reclosing Pressure Relief Valves	✓	Wells						
✓	Nuts and Bolts	✓							
DELIVERY HOSE/PIPING				THICKNESS (INCHES)	MEAS.	MIN.	UPPER COUPLER ASSEMBLY		
HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____				HEAD _____	SHELL TOP _____	SHELL SIDE _____	<input type="checkbox"/> EXAMINED IN PLACE <input checked="" type="checkbox"/> REMOVED FOR EXAMINATION		
CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____				SHELL BOTTOM _____	LD. OF FLUID USED FOR TEST <b>H2O-ATR LEAKAGE/PRESSURE</b> TEST PRESSURE <b>3.3lbs / 5 lbs</b> HOLDING TIME OF TEST <b>5 mins/10 mins</b>				

(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  apertures

Explicit: \_\_\_\_\_

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"/> CONTAINED AS 25% WATER BY WEIGHT)	<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 <b>CT 3437</b>	TEST DATE <b>2-6-2025</b>	STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES ( <input type="checkbox"/> PA <input type="checkbox"/> LEAD) <input type="checkbox"/> NO <b>NA</b>		
TESTED BY (Person's Name) <b>Kyle McClann</b>	REPAIRED BY <b>HOOSIER TRAILER AND TRUCK EQUIP. INC.</b>			
ADDRESS <b>4830 TODD DRIVE</b>	ADDRESS <b>4830 TODD DR</b>			
CITY, STATE, ZIP <b>FORT WAYNE, IN 46803</b>	CITY, STATE, ZIP <b>FORT WAYNE, TN 46803</b>			

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: **2-6-2025**

SIGNATURE OF OWNER: **[Signature]** DATE: **2-6-25**

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 DATE: 2-6-2015

OWNER <b>SJA Transport Inc</b>		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS <b>101 E South St</b>		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE <b>Rockford, OH 45882</b>		TELEPHONE <b>419.363.2342</b>	CITY, STATE, ZIP CODE
OWNER'S SERIAL NO.	MFG. DATE <b>1/2020</b>	ORIG. TEST DATE <b>1/2020</b>	CARRIER'S EQUIPMENT NO. <b>220</b>
CARGO TANK MOTOR VEHICLE MFG.		CARGO TANK MOTOR VEHICLE CERT. DATE	VESSEL MATERIAL SPEC. NO. <b>5454-H32</b>
MAX. WEIGHT OF LADINGS LBS. <b>NA</b>		LINING MATERIALS	TANK MANUFACTURER <b>POLAR</b>
HEATING SYSTEM		DESIGN PRESSURE (PSIG) <b>NA</b>	DESIGN TEMPERATURE (°F) <b>NA</b>
SHELL		HEAD	MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) <b>3.3</b>
EXPOSED SURFACE AREA IN SQ. FT. <b>NA</b>		MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) <b>NA</b>	WATER CAPACITY IN LBS.
<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 checked="" type="checkbox"/> DR-EP427	<input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC
<input type="checkbox"/> LINED <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	

YES	NO	ITEM	YES	NO	ITEM	TYPE	TEST	START	END	MEASURE	START	END	AVERAGE RESULTS	
		Tank Shell			Frangible (Rupture) Disk	PRESSURE RELIEF DEVICES								
		Tank Heads			Major Appendances									
		Head-to-Shell Seam			Upper coupler assembly									
		Valves			Suspension system attachments									
		Gaskets			connecting structures									
		Manhole Covers			Lining Material									
		Manhole Gaskets			Pressure Bearing Portions of Hoisting System									
		Devices for Tightening Manhole Gaskets on Full Opening Rear Head			Floors for Hoisting System									
		Self-closing Stop-valves			Corroded or Abraded Areas									
		Excess Flow Valves			Distortions									
		Remote Closure Devices			Orifices									
		Relieving Pressure Relief Valves			Welds									
		Nuts and Bolts												

(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  appendances

Explicit: Coupler on Swains hose Repaired

NATURE AND SEVERITY:

METHOD OF REPAIRS: Repaired Repaired Section of Swains hose, Installed Coupler

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 02% 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	TEST DATE	STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES ( <input type="checkbox"/> Full <input type="checkbox"/> Local) <input type="checkbox"/> NO NA		
TESTED BY (Person's Name) <u>Kyle McCann</u>	CT 3437	REPAIRED BY <u>HOOSIER TRAILER AND TRUCK EQUIP. INC.</u>		
ADDRESS <u>4830 TODD DRIVE</u>	CITY, STATE, ZIP <u>FORT WAYNE, TN 46803</u>	ADDRESS <u>4830 TODD DRIVE</u>		
CITY, STATE, ZIP <u>FORT WAYNE, TN 46803</u>		CITY, STATE, ZIP <u>FORT WAYNE, TN 46803</u>		

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 <u>Kyle McCann</u>	DOT REGISTRATION NUMBER CT 3437	DATE 2-6-2015	SIGNATURE OF OWNER <u>Robert Doh</u>	DATE 2-6-25
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**CITGO Petroleum Corporation**  
TERMINALS AND PIPELINES

<b>Carrier Equipment Inspection Form</b>	<b>TPL-OPS-002-C</b>
Effective Date: June 15, 2020	Rev. 0

Carrier Name: SJA Transport Inc Trailer Unit #: 220  
 Trailer: Make POLAR Year 1/2020 DOT Type 406 Serial Number 1PMKA4527M7108650  
 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
	Example	#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3140	3218	1611	2145	3304	N/A	N/A
2 Probe Outage (60 gal min)	60	60	60	60			
3 *Carrier Outage	3080	3158	1551	2085	3244		
4 Maximum Preset	3000	3000	1500	2000	3200		

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?   | <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"/> |

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

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

2-6-2025  
Date (MM/DD/YY)

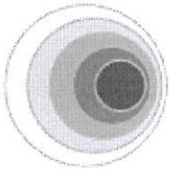
**Carrier Verification Requirements**

- |   |                                     |
|---|-------------------------------------|
| 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 Beh Robert Beh PRESIDENT  
Name (Print & Sign) Title

2/6/25  
Date (MM/DD/YY)



### 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 #: 220

Certification Date: 2-6-25

Trailer Serial #  
1PMKA4527M7109650

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

		#1	#2	#3	#4	#5		
Max Capacity	Front	3218	1611	2145	3304	N/A		Rear
		-60	-60	-60	-60	-60		
Working Capacity	Front	3000	1500	2000	3200			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.

[Signature] CT-3437  
Sig. of Inspector / Inspector's DOT Reg. #

HOOPER TRAILER & TRUCK  
Inspection Company Name

2-6-25  
Date



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

**TRAILER INSPECTION & WET TEST CERTIFICATION FORM**

Carrier Name: SJA Transport, Inc. Trailer #: 220  
 Carrier Address: 101 E. South Street Rockford, OH 45882 Serial/VIN: 1PMKA4527M7108650  
 Load Type: Top \_\_\_\_\_ Bottom X Trailer Type: LPG \_\_\_\_\_ Gas / Dist. X Dist. Only \_\_\_\_\_  
 Vapor Test: Has a valid Method27 Vapor Tightness Test been attached? 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 galls gallons?
2. Has each compartment probe been tested to verify it activates the shutdown circuitry on this unit?
3. Has the grounding sytem 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 protusions 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 maximun 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**

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

EXAMPLE
3140
60
80
3000

Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6
3218	1611	2145	3304	N/A	N/A
60	60	60	60		
3158	1551	2085	3244		
3000	1500	2000	3200		

\* 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 represenatative of the above carrier, all information obtained and written on this document is certified and true.

Signature:

Date: 2/6/25

Print Name: Robert Belna