

4-21-25

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
OWNER'S SERIAL NO.	MFG. DATE 8/2005	ORIG. TEST DATE 8/2005	CARRIER'S EQUIPMENT NO. 85
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER BRENNER	VESSEL MATERIAL SPEC. NO. 5454-H32
MAX. WEIGHT OF LADING (LBS.) NA	LINING MATERIALS	DOT SPECIFICATION NO. 406	MANUFACTURER'S SERIAL NO. 10BFA02W05E0B6305
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	ORIGINAL TEST DATE 8/2005
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"/> 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 (N) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PRESSURE RE-TEST (P) <input type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PRESSURE RE-TEST (P) <input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> THICKNESS TEST (T) <input type="checkbox"/> K-FP/27 <input type="checkbox"/> K-FP/27 <input type="checkbox"/> K-FP/27			

YES	NO	ITEM	YES	NO	ITEM	TYPE	LEAKAGE		PRESSURE		AVERAGE RESULTS
							TIME	TIME	TIME	TIME	
<input checked="" type="checkbox"/>		Tank Shell	<input checked="" type="checkbox"/>		Frangiole (Rupture) Disk						
<input checked="" type="checkbox"/>		Tank Heads	<input checked="" type="checkbox"/>		Major Appurtenances						
<input checked="" type="checkbox"/>		Head-to-Shell Seam	<input checked="" type="checkbox"/>		- upper coupler assembly						
<input checked="" type="checkbox"/>		Valves	<input checked="" type="checkbox"/>		- suspension system						
<input checked="" type="checkbox"/>		Gaskets	<input checked="" type="checkbox"/>		- connecting structures						
<input checked="" type="checkbox"/>		Manhole Covers	<input checked="" type="checkbox"/>		Lining Material						
<input checked="" type="checkbox"/>		Manhole Gaskets	<input checked="" type="checkbox"/>		Pressure Bearing Portions of Heating System						
<input checked="" type="checkbox"/>		Devices for Tightening Manhole Gaskets on Full Opening Rear Head	<input checked="" type="checkbox"/>		Fits for Heating System						
<input checked="" type="checkbox"/>		Self-closing Stop-valves	<input checked="" type="checkbox"/>		Corroded or Abraded Areas						
<input checked="" type="checkbox"/>		Excess Flow Valves	<input checked="" type="checkbox"/>		Distortions						
<input checked="" type="checkbox"/>		Reverse Closure Devices	<input checked="" type="checkbox"/>		Dents						
<input checked="" type="checkbox"/>		Recycling Pressure Relief Valves	<input checked="" type="checkbox"/>		Welds						
<input checked="" type="checkbox"/>		Ribs and Bats	<input checked="" type="checkbox"/>								
DELIVERY HOSE/PIPING						THICKNESS (INCHES)		MEG.			
HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____						HEAD _____		SHELL TOP _____		SHELL SIDE _____	
CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____						SHELL BOTTOM _____					
(CHECK ONE) <input type="checkbox"/> NO DEFECT OR DAMAGE DISCOVERED <input checked="" type="checkbox"/> DEFECTS OR DAMAGE DISCOVERED											
LOCATION OF DEFECTS OR DAMAGE: <input type="checkbox"/> weld <input type="checkbox"/> head-to-shell seam <input type="checkbox"/> liquid phase <input type="checkbox"/> vapor phase <input type="checkbox"/> head-to-shell seam <input type="checkbox"/> delivery hose/pipe <input type="checkbox"/> appurtenances											
#2 + #3 PRD (Lids) Failed											
Baffle's cracked in Comp. 1 + Comp. 4											
NATURE AND SEVERITY: _____											
METHOD OF REPAIRS: _____ IS REPAIR CERTIFICATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____											
Replaced #2 + #3 PRD (Lids)											
Re-weld Cracked Baffle's in Comp. 1 + Comp. 4											
THIS UNIT HAS HAULED		<input type="checkbox"/> ANHYDROUS AMMONIA <input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING		STRESS RELIEVED AFTER FABRICATION		REPAIR DATE					
<input type="checkbox"/> CERTIFIED AS 100% WATER BY WEIGHT <input type="checkbox"/> LIQUEFIED PETROLEUM GAS				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON CT 3437		TEST DATE 4-21-25		STRESS RELIEVED AFTER REPAIR		REPAIR DATE					
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
TESTED BY (PERSON'S NAME) Michael Capeland		REPAIRED BY HOOSIER TRAILER AND TRUCK EQUIP. INC.									
ADDRESS 4830 IODD DRIVE		ADDRESS 4830 IODD DR									
CITY, STATE, ZIP FORT WAYNE, IN 46803		CITY, STATE, ZIP FORT WAYNE, IN 46803									
CARGO TANK: <input checked="" type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT											
DISPOSITION OF CARGO TANK: <input type="checkbox"/> WITHDRAWN FROM SERVICE <input checked="" type="checkbox"/> RETURNED TO SERVICE											
SIGNATURE OF INSPECTOR Michael Capeland						DOT REGISTRATION NUMBER CT 3437		DATE 4-21-25		SIGNATURE OF OWNER Robert Belma	
										DATE 4-21-25	

ORIGINAL

Tested By: Stephen Combs *Stephen Combs* 4-21-25

TANKER TEST AND INSPECTION REPORT

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

INSPECTION TEST DATE: **4-21-25**

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
OWNER'S SERIAL NO.	MFG. DATE 8/2005	ORIG. TEST DATE 8/2005	CARRIER'S EQUIPMENT NO. 85
CARGO TANK MOTOR VEHICLE MFG.		VESSEL MATERIAL SPEC. NO. 5454-H32	
CARGO TANK MOTOR VEHICLE CERT. DATE		TANK MANUFACTURER BRENNER	MANUFACTURER'S SERIAL NO. 10BFA02W05E0B6305
MAX. WEIGHT OF LADING LBS. NA	UNING MATERIALS	DOT SPECIFICATION NO. 406	FLUID CAPACITY (GALS.) 9600
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	ORIGINAL TEST DATE 8/2005
SHELL MATERIAL		MAXIMUM ALLOWABLE WORKING PRESSURE PSIG 3.3	
HEAD MATERIAL		DESIGN TEMPERATURE (°F) TO (°F)	
EXPOSED SURFACE AREA IN SQ. FT.		WATER CAPACITY IN LBS.	
MAX. DESIGN DENSITY OF LADING (LBS. PER GAL) NA		<input type="checkbox"/> LINEO <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 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"/> UNING INSPECTION (U) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> THICKNESS TEST (T) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC			

YES	NO	ITEM	YES	NO	ITEM	TYPE	MODIFIED METHOD 27
		Tank Shell			Frangible (Rupture) Disk		
		Tank Heads			Major Appurtenances		
		Head-to-Shell Seam			- upper coupler assembly		
		Valves			- suspension system attachments		
		Gaskets			- connecting structures		
		Manhole Covers			Living Material		
		Manhole Gaskets			Pressure Bearing Portions of Heating System		
		Devices for Tightening Manhole Gaskets on Full Opening Rear Head			Flues for Heating System		
		Self-closing Stop-Valves			Corroded or Abraded Areas		
		Excess Flow Valves			Discs/Cones		
		Remote Closure Devices			Orifices		
		Recessing 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) MFG. _____ MIN. _____ HEAD _____ SHELL TOP _____ SHELL SIDE _____ SHELL BOTTOM _____	
						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/10 mins	

(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/pipe appurtenances

Example: Rear Vapor Cap Leaking.

NATURE AND SEVERITY:

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

Replaced Seal in Rear Vapor Cap

THIS UNIT HAS HAULED	<input type="checkbox"/> ANHYDROUS AMMONIA (<input type="checkbox"/> CERTIFIED AS 0.2% 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 4-21-25	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) Michael Capeland	REPAIRED BY ROOSIER 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 Capeland** DOT REGISTRATION NUMBER: **CT 3437** DATE: **4-21-25** SIGNATURE OF OWNER: **Robert Behm** DATE: **4-21-25**

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ORIGINAL

165-FS-D2 (Rev. 4/05) 8897

Tested By Stephen Combs Steph Combs 4-21-25



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 #: 85
 Traller: Make BRENNER Year 8/2005 DOT Type 406 Serial Number 10BFA02W05E0B6305

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	4596	1405	4081	N/A	N/A	N/A
2 Probe Outage (60 gal min)	60	60	60				
3 *Carrier Outage	3080	4536	1345	4021			
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

- 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?

YES

Y
Y
Y
Y
Y
Y
Y

Michael Copeland
Name (Print)

Hessier Trailer & Truck Equip. Inc
Inspection Company

04-21-25
Date (MM/DD/YY)

Michael Copeland
Name (Sign)

CT3437
Inspector's DOT reg. #

Carrier Verification Requirements

- 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?

YES

✓
✓
✓
✓
✓
✓
✓
✓

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

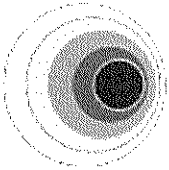
Robert Belva Robert Behn
Name (Print & Sign)

PRESIDENT
Title

4/21/25
Date (MM/DD/YY)

TPL-OPS-002-C

Tested By: Stephen Combs Stephen Combs 4-21-25



Buckeye Terminals, LLC

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 #: 85

Certification Date: 4/21/25

Trailer Serial # 10BFA02W05E0B 6305

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

		#1	#2	#3	#4	#5	
Max Capacity	Front	4596	1405	4081	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.

Michael Caplan CT 3437
Sig. of Inspector / Inspector's DOT Reg. #

HOOSIER TRUCK & TRAILER
Inspection Company Name

4-21-25
Date



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. Trailer #: 85
 Carrier Address: 101 E. South Street Rockford, OH 45882 Serial/VIN: 10BFA02W05E0B6305
 Load Type: Top _____ Bottom X Trailer Type: LPG _____ Gas / Dist. X Dist. Only _____
 Vapor Test: Has a valid Method 27 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 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 manufacturer's 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
4596	1405	4081	N/A	N/A	N/A
60	60	60			
4536	1345	4021			
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: 4/21/25

Print Name: Robert Belna