

C.H. Bradshaw Co.
2004 Hendrix Drive
Grove City, Ohio 43123-1278
DOT CT0097

(VKE) REVISION 11/21

Work Order # 50205

V
K
K-EPA 27

External Visual Inspection
Leakage Test / Inspection
Annual Certification Test
Method 27 - 63.425 (e) (1) (2)

Customer SJA Transport, Inc
Address 101 E. South St.
C.S.Z. Rockford, Ohio 45802

Owner Same

License Plate # TVA 5397
Owners Unit # 220
Serial # M7108650
Trlr. Vin # (If Applicable) PMKA4527M7108650
D.O.T. Spec # DOT406AL
Original Test Date 01-20
Design or MAWP 3.3
Test Location (C.S.) Rockford, Ohio

Previous Test Dates

V 2-25
I 2-25
P 2-25
K 2-25
K-EPA 27 2-25
Number of Compartments 4

Compartment Size: #1 3000 #2 1500 #3 2000 #4 3000 #5 x

Year Tank Mfg. 01-20 Mfg. Name Polar Trailer Gallons 9500

Minimum Thickness Of Cargo Tank Shell .173 Heads .220

Is Tank Lined? NO Insulated? NO

Is the unit used for transport of any material other than petroleum based products? NO

External Visual Inspection, 180.407 (d)

	Faulty	Okay
1.) External Inspection Of Tank Shell And Heads:		
A) Corroded or Abraded Areas (Rust)	<u> </u>	<u> / </u>
B) Dents or Punctures	<u> * </u>	<u> </u>
C) Distortion of Defects In Welds	<u> </u>	<u> / </u>
D) Thickness Testing Needed	<u> </u>	<u> / </u>
E) Tank has Imaging Decals (Wrap)	<u>YES</u>	<u>NO</u>
Internal Visual In Accordance To 180.407(e)	<u>YES</u>	<u>NO</u>
2.) External Inspection Of Piping, Valves, Gaskets:		
A) Corroded Areas	<u> </u>	<u> / </u>
B) Defects in Welds, Signs of Leakage	<u> </u>	<u> / </u>
C) Condition of delivery, vapor hoses	<u> </u>	<u> / </u>

	Faulty	Okay
3) External Inspection Of Manholes:		
A) Devices for tightening manhole covers operative	_____	_____/
B) Evidence of leakage	_____	_____/
C) Inspect and pressure test fill lids, normal vents	_____	_____/
4) External Inspection Of Emergency Valves And Devices		
A) Emergency valves free from corrosion, erosion, distortion, or external damage that would prevent safe operation	_____	_____/
B) Remote trip control in operation / activate	_____	_____/
C) Leakage test seating disc in emergency valve	_____	_____/
D) Self closing stop valves in operation - function	_____	_____/
5) <u>Missing</u> bolts, nuts, and fusible links must be replaced and loose nuts - bolts tightened	_____	_____/
6) All Required Marking On Tank Legible		
A) DOT spec. plate accessible / legible	_____	_____/
B) Flammable placards legible (all 4-sides)	_____	_____/
7) External Inspection Of All Major Appurtenances		
A) Fifth wheel plate, pins, bolts	_____	_____/
B) Suspension, springs, hangers, etc.	_____	_____/
C) Frame, cross members, gussets, etc.	_____	_____/
8) Inspect all re-closing pressure relief valves	_____	_____/
9) Lights, reflectors, wiring in good working order	_____	_____/
10) Brakes in good working order	_____	_____/
11) Air hoses above axles, chambers, chafed, or rotted	_____	_____/
12) Air system have any leaks	_____/	_____/
13) Tank mounting bolts, boards, attachments in proper working order	_____	_____/
14) Leakage test entire pump system(s)	_____ <u>N/A</u>	_____ <u>N/A</u>

Leakage Test 180.407 (h) Pneumatic

Each cargo tank with all valves and accessories in place or operative must be tested at not less than 80% of the tank design pressure or maximum allowable working pressure (MAWP) whichever is marked on the certification plate.

Compt.	#1	#2	#3	#4	#5	#6
Start Time	<u>7:19</u>	<u>7:34</u>	<u>7:25</u>	<u>7:43</u>	<u>—</u>	<u>—</u>
Pressure	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>—</u>	<u>—</u>
Final Time	<u>7:24</u>	<u>7:39</u>	<u>7:50</u>	<u>7:48</u>	<u>—</u>	<u>—</u>

Alternate EPA / Pressure Vacuum Test Method 27 / 40CFR63.425

Pressure Test = 18" Time 7:51 AM

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>
2	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>	<u>18.0</u>

Vacuum Test = -6.0" Time 8:06 AM

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	<u>-6.0</u>	<u>-5.9</u>	<u>-5.8</u>	<u>-5.8</u>	<u>-5.7</u>	<u>-5.7</u>
2	<u>-6.0</u>	<u>-5.9</u>	<u>-5.8</u>	<u>-5.8</u>	<u>-5.7</u>	<u>-5.7</u>

Vapor Vent Test/Vapor Rail Pressure Test Time 8:22 AM

Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes
	<u>0.3</u>	<u>0.8</u>	<u>1.2</u>	<u>1.7</u>	<u>2.1</u>

Location of Defects Found and Method of Repair:

- 1.) *16 Large dent in left side of #2 compartment.
- 2.) *12 Air fittings in Air vapor vents require @ WICK COMPANY LTD.
- 3.) _____
- 4.) _____
- 5.) _____

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification

Identified On This Report Yes / No —

Was The Tank Marked

"V"	<u>Yes</u>	Month <u>2</u>	Year <u>26</u>
"K"	<u>Yes</u>	Month <u>2</u>	Year <u>26</u>
"K EPA"	<u>Yes</u>	Month <u>2</u>	Year <u>26</u>
"T"	<u>—</u>	Month <u>—</u>	Year <u>—</u>

I certify that the above inspections were conducted in accordance with 180.407.

Owner Acknowledgment	<u>[Signature]</u>	Date	<u>2-5-26</u>
R/I, Manager's Acknowledgment	<u>[Signature]</u>	Date	<u>2-5-26</u>
Inspected By:	<u>[Signature]</u>	Print	<u>TOM BUCK</u> Date <u>2-5-26</u>



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 #: 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
	#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3218	1611	2145	3304	N/A	N/A
2 Probe Outage (60 gal min)	60	60	60	60		
3 *Carrier Outage	3158	1551	2085	3244		
4 Maximum Preset	3000	1500	2000	3200		

Example
3140
60
3080
3000

Subtract Lines 2&3 from Line 1 All Sections must be completed

*Carrier outage is the distance between the overfill probe and the product that prevents setting off the rack shutdown system (domeouts). This option is at the discretion of the carrier and varies on the tank strapping charts and the level outage selected.

Certified Inspection Requirements All Boxes Must Be Completed

- | | |
|--|-----|
| 1 Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity? | YES |
| 2 Is the overfill protection system in working condition? | YES |
| 3 Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry? | YES |
| 4 Has the grounding system been checked and is in proper operating condition? | YES |
| 5 Has the grounding system been checked to ensure that has not been modified or rewired in any manner that would allow it to provide a false reading to allow loading? | YES |
| 6 Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires? | YES |
| 7 Is a functional brake interlock system installed on the loading header and vapor recovery hose? | YES |

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

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

2-5-26
Date (MM/DD/YY)

Carrier Verification Requirements

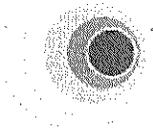
- | | |
|---|-----|
| 1 Is an MC306, DOT406 or other specification plate installed? | YES |
| 2 Is proper placarding installed for the product(s) that are hauled? | YES |
| 3 Is the state DOT inspection or DOT 398/17 data current? | YES |
| 4 Are pressure, leakage and visual decals current? | YES |
| 5 Is emergency response information (including guidebook) on board? | YES |
| 6 Is each tank/trailer marked with appropriate unit numbers? | YES |
| 7 Are compartment capacity charts current and available upon request? | YES |
| 8 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 Beh
Name (Print & Sign)

Robert Beh PRESIDENT
Title

2-5-26
Date (MM/DD/YY)



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 #: 220

Certification Date: 2-6-25

Trailer Serial #
1PMKA4527M7108650

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

		#1	#2	#3	#4	#5	
Max Capacity	Front	3218	1611	2145	3384	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

2-5-26
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 #: 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 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.	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 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
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 representative of the above carrier, all information obtained and written on this document is certified and true.

Signature: *Robert Belna*

Date: 2-5-26

Print Name: Robert Belna