

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

(VKE) REVISION 11/21  
 Work Order # 104983

V X External Visual Inspection  
 K X Leakage Test / Inspection  
 K-EPA 27 X Annual Certification Test  
 Method 27 - 63.425 (c) (1) (2)

Customer SJA TRANSPORT INC. Owner BELNA  
 Address 101 E.SOUTH ST.  
 P. O. BOX 415  
 C,S,Z ROCKFORD, OH. 45882

License Plate # TUA 1760 Previous Test Dates  
 Owners Unit # 22 V 3/25  
 Serial # 5HTAM442417H65439 I 3/21  
 D.O.T. Spec # DOT 406 AL P 3/21  
 Original Test Date 1/01 K 3/25  
 Design or MAWP 3.3 K-EPA 27 3/25  
 Test Location (C,S) GROVE CITY, OH. Number of Compartments 4  
 Trlr. Vin # (If Applicable) 5HTAM442417H65439  
 Compartment Size: 1- 3500 2- 1000 3- 2000 4- 2700  
 Year Tank Mfg. 2001 Mfg. Name HEIL TRAILER Gallons 9200  
 Minimum Thickness Of Cargo Tank Shell .173 Heads .173  
 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)		X
B) Dents of Punctures		X
C) Distortion of Defects In Welds		X
D) Thickness Testing Needed		X
E) Tank Has Imaging Decals (Wrap)		NO
Internal Visual In Accordance To 180.407 (c)		NO
2.) External Inspection Of Piping, Valves, Gaskets:		
A) Corroded Areas		X
B) Defects in Welds, Signs of Leakage		X
C) Condition of delivery, vapor hoses	X	

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

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
Start Time	8:45	9:00	9:15	9:50
Pressure	2.6	2.6	2.6	2.6
Final Time	8:50	9:05	9:20	9:55

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

Pressure Test = 18" Time 10:10 AM

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	18.0	17.9	17.9	17.8	17.8	
2	18.0	18.0	17.9	17.9	17.8	17.8

Vacuum Test = -6.0" Time 10:35 AM

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	-6.0	-5.9	-5.9	-5.8	-5.8	
2	-6.0	-5.9	-5.9	-5.8	-5.8	-5.8

Vapor Vent Test/Vapor Rail Pressure Test Time 10:23 AM

Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes
	0	.1	.1	.2	.2

Location of Defects Found and Method of Repair:

- 1.) (2C) Replaced all 4 bad vapor vent tubes on top!
- 2.) (3C) Replaced all 4 bad gaskets!
- 3.) (9) ABS light was not working, found unplugged, plugged back in, now working!

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification

Identified On This Report    Yes    X    No

Was The Tank Marked	"V"	YES	Month 03	Year 26
	"K"	YES	Month 03	Year 26
	"K EPA"	YES	Month 03	Year 26
	"I"	--	Month --	Year --

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

Owner Acknowledgment	<u>Robert W. Behr</u>	Date	<u>3/4/26</u>
R/I, Manager's Acknowledgment	<u>[Signature]</u>	Date	3/4/26
Inspected By	<u>Jeff Ward</u>	Date	3/4/26
	Print JEFF WARD		

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

(PI) REVISION 06/15  
 Work Order # 104983

P X Pressure Retest  
 I X Internal Visual Inspection

Customer SJA TRANSPORT Owner SAME  
 Address 101 E. SOUTH ST.  
 P.O. BOX 415  
 C,S,Z ROCKFORD, OH. 45882

License Plate # TUA 1760 Previous Test Dates  
 Owners Unit # 22 V 3/25  
 Serial # 5HTAM442417H65439 I 3/21  
 D.O.T. Spec # DOT 406 AL P 3/21  
 Original Test Date 5/17 K 3/25  
 Design or MAWP 3.3 K-EPA 27 3/25  
 Test Location (C,S) GROVE CITY, OH. Number of Compartments 4  
 Compartment Size: 1- 3500 2- 1000 3- 2000 4- 2700  
 Year Tank Mfg. 2001 Mfg. Name HEIL TRAILER Gallons 9200  
 Minimum Thickness Of Cargo Tank Shell .173 Heads .173  
 Is Tank Lined? NO Insulated? NO  
 Is the unit used for transport of any material other than petroleum based products? NO

Pressure Test 180.407 (g) (viii) Hydrostatic Test or Pneumatic Test 180.407(g) (ix)

	Yes	No	Date
1.) External Visual Inspection Complete?	X		3/4/26
2.) Internal Visual Inspection Complete?	X		3/4/26
3.) Remove All Pressure Relief Devices?	X		3/4/26
4.) Results OF Testing Pressure Relief Devices?			

Compt #	Make/Mfg.	Set To Open	Opened At	Reseated At
1	BETTS	3.63	4.12	3.58
2	BETTS	3.63	3.75	3.41
3	BETTS	3.63	4.22	3.50
4	BETTS	3.63	4.07	3.47

- |   | Faulty | Okay  |
|---|--------|-------|
| 5.) Test Normal Vents To Mfg. Specs                             |        | X     |
| Correct Normal Vent For Spec. Tank                              |        | X     |
| 6.) Remove Upper Coupler Assembly                               |        |       |
| A) Inspect For Corrosion, Abraded, Or Cracks                    |        | X     |
| B) Correct Fasteners Reinstalled (Gr. 8)                        |        | X     |
| 7.) Internal Inspection Of Tank Shell And Heads:                |        |       |
| A) Corroded, Abraded Areas                                      |        | X     |
| B) Dents, Distortion, Defects In Welds                          |        | X     |
| C) Inspect Areas Above Upper Coupling                           |        | X     |
| D) Need For Thickness Testing                                   |        | X     |
| 8.) Pressure Test @ MC306 = (3 PSIG) Or Design Pressure > 3PSIG |        | NA    |
| DOT406 = (5 PSIG) Or 1.5X MAWP > 5PSIG                          |        | 5PSIG |
| Adjacent Compartments To Be Empty                               |        | X     |
| All Closures Except Pressure Relief Devices In Place            |        | X     |
| Disable All Load/Unload Venting Device Rated Less Than Pressure |        | X     |
| Fill Each Compartment With Water Including Dome                 |        | NA    |
| 9.) Hydrostatic Pressure Retest (10 Minutes) Pressure Used      |        | NA    |
| Pneumatic Pressure Retest Used                                  | 5PSI   | 3PSI  |

Comp	#1	#2	#3	#4
Start Time	8:40	8:55	9:10	9:45
Finish Time	8:50	9:05	9:20	9:55
Pass Test	YES	YES	YES	YES

Location Of Defects Found And Corrective Action(s):

- 1.)
- 2.)
- 3.)

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 "P" YES Month 03 Year 26  
 "I" YES Month 03 Year 26

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

Owner Acknowledgment	<u>Robert B. [Signature]</u>	Date	3/4/26
R/I, Manager's Acknowledgment	<u>[Signature]</u>	Date	3/4/26
Inspected By:	<u>Jeff Ward</u>	Print	JEFF WARD
		Date	3/4/26



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 Transportation, Inc. Trailer #: 22  
 Carrier Address: 101 E. South St. Serial/VIN: 17H65439  
 Load Type: Top \_\_\_\_\_ Bottom  Trailer Type: LPG \_\_\_\_\_ Gas / Dist.  Dist. Only \_\_\_\_\_  
 Vapor Test: Has a valid Method27 Vapor Tightness Test been attached? YES  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.	✓	
2.	✓	
3.	✓	
4.		✓
5.	✓	
6.	✓	

### 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

<b>Max Compartment Capacity</b> <b>Probe Outage (60 Gal min.)</b> <b>Carrier Outage *</b> <b>Maximum Preset</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">EXAMPLE</th></tr> <tr><td style="text-align: center;">3140</td></tr> <tr><td style="text-align: center;">60</td></tr> <tr><td style="text-align: center;">80</td></tr> <tr><td style="text-align: center;">3000</td></tr> </table>	EXAMPLE	3140	60	80	3000	<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;">3603</td> <td style="text-align: center;">1059</td> <td style="text-align: center;">2059</td> <td style="text-align: center;">2781</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">72</td> <td style="text-align: center;">60</td> <td style="text-align: center;">60</td> <td style="text-align: center;">70</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">31</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">11</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3500</td> <td style="text-align: center;">975</td> <td style="text-align: center;">1975</td> <td style="text-align: center;">2700</td> <td></td> <td></td> </tr> </tbody> </table>	Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6	3603	1059	2059	2781			72	60	60	70			31	24	24	11			3500	975	1975	2700		
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\* 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:  0097 Date: 3/4/20  
 Print Name: Stacy Williamson



# 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 Transportation

Trailer #: 22

Certification Date: 3/4/20

Trailer Serial # 17465439

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

		#1	#2	#3	#4	#5	
Max Capacity	Front	3603	1059	2059	2781		Rear
		-60	-60	-60	-60	-60	
Working Capacity	Front	3500	975	1975	2700		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.

 0047

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

CH Bradshaw

Inspection Company Name

3/4/20

Date



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 Transportation Trailer Unit #: 22  
 Trailer Make HEIL Year 2001 DOT Type 406AL Serial Number 17H65439  
 Retain Sensors Installed Yes  No

API RP 1694, Spill Loading and  
 and Recovery for MC 306 S DOT  
 and Tank Motor Vehicles

	Front	Compartments				Rear
	#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3603	1659	2059	2781		
2 Probe Outage (60 gal min)	72	60	60	70		
3 *Carrier Outage	31	24	24	11		
4 Maximum Preset	3500	975	1975	2700		

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

<input checked="" type="checkbox"/>

Stacey Williamson CH Bradshaw  
 Name (Print) Inspection Company  
[Signature] #0097  
 Name (Sign) Inspector's DOT reg #

Date (MM/DD/YY)

**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

<input checked="" type="checkbox"/>

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

Robert Becht  
 Name (Print & Sign)

PRESIDENT  
 Title

3/4/20  
 Date (MM/DD/YY)