

3-2-2006

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 5/2001	ORIG. TEST DATE 5/2001	CARRIER'S EQUIPMENT NO. 25
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER Hell	VESSEL MATERIAL SPEC. NO. 5454
MAX. WEIGHT OF LADING LBS. NA	LADING MATERIALS	DOT SPECIFICATION NO. 406	FLUID CAPACITY (GALS) 9200
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	ORIGINAL TEST DATE 5/2001
MATERIAL		MAXIMUM ALLOWABLE WORKING PRESSURE PSIG 3.3	WATER CAPACITY IN LBS.
SHELL	HEAD	DESIGN TEMPERATURE (°F) TO (°F)	TANK <input type="checkbox"/> LINED <input type="checkbox"/> INSULATED
EXPOSED SURFACE AREA IN SQ. FT. NA	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA	<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 (V) <input checked="" type="checkbox"/> INTERNAL VISUAL (I) <input checked="" type="checkbox"/> LEAKAGE TEST (L) <input checked="" type="checkbox"/> HYDROSTATIC <input checked="" type="checkbox"/> DELIVERY HOSE/PIPING <input checked="" type="checkbox"/> THICKNESS TEST (T) <input checked="" type="checkbox"/> LEAKAGE TEST (L) <input checked="" type="checkbox"/> HYDROSTATIC <input checked="" type="checkbox"/> DELIVERY HOSE/PIPING <input checked="" type="checkbox"/> PRESSURE RETEST (P) <input checked="" type="checkbox"/> PNEUMATIC <input checked="" type="checkbox"/> PNEUMATIC			

YES/NO	ITEM	YES/NO	ITEM	TYPE	LEAKAGE		PRESSURE		AVERAGE RESULTS	
					TIME	TIME	START	END		
<input checked="" type="checkbox"/>	Tank Shell	<input checked="" type="checkbox"/>	Fragible (Purpur) Disk		1	12:45	12:50	11:30	11:40	
<input checked="" type="checkbox"/>	Tank Heads	<input checked="" type="checkbox"/>	Water Appearance		2	1:00	1:05	11:50	12:00	
<input checked="" type="checkbox"/>	Head-to-Shell Seam	<input checked="" type="checkbox"/>	Upper coupler assembly		3	1:15	1:20	12:10	12:20	
<input checked="" type="checkbox"/>	Valves	<input checked="" type="checkbox"/>	Support system attachments		4	1:30	1:35	12:30	12:40	
<input checked="" type="checkbox"/>	Gaskets	<input checked="" type="checkbox"/>	connecting structure		5	NA		NA		
<input checked="" type="checkbox"/>	Manhole Covers	<input checked="" type="checkbox"/>	Lading Material		6					
<input checked="" type="checkbox"/>	Manhole Gaskets	<input checked="" type="checkbox"/>	Pressure Bearing Portion of Hoisting System							
<input checked="" type="checkbox"/>	Devices for Tightening Manhole Gaskets on Full Operating Rear Head	<input checked="" type="checkbox"/>	Flux for Heating System							
<input checked="" type="checkbox"/>	Self-closing Stop-Valves	<input checked="" type="checkbox"/>	Corrected or Addressed Areas							
<input checked="" type="checkbox"/>	Escape Flow Valves	<input checked="" type="checkbox"/>	Discussions							
<input checked="" type="checkbox"/>	Removal Closure Devices	<input checked="" type="checkbox"/>	Welds							
<input checked="" type="checkbox"/>	Redesign Pressure Relief Valves									
<input checked="" type="checkbox"/>	Inlet and Exit									

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

LOCATION OF DEFECTS OR DAMAGE: neck head-to-shell seam 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: **3-2-2006**

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

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

SIGNATURE OF INSPECTOR: **[Signature]** DOT REGISTRATION NUMBER: **CT 3437** DATE: **3-2-2006** SIGNATURE OF OWNER: **[Signature]** DATE: **3-2-2006**

ORIGINAL

TANKER TEST AND INSPECTION REPORT
 Information as required by Sec. 119.497(b)(4), and 119.417(b) & (c) of the D.O.T. Hazardous Materials Regulations

INSPECTION TEST DATE
3-2-2016

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 5/2001	ORIG. TEST DATE 5/2001	CARRIER'S EQUIPMENT NO. 25
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER Heil	VESSEL MATERIAL SPEC. NO. 5454
MAX. WEIGHT OF LADING LBS. NA	LADING MATERIALS	DOT SPECIFICATION NO. 406	FLUID CAPACITY (GALS.) 9200
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE F NA	ORIGINAL TEST DATE 5/2001
MATERIAL	HEAD	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"/> UNCO <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 (L) <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"/> LADING INSPECTION (LI) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> THICKNESS TEST (T) <input checked="" type="checkbox"/> DPA27			

ITEM NO.	ITEM	YES/NO	ITEM	TYPE	MODIFIED / METHOD 27				AVERAGE RESULTS
					TEST	START	END	START	
	Tank Sides		Frangible (Fusible) Disk	RELIEF DEVICES					
	Tank Heads		Major Appliances						
	Head-to-Shell Seams		Upper coupler assembly						
	Valves		suspension system attachments						
	Gaskets		connecting structures						
	Manhole Covers		Lining Material						
	Manhole Gaskets		Pressure Bearing Parts of Hoisting System						
	Devices for Tightening Manhole Gaskets on Full Operating Rear Head		Flux for Hoisting System						
	Self-closing Stop-valves		Condition of Abraded Areas						
	Excess Flow Valves		Dilatants						
	Remote Closure Devices		Dents						
	Relieving 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 _____

(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 appliances

NATURE AND SEVERITY:

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

THIS UNIT HAS HAULED ANHYDROUS AMMONIA (CERTIFIED AS O22 WATER BY WEIGHT) ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING STRESS RELIEVED AFTER FABRICATION NA YES NO REPAIR DATE **NA**

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON **CT 3437** TEST DATE **3-2-2016** STRESS RELIEVED AFTER REPAIR YES (F.S. U.S.) NO **NA**

TESTED BY (Person's Name) **Kyle McCon** REPAIRED BY **HOOSIER 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 **[Signature]** DOT REGISTRATION NUMBER **CT 3437** DATE **3-2-2016** SIGNATURE OF OWNER **[Signature]** DATE **3-2-2016**

ORIGINAL



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 #: 25
 Trailer: Make Heil Year 5/2001 DOT Type 406 Serial Number 5HTAM442917H65808
 Retain Sensors Installed Yes X No _____

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

	Example
1 Max Compartment Capacity	3140
2 Probe Outage (60 gal min)	60
3 *Carrier Outage	3080
4 Maximum Preset	3000

Subtract Lines 2&3 from Line 1

	Front Compartments				Rear	
	#1	#2	#3	#4	#5	#6
	3603	1059	2059	2781	N/A	N/A
	60	60	60	60		
	3543	999	1999	2721		
	3500	999	1999	2700		

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"/>

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

Hoosier Trailer & Truck Equip.
Inspection Company
CT3437
Inspector's DOT reg. #

3-2-2026
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

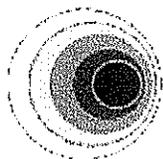
<input checked="" type="checkbox"/>

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

Robert DeWitt Robert Beh
Name (Print & Sign)

PRESIDENT
Title

03/02/26
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: SSA TRANSPORT

Trailer #: 25

Certification Date: 3/2/20

Trailer Serial # 5HTAM442917H65808

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

		#1	#2	#3	#4	#5	
Max Capacity	Front	3702	1248	2233	2867	N/A	Rear
		-60	-60	-60	-60	-60	
Working Capacity	Front	3500	1000	2000	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.

Tim Brook CTO097

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

C.H. BRADSHAW

Inspection Company Name

3/2/20
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 #: 25
 Carrier Address: 101 E. South Street Rockford, OH 45882 Serial/VIN: 5HTAM442917H65808
 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 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
3133	2146	1350	3147	N/A	N/A
60	60	60	60		
80	80	80	80		
3000	2000	1200	3000		

* 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: 3/2/26

Print Name: Robert Belna