

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

(VKE) REVISION 11/21

Work Order # SD596

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 45882

Owner Same

License Plate # TVA 1766  
Owners Unit # 45  
Serial # 10BEA92X75FOR6245  
Trlr. Vin # (If Applicable) 10BEA92X75FOR6245  
D.O.T. Spec # DOT406AL  
Original Test Date 4-05  
Design or MAWP 3.3  
Test Location (C.S.) FT. Recovery, Ohio

Previous Test Dates  
V 9-25  
I 9-24  
P 9-24  
K 9-25  
K-EPA 27 9-25  
Number of Compartments 3

Compartment Size: #1 4400 #2 1300 #3 3900 #4 x #5 x

Year Tank Mfg. 4-05 Mfg. Name Bremner Tank Gallons 9600

Minimum Thickness Of Cargo Tank Shell .173 Heads .191/.235

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)                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B) Dents or Punctures                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C) Distortion or Defects In Welds                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D) Thickness Testing Needed                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E) Tank has Imaging Decals (Wrap)                   | YES                      | <del>NO</del>                       |
| Internal Visual In Accordance To 180.407(e)         | YES                      | <del>NO</del>                       |
| 2.) External Inspection Of Piping, Valves, Gaskets: |                          |                                     |
| A) Corroded Areas                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B) Defects in Welds, Signs of Leakage               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C) Condition of delivery, vapor hoses               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|                                                                                                                    | 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> |

(VKE) REVISION 11/21 (pg3)  
Work Order # S0596

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 | 10:36 | 10:46 | 10:39 |    |    |    |
| Pressure   | 2.6   | 2.6   | 2.6   |    |    |    |
| Final Time | 10:41 | 10:51 | 10:44 |    |    |    |

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

| Pressure Test = 18" | 1 Minute | 2 Minutes | 3 Minutes | 4 Minutes | 5 Minutes | Time 10:53 am |
|---------------------|----------|-----------|-----------|-----------|-----------|---------------|
| Test                |          |           |           |           |           | Average       |
| 1                   | 18.0     | 18.0      | 18.0      | 18.0      | 18.0      |               |
| 2                   | 18.0     | 18.0      | 18.0      | 18.0      | 18.0      | 18.0"         |

| Vacuum Test = -6.0" | 1 Minute | 2 Minutes | 3 Minutes | 4 Minutes | 5 Minutes | Time 11:07 am |
|---------------------|----------|-----------|-----------|-----------|-----------|---------------|
| Test                |          |           |           |           |           | Average       |
| 1                   | -6.0     | -5.9      | -5.9      | -5.8      | -5.8      |               |
| 2                   | -6.0     | -6.0      | -5.9      | -5.9      | -5.9      | -5.85"        |

| Vapor Vent Test/Vapor Rail Pressure Test | 1 Minute | 2 Minutes | 3 Minutes | 4 Minutes | 5 Minutes | Time 11:22 am |
|------------------------------------------|----------|-----------|-----------|-----------|-----------|---------------|
| Test 1                                   | 0"       | 0"        | 0"        | 0"        | 0"        |               |

Location of Defects Found and Method of Repair:

- 1.)
- 2.)
- 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" Yes Month 8 Year 76  
"K" Yes Month 8 Year 76  
"K" EPA Yes Month 8 Year 76  
"T"    Month    Year   

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

|                               |                      |      |                |
|-------------------------------|----------------------|------|----------------|
| Owner Acknowledgment          | <u>Robert L. Bux</u> | Date | <u>8-31-26</u> |
| R/I, Manager's Acknowledgment | <u>[Signature]</u>   | Date | <u>8-31-26</u> |
| Inspected By:                 | <u>T. Bux</u>        | Date | <u>8-31-26</u> |



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 #: 45

Certification Date: 8/31/26

Trailer Serial #  
106A 92X75FOB6245

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

|                  |       | #1   | #2   | #3   | #4  | #5  |      |
|------------------|-------|------|------|------|-----|-----|------|
| Max Capacity     | Front | 4596 | 1405 | 4082 | 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.

Tin B... CT0097

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

C. H. Bradshaw

Inspection Company Name

8/31/26

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 Transport Inc. Trailer Unit #: 45  
 Trailer: Make Brenner Year 2005 DOT Type 406 Serial Number 108E799ZVZSF08GT45  
 Retain Sensors Installed Yes / No /

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

|                             | Example |
|-----------------------------|---------|
| 1 Max Compartment Capacity  | 3143    |
| 2 Probe Outage (60 gal min) | 60      |
| 3 *Carrier Outage           | 3080    |
| 4 Maximum Preset            | 3060    |

Subtract Lines 2&3 from Line 1

| Front | Compartments |      |    |    |    | Rear |
|-------|--------------|------|----|----|----|------|
| #1    | #2           | #3   | #4 | #5 | #6 |      |
| 4596  | 1405         | 4082 |    |    |    |      |
| 158   | 87           | 177  |    |    |    |      |
| 4438  | 1318         | 3065 |    |    |    |      |
| 4400  | 1300         | 3000 |    |    |    |      |

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 (combustion). 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 compartment's 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

|   |
|---|
| / |
| / |
| / |
| / |
| / |
| / |
| / |

Name (Print) Tim Bock Inspection Company G.H. Bradstreet Co.  
 Name (Sign) T. Bock Inspector's DOT reg. # CT0097

Date (MM/DD/YY) 8/31/26

**Carrier Verification Requirements**

- Is an MC-306, DOT-406 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

|   |
|---|
| / |
| / |
| / |
| / |
| / |
| / |
| / |

Name (Print & Sign) Reviewer Title Inspector Date (MM/DD/YY) 8/31/26  
 TPL-OPS-002-C



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 #: 45  
Carrier Address: 101 E. South Street Rockford, OH 45882 Serial/VIN: 10BEA92X75F0B6245  
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 |
|-----|----|
| X   |    |
| X   |    |
| X   |    |
|     | X  |
| X   |    |
| 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 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 |
|---------|---------|---------|---------|---------|---------|
| 4596    | 1405    | 4082    | N/A     | N/A     | N/A     |
| 158     | 87      | 177     |         |         |         |
| 4438    | 1318    | 3905    |         |         |         |
| 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: 8/31/26

Print Name: Robert Belna

## ANNUAL TRAILER INSPECTION REPORT

This form certifies that the trailer has been adequately inspected and tested to DOT standards, and the unit is fit for serviceable use. US Energy personnel reserve the right to disable any unit in our system that they feel fails to maintain serviceable use. A disabled trailer will only be enabled back into service once a new inspection or proof of service/repair of known issue(s) can be presented. **ALL FIELDS BELOW MUST BE COMPLETED FOR ACCEPTANCE.**

| TRAILER INFORMATION     |                   |              |                  |
|-------------------------|-------------------|--------------|------------------|
| Trailer ID:             | 45                | Owner:       | SJA TRANSPORT    |
| Total Trailer Capacity: | 9,600 GAL         | Address:     | 101 E. SOUTH ST. |
| Trailer Make:           | BRENNER           | City:        | ROCKFORD         |
| Year of Manufacture:    | 2005              | State:       | OH               |
| Trailer VIN:            | 10BEA92X75F0B6245 | Zip:         | 45882            |
| Date of Inspection:     | 8/31/2026         | Owner Phone: | (419) 363-2342   |

| COMPARTMENT INFORMATION                                                                                                                                                                                                                                                                                                                                                  |            |       |       |    |    |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|-------|----|----|-----------|
| All US Energy terminals utilize a compartment-based loading system. The compartment information detailed below must be accurate and will match the figures entered into the loading system, and the maximum preset will mirror the maximum allowable by compartment for loading this specific trailer. <b>No exceptions will be made for the maximum preset amounts.</b> |            |       |       |    |    |           |
|                                                                                                                                                                                                                                                                                                                                                                          | FRONT<br>1 | 2     | 3     | 4  | 5  | REAR<br>6 |
| Max Compartment Capacity (gal)                                                                                                                                                                                                                                                                                                                                           | 4,460      | 1,360 | 3,960 |    |    |           |
| Probe Outage (60 gal)                                                                                                                                                                                                                                                                                                                                                    | 60         | 60    | 60    | 60 | 60 | 60        |
| Maximum Preset Allowed (gal)                                                                                                                                                                                                                                                                                                                                             | 4,400      | 1,300 | 3,900 |    |    |           |

MAX CAPACITY - PROBE OUTAGE = MAXIMUM PRESET ALLOWED

| INTRINSICALLY SAFE CAMERAS                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|----------|
| All US Energy terminals forbid the use of trailer cameras that are not intrinsically safe for use in hazardous locations while loading/unloading operations are ongoing. Any unit that is found to be using incorrectly rated recording devices will be disabled until proof of repair can be provided. If 'No' is marked below to question 2-4 US Energy will not accept this trailer for use. |                          |                                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                 | Y                        | N                                   | INITIALS |
| 1 Does this unit have trailer cameras installed?                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 2 Are the cameras certified as intrinsically safe and approved for use in hazardous locations?                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| 3 Are cameras connected to trailer power and disabled during loading/unloading?                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| 4 Are cameras connected to battery backup power and disabled during loading/unloading?                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            |          |

| INSPECTION INFORMATION                                                                                              |                                     |                          |          |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|----------|
| If 'No' is marked below to question 1-9, US Energy will not accept this trailer for use at any of their facilities. |                                     |                          |          |
|                                                                                                                     | Y                                   | N                        | INITIALS |
| 1 Is the overfill protection system in working condition?                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 2 Have all probes been tested with liquid to verify shutdown capability?                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 3 Have probes been set to 60 gross gallons below the max capacity?                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 4 Has the grounding system been checked for proper functionality?                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 5 Vapor certification (EPA Method 27) current and decals displayed?                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 6 Vapor-tightness test report completed and attached (pg. 2 of 2)?                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 7 Does trailer have a functional brake interlock device(s) installed?                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 8 Are compartment sizes & capacities legibly displayed on the tanker?                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 9 Are proper placards displayed on all four sides of the unit?                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |

| CERTIFICATION                                                                                              |  |
|------------------------------------------------------------------------------------------------------------|--|
| I CERTIFY THAT THIS TRAILER HAS BEEN ADEQUATELY INSPECTED TO DOT STANDARDS AND IS FIT FOR SERVICEABLE USE. |  |

|                    |                |                     |               |
|--------------------|----------------|---------------------|---------------|
| Inspector Name:    | TIM BUCK       | Inspector Signature |               |
| Inspector Company: | CH BRADSHAW    | <i>Tim Buck</i>     | Date: 8/31/26 |
| Inspector Phone:   | (800) 783-0010 |                     |               |

## ANNUAL TRAILER VAPOR-TIGHTNESS TEST REPORT

EPA Reference Method 27 - 40 CFR Part 60, Appendix A-8

Required Annual Certification Testing - Pressure, Vacuum, and Internal Vapor Valve

| TRAILER INFORMATION                     |                 |              |                  |
|-----------------------------------------|-----------------|--------------|------------------|
| Trailer ID:                             | 45              | Owner:       | SJA TRANSPORT    |
| Total Compartment Capacity (As Tested): | 9600 GAL        | Address:     | 101 E. SOUTH ST. |
| Test Location:                          | CH BRADSHAW     | City:        | ROCKFORD         |
| Address:                                | 2004 HENDRIX DR | State:       | OH               |
| Tester Phone:                           | (800) 783-0010  | Zip:         | 45882            |
| Test Date:                              | 8/10/2026       | Owner Phone: | (419) 363-2342   |

| PRESSURE TEST                                                                                                                                                              |                                                                          |                                                                          |                                                                          |                               |                                                                         |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------|-----|
| PRESSURE TEST PER METHOD 27: 40 CFR PART 60, APPENDIX A-8                                                                                                                  |                                                                          |                                                                          |                                                                          |                               |                                                                         |     |
| Initial Pressure = 18 in. H <sub>2</sub> O or 460 mm H <sub>2</sub> O                                                                                                      |                                                                          |                                                                          |                                                                          | Total Time ≥ 5 Minutes        |                                                                         |     |
| Initial Pressure                                                                                                                                                           | Initial Test Time                                                        | Final Pressure                                                           | Final Test Time                                                          | Pressure Change               | Time Change                                                             |     |
| Inches or mm H <sub>2</sub> O                                                                                                                                              | HH:MM                                                                    | Inches or mm H <sub>2</sub> O                                            | HH:MM                                                                    | Inches or mm H <sub>2</sub> O | Minutes                                                                 |     |
| Test 1                                                                                                                                                                     | 18.00 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:10 PM                                                                  | 17.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:15 PM                       | 0.20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 5.0 |
| Test 2                                                                                                                                                                     | 18.00 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:20 PM                                                                  | 17.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:25 PM                       | 0.20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 5.0 |
| USE Terminal Facilities: ≤ 0.5 in H <sub>2</sub> O or 12.7 mm H <sub>2</sub> O pressure drop. Two tests must be within 0.5 in H <sub>2</sub> O or 12.7 mm H <sub>2</sub> O |                                                                          |                                                                          |                                                                          |                               |                                                                         |     |
| Average Final Pressure                                                                                                                                                     |                                                                          | 17.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | Average Pressure Change                                                  |                               | 0.20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM |     |

| VACUUM TEST                                                                                                                                                              |                                                                          |                                                                          |                                                                          |                               |                                                                          |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|-----|
| VACUUM TEST PER METHOD 27: 40 CFR PART 60, APPENDIX A-8                                                                                                                  |                                                                          |                                                                          |                                                                          |                               |                                                                          |     |
| Initial Vacuum = 6 in. H <sub>2</sub> O or 150 mm H <sub>2</sub> O                                                                                                       |                                                                          |                                                                          |                                                                          | Total Time ≥ 5 Minutes        |                                                                          |     |
| Initial Vacuum                                                                                                                                                           | Initial Test Time                                                        | Final Vacuum                                                             | Final Test Time                                                          | Vacuum Change                 | Time Change                                                              |     |
| Inches or mm H <sub>2</sub> O                                                                                                                                            | HH:MM                                                                    | Inches or mm H <sub>2</sub> O                                            | HH:MM                                                                    | Inches or mm H <sub>2</sub> O | Minutes                                                                  |     |
| Test 1                                                                                                                                                                   | -6.00 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:25 PM                                                                  | -5.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:30 PM                       | -0.20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 5.0 |
| Test 2                                                                                                                                                                   | -6.00 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:31 PM                                                                  | -5.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:36 PM                       | -0.20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 5.0 |
| USE Terminal Facilities: ≤ 0.5 in H <sub>2</sub> O or 12.7 mm H <sub>2</sub> O vacuum drop. Two tests must be within 0.5 in H <sub>2</sub> O or 12.7 mm H <sub>2</sub> O |                                                                          |                                                                          |                                                                          |                               |                                                                          |     |
| Average Final Vacuum                                                                                                                                                     |                                                                          | -5.80 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | Average Vacuum Change                                                    |                               | -0.20 <input type="checkbox"/> IN <input type="checkbox"/> MM            |     |

| INTERNAL VAPOR VALVE TEST                                                                                                                                       |                                                                         |                               |                                                              |                               |                                                              |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|-----|
| INTERNAL VAPOR VALVE TEST: 40 CFR PART 60 APPENDIX A-8 as required under 40 CFR 60 SUBPART XXa, 40 CFR 63 SUBPART 6B, and/or 40 CFR 63 SUBPART R as appropriate |                                                                         |                               |                                                              |                               |                                                              |     |
| Initial Pressure = 0 in. H <sub>2</sub> O or 0 mm H <sub>2</sub> O                                                                                              |                                                                         |                               |                                                              | Total Time ≥ 5 Minutes        |                                                              |     |
| Initial Pressure                                                                                                                                                | Initial Test Time                                                       | Final Pressure                | Final Test Time                                              | Pressure Change               | Time Change                                                  |     |
| Inches or mm H <sub>2</sub> O                                                                                                                                   | HH:MM                                                                   | Inches or mm H <sub>2</sub> O | HH:MM                                                        | Inches or mm H <sub>2</sub> O | Minutes                                                      |     |
| Test 1                                                                                                                                                          | 0.00 <input checked="" type="checkbox"/> IN <input type="checkbox"/> MM | 3:45 PM                       | 0.20 <input type="checkbox"/> IN <input type="checkbox"/> MM | 3:47 PM                       | 0.20 <input type="checkbox"/> IN <input type="checkbox"/> MM | 5.0 |
| USE Terminal Facilities: Maximum allowable 5 minute pressure increase is 65 mm H <sub>2</sub> O or 2.5 in H <sub>2</sub> O                                      |                                                                         |                               |                                                              |                               |                                                              |     |

| FINDINGS                                                                                               |  |
|--------------------------------------------------------------------------------------------------------|--|
| LIST ANY FINDINGS INCLUDING LEAKS FOUND OR REPAIRS MADE DURING VAPOR TIGHTNESS TESTING BELOW.          |  |
|                                                                                                        |  |
| PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION CORRESPONDING TO REPAIRS MADE OR ISSUES FOUND TO THIS FORM. |  |

| CERTIFICATION                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I CERTIFY THAT THIS TRAILER IS VAPOR TIGHT AS REQUIRED BY 40 CFR 60.503a(f); 40 CFR 63.11092(g)(1)(ii); and/or 40 CFR 63.425(e)(1)(iii). EPA REFERENCE METHOD 27. |  |

|                           |             |                   |                                                                                      |       |         |
|---------------------------|-------------|-------------------|--------------------------------------------------------------------------------------|-------|---------|
| Tester Name:              | TIM BUCK    | Tester Signature  |  | Date: | 8/31/26 |
| Tester Title:             |             | Witness Signature |                                                                                      |       | Date:   |
| Tester DOT Certification: | CT0097      |                   |                                                                                      |       |         |
| Tester Company:           | CH BRADSHAW |                   |                                                                                      |       |         |
| Witness Name (if any):    |             |                   |                                                                                      |       |         |
| Witness Affiliation:      |             |                   |                                                                                      |       |         |