ANNUAL TRAILER VAPOR-TIGHTNESS TEST REPORT

GASOLINE DELIVERY TANK PRESSURE - EPA REFERENCE METHOD 27
ANNUAL CERTIFICATION TEST - METHOD 27
ANNUAL CERTIFICATION TEST - INTERNAL VAPOR VALVE

NAME SJA TRANSPORT

ADDRESS 101 E SOUTH ST.

CITY ROCKFORD, OH 45882

SERIAL 8FT000602

MANUFACTURE LBT INC

SPECIFICATION 406 AL MAWP 3.3 PSI

CAPACITY 9500 GALLONS

UNIT # 234 TEST DATE 3/3/2026

TYPE OF SERVICE
NON CORROSIVE [X]
CORROSIVE [ ]
LINED __ UN-LINED [X]
INSULATED [ ] BOTH [ ]
CARGO TANKER MEETS THE REQUIREMENTS [X]
CARGO TANKER FAILS THE REQUIREMENTS [ ]

PRESSURE TEST PER METHOD 27,40 CFR PART 60 APPENDIX A
1) Slowly pressurize the tank to 18 inches by using a manometer. Allow the pressure to stabilize and record
2) At the end of 5 minutes, record the time and final pressure. Repeat the procedure until two consecutive runs agree within +/- 0.500 of an inch. Calculate the arithmetic average and enter below

AVERAGE READING OF TWO RESULTS 17.7 INCHES
DIFFERENCE .2 INCHES

TEST 1 FINAL PRESSURE 17.6 INCHES TEST 2 FINAL PRESSURE 17.8 INCHES

START TIME	3:45 PM	TIME CHANGE 5 MIN	START TIME	3:51 PM	TIME CHANGE 5 MIN
FINAL TIME	3:50 PM		FINAL TIME	3:56 PM	

VACUUM TEST PER METHOD 27,40 CFR PART 60, APPENDIX A
1) Slowly evacuate the tank to 6 inches of water by using a manometer. Allow the manometer to stabilize.
2) At the end of 5 minutes, record the time and final pressure. Repeat the procedure until two consecutive runs agree within +/- 0.500 of an inch. Calculate the arithmetic average and enter below

AVERAGE READING OF TWO RESULTS 5.75INCHES
DIFFERENCE .1 INCHES

TEST 1 FINAL PRESSURE 5.7 INCHES TEST 2 FINAL PRESSURE 5.8 INCHES

START TIME	4:14 PM	TIME CHANGE 5 MIN	START TIME	4:20 PM	TIME CHANGE 5 MIN
FINAL TIME	4:19 PM		FINAL TIME	4:25 PM	

INTERNAL VAPOR TEST :40 CFR PART 63, SUBPART R (REQUIERD ONLY AT MACT R FACLLITS-FORTH AND PINE BEND)
1) Pressurize the tanker to 18 inches of water by using a manometer, Close all vents and valves, this will isolate the press in the tanker. Relieve the pressure in the vapor line to atmospheric pressure.
2) Reseal the vapor line by connecting the manometer, only after 5 minutes record the build up of pressure.
NOTE: the source of the pressure for this test, comes from the PREESSURE that was in the tanker

INITIAL PRESSURE 0" OF INCHES H20. START TIME 3:57 PM TIME CHANGE 5 MIN
FINAL PRESSURE .2 INCHES PRESSURE GHANGE .2 INCHES FINAL TIME 4:02 PM

MARKING APPLIED YES [X] NO [ ] CHECK HEAR FOR DEFECTS [ ]
WHICH ARE LISTED ON REPAIR ORDER No. _____

ACCEPTANCE CRITERIA
Allowable pressure change, one inch
Allowable vacuum change, one inch
Allowable pressure increase five inches

NAME OF TESTER MICHAEL AYLIEFF

FACILITY TRANSPORT GARAGE, INC.
CT# 10
1228 VERNON ST
ALTOONA, WI. 54720
TEL (715) 832-2573

SIGNATURE OF TESTER Mike Aylieff DATE 3/3/2026

SIGNATURE OF OWNER Sabrina McCloskey DATE 3/4/2026

ENERGY TRANSFER

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 #:** 234

Carrier Address: 101 E. South Street Rockford, OH 45882 **Serial/VIN:** 8FT000602

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

	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 sytem 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 protusions 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 maximun 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

	EXAMPLE	Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6
Max Compartment Capacity	3140	3560	2072	1272	3092	N/A	N/A
Probe Outage (60 Gal min.)	60	60	60	60	60		
Carrier Outage *	80	80	80	80	80		
Maximum Preset	3000	3500	2000	1200	2800		

* 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 represenatative of the above carrier, all information obtained and written on this document is certified and true.

Signature: Robert Belna Date: 3/3/26

Print Name: Robert Belna

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 #: 234

Certification Date: 3/3/26

Trailer Serial # 8FT000602

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

		#1	#2	#3	#4	#5	
Max Capacity	Front	3560	2072	1272	3092		Rear
		-60	-60	-60	-60	-60	
Working Capacity	Front	3500	2000	1200	2800		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.

CT-10

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

TRANSPORT GARAGE

Inspection Company Name

3/3/26

Date

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 Trailer Unit #: 234

Trailer : Make LBT Year 2014 DOT Type 406 Serial Number 8FT000602

Retain Sensors Installed Yes_____ No ✓

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

		Example	Front Compartments #1	#2	#3	#4	#5	Rear Compartments #6
1	Max Compartment Capacity	3140	3560	2072	1272	3092	N/A	N/A
2	Probe Outage (60 gal min)	60	60	60	60	60		
3	*Carrier Outage	80	80	80	80	80		
4	Maximum Preset	3000	3500	2000	1200	2800		

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**	**YES**
1	Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity?	✓
2	Is the overfill protection system in working condition?	✓
3	Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry?	✓
4	Has the grounding system been checked and is in proper operating condition?	✓
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?	✓
6	Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires?	✓
7	Is a functional brake interlock system installed on the loading header and vapor recovery hose?	✓

Mike Aylieff
Name (Print)

Name (Sign)

Transport Garage
Inspection Company

CT-10
Inspector's DOT reg. #

3/3/2026
Date (MM/DD/YY

	Carrier Verification Requirements	**YES**
1	Is an MC306, DOT406 or other specification plate installed?	✓
2	Is proper placarding installed for the product(s) that are hauled?	✓
3	Is the state DOT inspection or DOT 396/17 data current?	✓
4	Are pressure, leakage and visual decals current?	✓
5	Is emergency response information (including guidebook) on board?	✓
6	Is each tank/trailer marked with appropriate unit numbers?	✓
7	Are compartment capacity charts current and available upon request?	✓
8	Is each compartment loading headers matching with maximum presets recorded above?	✓

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

Rob Belna
Name (Print & Sign)

President
Title

3/3/26
Date (MM/DD/YY)

RESET FORM

a U.S. Venture company

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:	236	Owner:	SJA TRANSPORT
Total Trailer Capacity:	9,500 GAL	Address:	101 E. SOUTH ST.
Trailer Make:	LBT	City:	ROCKFORD
Year of Manufacture:	2014	State:	OH
Trailer VIN:	8FT000602	Zip:	45882
Date of Inspection:	3/3/2026	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. **No exceptions will be made for the maximum preset amounts.**

	FRONT 1	2	3	4	5	REAR 6
Max Compartment Capacity (gal)	3,560	2,060	1260	2860		
Probe Outage (60 gal)	60	60	60	60	60	60
Maximum Preset Allowed (gal)	3,500	2,000	1200	2800		

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?	☐	☑	
2	Are the cameras certified as intrinsically safe and approved for use in hazardous locations?	☐	☐	
3	Are cameras connected to trailer power and disabled during loading/unloading?	☐	☐	
4	Are cameras connected to battery backup power and disabled during loading/unloading?	☐	☐	

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?	☑	☐	
2	Have all probes been tested with liquid to verify shutdown capability?	☑	☐	
3	Have probes been set to 60 gross gallons below the max capacity?	☑	☐	
4	Has the grounding system been checked for proper functionality?	☑	☐	
5	Vapor certification (EPA Method 27) current and decals displayed?	☑	☐	
6	Vapor-tightness test report completed and attached (pg. 2 of 2)?	☑	☐	
7	Does trailer have a functional brake interlock device(s) installed?	☑	☐	
8	Are compartment sizes & capacities legibly displayed on the tanker?	☑	☐	
9	Are proper placards displayed on all four sides of the unit?	☑	☐	

CERTIFICATION

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

Inspector Name:	MIKE ALIEFF	**Inspector Signature**		
Inspector Company:	TRANSPORT GARAGE		**Date:**	3/3/26
Inspector Phone:	(715) 832-2573			

RESET FORM

U.S. Energy™
a U.S. Venture company

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:	236	Owner:	SJA TRANSPORT
Total Compartment Capacity (As Tested):	9300 GAL	Address:	101 E. SOUTH ST.
Test Location:	TRANSPORT GARAGE	City:	ROCKFORD
Address:	1228 VERNON ST. ALTOONA WI 547	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_2O or 460 mm H_2O			Total Time ≥ 5 Minutes		
	Initial Pressure	Initial Test Time	Final Pressure	Final Test Time	Pressure Change	Time Change
	Inches or mm H_2O	HH:MM	Inches or mm H_2O	HH:MM	Inches or mm H_2O	Minutes
Test 1	18.00 ☑ IN ☐ MM	3:10 PM	17.80 ☑ IN ☐ MM	3:15 PM	0.20 ☑ IN ☐ MM	5.0
Test 2	18.00 ☑ IN ☐ MM	3:20 PM	17.80 ☑ IN ☐ MM	3:25 PM	0.20 ☑ IN ☐ MM	5.0

USE Terminal Facilities: ≤ 0.5 in H_2O or 12.7 mm H_2O pressure drop. Two tests must be within 0.5 in H_2O or 12.7 mm H_2O

Average Final Pressure	17.80 ☑ IN ☐ MM	Average Pressure Change	0.20 ☑ IN ☐ MM

VACUUM TEST

VACUUM TEST PER METHOD 27: 40 CFR PART 60, APPENDIX A-8

	Initial Vacuum = 6 in. H_2O or 150 mm H_2O			Total Time ≥ 5 Minutes		
	Initial Vacuum	Initial Test Time	Final Vacuum	Final Test Time	Vacuum Change	Time Change
	Inches or mm H_2O	HH:MM	Inches or mm H_2O	HH:MM	Inches or mm H_2O	Minutes
Test 1	-6.00 ☑ IN ☐ MM	3:25 PM	-5.80 ☑ IN ☐ MM	3:30 PM	-0.20 ☑ IN ☐ MM	5.0
Test 2	-6.00 ☑ IN ☐ MM	3:31 PM	-5.80 ☑ IN ☐ MM	3:36 PM	-0.20 ☑ IN ☐ MM	5.0

USE Terminal Facilities: ≤ 0.5 in H_2O or 12.7 mm H_2O vacuum drop. Two tests must be within 0.5 in H_2O or 12.7 mm H_2O

Average Final Vacuum	-5.80 ☑ IN ☐ MM	Average Vacuum Change	-0.20 ☐ IN ☐ 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_2O or 0 mm H_2O			Total Time ≥ 5 Minutes		
	Initial Pressure	Initial Test Time	Final Pressure	Final Test Time	Pressure Change	Time Change
	Inches or mm H_2O	HH:MM	Inches or mm H_2O	HH:MM	Inches or mm H_2O	Minutes
Test 1	0.00 ☑ IN ☐ MM	3:45 PM	0.20 ☐ IN ☐ MM	3:47 PM	0.20 ☐ IN ☐ MM	5.0

USE Terminal Facilities: Maximum allowable 5 minute pressure increase is 65 mm H_2O or 2.5 in H_2O

FINDINGS

LIST ANY FINDINGS INCLUDING LEAKS FOUND OR REPAIRS MADE DURING VAPOR TIGHTNESS TESTING BELOW.

PLEASE ATTACH ANY ADDITONAL 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:	MIKE AYLIEFF	Tester Signature	Date:	8/3/26
Tester Title:				
Tester DOT Certification:	CT 10			
Tester Company:	TRANSPORT GARAGE	Witness Signature		
Witness Name (if any):			Date:	
Witness Affiliation:				