

**MC 306/DOT 406 CHECKLIST/INSPECTION REPORT FOR
EXTERNAL VISUAL INSPECTION** (page 1 of 3)

CARRIER/OWNER Southern Fs DATE 6/10/21
 FLEET # 3286 SERIAL/VIN # C5565 C.T. MFG Progress Tank
 DOT SPEC NO. 406AL MATL. 5454-H32 DATE MFG. 7-11
 MAWP 3.3 psi. TEST PRESS. 5 psi MINIMUM THICKNESS SHELL .180 HEADS .200
 COMPARTMENT SIZES, F to R 1, 1500 2, 1000 3, 1000 4, 1000 5, 500 GAL.
 TOTAL CAPACITY. 5000 GAL, DBL. BULKHEADS? Y INSULATED? N LINED? N
 TYPE SERVICE: CORROSIVE TO SHELL? N DEDICATED
 SERVICE? Y PRODUCT(S) Refined Fuel

DOT mandatory items indicated with "M" on checklist.

Item No.	Activity	Complies	Repairs Needed	See Remarks
1	Data plate: Attachment to tank, entries legible, no paint, corrosion	☒	☐	
2M	Shell and heads: Condition of welds, dents, gouges, corrosion or abrasion, possible need for thickness testing. Obvious structural defects in shell, frames, outriggers, X-Members or welds.	☒	☒	
3	Double head voids: If present, verify bottom vent open, no accumulated product in void.	☒	☐	
4M	Upper coupler assembly: Condition of plate, corrosion, deformation, lubrication, bolt tightness, king pin wear or deformation	<u>N/A</u>	☐	
5	Landing gear: Corrosion or rust, condition of welds, frame distortion above gear, bolt tightness, support braces secure, gear operation.	<u>N/A</u>	☐	
6	Placard holders: Attachment to tank, condition of clips and hinges.	☒	☐	
7M	Bolted attachments: Under carriage, landing gear structure, cabinets, ladders, fenders, rear bumper or other important attachments.	☒	☐	
8	Hose tubes, troughs, or racks: Condition of tube, end covers and latches,	☒	☐	
9M	Piping, valves and gaskets: Check security of hangers, bolted connections and gaskets, operation of valves, adapters and caps. Assure brake interlock bars are securely mounted and function as designed.	☒	☒	

CUSTOMER Southern FS
 UNIT # 3286
 SR # C5565

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 EXTERNAL VISUAL INSPECTION (page 2 of 3)

Item No.	Activity	Complies	Repairs Needed	See Remarks
10M	Internal, self, closing, stop valve operations: System must have three means of closure, normal, remote (or emergency trip) and fusible. Verify proper function of valve and trip. Check cable or air operating system: Cable, adjustment, condition and lubrication of cables and tubing system and presence of fusible devices, often located in E.V. operator. Air system, check function and leak integrity of air operating system including remote trip, presence of fusible device, function of any associated brake interlocks	✓	—	—
11	Overfill sensors: Leak and moisture integrity, installation tightness, condition of electrical connections.	✓	—	—
12	Ladders, vertical rails straight and structurally sound. Rungs, clear of obstructions and secure to verticals. Mounting to tank structure sound	✓	—	—
13	Walkways: level, well mounted and walking surface clean and slip resistant. note particularly condition of paint on non-slip coatings	✓	—	—
14	Vapor Recovery System: Condition of flexible components, integrity of connections, condition of vapor return line, adapter and dust cap.	✓	X	—
15	Static Grounding Connections: Present and tight, including condition and connection of internal grounding cables.	✓	—	—
16	Gauging Devices: Security of marker, rod, braces and supports.	✓	—	—
17M	Manhole Assemblies, Evidence of leakage, impact damage to cover or fill covers, condition of collar and fill cover gaskets and sealing surfaces, clamping ring and other attaching hardware	✓	—	—
18M	Pressure Relief Devices: Verify presence and condition of normal and emergency vent for each compartment, verify correct amount of vent capacity for size of vessel	✓	—	X
19	Caution and Safety Labels: Check condition and presence of all labels, replace as necessary.	✓	—	—
20	Supply "Emergency Shutoff" decal near internal valve remote closure device per Paragraph 172.328 (d) after October 3, 2004.	✓	—	—
21M	Tank Markings: Date (month & year) and service symbol (V) if cargo tank is qualified to return to service	✓	—	—
22	Rear bumper: check for damage and appearance to meet Specifications	✓	—	—

NOTE: If, in the unusual event, the cargo tank being inspected, is fabricated with a steel shell and steel external rings, thickness test the rings as instructed on following page.

CUSTOMER Southern FS
UNIT # 3286
SR # C5565

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EXTERNAL VISUAL INSPECTION (page 3 of 3)

REMARKS (use additional sheets if necessary)

Ring thickness test, when required: Measure ring thickness in four symmetrical positions around the circumference. If any reading varies from the average, by more than 10%, thickness test shell internally, in area, covered by the ring.

Meets minimum thickness? _____ Does not comply? _____ [Refer To Part-180 407 (d)(4)]

Defects found and corrected: 1) Welds broke on frame connecting tank to frame - Repaired

2) Vapor vent going to vapor rail INOP - Rebuilt

3) replaced vitals on pump pipe due to leaking - Replaced

Disposition of unit: Return to Service 6-15-21 Removed From Service _____

Inspector or CT Facility

Name WILLIAM TRAIL AND TRUCK REPAIR
1902 MEADOWBROOK DR
Address CAPE GIRARDEAU, MO 63703
573-335-3582

Signed _____

Date 6-15-21

DOT CT # 9264 R-6815

Cargo Tank Owner or Representative

Name _____

Address _____

Signed _____

Date _____

DOT MC ID. # _____
(If appropriate)

IMPORTANT: Certification of the annual External Visual Inspection must be signed by both the Inspection Agency/CT. Facility, and the cargo tank owner, and must be retained in the owner's cargo tank file throughout his ownership and one year thereafter.

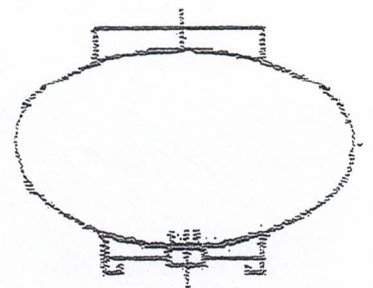
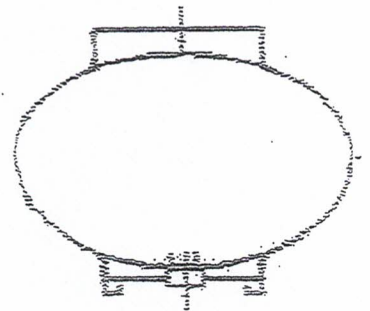
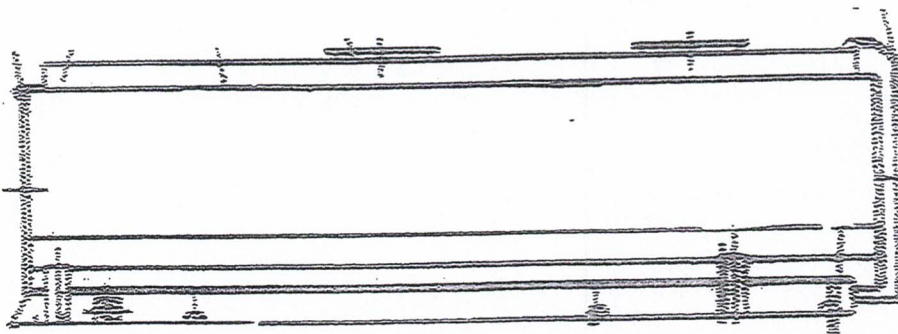
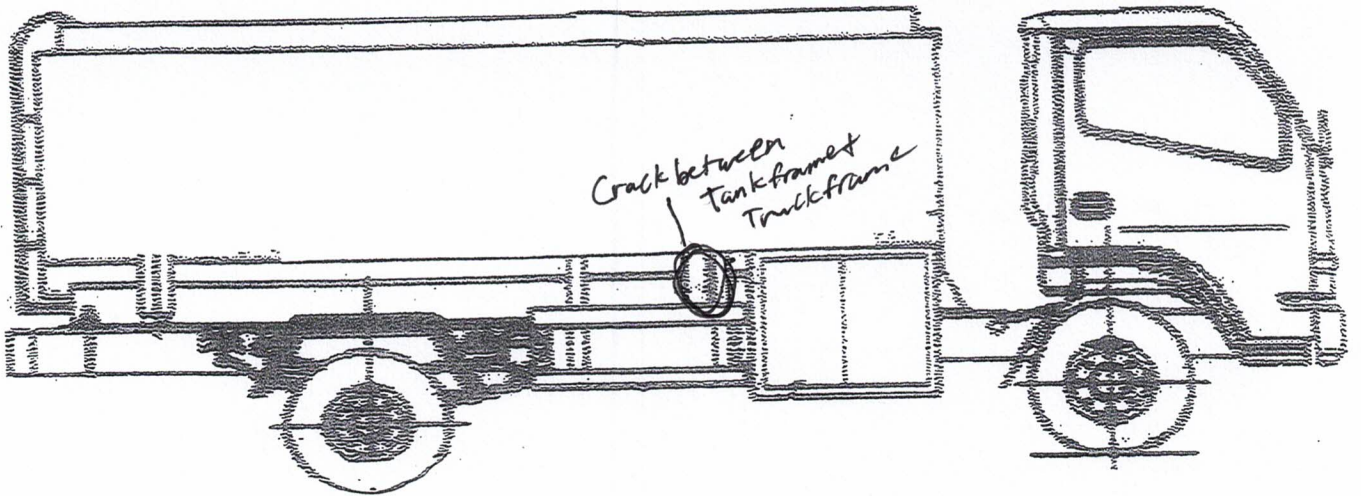
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
PRD					
Set	<u>3.63</u>	<u>3.63</u>	<u>3.63</u>	<u>3.63</u>	<u>3.63</u>
MFG	<u>Civaccon</u>	<u>Civaccon</u>	<u>Civaccon</u>	<u>Civaccon</u>	<u>Civaccon</u>

Customer: Southern FS

UNIT: 3286

DATE: C5565

Defects Found Yes
no
(If yes indicate Below)



MC 306/DOT 406 CHECKLIST/TEST REPORT FOR
PNEUMATIC LEAK TEST (page 1 of 2)

CARRIER/OWNER Southern FS DATE 6-10-21
 FLEET # 3286 SERIAL/VIN # C5565 C.T. MFG Progress Tank
 DOT SPEC NO. 406AL MATL. 5454-H32 DATE MFG. 7-11
 MAWP 3.3 psi. TEST PRESS. 5 psi MINIMUM THICKNESS SHELL .180 HEADS .200
 COMPARTMENT SIZES, F to R 1, 1500 2, 1000 3, 1000 4, 1000 5, 500 GAL.
 TOTAL CAPACITY: 5000 GAL., DBL. BULKHEADS? Y INSULATED? N LINED? N
 TYPE SERVICE: CORROSIVE TO SHELL? N DEDICATED SERVICE? Y PRODUCT refined fuel

DOT mandatory items indicated with "M" on checklist.

Item No.	Activity	Complies	Repairs Needed	See Remarks
Each compartment must be pressurized individually with adjacent compartments at atmospheric pressure.				
1M	Close manhole, open internal valve, and pressurize compartment to 80% of MAWP. (inducing pressure through compartment product line is a convenient method) let pressure stabilize. Check all fittings and valves with soap solution and note any leaks, correct as necessary. Close air supply source and hold for 5 minutes without decay.	<u>✓</u>	<u> </u>	<u> </u>
	Close tank internal valve, open outlet valve to exhaust product line. Close outlet and monitor for pressure in line. A pressure build up indicates Leakage past internal valve.	<u>✓</u>	<u>X</u>	<u> </u>
2M	Vapor Recovery System: all hoods and hose connections in place, open vapor valves and re-establish pressure in vessel and vapor system, to stated test pressure. Check for leaks at all vapor recovery fittings and connections, and correct as necessary.	<u>✓</u>	<u> </u>	<u> </u>
3M	Close vent valves, reduce vessel pressure to atmosphere and monitor vapor line for pressure decay.	<u>✓</u>	<u> </u>	<u> </u>
4M	Restore operation of all vents, remove red flags.	<u>✓</u>	<u> </u>	<u> </u>
5M	Tank Markings: Date (month & year) and service symbol (K) if cargo tank is qualified to return to service	<u>✓</u>	<u> </u>	<u> </u>

EDITORS NOTE: Tank mechanics may find many equally correct ways to accomplish the purpose of this test.

CUSTOMER Southern FS

UNIT # 3286

SR# C5565

MC 306/DOT 406 CHECKLIST/TEST REPORT FOR
PNEUMATIC LEAK TEST (page 2 of 2)

REMARKS (use additional sheets if necessary)

Defects found and corrected. Vapor vent going to rail in op April
was leaking - rebuilt

Disposition of unit: Return to Service 6-15-21 Removed From Service _____

Inspector or CT Facility

Cargo Tank Owner or Representative

Name WHITE TANK AND TRUCK REPAIR

Name _____

Address 1242 MEADOWBROOK DR
CAPE GIRARD, MO 63703
573-335-3362

Address _____

Signed [Signature]

Signed _____

Date 6-15-21

Date _____

DOT CT # 9864 2-6815

DOT MCD. # _____
(If appropriate)



Commonwealth of Kentucky
Energy and Environment Cabinet
Department for Environmental Protection
Division for Air Quality
Field Operations Branch
200 Fair Oaks Lane, 1st Floor
Frankfort, Kentucky 40601
Telephone: (502) 564-3999
FAX: (502) 564-4666
**GASOLINE TANK TRUCK
PRESSURE-VACUUM TEST
CERTIFICATE APPLICATION**

The completion and return of this form is required under Regulation 401 KAR 63:031, pursuant to KRS 224. Applications shall be incomplete unless all the requested information is provided on this form, signed by the applicant, and accompanied by a ten dollar (\$10) sticker fee in the form of a check or money order payable to the Kentucky State Treasurer. Failure to supply information required or deemed necessary by the Division to enable it to act upon the application shall result in administrative or legal action.

DEP-6020 Rév. 01-04
AGENCY USE ONLY
RECEIPT NUMBER
LOG NUMBER:
CERTIFICATE SERIAL NUMBER:
YEAR:
MONTH:

COMPANY NAME: <i>Southern FS</i>		TELEPHONE NUMBER (with area code): <i>618-658-8326</i>	
MAILING ADDRESS: <i>P.O. Box 728 Marion IL 62959</i>			
Street or Box No. TANKER UNIT NUMBER <i>3286</i>	City <i>Marion</i>	County <i>IL</i>	State <i>IL</i>
SERIAL IDENTIFICATION NUMBER <i>C5565</i>		MAKE AND YEAR OF MANUFACTURE <i>Progress Tank 2011</i>	
TANKER CAPACITY <i>5000</i>	Gallons	NUMBER OF COMPARTMENTS <i>5</i>	VAPOR COLLECTION SYSTEM INSTALLED BY: ☒ Manufacturer ☐ Retrofitted
Enclosed \$10.00 Sticker Fee Payable to Kentucky State Treasurer		Check ☒	Money Order ☐
NAME OF PERSON SUBMITTING APPLICATION		TELEPHONE NUMBER	
SIGNATURE OF PERSON SUBMITTING APPLICATION		DATE OF APPLICATION	

METHOD 27-DETERMINATION OF VAPOR TIGHTNESS OF GASOLINE DELIVERY TANK USING PRESSURE-VACUUM TEST

PRESSURE TEST:
PRESSURIZE TANK TO 450 MILLIMETERS OF WATER (18 Inches)

TIME 10:00 A.M.
P.M.

PRESSURE READING MILLIMETERS WATER	TEST	1 MINUTE	2 MINUTES	3 MINUTES	4 MINUTES	5 MINUTES
	1	18.0	17.9	17.8	17.7	17.6
	2	18.0	17.9	17.8	17.7	17.6
Arithmetic average of the two results						17.6

VACUUM TEST:
EVACUATE TANK TO 150 MILLIMETERS OF WATER (6 Inches)

TIME 10:15 A.M.
P.M.

PRESSURE READING MILLIMETERS WATER	TEST	1 MINUTE	2 MINUTES	3 MINUTES	4 MINUTES	5 MINUTES
	1	5.9	5.8	5.7	5.6	5.5
	2	5.9	5.8	5.7	5.6	5.5
Arithmetic average of the two results						5.5

TANK DOES ☒ DOES NOT ☐ MEET TEST STANDARD.

SERIAL IDENTIFICATION NUMBER: C5565 TANKER UNIT NUMBER: 3286

REPAIRS: _____

I certify that the tank unit listed on this application was tested on 6-10-21 (month/day/year)
in compliance with the test procedure specified in 40 CFR 60, Appendix A, Method 27, "Determination of Vapor Tightness of
Gasoline Delivery Tank Using Pressure-Vacuum Test," and Kentucky Administrative Regulation, 401 KAR 63:031, that the
test data given above are true and accurate at the time of testing, and that two consecutive tests were performed and agree
within ± 12.5 millimeters of water.

NAME OF TESTING FIRM		NAME OF TESTER	
ADDRESS WHITE TANK AND TRUCK REPAIRS 1242 MEADOWSBROOK DR CAPE GIRARDEAU, MO 63703 573-335-3332		SIGNATURE OF TESTER 	
CITY		PHONE NUMBER (include Area Code)	
STATE	ZIP CODE	DATE <u>6-10-21</u>	



STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF AIR, M.C. #6
1021 NORTH GRAND AVE EAST, P.O. BOX 19276
SPRINGFIELD, IL 62794-9276

GASOLINE TRUCK TANK PRESSURE-VACUUM TEST CERTIFICATE APPLICATION

The completion and return of this form is necessary prior to issuance of a pressure-vacuum test certification sticker (35 Ill. Adm. Code 215.584). Failure to supply the information requested will result in administrative delays in issuance of the sticker. One form is necessary for each truck tank.
(Method 27). Any questions regarding Truck Tank Program may be directed to 217/558-1251.
Return this completed application to the address as shown above. Or E-mailed to: EPA.TruckTank@Illinois.gov

Company Name Southern FS	Telephone Number 618-658-8326	County
Mailing Address PO BOX 728	City Marion	State IL
Tanker/Truck Number 3286	Manufacturer Serial Number C5565	Make and Year of Manufacture Progress Tank 2011
Tank Capacity 5000	Number of Compartments 5	Vapor Collection System ☒ ORIGINAL MANUFACTURER ☐ RETROFITTED
Name of Person Submitting Application	Title	Telephone Number

Method 27 Pressure-Vacuum Test for Gasoline Truck Tank: Connect compartments of the tank internally to each other if possible.

Compartment Number	Time	1	2	3	4	5
Initial Manometer Reading (in inches of water)	10:00	18.0	17.6	X	X	X
Manometer Reading after 5 minutes						
2nd Run Manometer Reading (in inches of water)	10:30	18.0	17.6	X	X	X
Manometer Reading after 5 minutes						
Vacuum Test: Evacuate tank to 6 inches of water. Allow manometer to stabilize.						
Initial Manometer Reading (in inches of water)	10:15	6.0	5.5	X	X	X
Manometer Reading after 5 minutes						
2nd Run Manometer Reading (in inches of water)	10:45	6.0	5.5	X	X	X
Manometer Reading after 5 minutes						

Tank ☒ Does ☐ Does Not Meet the Standard for "No more than 3 inches of water drop" (35 Ill. Adm. Code 215.584)

Test Performed per: Section 40 CFR 63.425 Unit has Aluminum Heads Yes () No ()

Vapor Recovery vents were tested. Vapor rail pressure increased by _____ inches.

I certify that the tank unit listed on this application was tested in compliance with the Method 27 test procedure.

Name of Testing Firm WHITE TANK AND TRUCK REPAIR	Telephone Number	CT Number CT 9264 R-6815
Address 1242 MEADOWBROOK DR CAPE GIRARDEAU, MO 63703	City	State IL
Names of Tester 576-335-3662	Signature B J Brunderman	Date 6-10-21

THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL FOR BOTH PARTIES. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE DEEMED AS INCOMPLETE.
I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE. ANY PERSON WHO KNOWINGLY MAKES A FALSE, FICTITIOUS, OR FRAUDULENT MATERIAL STATEMENT, ORALLY OR IN WRITING, TO THE ILLINOIS EPA COMBATS A CLASS 4 FELONY. A SECOND OR SUBSEQUENT OFFENSE AFTER CONVICTION IS A CLASS 1 FELONY (415 ILCS 5/4-1.5).

Date of Test
8-10-21

Office Southern FS	Phone No. 618-658-8326
Mail Stop PO Box 728	City Marion IL Zip 62959
Customer No. 3288	Service Progress Tank Year 2011
Service No. C5565	Service No. 29 246

17.6

Yes	No	Time	Time	Time	Time
✓		10:00	10:05	17.6	
✓		10:30	10:35	17.6	

NAME: BO BRUENDERMAN ADDRESS: 1242 MEADOWS BROOK DR CITY: CAPE CHARLEAU, MO 63708 PHONE: 573-335-3562 DATE: 10/10/73	NAME: BO BRUENDERMAN ADDRESS: 1242 MEADOWS BROOK DR CITY: CAPE CHARLEAU, MO 63708 PHONE: 573-335-3562 DATE: 10/10/73
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MC 306/DOT 406 CHECKLIST/TEST REPORT FOR
EPA METHOD 27 TEST ALTERNATIVE LEAKAGE TEST

CARRIER/OWNER Southern FS DATE 6-10-21
 FLSET # 3286 SERIAL/VIN # C5565 C.T. MFG Progress Tank
 DOT SPEC NO. 406AL MATL. 5454-H32 DATE MFG. 7-11
 MAWP 3.3 psi. TEST PRESS. 5 psi MINIMUM THICKNESS SHELL .180 HEADS .200
 COMPARTMENT SIZES, F to R 1, 1500 2, 1000 3, 1000 4, 1000 5, 500 GAL.
 TOTAL CAPACITY. 5000 GAL. DBL. BULKHEADS? Y INSULATED? N LINED? N
 TYPE SERVICE: CORROSIVE TO SHELL? N DEDICATED SERVICE? Y PRODUCT refined fuel

2. PRESSURE TEST: Pressure tank to 18 inches of water. Allow manometer to stabilize.

b. COMPARTMENT NUMBER	1	2	3	4	5
c. INITIAL MANOMETER READING (in inches of water)	18.0	18.0	18.0	18.0	18.0
d. MANOMETER READING AFTER 5 MINUTES (in inches of water)	17.6	17.6	17.6	17.6	17.6
e. VACUUM TEST: Evacuate tank to 6 inches of water. Allow manometer to stabilize					
f. INITIAL MANOMETER READING (in inches of water)	6.0	6.0	6.0	6.0	6.0
g. MANOMETER READING AFTER 5 MINUTES (in inches of water)	5.5	5.5	5.5	5.5	5.5

TANK DOES ☒ , DOES NOT ☐ , MEET THE STANDARD OF NO MORE THAN 3" OF WATER DROP.

Tank Markings: Date (month & year) and service symbol (K)* if cargo tank is qualified to return to service.

* After October 1, 2004 marking is (K-EPA27)

I certify that the tank unit listed on this application was tested on this date 6-10-21 in compliance with the test procedures as defined in Appendix A "Control of Volatile Organic Compound Leaks from Gasoline Tank Trucks and Vapor Collection Systems" (EPA-450/2-78-051, OAQPS 12-119, DECEMBER 1978), and the test data given above is true and accurate at the time of testing.

Test Conductor [Signature] Date 6-10-21 Owner or Representative Date

DOT Reg. No. 9264 R-6815 DOT MCID #