



**HAZARDOUS MATERIALS ATTACHMENT**

**Tank Test Report**

**Teutopolis, Illinois**

**HWY23MH017**

**(9 pages)**

**Tank TEST REPORT**



**Paul Akers, Inc.**  
(800) 428-4011

Inspection Test Date:  
**3-21-23**

Report No.:  
**20846**

Carrier: <b>PRAIRIE LAND TRANSPORT</b>		Vessel Mfg.: <b>MISSISSIPPI TANK CO</b>	
Address: <b>1532 IL. HWY. 185</b>		Water Cap. (Lbs.): <b>87,465</b>	Water Cap. (Gal): <b>10,500</b>
City, State, Zip: <b>Brownstown IL. 62418</b>		Mfg. Serial No.: <b>80334</b>	National Bd. No.: <b>7393</b>
Telephone: [REDACTED]	Maximum Working Pressure: <b>265</b>	Unit No.: <b>18</b>	Vessel Mat. Spec.: <b>SA517E</b>
Year of Mfg.: <b>1978</b>	Orig. Test Date: <b>2-24-78</b>	D.O.T. Specification No.: <b>MC 331</b>	Stress Relieved After Fabrication: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Type of Test  Annual  Five Year  Ten Year Mileage \_\_\_\_\_  V  I  P  K  U

Visual Inspection: <input checked="" type="checkbox"/> External Visual <input checked="" type="checkbox"/> Internal Visual	Inspection: <input type="checkbox"/> Lining <input type="checkbox"/> Thickness	Pressure Retest: PSI <input checked="" type="checkbox"/> Hydrostatic <b>400</b> Magnaflux Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leakage Test: PSI <input type="checkbox"/> Hydrostatic <input checked="" type="checkbox"/> Pneumatic <b>60</b>	Leakage test: LP _____ NH <sub>3</sub> _____ Air <input checked="" type="checkbox"/> Product
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**ITEMS INSPECTED or TESTED**

ITEM	ITEM	ITEM
Tank Shell ..... <input checked="" type="checkbox"/>	Remote Closure Device ..... <input checked="" type="checkbox"/>	Corroded - Abraded Areas ..... <input checked="" type="checkbox"/>
Tank Heads ..... <input checked="" type="checkbox"/>	Excess Flow Valves ..... <b>NA</b> <input type="checkbox"/>	Distortions ..... <input type="checkbox"/>
Head To Shell Seam ..... <input checked="" type="checkbox"/>	ISC Valve ..... <input type="checkbox"/>	Dents ..... <input type="checkbox"/>
Manhole Cover ..... <input checked="" type="checkbox"/>	Piping ..... <input checked="" type="checkbox"/>	Welds ..... <input type="checkbox"/>
Manhole Attachment .... <input checked="" type="checkbox"/>	Meter Creep Test ..... <b>NA</b> <input type="checkbox"/>	Nuts & Bolts ..... <input checked="" type="checkbox"/>
Hoses ..... <input checked="" type="checkbox"/>	Decals ..... <input checked="" type="checkbox"/>	Hold Downs ..... <b>NA</b> <input type="checkbox"/>
Relief Valves ... Inspect <input type="checkbox"/>	Suspension & Connecting Structures ..... <input checked="" type="checkbox"/>	Acme's ..... <input type="checkbox"/>
Retest <input type="checkbox"/>	Coupler Assembly ..... <input checked="" type="checkbox"/>	Delivery Hose ..... Inspect <input type="checkbox"/>
Replace <input checked="" type="checkbox"/>	In Place ..... <input type="checkbox"/>	Vapor ID: <b>618-00486-18</b> Replace <input type="checkbox"/>
Set Pressure <b>265</b>	Removed ..... <input checked="" type="checkbox"/>	Test Date: <b>4-18</b> Pressure <b>420</b>
Mfg: <b>Fisher</b>		Del. Hose ID No. <b>30-22-001</b>
		Date assembled & tested <b>7-22</b>

NO DEFECTS OR DAMAGE DISCOVERED  DEFECTS OR DAMAGE DISCOVERED

THIS UNIT HAS HAULED	<input checked="" type="checkbox"/> Anhydrous Ammonia <input checked="" type="checkbox"/> Certified .2% Water	<input type="checkbox"/> Liquefied Petroleum Gas <input checked="" type="checkbox"/> None <input type="checkbox"/> Lined <input type="checkbox"/> Dedicated _____ <input type="checkbox"/> Insulated
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Company Name and D.O.T. Registration No.: <b>PAUL AKERS, INC. CT-0773</b>	Stress Relieved After Repairs: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", check how <input type="checkbox"/> Full <input type="checkbox"/> Local
Address: <b>3155 W. US 40, Greenfield, IN 46140</b>	Marking Applied: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspected By: [REDACTED]	DISPOSITION OF CARGO TANK AND DELIVERY HOSE: <input type="checkbox"/> WITHDRAWN FROM SERVICE <input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> RETURNED TO CUSTOMER FOR REPAIR <input checked="" type="checkbox"/> REPAIRS MADE BY: [REDACTED] DATE: <b>3-23-23</b>
Signature of Inspector: [REDACTED]	
Signature of Customer: [REDACTED]	

Comments: **Repair 10,500 Internals, Repair low spots**

HYDROSTATIC TEST FLUID: H<sub>2</sub>O HOLD TIME: 10 minutes LEAKAGE HOLD TIME: 5 minutes

Location and Severity of Defects:  In Parent Metal  Around Fittings  
 In Welds  Within 2" of Weld

Explain: RANDOM CORROSION SPOTS ALONG BOTTOM OF VESSEL

If welded repairs were made, indicate the following:

(a) Date of Hydrostatic Retest 3/12/23

(b) Date of Wet Fluorescent Magnetic Particle Retest of repaired area. 3/12/23

Method of Repairs: REMOVE CORROSION AND WELD BUILD UP

Is Repair Certification Required:  YES  NO

National Board Repair Symbol Stamp Number.: 2257

Repaired By: PAUL AKERS INC.

Address: 3155 W US 40 GREENFIELD IN. 46140

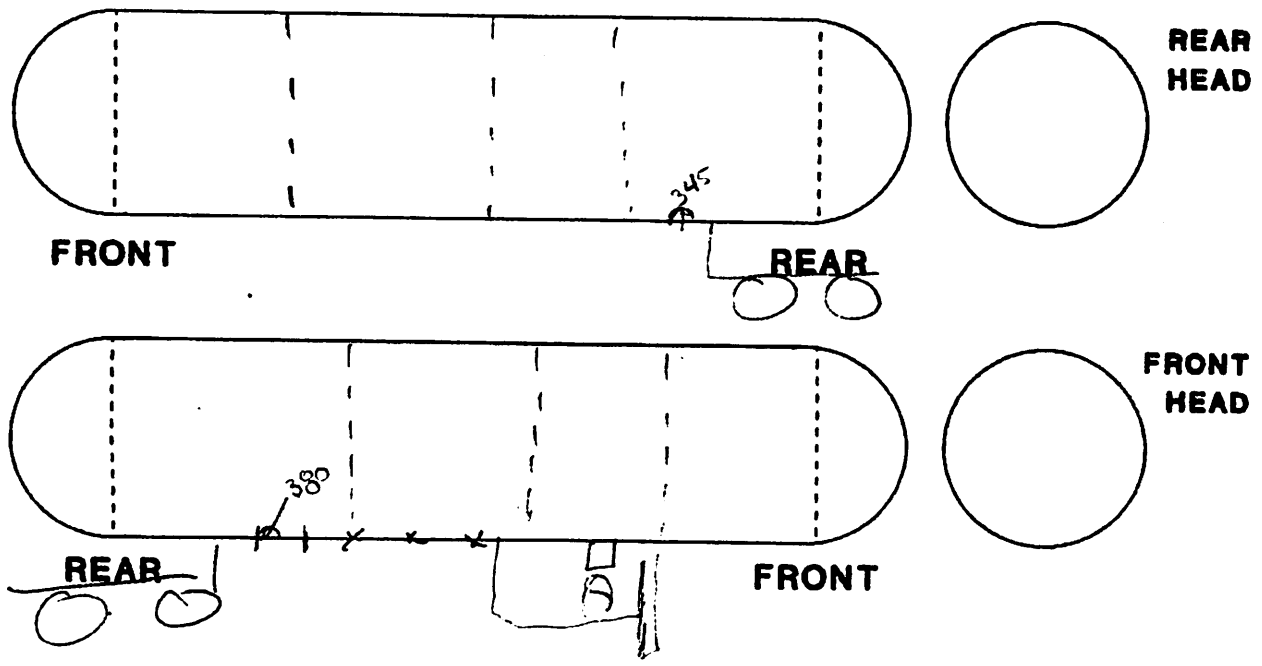
Comments:

Retest Due

Annual 3/12/24

5 Year 3/12/28

Indicate position of defect(s) in sketches below.





Applied Industrial Technologies  
5201 Park Emerson Dr.  
Suite C  
Indianapolis, IN 46203  
317 791 7132 Tel  
317 791 8581 Fax  
2183@applied.com

- ① Rebuild Left Pump Discharge Valve
- ② Replace Pump SEALS
- ③ Replace O-Ring on Pump SUG. FLANGE
- ④ check spring hangers

# Magnetic Particle Examination Report

## Wet Fluorescent Suspension Method

Performed to procedure: 15-0 Rev. \_\_\_\_\_ Dated: 10-17-2012

MC-330  MC-331 Inspection Date: 17 Feb 23 Job No: 20846

Carrier Prairie Land Transport Unit No: 18

Address: 1532 IL Highway 185, Brownstown, IL 62418

Cargo Tank Manufacturer: Mississippi Tank Co Year of Mfg. 1978

Serial No: 8034 Nat. Bd. Serial No: 7393

UV Intensity: 1900 Current:  AC  DC

Location of defects:

no defects found

Corrective action taken:

Inspector: [Redacted Signature] CT No: 0773

**FORM R-1 REPORT OF REPAIR**  
in accordance with provisions of the *National Board Inspection Code*

(Authorized Rep. initials)

(Inspectors initials)

(Form "R" Registration no.)

**20846**

(P.O. no., job no., etc.)

1. WORK PERFORMED BY: Paul Akers, Inc.  
(name of repair organization)  
3155 West US 40 Greenfield, IN 46140  
(address)

2. OWNER: PrairieLand Transport  
(name)  
1532 IL Highway 185 - Brownstown, IL 62418  
(address)

3. LOCATION OF INSTALLATION: Mobile Tank Transport  
(name)  
  
(address)

4. ITEM IDENTIFICATION: Pressure Vessel NAME OF ORIGINAL MANUFACTURER: Mississippi Tank Co  
(boiler, pressure vessel, or piping)

5. IDENTIFYING NOS: 8034 7393 1978  
(mfg. serial no.) (National Board no.) (jurisdiction no.) (other) (year built)

6. NBIC EDITION/ADDENDA: 2021  
(edition) (addenda)

Original Code of Construction for Item: ASME VIII-I Unknown  
(name / section / division) (edition / addenda)

Construction Code Used for Repair Performed: ASME VIII-I 2021  
(name / section / division) (edition / addenda)

7. REPAIR TYPE:  welded  graphite pressure equipment  FRP pressure equipment  DOT

8. DESCRIPTION OF WORK:  Form R-4, Report Supplementary Sheet is attached  FFSA Form (NB-403) is attached  
(use Form R-4, if necessary)

**Weld build up on bottom of vessel**

Liquid Pressure Test, if applied 400 psi MAWP 265 psi  
(Liquid, Pneumatic, Vacuum, Leak)

9. REPLACEMENT PARTS: (Attached are Manufacturer's Partial Data Reports or Form R-3's properly completed for the following items of this report):  
(name of part, item number, data report type or Certificate of Compliance, mfg's. name and identifying stamp)

10. REMARKS:  
**There were approximately 14 spots that were approximately 2" diameter and .010" - .020" deep**

(Form "R" Registration no.)

20846

(P.O. no., job no., etc.)

**CERTIFICATE OF COMPLIANCE**

I, Mark Mayhew, certify that to the best of my knowledge and belief the statements made in this report are correct and that all material, construction, and workmanship on this Repair conforms to the *National Board Inspection Code*. National Board "R" Certificate of Authorization No. 2257 Expiration date: October 22, 2023

Repair Organization: Paul Akers, Inc.

Signed: [Redacted Signature]

(authorized representative)

Date: 4-3-23

**CERTIFICATE OF INSPECTION**

I, Rick Smetana, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and certificate of competency, where required, issued by the Jurisdiction of Indiana and employed by ONE CIS of Lynn, MA

have inspected the work described in this report on Apr 3, 2023 and state that to the best of my knowledge and belief, this work complies with the applicable requirements of the National Board Inspection Code. By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the undersigned nor my employer shall be liable in any manner for any personal injury, property damage, or loss of any kind arising from or connected with this inspection.

Commissions: NB# 11881 R JW# 1682  
(National Board and Jurisdiction no. including endorsement)

Signed: [Redacted Signature]

(inspector)

Date: 4/03/23

# Invoice

PAUL AKERS, INC.  
 3155 WEST U.S. 40  
 GREENFIELD, IN 46140  
 (317) 462-9295

Order Number: 0090146  
 Order Date: 3/23/2023

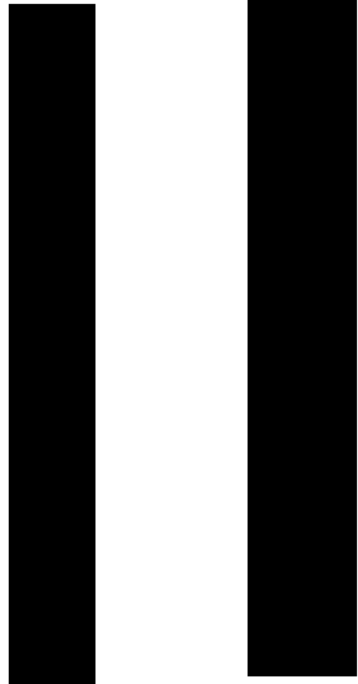
Salesperson: 0006  
 Customer Number: 04-PRA/BRO

**Sold To:**  
 PRAIRIELAND TRANSPORT  
 1532 IL HIGHWAY 185  
 BROWNSTOWN, IL 62418  
**Confirm To:**  
 [REDACTED]

**Ship To:**  
 PRAIRIELAND TRANSPORT  
 1532 IL HIGHWAY 185  
 BROWNSTOWN, IL 62418

Customer P.O.	Ship VIA	F.O.B.	Terms
			DUE ON RECEIPT

Item Code	Unit	Ordered	Shipped	Back Order	Price	Amount
TRANSPORT# 18						
HYDRO TEST / ANNUAL VK INSPECTION						
MAGNAFLUX TEST						
REPAIRED LOW SPOTS						
REBUILT 3" INTERNAL VALVE						
REPLACED MAIN VALVE SEALS						
REPLACED RELIEF VALVES						
ME990-24-SRK	EACH	1.00	0.00	0.00		
3" INT VALVE SEAL REPAIR KIT			Whse: 001			
T11167 03202	EACH	1.00	0.00	0.00		
4 C204-C404 MAIN SEAT DISC			Whse: 001			
T11168 03202	EACH	1.00	0.00	0.00		
4 C204-C404 PILOT SEAT DISC			Whse: 001			
H833N-3-265	EACH	2.00	0.00	0.00		
TRUE INT RLF, 265 PSI, 3 NPT			Whse: 001			
TSS3169	EACH	1.00	0.00	0.00		
VENT VALVE, 1/4, SS/TEFLON			Whse: 001			
17-V-3B	EACH	1.00	0.00	0.00		
3 INHALATION HAZARD			Whse: 001			
R-STAMP TAG	EACH	1.00	0.00	0.00		
R-STAMP TAG			Whse: 001			
05-V-31	EACH	1.00	0.00	0.00		
ANNUAL TEST DECAL			Whse: 001			
/TEST03	EACH	1.00	0.00	0.00		
MAGNAFLUX TEST ON TRANSPORT						
/TEST05	EACH	1.00	0.00	0.00		
HYDRO AND VK TEST- TRANSPORT						
/CERT WELD SHOP		5.50	0.00	0.00		
CERTIFIED WELDING - SHOP						
/LSHOP	EACH	10.00	0.00	0.00		
SHOP LABOR						



Continued



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**Confirm To:**  
[REDACTED]

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PRAIRIELAND TRANSPORT  
1532 IL HIGHWAY 185  
BROWNSTOWN, IL 62418

Customer P.O.	Ship VIA	F.O.B.	Terms			
			DUE ON RECEIPT			
Item Code	Unit	Ordered	Shipped	Back Order	Price	Amount
/CONTRT CONTRACT - ASME INSPECTION		1.00	0.00	0.00	[REDACTED]	[REDACTED]

Net Order: [REDACTED]  
Less Discount: [REDACTED]  
Freight: [REDACTED]  
Sales Tax: [REDACTED]  
Order Total: [REDACTED]