



Vapor Tightness Vapor Form

Barge Owner / Company: Reinauer Transportation Date of Test: 6/20/18

Owner Address: 1983 Richmond Terrace City Staten Island State NY Zip 10302

Barge Name: RTC 102 Official No.: _____

Test Type: AIR Pressure: 41.5 Testing Location: RTC Yard SI NY

Compartment ID	Total Volume of Product Tank bbls (V)	Lowest PVR setting (in. of H ₂ O) [P(l)]	Max Permitted Ldg. rate (bbls/hr) [L]	Type of Air Dry/Inert	Date PRV Pressure obtained	Test Pressure "I" (In. of H ₂ O)	Amount of Drop "D" (In. of H ₂ O)	Pressure Reading after 30 min. (in. of H ₂ O) [P(f)]	Pia= P(i)/27.7	P=P(i)-P(f)	PM=0.861 * Pia * L/V	If P≤PM, vessels tight
Sample	20,000	41.5	12,000	Inert	8/20/10	41.5	0.7	40.8	1.5	.7	0.77	Tight
1 PORT	8500	41.5	14000	Dry	6/20/18	41.5	.1	41.4	1.5	.1	2.12	Tight
1 STBD	8500						.1	41.2	1.5	.1	2.12	Tight
2 PORT	10200						.2	41.2	1.5	.2	1.77	Tight
2 STBD	10200						.2	41.2	1.5	.2	1.77	Tight
3 PORT	10200						.2	41.2	1.5	.2	1.77	Tight
3 STBD	10200						.2	41.2	1.5	.2	1.77	Tight
4 PORT	10200						.2	41.2	1.5	.2	1.77	Tight
4 STBD	10200						.2	41.2	1.5	.2	1.77	Tight
5 STBD	9500						.1	41.4	1.5	.1	2.45	Tight
5 PORT	9500						.1	41.4	1.5	.1	2.45	Tight

List any leaks found or repairs made during annual vapor-tightness testing: _____

I certify that this vessel is vapor tight as required by 40 CFR 63.565 (c) (1) or EPA Method 21.

Name of Tester: Daryl Russell Tester's Signature: Daryl Russell

Tester's Title: Barge Superintendent Tester's Certification: _____

Witness if any: _____ Witness's Signature: _____