



Vapor Tightness Vapor Form

Barge Owner / Company: Reinauer Transportation **Date of Test:** 10/5/18

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

Barge Name: RTC 106 **Official No.:** 1244835

Test Type: Air **Pressure:** 41.5 **Testing Location:** Caddells SI NY

Compartment ID	Total Volume of Product Tank bbls (V)	Lowest PVR setting (in. of H ₂ O) [P(i)]	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)]	P _{ia} = P(i)/27.7	P=P(i)-P(f)	PM=0.861 * P _{ia} * L/V	If P≤PM, vessels tight
<i>Sample</i>	<i>20,000</i>	<i>41.5</i>	<i>12,000</i>	<i>Inert</i>	<i>8 / 20 / 10</i>	<i>41.5</i>	<i>0.7</i>	<i>40.8</i>	<i>1.5</i>	<i>.7</i>	<i>0.77</i>	<i>Tight</i>
1 Port	9300	41.5	15500	Dry	10/5/18	41.5	.5	41.0	1.5	.5	2.1	Tight
1 Stbd	9300	41.5	15500			41.5		41.0	1.5	.5	2.1	Tight
2 Port	10800	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
2 Stbd	10800	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
3 Port	10900	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
3 Stbd	10900	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
4 Port	10700	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
4 Stbd	10700	41.5	15500			41.5		41.0	1.5	.5	1.8	Tight
5 Port	15500	41.5	15500			41.5		41.0	1.5	.5	1.2	Tight
5 Stbd	15500	41.5	15500			41.5		41.0	1.5	.5	1.2	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:** _____

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

Witness if any: _____ **Witness's Signature:** _____