



Vapor Tightness Vapor Form

Barge Owner / Company: Reinauer Transportation **Date of Test:** 2/22/18
Owner Address: Richmond Terrace **City:** Staten Island **State:** NY **Zip:** 10303
Barge Name: RTC 26 **Official No.:** 1200667
Test Type: Air **Pressure:** 41.5 **Testing Location:** RTC Yard

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)]	Pia= P(i)/27.7	P=P(i)-P(f)	PM=0.861 * Pia * 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	4984	41.5	14500	Dry	2/22/18	41.5	.3	41.2	1.49	.3	3.73	Tight
1 STBD	4984									.3	3.73	Tight
2 PORT	4578									.3	4.0	Tight
2 STBD	4578									.3	4.0	Tight
3 PORT	4794									.3	3.8	Tight
3 STBD	4794									.3	3.8	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: *[Signature]*

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

Witness if any: _____ Witness's Signature: _____