



**STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION**

4618-55DD

PLATE NO.: TQL8578	REG. DATE: 03/31/2018	EXP. DATE: 03/31/2019	ISSUE DATE: 02/23/2018	APP NO.: 631408GJ
VALIDATION NO.: 903TQL8578				AGENCY: 7914
OWNER NAME: BULK CARRIERS TRANS EQUIP		VEHICLE OWNERSHIP: COMMERCIAL	USER ID: DM	OLD APP NO.: 561898FT
OWNER ADDR.: 2743 BRIGHTWOOD RD SE				OLD PLATE: TQL8578
CITY: NEW PHILA				
STATE: OH	ZIP: 44663-6773			
TAX DISTRICT: GOSHEN TOWNSHIP				
COUNTY: TUSCARAWAS				
INSIDE CORP LIMIT: NO	VEHICLE CLASS: COMM TRAILER			
VEHICLE YEAR: 1999				
BODY TYPE: TL	MAKE: POLA	WEIGHT: 12580	STATE FEES:	\$36.00
CERTIFICATE TITLE NO.: 7901273197	PLATE TYPE: OHIO PRIDE			
VEH. SERIAL NO.: 1PMS34221X1021428	REG TYPE: RENEWAL		LOCAL TAX:	\$0.00
PURCHASE DATE: 05/13/2014			REFL./CO. FEE:	\$0.00
	SUSPENSION/REVOCAION: NO		DEPUTY FEE:	\$3.50
	PRIOR OPERATION: YES			
	FEES PAID: YES		TOTAL FEES:	\$39.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without insurance or FR coverage.
- **PROOF OF INSURANCE OR FR COVERAGE IS REQUIRED:** Whenever a police officer issues a traffic ticket*At all vehicle inspection stops*Upon traffic court appearances*Upon random checks by the Registrar of Motor Vehicles.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** Lose his or her driver license until requirements are met on first offense, one year on second offense, and two years on third and subsequent offenses* Lose his or her license plates and vehicle registration*Pay reinstatement fees of \$100.00 on first offense, \$300.00 for second offense, and \$600.00 for third and subsequent offenses*Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates or registration AND*Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have*A SECURITY SUSPENSION for TWO YEARS or more and*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.** WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:***AN INSURANCE POLICY showing automobile liability insurance of at least \$25,000 bodily injury per person, \$50,000 injury two or more persons, and \$25,000 property damage*AN INSURANCE IDENTIFICATION CARD (same coverage)*A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company*A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000*A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State*A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X SIGNATURE ON FILE

SIGNATURE OF OWNER(S)

DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13. APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

**DO NOT DISCARD.
THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.**



BULK CARRIERS SERVICE



"Your BIGGEST Little Shop"

2743 Brightwood Rd SE
New Philadelphia, OH 44663-6773

Phone: 330-339-3333

Fax: 330-339-6606

DOT NUMBER: CT-6656

NATIONAL BOARD # R 4435

Internal Visual Inspection Report

(In accordance with 49CFR Part 180 Para. 180.407[g])

Customer BCTE
 MC/DOT No. 407
 Unit No. 4618-SSDD
 Serial No. 1PMS34221X1021428
 Min. Shell Thickness 0.129
 Min. Head Thickness 0.115
 Lining Material NONE

Date 2/1/2018
 Manufacturer POLAR
 Year of MFR 1999
 MA WP/Design Pressure 25
 Test Pressure 45

Capacity By Compartment

Compt 1 7000
 Compt 2 0
 Compt 3 0
 Compt 4 0
 Compt 5 0
 Compt 6 0
 Total 7000

Material T-316-SS
 Insulated NO
 Last Service Date N/A
 Last Service Miles N/A
 Lining Inspected 0
 Thickness Tested YES

- 1.) Inspect entire interior surface for corrosion, abrasion, dents, pitting, or distortion. (Special emphasis on tank heads and shell areas covered by the upper coupler).....
- 2.) Inspect gauging devices for vertical alignment and tightness.....
- 3.) Inspect all internal welds for defects
- 4.) Inspect areas around piping, sumps, valve, for foreign material that could prevent proper functioning

Acceptable

Non-Acceptable

X	
X	
X	
X	

- Was Thickness testing performed on corroded or abraded areas.....
- Is a sketch included to show area's.....
- Were gouges repaired by welding
- Was a compartment affected leak tested

N/A
N/A
N/A
N/A

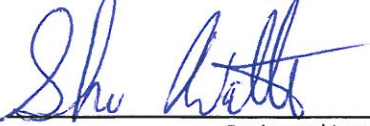
Remarks: _____

Defects found, locaton and corrective action _____

Inspector to Mark

Month - Date & "I" Marked on Cargo Tank when Applied

Person Performing Test MARK A CAMPBELL



Registered Inspector

CT-6656

Registration Number

2/1/2018

Date

Cargo Tank Meets Requirements of D.O.T. Specifications identified on the report

Cargo Tank Fails to Meet Requirements of D.O.T. Specifications identified on the report

Cargo Tank Owner Acceptance

Date



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DOT NUMBER: CT-6656

NATIONAL BOARD # R 4435

External Visual Inspection Report

(In accordance with 49CFR Part 180 Para. 180.407[g])

Customer BCTE
 MC/DOT No. 407
 Unit No. 4618-SSDD
 Serial No. 1PMS34221X1021428
 Min. Shell Thickness 0.129
 Min. Head Thickness 0.115
 Lining Material NONE

Date 2/1/2018
 Manufacturer POLAR
 Year of MFR 1999
 MA WP/Design Pressure 25
 Test Pressure 45

Capacity By Compartment

Compt 1 7000
 Compt 2 0
 Compt 3 0
 Compt 4 0
 Compt 5 0
 Compt 6 0
 Total 7000

Material T-316-SS
 Insulated NO
 Last Service Date N/A
 Last Service Miles N/A
 Lining Inspected 0
 Thickness Tested YES

Acceptable

Non-Acceptable

- 1.) Shell and Heads: Condition of welds, dents, gouges, corrosion or abrasion
- 2.) Upper coupler assembly: condition of plate corrosion, deformation and lubrication, bolt tightness, king pin wear and/or deformation
- 3.) Bolted attachments: piping brackets and support valve installation, valve operator installation, dust cap retainers, all tank-to-frame and/or undercarriage attachments.....
- 4.) All major appurtenances and structural attachments on the cargo tank, to include suspension system attachments, connecting structures, frame (s) crossmembers, outriggers, and bolsters
- 5.) Piping and All Valves and Adapters: Attachments, leakage, handles, levers cables, air lines, shear sections, dust caps, all gaskets and o-ring, and lubrication points.....
- 6.) Internal Valve Operation: Three means of closures (Normal, Thermo, and Remote) function check, cable adjustment, condition of cable and pulleys innerconnection with load/unload vents, fuible and brake interlocks, and lubrication points.....

- 7.) Manhole Assembly Area (for each compartment): Evidence fo leakage, warping, corrosion, and impact damage to dome and fill covers, weld collars, gasket seal surfaces, overturn protection, structure, clamp ring, all welds, conditions of filler cover and dome gaskts, condition of latches hinges, and all bolted connections and drains.....
- 8.) Pressure releif devices: Verify all vents present and ensure proper working condition.....

X	
X	

Compt	Vent Type/Model	Set Pressure	Open Pressure	Reclose Pressure
1	GIRARD	30	31	28.3
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

- 9.) Placards, location and condition
- 10.) Specifications plate markings legible per 49CFR part 178. Cargo tank inspection and test markings are current with 49CFR part 180.....
- 11.) Activated remote device for closure of all internal valves must be identified with "Emergency Shut Off Valve", adjacent to Device

X	
X	
X	

Was Thickness testing performed on corroded or abraded areas..... N/A

Is a sketch included to show area's..... N/A

Were gouges repaired by welding N/A

Was a compartment affected leak tested N/A

Remarks: _____

Defects found, locaton and corrective action _____

Inspector to Mark

Month - Date & "V" Marked on Cargo Tank when Applied

Person Performing Test MARK A CAMPBELL



 Registered Inspector

CT-6656

 Registration Number

2/1/2018

 Date

Cargo Tank Meets Requirements of D.O.T. Specifications identified on the report

Cargo Tank Fails to Meet Requirements of D.O.T. Specifications identified on the report

 Cargo Tank Owner Acceptance

 Date



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DOT NUMBER: CT-6656

NATIONAL BOARD # R 4435

Leakage Inspection Report

(In accordance with 49CFR Part 180 Para. 180.407[g])

Customer BCTE
 MC/DOT No. 407
 Unit No. 4618-SSDD
 Serial No. 1PMS34221X1021428
 Min. Shell Thickness 0.129
 Min. Head Thickness 0.115
 Lining Material NONE

Date 2/1/2018
 Manufacturer POLAR
 Year of MFR 1999
 MA WP/Design Pressure 25
 Test Pressure 45

	Capacity	Leakage Test Pressure	Start Time	End Time
Comp 1	<u>7000</u>	<u>20</u>	<u>7:15:00 AM</u>	<u>7:20:00 AM</u>
Comp 2	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Comp 3	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Comp 4	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Comp 5	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Comp 6	<u>0</u>	<u> </u>	<u> </u>	<u> </u>

Shell Material T-316-SS

Lading Corrosive to Tank NO
 Insulated NO
 Voids Tested 0

Complete this procedure for each compartment. Remove, Plug, and Red Flag all Vents that open at less than set pressure

	Acceptable	Non-Acceptable
1.) Install test fitting into manhole assembly cleanout or an other top opening Close manhole, open internal valve (if appropriate) and gradually pressurize to 80% of MAWP. Hold for 5 mins with zero drop in pressure.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.) Inspect tank surface, welds, manhole assembly, plugs, valves, connections, and piping for leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.) Close discharge valve and open internal valve and check for leaks.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

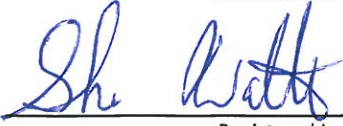
Remarks: _____

Defects found, locaton and corrective action _____

Inspector to Mark

<input checked="" type="checkbox"/>	Month - Date & "K" Marked on Cargo Tank when Applied
<input type="checkbox"/>	Month - Date & "K-EPA27" Marked on Cargo Tank when Applied

Person Performing Test MARK A CAMPBELL



Registered Inspector

CT-6656

Registration Number

2/1/2018

Date

<input checked="" type="checkbox"/>	Cargo Tank Meets Requirements of D.O.T. Specifications identified on the report
<input type="checkbox"/>	Cargo Tank Fails to Meet Requirements of D.O.T. Specifications identified on the report

Cargo Tank Owner Acceptance

Date



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DOT NUMBER: CT-6656

NATIONAL BOARD # R 4434

Ultrasonic Thickness Inspection Report

(In accordance with 49CFR Part 180 Para. 180.407[g])

Customer BCTE	Date 2/1/2018
MC/DOT No. 407	Manufacturer POLAR
Unit No. 4618-SSDD	Year of MFR 1999
Serial No. 1PMS34221X1021428	MA WP/Design Pressure 25
Min. Shell Thickness 0.129	Test Pressure 45
Min. Head Thickness 0.115	
Lining Material NONE	

Capacity By Compartment

Compt 1	7000
Compt 2	0
Compt 3	0
Compt 4	0
Compt 5	0
Compt 6	0
Total	7000

Material	T-316-SS
Insulated	NO
Last Service Date	N/A
Last Service Miles	N/A
Lining Inspected	0
Thickness Tested	YES

Cargo tank used in Dedicated Service..... N/A

Cargo Tank used to haul product corrosive to tank..... NO

Remarks: _____

Defects found, locaton and corrective action _____

Inspector to Mark

Month - Date & "T" Marked on Cargo Tank when Applied

Person Performing Test MARK A CAMPBELL

Shi [Signature]
Registered Inspector

CT-6656
Registration Number

2/1/2018
Date

Cargo Tank Meets Requirements of D.O.T. Specifications identified on the report

Cargo Tank Fails to Meet Requirements of D.O.T. Specifications identified on the report

Cargo Tank Owner Acceptance

Date



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Phone: 330-339-3333

Fax: 330-339-6606

DOT NUMBER: CT-6656

NATIONAL BOARD # R 4435

Pressure Retest - _____ PNEUMATIC x HYDROSTATIC METHOD

(In accordance with 49CFR Part 180 Para. 180.407[g])

Customer BCTE
 MC/DOT No. 407
 Unit No. 4618-SSDD
 Serial No. 1PMS34221X1021428
 Min. Shell Thickness 0.129
 Min. Head Thickness 0.115
 Lining Material NONE

Date 2/1/2018
 Manufacturer POLAR
 Year of MFR 1999
 MA WP/Design Pressure 25
 Test Pressure 45

	Capacity	Test Pressure	Start Time	End Time
Comp 1	<u>7000</u>	<u>45</u>	<u>6:30:00 AM</u>	<u>6:40:00 AM</u>
Comp 2	<u>0</u>	<u>N/A</u>	<u> </u>	<u> </u>
Comp 3	<u>0</u>	<u>N/A</u>	<u> </u>	<u> </u>
Comp 4	<u>0</u>	<u>N/A</u>	<u> </u>	<u> </u>
Comp 5	<u>0</u>	<u>N/A</u>	<u> </u>	<u> </u>
Comp 6	<u>0</u>	<u>N/A</u>	<u> </u>	<u> </u>

Shell Material T-316-SS

Lading Corrosive to Tank NO
 Insulated NO
 Voids Tested 0
 Heat Panel Testerd 0 Test Pressure Start Time End Time

Compt	Test Pressure	Vent Type/Model	Set Pressure	Open Pressure	Reclose Pressure
<u>1</u>	<u>45</u>	<u>GIRARD</u>	<u>30</u>	<u>31</u>	<u>28.3</u>
<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Complete this procedure for each compartment. Remove, Plug, and Red Flag all Vents that open at less than set pressure

	Acceptable	Non-Acceptable
1.) Bench test all reclosing vents removed from tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.) Pull Vacuum test on emergency valve and discharge valve to determine integrity before filling tank (Recommended, not Required).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hydrostatic Method		
3.) Fill Tank, including domes, with water at temperature of 100 Degrees or less Pressure tank to test pressure as marked on specification plate of unit. The tank and its closures must hold the prescribed pressure for at least 10mins during which time it shall be inspected for leakage, bulging, or any other defect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pneumatic Method		
4.) Close internal valve, leaving discharge valve open. Close manhole cover and install test fitting at top of tank. Induce air, or an inert gas to 50% of test pressure and hold. Gradually increase pressure in stages of 10% of test pressure until test pressure reached. Hold of 5 minutes with ZERO drop in pressure. Reduce pressure to MAWP, maintaining MAWP and using soap and water solution inspect entire tank surface and all fittings for leaks ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.) Upper coupler must be dropped to inspect the frame, crossmembers, and area of shell and heads that may be covered by the upper coupler. Was the upper coupler removed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks: _____

Defects found, location and corrective action _____

Inspector to Mark

Month - Date & "P" Marked on Cargo Tank when Applied

Person Performing Test MARK A CAMPBELL



 Registered Inspector

CT-6656

 Registration Number

2/1/2018

 Date

Cargo Tank Meets Requirements of D.O.T. Specifications identified on the report
 Cargo Tank Fails to Meet Requirements of D.O.T. Specifications identified on the report

 Cargo Tank Owner Acceptance

 Date

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
41502650	4618-SSDD
DATE <u>February</u>	

MOTOR CARRIER OPERATOR BCTE	INSPECTOR'S NAME (PRINT OR TYPE) Mark A Campbell
ADDRESS 2743 Brightwood Rd. SE	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE New Philadelphia Ohio 44663	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1PMS34221X1021428
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	NA			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			c. Installation of speed-restricted tires unless specifically designated by motor carrier.
✓			d. Brake Hose	✓							
✓			e. Brake Tubing								
			f. Low Pressure Warning Device								
			g. Tractor Protection Valve								
			h. Air Compressor								
			i. Electric Brakes								
			j. Hydraulic Brakes								
			k. Vacuum Systems								
			l. Antilock Brake System								
			m. Automatic Brake Adjusters								
			2. COUPLING DEVICES				7. STEERING MECHANISM				11. WHEELS AND RIMS
✓			a. Fifth Wheels				a. Steering Wheel Free Play	✓			a. Lock or Side Ring
			b. Pintle Hooks				b. Steering Column	✓			b. Wheels and Rims
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
			d. Drawbar/Towbar Tongue				d. Steering Gear Box	NA			d. Welds
			e. Safety Devices				e. Pitman Arm				
			f. Saddle-Mounts				f. Power Steering				
			3. EXHAUST SYSTEM				8. SUSPENSION				12. WINDSHIELD GLAZING
			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
			b. Bus exhaust system leaking or discharging in violation of standard.				b. Spring Assembly				
			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.				c. Torque, Radius or Tracking Components				
			4. FUEL SYSTEM				9. FRAME				13. WINDSHIELD WIPERS
			a. Visible leak.				a. Frame Members				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			b. Fuel tank filler cap missing.				b. Tire and Wheel Clearance				
			c. Fuel tank securely attached.				c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								14. MOTORCOACH SEATS
✓			All lighting devices and reflectors required by Part 393 shall be operable.								Any passenger seat that is not securely fastened to the vehicle structure.
											15. OTHER
											List any other condition(s) which may prevent safe operation of this vehicle.

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

4618

21427-21432

CALIBRATION CHART DOUBLE CONICAL SYMMETRICAL
INNAGE

** US GALLONS **

COMPARTMENT LENGTH 468.000 END HEAD DIAMETER 50.730
 CENTER DIAMETER 80.730 HEAD GALLONAGE 74.
 INCREMENT .250 MANHOLE OFFSET 19.000
 COMPARTMENT NUMBER 1.

	0 FT	1 FT	2 FT	3 FT	4 FT	5 FT	6 FT
.00	5.	244.	1021.	2359.	3939.	5482.	6708.
.25	6.	254.	1043.	2391.	3973.	5512.	6727.
.50	7.	265.	1066.	2422.	4006.	5541.	6746.
.75	8.	275.	1089.	2454.	4040.	5571.	6765.
1.00	9.	286.	1113.	2486.	4073.	5601.	6783.
1.25	11.	297.	1136.	2518.	4106.	5630.	6801.
1.50	12.	309.	1160.	2550.	4139.	5659.	6818.
1.75	14.	320.	1185.	2582.	4173.	5688.	6835.
2.00	16.	332.	1209.	2615.	4206.	5717.	6851.
2.25	18.	344.	1234.	2647.	4239.	5746.	6867.
2.50	20.	357.	1259.	2679.	4272.	5775.	6883.
2.75	22.	370.	1284.	2712.	4305.	5803.	6898.
3.00	25.	382.	1310.	2744.	4338.	5831.	6912.
3.25	28.	396.	1336.	2777.	4371.	5859.	6926.
3.50	30.	409.	1362.	2809.	4404.	5887.	6940.
3.75	33.	423.	1549.	2842.	4437.	5915.	6953.
4.00	37.	437.	1415.	2875.	4470.	5943.	6965.
4.25	40.	451.	1441.	2908.	4503.	5970.	6977.
4.50	43.	465.	1468.	2941.	4535.	5997.	6988.
4.75	47.	480.	1496.	2973.	4568.	6024.	6998.
5.00	51.	495.	1523.	3006.	4601.	6051.	7007.
5.25	55.	510.	1551.	3039.	4633.	6078.	7016.
5.50	59.	526.	1579.	3073.	4666.	6104.	7024.
5.75	64.	541.	1607.	3106.	4698.	6131.	7030.
6.00	68.	557.	1635.	3139.	4731.	6157.	7036.
6.25	73.	574.	1664.	3172.	4763.	6183.	7039.
6.50	78.	590.	1692.	3205.	4795.	6208.	
6.75	84.	607.	1721.	3238.	4827.	6234.	
7.00	89.	624.	1750.	3272.	4860.	6259.	
7.25	95.	641.	1779.	3305.	4892.	6284.	
7.50	100.	659.	1809.	3338.	4924.	6309.	
7.75	107.	677.	1838.	3372.	4955.	6333.	
8.00	113.	695.	1868.	3405.	4987.	6357.	
8.25	119.	713.	1897.	3438.	5019.	6381.	
8.50	126.	732.	1927.	3472.	5050.	6405.	
8.75	133.	751.	1957.	3505.	5082.	6429.	
9.00	140.	770.	1987.	3538.	5113.	6452.	
9.25	148.	789.	2018.	3572.	5145.	6475.	
9.50	155.	809.	2048.	3605.	5176.	6498.	
9.75	163.	829.	2079.	3639.	5207.	6520.	
10.00	171.	849.	2109.	3672.	5238.	6542.	
10.25	179.	870.	2140.	3706.	5269.	6564.	
10.50	188.	890.	2171.	3739.	5300.	6586.	
10.75	197.	911.	2202.	3772.	5330.	6607.	
11.00	206.	933.	2233.	3806.	5361.	6628.	
11.25	215.	954.	2265.	3839.	5391.	6648.	
11.50	224.	976.	2296.	3873.	5421.	6669.	
11.75	234.	998.	2327.	3906.	5452.	6689.	

TOTAL TANK VOLUME 7040. GALLONS. THIS CHART IS BASED ON
 THEORETICAL DIMENSIONS. REFERENCE POINT IS MANHOLE CENTER. AN ACTUAL
 WATER CALIBRATION MAY BE NECESSARY FOR GREATER ACCURACY.
 MEASUREMENT ADJUSTMENT FOR MANHOLE OFFSET 2.500