

MDSS MONTANA DAKOTA SCALE SERVICE

13217 Hwy 200 • Fairview, Montana 59221 • Phone (406) 742-5944

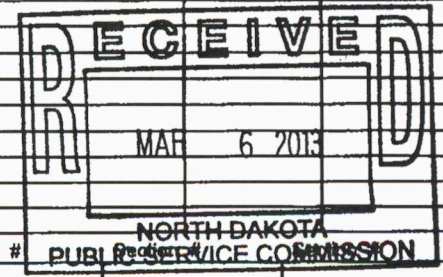
Invoice Number:

Test Report

Operator No.	Date 2-28-13	Date Last Tested (P&S Only)	Check All That Apply 3 month service	
Name of Business C&C Transload, LLC			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial
Location of Device 6350 62nd Ave			<input type="checkbox"/> Equipment Repair	<input checked="" type="checkbox"/> New Installation
Mailing Address			<input type="checkbox"/> Routine Service	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
			<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____
			<input checked="" type="checkbox"/> Service Contract?	Expires _____
City Blaisdell	State ND	Zip Code	Variance Posted	Date of Variance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
County	Telephone Number 701313 0218	PSC Device Code 316	Quantity (of like devices) 2	

Make(s) Cardinal	Regulating Element(s) 225	Serial Number(s) E27512-0099	Lever System Full Cell	
No. of Sections 6	<input type="checkbox"/> Monorail/Track <input type="checkbox"/> MTD <input type="checkbox"/> Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Platform <input type="checkbox"/> Axle Load	<input type="checkbox"/> Aux. Beam <input checked="" type="checkbox"/> MT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale <input type="checkbox"/> Dormant/Deck <input type="checkbox"/> Other	Multiple NA	Pit Depth 6"
Capacity & Min. Grad. 16000 X 2015	Class III	Size of Platform 11x120	Approaches (Length/Condition) OK 225 Ramp	
Printer Model TM-0540	Printer Serial Number J93F010624	Wind 10-20	Temperature 25°	Device Location Inside
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb. LOADED = _____ lb.		Motion Detection Range = 3rd lb.	AZSM (auto zero) Range = 3rd lb.	

Device/ Load Position	Amount of Test Equipment Used	Actual Readings		Device/ Load Position	Amount of Test Equipment Used	Actual Readings	
		As Found	As Left			As Found	As Left
LAP #1	10000	+40	0/20	SCR #1	2000		0
2	}	120	0	2	}		0
3		120	0	3			0/20
4		+10	0	4			0
5		+20	0	5			0
6		+20	0	6			0
7		+40	0/20	7			0
8		+20	0	8			0
9		+20	0	9			0
10		+20	0	10			0
11		+20	0	11			0
12		+20	0	12			0
3c		0	0	3c			0



STRAIN LOAD TEST	Section #	Section #
Empty Truck Weight	23500	
Total Test Weight Added	2000	
Truck Plus Weights	43490/600 0/20	
Error on Added Test Weights		

I hereby declare the statements made here are correct:

Are there any other jurisdictional devices at this location that require testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE Scale setup to be tested every 3 months.
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected	NO ONE around to show me variance
Service Agency (Print) MDSS	
Inspector/Permit Holder Signature [Signature]	Permit No. 1454
Owner Operator Signature [Signature]	

7 WM-13-56 Filed: 3/6/2013 Pages: 2
Test reports - three month test

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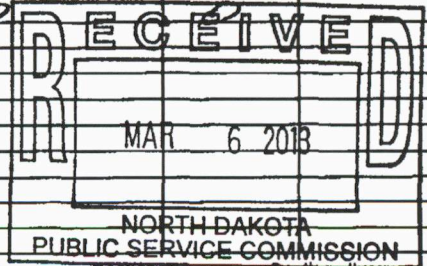
Invoice Number: _____

Test Report

Operator No.	Date	Date Last Tested (P&S Only)	Check All That Apply			
	2-27-13		every 3 months			
Name of Business	CA & Transload, LLC		<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial		
Location of Device	6350 67th Ave		<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> New Installation		
Mailing Address			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	
			<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____		
			<input checked="" type="checkbox"/> Service Contract?	Expires _____		
City	State	Zip Code	Variance Posted	Date of Variance		
Blaisdell	ND		<input type="checkbox"/> Yes <input type="checkbox"/> No			
County	Telephone Number	PSC Device Code	Quantity (of like devices)			
	701 313 0214	357	2			

Make(s)	Regulating Element(s)	Serial Number(s)	Lever System			
Cardinal	225	E27512-0050	Full Cell			
No. of Sections	<input type="checkbox"/> Monorail/Track <input type="checkbox"/> MTD <input type="checkbox"/> Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Platform <input type="checkbox"/> Axle Load	Multiple		Pit Depth		
7	<input type="checkbox"/> Aux. Beam <input checked="" type="checkbox"/> MT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale <input type="checkbox"/> Dormant/Deck <input type="checkbox"/> Other	NA		6"		
Capacity & Min. Grad.	Class	Size of Platform	Approaches (Length/Condition)			
16000 x 20 lb	FEEL	11' x 12'	OK pad ramp			
Printer Model	Printer Serial Number	Wind	Temperature	Device Location		
TM-1500	F95F01051	10-20	250	Inside		
SR (Sensitivity Response) OR Discrimination Test	Motion Detection		AZSM (auto zero)			
ZERO LOAD = _____ lb. LOADED = _____ lb.	Range = 3rd lb.		Range = 3rd lb.			

Device/ Load Position	Amount of Test Equipment Used	Actual Readings		Device/ Load Position	Amount of Test Equipment Used	Actual Readings	
		As Found	As Left			As Found	As Left
LOP#1	10000	0	0	6000	20000	0	0
2	11	0	0	2		0/20	0
3	11	-60	0/20	2		0	0
4	11	-20	0	11		0/20	0
5	11	0	0	5		0	0
6	11	-20	0	6		0	0
7	11	0	0	7		0	0
8	11	-20	0/20	40		0	0
9	11	0	0			0	0
10	11	0	0			0	0
11	11	200	0/20			0	0
12	11	+20/100	0			0	0
13	11	20	0			0	0
14	11	0	0			0	0
BC	0	0	0			0	0



STRAIN LOAD TEST

Empty Truck Weight	23500	Section #	
Total Test Weight Added	20000	Section #	
Truck Plus Weights	43500/20	Section #	
Error on Added Test Weights		Section #	

I hereby declare the statements made here are correct:

REMARKS & ADJUSTMENTS MADE

Are there any other jurisdictional devices at this location that require testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale set up on quarterly checks unable to see variance
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Service Agency (Print)	
MDSSK	
Inspector/Permit Holder Signature	
Permit No.	
1454	
Owner/Operator Signature	
Bob Noz	