



MONTANA DAKOTA SCALE SERVICE

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

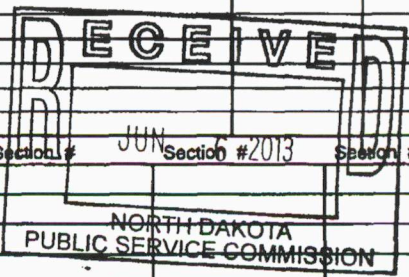
Invoice Number:

Test Report

Operator No.	Date 6-4-13	Date Last Tested (P&S Only)	Check All That Apply	
Name of Business Fairmont Minerals			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial
Location of Device Olausdel			<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> New Installation
Mailing Address 11833 Ravena Rd			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
City Chardon	State OH	Zip Code 44024	<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____
County	Telephone Number	Variance Posted Case # Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> WM-1356	Expires _____	
		PSC Device Code	Quantity (of like devices)	

Make(s) Cardinal	Regulating Element(s) 275	Serial Number(s) E27512-0059	Lever System Full Cell
No. of Sections 2	<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
Capacity & Min. Grad. 100 ton x 20lb	Class III	Size of Platform 120' x 11'	Approaches (Length/Condition) OK
Printer Model Im-1590	Printer Serial Number 895FD10651	Wind 20-30	Temperature 50°
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb. LOADED = _____ lb.	Motion Detection Range = 32 lb.	Device Location Driveway	AZSM (auto zero) Range = 32 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
1 GP	10000	0	0	3 GP	10000	-20	
2	11	0	0	2	11	-20	
3	11	01-20	01-20	3	11	-20	
4	11	01-20	01-20	4	11	-20	
5	11	0	0	5	11	-20	
6	11	0	0	6	11	-20	
7	11	0	0	BC	0	0	
8	11	0	0				
9	11	0	0				
10	11	01-20	01-20				
11	11	0	0				
12	11	0	0				
BC	0	0	0				



STRAIN LOAD TEST		Section #	Section #	Section # 2013	Section #
Empty Truck Weight					
Total Test Weight Added					
Truck Plus Weights					
Error on Added Test Weights					

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	3 month check
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) Montana Dakota Scale	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. 1454	
Owner - Operator Signature	



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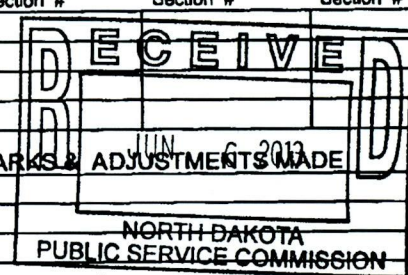
Test Report

Operator No.	Date 6-4-13	Date Last Tested (P&S Only)	Check All That Apply	
Name of Business Fairmont Minerals			<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input type="checkbox"/> New Installation <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 _____	
Location of Device Blaisdel				
Mailing Address 11833 Ravenna Rd				
City Charlton	State OH	Zip Code 44024	Variance Posted CUSE# Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> WM-13-56	Date of Variance Oct 31 - 2013
County	Telephone Number		PSC Device Code 3V7	Quantity (of like devices) 1

Make(s) Cardinal	Regulating Element(s) 225	Serial Number(s) E22512-10058	Lever System Full Cell
No. of Sections 7	<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. 160000lb K2015	Class III	Size of Platform 11x130	Approaches (Length/Condition) OK
Printer Model Im-V590	Printer Serial Number I-5FD10624	Wind 20-30	Temperature 50°
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb. LOADED = _____ lb.	Motion Detection Range = 3rd lb	Device Location 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
L.P.#1	10000	0	0	52.01	20000	0	0
2	4	0	0	2	11	0	0
3	11	0/20	0/20	3	11	0	0
4	11	0	0	4	11	-20	-20
5	11	0	0	5	11	0/20	0/20
6	11	0/20	0/20	6	11	-20	-20
7	11	0	0	7	11	-20	-20
8	11	0/20	0/20	BL	0	0	0
9	11	0	0				
10	11	0	0				
11	11	0	0				
12	11	0	0				
13	11	0	0				
14	11	0	0				
BL	0	0	0				

STRAIN LOAD TEST	Section #	Section #	Section #	Section #
Empty Truck Weight				
Total Test Weight Added				
Truck Plus Weights				
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? Yes No

HAS SECURITY SEAL AND STICKER BEEN APPLIED? Yes No

REMARKS & ADJUSTMENTS MADE

Inspector/Permit Holder Signature: *[Signature]* Permit No.: 1454

Service Agency (Print): Montana Dakota Scale

Owner - Operator Signature: *[Signature]*