



MONTANA DAKOTA SCALE SERVICE

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

Invoice Number:

Test Report

Operator No.	Date 9-5-13	Date Last Tested (P&S Only)	Check All That Apply <i>Quarterly Oil Cal</i> <i>and cal</i>	
Name of Business Fairmont Minerals			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial
Location of Device Blaisdell industrial sand terminal			<input checked="" type="checkbox"/> Equipment Repair	<input type="checkbox"/> New Installation
Mailing Address 6350 67th Ave NW			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
City Blaisdell			<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____
State ND			<input checked="" type="checkbox"/> Service Contract?	Expires _____
Zip Code 58219			Variance Posted	Date of Variance
County			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number			PSC Device Code 3A	Quantity (of like devices) 1

Make(s) Cardinal	Regulating Element(s) 220	Serial Number(s) E27512-0059	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"/> Multiple <input type="checkbox"/> Pit Depth	<input checked="" 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 N/A
Capacity & Min Grad. 16000 lb x 20 lb	Class III	Size of Platform 11' x 12'	Approaches (Length/Condition) 10'
Printer Model TM SQD	Printer Serial Number J95E010624	Wind 10-20	Temperature 60
SR (Sensitivity Response) OR Discrimination Test		Motion Detection	Device Location Driveway
ZERO LOAD = _____ lb. LOADED = _____ lb.		Range = 2d -lb.	AZSM (auto zero) Range = 2d -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	Sec #1	20000	-100	0/120
1	"	-40	0	2	"	-40	0
2	"	-40	0	3	"	-40	0
3	"	-20	0	4	"	-40	0
4	"	-20	0	5	"	-40	0/120
5	"	-20	0	6	"	-40	0
6	"	-20	0	7	"	-40	0
7	"	-20	0	8	"	0	0
8	"	-20	0				
9	"	-20	0				
10	"	-40	0				
11	"	-40	0				
12	"	-40/10	0				
BL	0	0	0				

STRAIN LOAD TEST				Section # 1	Section #	Section #	Section #
Empty Truck Weight				23120			
Total Test Weight Added				20000			
Truck Plus Weights				43140/120	0/120		
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  <i>Cleaned dirt out from under heads and reassembled to meet Acceptance tolerance.</i>
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) MDSS	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. 1454	

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Test reports - three month test

Montana Dakota Scale Service



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Invoice Number:

**Test Report**

Operator No	Date 9-5-13	Date Last Tested (P&S Only)	Check All That Apply <i>Quarterly/Electronic Seal</i>	
Name of Business <i>Fairmont Minerals</i>			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial <i>Seal</i>
Location of Device <i>Blaisdell Industrial Sand Terminal</i>			<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> New Installation <i>9 Cal</i>
Mailing Address <i>6350 67th Ave NW</i>			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <i>6 Cal</i>
City <i>Blaisdell</i>			<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____
State <i>ND</i>	Zip Code <i>58718</i>	Variance Posted	<input checked="" type="checkbox"/> Service Contract? Expires _____	
County	Telephone Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Variance <i>0-2-31-2013</i>	
PSC Device Code <i>357</i>		Quantity (of like devices) <i>1</i>		

Make(s) <i>Cardinal</i>	Regulating Element(s) <i>220</i>	Serial Number(s) <i>E27512-0059</i>	Lever System <i>Full Cell</i>
No of Sections <i>7</i>	<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 <i>NA</i>	Pit Depth <i>6"</i>
<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			
Capacity & Min. Grad. <i>160000lb X 20</i>	Class <i>III</i>	Size of Platform <i>11' X 130'</i>	Approaches (Length/Condition) <i>10'</i>
Printer Model <i>TM 590</i>	Printer Serial Number <i>F99FD10651</i>	Wind <i>10-20</i>	Temperature <i>86°</i>
SR (Sensitivity Response) OR Discrimination Test		Device Location <i>Driveway</i>	
ZERO LOAD = _____ lb. LOADED = _____ lb.		Motion Detection Range = <i>30'</i> to _____	
		AZSM (auto zero) Range = <i>30'</i> to _____	

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
<i>EBV#1</i>	<i>10000</i>	<i>-2040</i>	<i>0</i>	<i>Sec #1</i>	<i>20000</i>	<i>-20</i>	<i>0</i>
<i>2</i>	<i>11</i>	<i>-20</i>	<i>0</i>	<i>2</i>	<i>11</i>	<i>-20</i>	<i>0/20</i>
<i>3</i>	<i>11</i>	<i>0/20</i>	<i>0</i>	<i>3</i>	<i>11</i>	<i>-20</i>	<i>0/20</i>
<i>4</i>	<i>11</i>	<i>0/20</i>	<i>0</i>	<i>4</i>	<i>11</i>	<i>-40</i>	<i>20</i>
<i>5</i>	<i>11</i>	<i>-20</i>	<i>0</i>	<i>5</i>	<i>11</i>	<i>-40</i>	<i>20</i>
<i>6</i>	<i>11</i>	<i>-40</i>	<i>0</i>	<i>6</i>	<i>11</i>	<i>-40</i>	<i>0</i>
<i>7</i>	<i>11</i>	<i>-40</i>	<i>0</i>	<i>7</i>	<i>11</i>	<i>-40</i>	<i>0</i>
<i>8</i>	<i>11</i>	<i>20</i>	<i>0</i>	<i>8</i>	<i>11</i>	<i>0</i>	<i>0</i>
<i>9</i>	<i>11</i>	<i>-20</i>	<i>0</i>				
<i>10</i>	<i>11</i>	<i>-20</i>	<i>0</i>				
<i>11</i>	<i>11</i>	<i>-10</i>	<i>0/20</i>				
<i>12</i>	<i>11</i>	<i>-20</i>	<i>0</i>				
<i>13</i>	<i>11</i>	<i>0</i>	<i>0/20</i>				
<i>14</i>	<i>11</i>	<i>-20</i>	<i>0</i>				
<i>20</i>	<i>0</i>	<i>0</i>	<i>0</i>				

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE <i>Cleaned under ends of scale and made sectional &amp; corner adj to bring to within acceptance tolerance.</i>
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) <i>MDS</i>	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. <i>1454</i>	
Owner - Operator Signature	