

Bauske, Shelly A.



From: Tiffany Jacobs <tiffany@northwestscale.com>
Sent: Tuesday, November 22, 2016 2:53 PM
To: Gallion, Joshua C.; Bauske, Shelly A.
Cc: jim@northwestscale.com; bruce.cahill@chsinc.com
Subject: CHS Calvin Permanent Variance Request
Attachments: CHS, Inc. Calvin - ND Request for Permanent Variance 2016.pdf; CHS - Calvin, ND Scale SN#56E3 Test Reports - Temporary Variance Years.pdf; CHS - Calvin, ND Scale SN#56DP Test Reports - Temporary Variance Years.pdf

Hi Josh & Shelly,

On behalf of CHS, Inc.; please see the attached Request for Permanent Variance for their two truck scales with floating slab foundations which we installed in 2014 at the Calvin, ND site. I've also attached copies of the test reports for their temporary variance years.

Please let us know if you have any questions or need any further information.

Thank you,
Tiffany Jacobs

Northwest Scale, Inc.
2210 Main Avenue East, Suite 2A
West Fargo, ND 58078
Phone: (701) 298-9527
Fax: (701) 356-9520
www.northwestscale.com

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11/22/2016



ND Public Service Commission
Testing & Safety Division
600 East Boulevard Avenue
Bismarck, ND 58505

Request for a Permanent Variance Permit:

CHS, Inc. d.b.a. CHS – Milton Group (CHS) is requesting a permanent variance permit for the completed installation of two truck scales. We request to continue to operate in commerce these scales with floating slab foundations that are located at the following site:

CHS Calvin Grain Terminal
401 Railroad Street
Calvin, ND 58323

Both truck scales are above ground RLWS SURVIVOR® OTR Model EZ11712-SC-100-OTR truck scales with guide rails. The deck size is 117' x 12'. The concentrated load capacity (CLC) is 100,000lbs. The truck scale serial numbers at the Calvin Site are 56E3 & 56DP.

CHS complied with all conditions set forth in the Temporary Variance Permit Approval (Case No. WM-13-808, Permit No. 489 & 490). Please see the enclosed scale test reports completed by Northwest Scale, Inc. for your review. The scale test reports show that the scales have held calibration throughout the temporary variance permit trial years.

Upon receipt of a permanent variance, CHS will continue to operate the scales according to all applicable North Dakota laws and rules, including having the scales tested by a registered service company on an annual basis.

Please let me know if you have any questions regarding this request, or if you require any further information. Thank you for your consideration.

Respectfully,

Bruce Cahill
CHS – Milton Group
Calvin Terminal
bruce.cahill@chsinc.com

Jim Jacobs
Northwest Scale, Inc.
ND Registered Service Company
jim@northwestscale.com

Northwest Scale, Inc.

2210 E Main Ave, Unit 2A • West Fargo, ND 58078
 office (701) 298-9527 • fax (701) 356-9520
 toll free (800) 854-5885

Invoice Number

Operator No.	Date	Date Last Tested (P&S Only)	Check All That Apply	
	2-4-14		<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Routine Service <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Rejected Equipment Tag # (Attach) _____ <input type="checkbox"/> Service Contract? Expires _____	
Name of Business				
CHS, Inc.				
Location of Device				
In Board Scale				
Mailing Address				
401 Railroad Street P.O. Box 8				
City	State	Zip Code	Variance Posted	Date of Variance
Calvin	ND	58323	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11-18-13 - 11-18-14
County	Telephone Number	PSC Device Code	Quantity (of like devices)	
Cavalier	701-697-5121	3116	2	

Make(s)	Regulating Element(s)	Serial Number(s)	Lever System
Rice Lake	920:	167040036 / scale / 56E3	12 Load Cells
No. of Sections	<input type="checkbox"/> Monorail/Track <input type="checkbox"/> MTD <input type="checkbox"/> Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Aux. Beam <input checked="" type="checkbox"/> MT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale	<input type="checkbox"/> Platform <input type="checkbox"/> Axle Load <input type="checkbox"/> Dormant/Deck <input type="checkbox"/> Other	Multiple Pit Depth
6			1/1 Pitless
Capacity & Min. Grad.	Class	Size of Platform	Approaches (Length/Condition)
160,000 lbs x 20 lbs	III L	17' x 11'	concrete / wood
Printer Model	Printer Serial Number	Wind	Temperature
Computer	System	5-10 mph	-5°
SR (Sensitivity Response) OR Discrimination Test	Motion Detection	AZSM (auto zero)	
ZERO LOAD = 1.44 = 2d lb. LOADED = 1.44 = 2d lb.	Range = 60 lb.	Range = 60 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	
ZBP #1	10,000		0	Section #1	20,000 165			
#2	10,000		0			#2	20,000	0
#3	10,000		0			#3	20,000	0
#4	10,000		0			#4	20,000	0
#5	10,000		0			#5	20,000	0
#6	10,000		0			#6	20,000	0
#7	10,000		0					
#8	10,000		0					
#9	10,000		0					
#10	10,000		0					
#11	10,000		0	B/C	00		0	
#12	10,000		0					
B/C	0		0					

STRAIN LOAD TEST	Section #1	Section #3	Section #6	Section #
Empty Truck Weight	37,440 lbs	37,440 lbs	37,440 lbs	
Total Test Weight Added	20,000 lbs	20,000 lbs	20,000 lbs	
Truck Plus Weights	57,440 lbs	57,440 lbs	57,440 lbs	
Error on Added Test Weights	0	0	0	

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 Set-up new Truck scale, adjusted all corners to match, calibrated + performed strain tests. Applied stickers, sealed equipment + placed in service.
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) Northwest Scale, Inc.	
Inspector/Permit Holder Signature: _____ Permit No. 1606 Owner/Operator Signature: _____	

Northwest Scale, Inc.

2210 Main Ave E, Ste 2A
West Fargo, ND 58078-2221

Phone: (701) 298-9527
Fax: (701) 356-9520

www.northwestscale.com
info@northwestscale.com

Date 6/24/14	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address 401 Railroad St.			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
City Calvin			<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
State ND	Zip Code 58323		<input checked="" type="checkbox"/> Variance Permit Posted; Exp. Date: 11-18-2014	
County Cavalier	Telephone Number 701-697-9121		<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
Device Contact Person/Manager Bruce	Cell Phone Number		<input checked="" type="checkbox"/> Software is NTEP Approved	
E-mail Address Bruce.CAHILL@CHSINC.COM			<input checked="" type="checkbox"/> Built-In Standards; Date Certified: _____	
Device Location Calvin IN Scale			<input checked="" type="checkbox"/> Multiple Decks/Single Indicator	<input checked="" type="checkbox"/> Customer Has Clear View
			<input checked="" type="checkbox"/> Clearance Below Scale Clear	<input checked="" type="checkbox"/> Video Camera Working
			<input checked="" type="checkbox"/> Approach Requirements Met	<input checked="" type="checkbox"/> View Distance > 200'
			<input checked="" type="checkbox"/> Pit Coping & Crush Strip Good	<input checked="" type="checkbox"/> Two-Way Audio Working
			<input checked="" type="checkbox"/> In Response to PSC Quality Assurance Inspection	

SCALE INFORMATION

Scale Manufacturer NICE LAKE OTR	Indicator Manufacturer/Model NICE LAKE 9201	Indicator Serial Number 1670400036	Weighing Elements 12 - 75K CELLS
Capacity/Divisions/Units 160,000 x 20 Lbs.	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class 111 L	Printer Manufacturer/Model LEXMARK 2800
Deck Size 117' x 12'	Clearance (Inches) 12"	Approach (12' Concrete Level) 12'	Printer Serial Number 86-33580
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = 1.42 = 28 lb. LOADED = 1.42 = 28 lb.		Motion Detection Range = 60 lb.	Hard Surface Approach (Length/Slope/Condition) 37' / 1"703' / Good
			AZSM (Auto Zero) Range = 40 lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors +/-		LBP / Section / Product Weight	Value of Test Weights Used	Errors +/-	
		As Found	As Left			As Found	As Left
LAP #1	10,000 Lbs		0				
#2			-20	SECTION			
#3			-20	#1	20,000 lbs	0	0
#4			0	#2		-20	0
#5			-20	#3		-40	0
#6			-20	#4		0	0
#7			0	#5		-20	0
#8			0	#6	20,000 lbs	-20	0
#9			0	a/c	0 lbs	0	0
#10			-20				
#11			0				
#12		10,000 Lbs		0			
dc	0 lbs.		0				

STRAIN LOAD TEST 3

Section (Increasing or Decreasing) 36		Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight 56,160	56,140	IMPROVED TESTED ADJUSTED CORRECTLY.
Test Weight 20,000	20,000	
Empty Truck Weight 36,160	36,140	
Errors 0	0	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Date: 2014 Type: LOAD	Audit Trail Information: _____	QUANTITY TEST.
Meets tolerance in PSC adopted NIST Handbook 44? <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Acceptance		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied		
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.		
Permit Holder Signature Cash Mont	Permit No. 1598	
Operator Signature Cash Mont	Date 6-24-14	

Northwest Scale, Inc.

2210 Main Ave E, Ste 2A
West Fargo, ND 58078-2221

Phone: (701) 298-9527
Fax: (701) 356-9520

www.northwestscale.com
info@northwestscale.com

Date 9/23/2014	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dbs CHS - Milton Group			<input type="checkbox"/> New Installation (w/ RFI Check)	<input type="checkbox"/> Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> Modified Equipment	<input type="checkbox"/> Use as a Reference Scale
City Milton	State ND	Zip Code 58260	<input checked="" type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
County Cavalier	Telephone Number 701-496-3141		<input type="checkbox"/> Variance Permit Posted; Exp. Date: <u>2/4/2015</u>	
Device Contact Person/Manager Bruce Cahill	Cell Phone Number 701-697-5121		<input type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
E-mail Address bruce.cahill@chsinc.com	Device Location Calvin IN Scale - 401 Railroad St; Calvin, ND 58323		<input type="checkbox"/> Software is NTEP Approved	
			<input type="checkbox"/> Built-In Standards; Date Certified: <u>NA</u>	
			<input type="checkbox"/> Multiple Decks/Single Indicator	<input type="checkbox"/> Customer Has Clear View
			<input type="checkbox"/> Clearance Below Scale Clear	<input type="checkbox"/> Video Camera Working
			<input type="checkbox"/> Approach Requirements Met	<input type="checkbox"/> View Distance > 200'
			<input type="checkbox"/> Pit Coping & Crush Strip Good	<input type="checkbox"/> Two-Way Audio Working
			<input type="checkbox"/> In Response to PSC Quality Assurance Inspection	

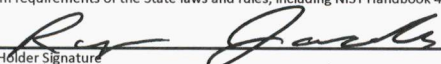
SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number 1670400036	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Lexmark 2500
Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good	Printer Serial Number 8G-33580
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb.	LOADED = <u>1.4d = 2d</u> lb.	Motion Detection Range = <u>60</u> lb.	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
		AZSM (Auto Zero) Range = <u>60</u> lb.	

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0	0
LBP #3	10,000 lbs	-20	-20	Section #3	20,000 lbs	0/-20	0/-20
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	-20	-20	Section #6	20,000 lbs	0/-20	0/-20
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	-20	-20				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	57,280	57,300	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	37,300	37,300	NA	
Errors	-20	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Replaced damaged load cell in LBP #3. Tested scale, made no adjustments.
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature 	Permit No. 1637			
Operator Signature	Date 9/23/2014			

Date 1/28/2015	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dbs CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton	State ND	Zip Code 58260	<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
County Cavalier	Telephone Number 701-496-3141		<input type="checkbox"/> Y Variance Permit Posted; Exp. Date: <u>2/4/2015</u>	
Device Contact Person/Manager Bruce Cahill	Cell Phone Number 701-697-5121		<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
E-mail Address bruce.cahill@chsinc.com	Device Location Calvin IN Scale - 401 Railroad St; Calvin, ND 58323		<input type="checkbox"/> NA Software is NTEP Approved	
			<input type="checkbox"/> NA Built-In Standards; Date Certified: <u>NA</u>	
			<input type="checkbox"/> N Multiple Decks/Single Indicator	<input type="checkbox"/> Y Customer Has Clear View
			<input type="checkbox"/> Y Clearance Below Scale Clear	<input type="checkbox"/> Y Video Camera Working
			<input type="checkbox"/> Y Approach Requirements Met	<input type="checkbox"/> Y View Distance > 200'
			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	<input type="checkbox"/> Y Two-Way Audio Working
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

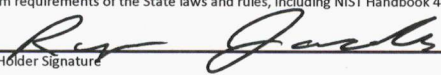
SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56E3 / Ind:1670400036	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Lexmark 2500
Printer Serial Number 8G-33580	Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good
Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good	SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb. LOADED = <u>1.4d = 2d</u> lb.	Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0	0
LBP #3	10,000 lbs	-20	-20	Section #3	20,000 lbs	0/-20	0/-20
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	-20	-20	Section #6	20,000 lbs	0/-20	0/-20
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	-20	-20				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	57,600	57,580	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	37,580	37,580	NA	
Errors	-20	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Tested scale, made no adjustments.	
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature 	Permit No. 1637			
Operator Signature	Date			

Date 4/13/2016	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dba CHS - Milton Group			<input type="checkbox"/> New Installation (w/ RFI Check)	<input type="checkbox"/> Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> Modified Equipment	<input type="checkbox"/> Use as a Reference Scale
City Milton			<input type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
State ND			Y Variance Permit Posted; Exp. Date: <u>2/4/2015</u>	
Zip Code 58260			NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
County Cavalier			NA Software is NTEP Approved	
Telephone Number 701-496-3141			NA Built-In Standards; Date Certified: <u>NA</u>	
Cell Phone Number 701-697-5121			N Multiple Decks/Single Indicator	
E-mail Address bruce.cahill@chsinc.com			Y Clearance Below Scale Clear	
Device Location Calvin IN Scale - 401 Railroad St; Calvin, ND 58323			Y Approach Requirements Met	
			Y Pit Coping & Crush Strip Good	
			N In Response to PSC Quality Assurance Inspection	
			Y Customer Has Clear View	
			Y Video Camera Working	
			Y View Distance > 200'	
			Y Two-Way Audio Working	

SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56E3 / Ind:1670400036	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Printer Manufacturer/Model Lexmark 2500	Printer Serial Number 8G-33580
Deck Size 117' x 12'	Class IIIL	Approach (12' Concrete Level) 12' Concrete, Good	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb. LOADED = <u>1.4d = 2d</u> lb.		Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> lb.
Clearance (Inches) 12" (Pitless)			

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	-20	-20
LBP #3	10,000 lbs	0/+20	0/+20	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0/-20	0/-20	Section #4	20,000 lbs	0/-20	0/-20
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	0	0
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	-20	-20				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,240	56,240	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	36,240	36,240	NA	
Errors	0	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Tested scale, made no adjustments.
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature			1398	
Operator Signature				

Date 11/9/2016	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dba CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton			<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
State ND			Y Variance Permit Posted; Exp. Date: <u>8/31/2016</u>	
Zip Code 58260			<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
County Cavalier			<input type="checkbox"/> NA Software is NTEP Approved	
Telephone Number 701-496-3141			<input type="checkbox"/> NA Built-In Standards; Date Certified: <u>NA</u>	
Device Contact Person/Manager Bruce Cahill			<input type="checkbox"/> N Multiple Decks/Single Indicator	
Cell Phone Number 701-697-5121			<input type="checkbox"/> Y Clearance Below Scale Clear	
E-mail Address bruce.cahill@chsinc.com			<input type="checkbox"/> Y Approach Requirements Met	
Device Location Calvin IN Scale - 401 Railroad St; Calvin, ND 58323			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	
			<input type="checkbox"/> Y Customer Has Clear View	
			<input type="checkbox"/> Y Video Camera Working	
			<input type="checkbox"/> Y View Distance > 200'	
			<input type="checkbox"/> Y Two-Way Audio Working	
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56E3 / Ind:1670400036	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Lexmark 2500
Printer Serial Number 8G-33580	Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good
Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good	SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb.	LOADED = <u>1.4d = 2d</u> lb.	Motion Detection Range = <u>60</u> lb.
AZSM (Auto Zero) Range = <u>60</u> lb.			

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0	0
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	-20	-20
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,800	56,800	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	36,800	36,800	NA	
Errors	0	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Tested scale, made no adjustments.	
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature <i>Roy Jacobs</i>	Permit No. 1637			
Operator Signature	Date			

Northwest Scale, Inc.

2210 E Main Ave, Unit 2A • West Fargo, ND 58078
 office (701) 298-9527 • fax (701) 356-9520
 toll free (800) 854-5885

Invoice Number

Operator No.	Date	Date Last Tested (P&S Only)	Check All That Apply		
	2-4-14		<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Routine Service <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Rejected Equipment Tag # (Attach) _____ <input type="checkbox"/> Service Contract? Expires _____		
Name of Business					
CHS, Inc.					
Location of Device					
Outboard Scale					
Mailing Address					
401 Railroad Street P.O. Box 8					
City	State	Zip Code	Variance Posted	Date of Variance	
Calvin	ND	58323	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11-18-13 - 11-18-14	
County	Telephone Number	PSC Device Code	Quantity (of like devices)		
Cassidy	701-687-5721	3V6	2		

Make(s)	Regulating Element(s)	Serial Number(s)	Lever System
Rice Lab	920i	16704000 37 / Scale 56DP	12 Load Cells
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 <input type="checkbox"/> Multiple	Pit Depth	
6	<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	Pitless	
Capacity & Min. Grad.	Class	Size of Platform	Approaches (Length/Condition)
160,000 lbs x 20 lbs	TTL	12' x 117'	Concrete / board
Printer Model	Printer Serial Number	Wind	Temperature
Computer	System	10-15 mph	-5°
SR (Sensitivity Response) OR Discrimination Test	Motion Detection	AZSM (auto zero)	
ZERO LOAD = 1.48 = 2d lb. LOADED = 1.48 = 2d lb.	Range = 60 lb.	Range = 60 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
EBP #1	10,000 lbs		0	Section #1	20,000 lbs		0
#2	10,000		0	#2	20,000		0
#3	10,000		0	#3	20,000		0
#4	10,000		0	#4	20,000		0
#5	10,000		0	#5	20,000		0
#6	10,000		0	#6	20,000		0
#7	10,000		0				
#8	10,000		0				
#9	10,000		0				
#10	10,000		0				
#11	10,000		0				
#12	10,000		0				
B/C	00		0	B/C	00		0

STRAIN LOAD TEST	Section # 1	Section # 3	Section # 6	Section #
Empty Truck Weight	37,440 lbs	37,440 lbs	37,440 lbs	
Total Test Weight Added	20,000 lbs	20,000 lbs	20,000 lbs	
Truck Plus Weights	57,440 lbs	57,440 lbs	57,440 lbs	
Error on Added Test Weights	+20	0	0	

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
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) Northwest Scale, Inc.	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. 1606	
Owner/Operator Signature <i>[Signature]</i>	Setup new Truck Scale, adjusted corners to match, calibrated & performed strain tests. Applied stickers, sealed equipment & placed scale in service.

Northwest Scale, Inc.

2210 Main Ave E, Ste 2A
West Fargo, ND 58078-2221

Phone: (701) 298-9527
Fax: (701) 356-9520

www.northwestscale.com
info@northwestscale.com

Date	PSC Device Code	Number of Sections	Complete each item with Y (Yes), N (No), or NA (Not Applicable)			
6/24/14	3V6	6	<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration		
Name of Business	CHS		<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale		
Mailing Address	401 Railroad St.		<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial		
City	State	Zip Code	<input checked="" type="checkbox"/> Variance Permit Posted; Exp. Date: 11-18-2014			
Calvin	ND	58323	<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24			
County	Telephone Number		<input checked="" type="checkbox"/> Software is NTEP Approved			
Cavalier	701-697-5121		<input checked="" type="checkbox"/> Built-In Standards; Date Certified: _____			
Device Contact Person/Manager	Cell Phone Number		<input checked="" type="checkbox"/> Multiple Decks/Single Indicator	<input checked="" type="checkbox"/> Customer Has Clear View		
Bruce			<input checked="" type="checkbox"/> Clearance Below Scale Clear	<input checked="" type="checkbox"/> Video Camera Working		
E-mail Address	Bruce.CAHT@CHSINC.COM		<input checked="" type="checkbox"/> Approach Requirements Met	<input checked="" type="checkbox"/> View Distance > 200'		
Device Location	Calvin Out Scale		<input checked="" type="checkbox"/> Pit Coping & Crush Strip Good	<input checked="" type="checkbox"/> Two-Way Audio Working		
			<input checked="" type="checkbox"/> In Response to PSC Quality Assurance Inspection			

SCALE INFORMATION

Scale Manufacturer	Indicator Manufacturer/Model	Indicator Serial Number	Weighing Elements
ACE LAKE OTR	ACE LAKE 920i	1670400037	12-95R Cells
Capacity/Divisions/Units	Legible Label	Class	Printer Serial Number
100,000 x 20 lbs.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	111 L	86-33580
Deck Size	Clearance (Inches)	Approach (12' Concrete Level)	Hard Surface Approach (Length/Slope/Condition)
117' x 12'	12"	12'	37' 1" to 3' / Good
SR (Sensitivity Response) OR Discrimination Test	Motion Detection	AZSM (Auto Zero)	
ZERO LOAD = 1.40 = 2 lb. LOADED = 1.40 = 2 lb.	Range = 60 lb.	Range = 60 lb.	

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors +/-		LBP / Section / Product Weight	Value of Test Weights Used	Errors +/-	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs.	0	0				
#2	}	0	0	SECTION			
#3		0	0	#1	20,000 lbs	0	0
#4		0	0	#2		0+	0+
#5		0	0	#3		0	0
#6		0/-20	0	#4		0	0
#7		-20	0	#5		0	0
#8		0	0	#6	20,000 lbs	-40	0
#9		0	0				
#10		0	0	40	0 lbs	0	0
#11		0	0				
#12		10,000 lbs.	0	0			
B/C		0 lbs.		0			

STRAIN LOAD TEST

Section (Increasing or Decreasing)	1	3	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,160	54,140	
Test Weight	20,000	20,000	
Empty Truck Weight	36,160	34,140	
Errors	0	0	INSPECTED ADJUSTED 2 LOADS.
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input type="checkbox"/> N		
Date: 2014 Type: LEAD	Audit Trail Information: _____		QUANTITY TEST.
Meets tolerance in PSC adopted NIST Handbook 44? <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Acceptance			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied			
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.			
Permit Holder Signature	Permit No. 1398		
Operator Signature	Date 6-24-14		

Date 9/23/2014	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dbs CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton	State ND	Zip Code 58260	<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
County Cavalier	Telephone Number 701-496-3141		<input type="checkbox"/> Y Variance Permit Posted; Exp. Date: <u>2/4/2015</u>	
Device Contact Person/Manager Bruce Cahill	Cell Phone Number 701-697-5121		<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
E-mail Address bruce.cahill@chsinc.com	Device Location Calvin OUT Scale - 401 Railroad St; Calvin, ND 58323		<input type="checkbox"/> NA Software is NTEP Approved	
			<input type="checkbox"/> NA Built-In Standards; Date Certified: <u>NA</u>	
			<input type="checkbox"/> N Multiple Decks/Single Indicator	<input type="checkbox"/> Y Customer Has Clear View
			<input type="checkbox"/> Y Clearance Below Scale Clear	<input type="checkbox"/> Y Video Camera Working
			<input type="checkbox"/> Y Approach Requirements Met	<input type="checkbox"/> Y View Distance > 200'
			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	<input type="checkbox"/> Y Two-Way Audio Working
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

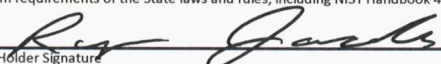
SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number 1670400037	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Computer System
Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb. LOADED = <u>1.4d = 2d</u> lb.		Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0/+20	0/+20
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	0	0
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	57,280	57,300	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	37,280	37,300	NA	
Errors	0	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Tested scale, made no adjustments.
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature 		Permit No. 1637		
Operator Signature		Date 9/23/2014		

Date 1/28/2015	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dba CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton	State ND	Zip Code 58260	<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
County Cavalier	Telephone Number 701-496-3141		<input type="checkbox"/> Y Variance Permit Posted; Exp. Date: 2/4/2015	
Device Contact Person/Manager Bruce Cahill	Cell Phone Number 701-697-5121		<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
E-mail Address bruce.cahill@chsinc.com			<input type="checkbox"/> NA Software is NTEP Approved	
Device Location Calvin OUT Scale - 401 Railroad St; Calvin, ND 58323			<input type="checkbox"/> NA Built-In Standards; Date Certified: NA	
			<input type="checkbox"/> N Multiple Decks/Single Indicator	<input type="checkbox"/> Y Customer Has Clear View
			<input type="checkbox"/> Y Clearance Below Scale Clear	<input type="checkbox"/> Y Video Camera Working
			<input type="checkbox"/> Y Approach Requirements Met	<input type="checkbox"/> Y View Distance > 200'
			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	<input type="checkbox"/> Y Two-Way Audio Working
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	


SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56DP / Ind:1670400037	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Printer Manufacturer/Model Computer System	Printer Serial Number NA
Deck Size 117' x 12'	Class IIIL	Approach (12' Concrete Level) 12' Concrete, Good	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = 1.4d = 2d lb.	Clearance (Inches) 12" (Pitless)	Motion Detection Range = 60 lb.	AZSM (Auto Zero) Range = 60 lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0/+20	0/+20
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	0	0
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	57,600	57,600	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	37,600	37,600	NA	
Errors	0	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Tested scale, made no adjustments.
Date: 2014 Type: Lead	Audit Trail Information: NA			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature 	Permit No. 1637			
Operator Signature	Date			

Date 4/13/2016	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dba CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton			<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
State ND			Y Variance Permit Posted; Exp. Date: <u>2/4/2015</u>	
Zip Code 58260			<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
County Cavalier			<input type="checkbox"/> NA Software is NTEP Approved	
Telephone Number 701-496-3141			<input type="checkbox"/> NA Built-In Standards; Date Certified: <u>NA</u>	
Device Contact Person/Manager Bruce Cahill			<input type="checkbox"/> N Multiple Decks/Single Indicator	
Cell Phone Number 701-697-5121			<input type="checkbox"/> Y Clearance Below Scale Clear	
E-mail Address bruce.cahill@chsinc.com			<input type="checkbox"/> Y Approach Requirements Met	
Device Location Calvin OUT Scale - 401 Railroad St; Calvin, ND 58323			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	
			<input type="checkbox"/> Y Customer Has Clear View	
			<input type="checkbox"/> Y Video Camera Working	
			<input type="checkbox"/> Y View Distance > 200'	
			<input type="checkbox"/> Y Two-Way Audio Working	
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56DP / Ind:1670400037	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Computer System
Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb. LOADED = <u>1.4d = 2d</u> lb.		Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0/-20	0/-20
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0/-20	0/-20
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	+20	+20	Section #6	20,000 lbs	0	0
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0/+20	0/+20	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,280	56,260	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	36,260	36,260	NA	
Errors	20	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Tested scale, made no adjustments.
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature			1398	
Operator Signature			Permit No.	
			Date	

Date 11/9/2016	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS, Inc. dba CHS - Milton Group			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address 515 W Montrose Ave			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Milton	State ND	Zip Code 58260	<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
County Cavalier	Telephone Number 701-496-3141		<input type="checkbox"/> Y Variance Permit Posted; Exp. Date: <u>8/31/2016</u>	
Device Contact Person/Manager Bruce Cahill	Cell Phone Number 701-697-5121		<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
E-mail Address bruce.cahill@chsinc.com	Device Location Calvin OUT Scale - 401 Railroad St; Calvin, ND 58323		<input type="checkbox"/> NA Software is NTEP Approved	
			<input type="checkbox"/> NA Built-In Standards; Date Certified: <u>NA</u>	
			<input type="checkbox"/> N Multiple Decks/Single Indicator	<input type="checkbox"/> Y Customer Has Clear View
			<input type="checkbox"/> Y Clearance Below Scale Clear	<input type="checkbox"/> Y Video Camera Working
			<input type="checkbox"/> Y Approach Requirements Met	<input type="checkbox"/> Y View Distance > 200'
			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	<input type="checkbox"/> Y Two-Way Audio Working
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

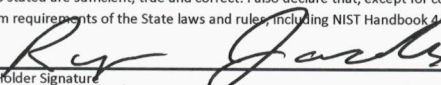
SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i	Indicator Serial Number Scale:56DP / Ind:1670400037	Weighing Elements 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Serial Number NA
Deck Size 117' x 12'	Clearance (Inches) 12" (Pitless)	Approach (12' Concrete Level) 12' Concrete, Good	Hard Surface Approach (Length/Slope/Condition) 27' Concrete, Good
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = <u>1.4d = 2d</u> lb. LOADED = <u>1.4d = 2d</u> lb.		Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> lb.

SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	0	0
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	-20	-20
LBP #7	10,000 lbs	0/-20	0/-20				
LBP #8	10,000 lbs	0	0	BC	00	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	00	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	3 (IN)	6 (IN)	NA	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,800	56,800	NA	
Test Weight	20,000	20,000	NA	
Empty Truck Weight	36,800	36,800	NA	
Errors	20	0	NA	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Date: <u>2014</u> Type: <u>Lead</u>	Audit Trail Information: <u>NA</u>			
Meets tolerance in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance				Tested scale, made no adjustments.
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken Out of Service <input checked="" type="checkbox"/> Sticker Applied				
By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks", the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.				
Permit Holder Signature 		Permit No. 1637		
Operator Signature		Date		