



# CAPITAL SCALE

Box 2021  
Bismarck, North Dakota 58502-2021  
(701) 255-1558

Invoice Number

Operator No.	Date 10/3/13	Date Last Tested (P&S Only)	Check All That Apply			
Name of Business Knife River Conc.			<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input checked="" type="checkbox"/> New Installation <input checked="" type="checkbox"/> Routine Service <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Rejected Equipment   Tag # (Attach) _____ <input type="checkbox"/> Service Contract?   Expires _____			
Location of Device S. of Beulah,			Variance Posted			
Mailing Address 2370 Vermont Ave			City Bismarck		State ND	Zip Code 58504
City			Telephone Number 426-6010		Date of Variance 10/1/13	
County MUSSEL			PSC Device Code 304		Quantity (of like devices) only	

Make(s) Titman/Fisher	Regulating Element(s) LIMC 465	Serial Number(s) A18265	Lever System Center			
No. of Sections 4	<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"/> Dormant/Deck <input type="checkbox"/> Other	Platform	Axle Load	Multiple NA	Pit Depth OK	
Capacity & Min. Grad. 16000 x 20 lbs.		Class III	Size of Platform 14' x 70'	Approaches (Length/Condition) OK		
Printer Model HP LaserJet P3015	Printer Serial Number	Wind 5-20	Temperature 65°	Device Location outside		
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = NA lb.   LOADED = NA lb.		Motion Detection Range = 60 lb.		AZSM (auto zero) 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
BL	Ø		Ø	See 1	20000 lbs		Ø
CORNER 1	20000 lbs		Ø/+20	C	}		Ø
2			Ø/+20	2			Ø
3			Ø	3			Ø
4			Ø	C			+20/lb
5			Ø	4			+20/lb
6			Ø/+20				
7			Ø				
8			Ø			BL	Ø
BL	Ø		Ø				

STRAIN LOAD TEST	Section #	Section # 2	Section #	Section #
Empty Truck Weight		25220		
Total Test Weight Added		20000		
Truck Plus Weights		45220		
Error on Added Test Weights		Ø		

I hereby declare the statements made here are correct:

Are there any other jurisdictional devices at this location that require testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE  Portable Fisher Scales
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) Capital Scale	
Inspector/Permit Holder Signature S. Will   Permit No. 1540	

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Test Report - Three Month Test  
Capital Scale