



CAPITAL SCALE

Box 2021
Bismarck, North Dakota 58502-2021
(701) 255-1556

East

Invoice Number

Operator No.	Date 1/13/14	Date Last Tested (P&S Only)	Check All That Apply	
Name of Business Vaimin Corp.			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial
Location of Device By New Town			<input type="checkbox"/> Equipment Repair	<input checked="" type="checkbox"/> New Installation <i>3 months</i>
Mailing Address			<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 _____
City New Town	State ND	Zip Code	Variance Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Variance 1-6-14
County	Telephone Number	PSC Device Code 314	Quantity (of like devices) two	

Make(s) Cardinal	Regulating Element(s) 225	Serial Number(s) E28013-0063	Lever System FLC (8)
No. of Sections 4	<input type="checkbox"/> Monorail/Track <input type="checkbox"/> Aux. Beam	<input type="checkbox"/> MTD <input checked="" type="checkbox"/> MT	<input type="checkbox"/> Hopper <input type="checkbox"/> Hanging
	<input type="checkbox"/> Livestock <input type="checkbox"/> Counter Scale	<input type="checkbox"/> Platform <input type="checkbox"/> Dormant/Deck	<input type="checkbox"/> Axle Load <input type="checkbox"/> Other
Capacity & Min. Grad. 200,000 x 20#	Class III	Size of Platform 70'	Approaches (Length/Condition) OK
Printer Model TM-4295	Printer Serial Number J9KF106843	Wind -	Temperature 25°
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb. LOADED = _____ 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
LBP 1	10000 #		0	Sect 1	20000 #		0/20
2			0	2			0
3			0	3			0
4			0	4			0
5			0	BCU			0
6			0	TRUCK 1	48200		20#
7			0				
8			0				
BCU			0				

STRAIN LOAD TEST		Section # 3	Section #	Section #	Section #
Empty Truck Weight		28200			
Total Test Weight Added		20000			
Truck Plus Weights		48200			
Error on Added Test Weights		0			

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
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Service Agency (Print) Capital Scale	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Inspector/Permit Holder Signature <i>[Signature]</i>	
Permit No. 1670	4 WM-14-17 Filed: 1/13/2014 Pages: 2 Test Report - Scale Installations
Owner - Operator Signature <i>[Signature]</i>	Capital Scale



CAPITAL SCALE

Box 2021
Bismarck, North Dakota 58502-2021
(701) 255-1556

West

Invoice Number

Operator No.	Date <i>1/13/14</i>	Date Last Tested (P&S Only)	Check All That Apply	
Name of Business <i>Unimin Corp</i>			<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial
Location of Device <i>By New Town</i>			<input type="checkbox"/> Equipment Repair	<input checked="" type="checkbox"/> New Installation <i>3 month</i>
Mailing Address <i>258 Elm St</i>			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
City <i>New Canaan</i> New Town			<input type="checkbox"/> Rejected Equipment	Tag # (Attach) _____
State <i>ND</i>			<input type="checkbox"/> Service Contract?	Expires _____
Zip Code <i>5840</i>			Variance Posted	Date of Variance <i>1-6-14</i>
County			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number			PSC Device Code <i>3V4</i>	Quantity (of like devices) <i>two</i>

Make(s) <i>Cardinal</i>	Regulating Element(s) <i>225</i>	Serial Number(s) <i>E33613-0185</i>	Lever System <i>FLC (8)</i>
No. of Sections <i>4</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	<input type="checkbox"/> Multiple	Pit Depth <i>less</i>
<input type="checkbox"/> Aux. Beam <input checked="" type="checkbox"/> MT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale <input type="checkbox"/> Other			
Capacity & Min. Grad. <i>200,000 x 20"</i>	Class <i>III</i>	Size of Platform <i>70'</i>	Approaches (Length/Condition) <i>OK</i>
Printer Model <i>TM-4295</i>	Printer Serial Number <i>J9LF106853</i>	Wind <i>-</i>	Temperature <i>25°</i>
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb. LOADED = _____ lb.		Motion Detection Range = <i>600</i> lb.	AZSM (auto zero) Range = <i>600</i> 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
<i>LBP 1</i>	<i>10000#</i>		<i>0</i>	<i>SECT 1</i>	<i>20000#</i>		<i>0</i>
<i>2</i>	<i>/</i>		<i>0</i>	<i>2</i>	<i>/</i>		<i>0</i>
<i>3</i>	<i>/</i>		<i>0</i>	<i>3</i>	<i>/</i>		<i>0</i>
<i>4</i>	<i>/</i>		<i>0</i>	<i>4</i>	<i>/</i>		<i>0</i>
<i>5</i>	<i>/</i>		<i>0</i>	<i>TRUCK 1</i>	<i>48200#</i>		<i>200</i>
<i>6</i>	<i>/</i>		<i>0</i>	<i>3</i>	<i>/</i>		<i>0</i>
<i>7</i>	<i>/</i>		<i>0</i>	<i>4</i>	<i>/</i>		<i>0</i>
<i>8</i>	<i>/</i>		<i>0</i>	<i>BU</i>	<i>0</i>		<i>0</i>
<i>BU</i>	<i>0</i>		<i>0</i>				

STRAIN LOAD TEST	Section # <i>2</i>	Section #	Section #	Section #
Empty Truck Weight	<i>28200</i>			
Total Test Weight Added	<i>20000</i>			
Truck Plus Weights	<i>48200</i>			
Error on Added Test Weights	<i>0</i>			

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
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Approved Rejected Service Agency (Print)
Capital Scale

Inspector/Permit Holder Signature _____ Permit No. *1676*

Owner/Operator Signature _____

REMARKS & ADJUSTMENTS MADE