

|  |                               |   |  |
|--|-------------------------------|---|--|
| Date<br><b>09/12/2014</b>                              | PSC Device Code<br><b>3V2</b> | No. of Sections<br><b>2</b>             | Complete each item with Y (Yes), N (No), or NA (Not Applicable)<br><input type="checkbox"/> New Installation (w/ RFI Check) <input type="checkbox"/> Performed Calibration<br><input type="checkbox"/> Modified Equipment <input type="checkbox"/> Use as a Reference Scale<br><input type="checkbox"/> Replaced Existing Equipment <input type="checkbox"/> Non-Commercial<br><input type="checkbox"/> Scale Indoors<br><br><input type="checkbox"/> Variance Permit Posted; Expiration Date: <b>05/16/2016</b><br><input type="checkbox"/> Stored/Recalled Weights meet NDAC 69-10-02-23 & 69-10-02-24<br><input type="checkbox"/> Software is NTEP Approved<br><input type="checkbox"/> Built-In Standards; Date Certified:<br><br><input type="checkbox"/> Multiple Decks/Single Indicator <input type="checkbox"/> Customer Has Clear View<br><input type="checkbox"/> Clearance Below Scale Clear <input type="checkbox"/> Video Camera Working<br><input type="checkbox"/> Approach Requirements Met <input type="checkbox"/> View Distance > 200'<br><input type="checkbox"/> Pit Coping and Crush Strip Good <input type="checkbox"/> Two-Way Audio Working<br><br><input type="checkbox"/> In response to PSC Quality Assurance Inspection |
| Name of Business<br><b>CHS INC. Feed Facility</b>      |                               |   |  |
| Mailing Address <b>PO Box 187 Edgeley ND 58433</b>     |                               |   |  |
| Device Location <b>EDGELEY PO Box 187 8170 HWY #13</b> |                               |   |  |
| City<br><b>Edgeley</b>                                 | State<br><b>ND</b>            | Zip Code<br><b>58433</b>                |  |
| County<br><b>Lamoure</b>                               |                               | Telephone Number<br><b>701-493-2271</b> |  |
| Device Contact/Manager<br><b>Nathan Robbins</b>        |                               | Cell Number                             |  |
| Email Address <b>nathan.robbins@chsinc.com</b>         |                               |   |  |

**Scale Information - RLWS OTR - 003176**

|  |   |   |   |
|--|---|---|---|
| Scale Manufacturer<br><b>RLWS OTR S/N: 5RMP</b>                | Indicator Manufacturer/Model<br><b>RLWS 920I-2A</b>                               | Indicator Serial No.<br><b>1665400144</b>                   | Weighing Elements<br><b>E / 4 Cell 75k</b>                    |
| Capacity/Divisions/Units<br><b>80,000 X 20 lbs.</b>            | Legible Label<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Class<br><b>IIIL</b>  | Printer Manufacturer/Model<br><b>Epson TM-U295</b>            |
| Deck Size<br><b>10' x 15'6"</b>                                | Clearance (inches)<br><b>36"</b>  | Approach - 12' Concrete Level<br><b>East- OK - West 14"</b> | Hard Surface Approach (Length/Slope/Condition)<br><b>Good</b> |
| SR or Discrimination Test<br><b>Zero Load = NA Loaded = NA</b> | Motion Detection<br><b>Range = 3d</b>   | AZSM (Auto Zero)<br><b>Range = 3d</b>                       |   |

**Test Data**

| LBP / Section / Product Wt.     | Value of Test Weights Used | Serial/Test Number | Errors +/- |         | LBP / Section / Product Wt. | Value of Test Weights Used | Serial/Test Number | Errors +/- |         |
|---------------------------------|----------------------------|--------------------|------------|---------|-----------------------------|----------------------------|--------------------|------------|---------|
|                                 |                            |                    | As Found   | As Left |                             |                            |                    | As Found   | As Left |
| Description: <b>Corner Test</b> |                            |                    |            |         | Description:                |                            |                    |            |         |
| 1                               | 10,000 lbs                 |                    | 0          | 0       | 1                           | 20,000 lbs                 |                    | -20        | 0       |
| 2                               | "                          |                    | 0          | 0       | 2                           | 20,000 lbs                 |                    | 0          | 0       |
| 3                               | "                          |                    | 0          | 0       |                             |                            |                    |            |         |
| 4                               | 10,000 lbs                 |                    | -20        | 0       |                             | BC=0@0                     |                    |            |         |
|                                 | BC=0@0                     |                    |            |         |                             |                            |                    |            |         |

**Strain Load Test**

|   |  |   |
|---|--|---|
| Section (Increasing or Decreasing)  | Deck   | Remarks (include environmental conditions, if applicable).<br>Attach additional sheets as necessary.<br><br>Quarterly check as per the states request. For the variance WM-14-221. Replaced a board in the junction box that was wet due to a bad seal on the j-box cover. Calibrated at 20,000 lbs. Needed to adjust corner #4 is was minus 20 lbs. Scale is an extension of the Fairbanks driveway scale. |
| Full Truck Weight   | <b>34,220</b>  |   |
| Test Weight   | <b>20,000</b>  |   |
| Empty Truck Weight  | <b>14,200/220</b>  |   |
| Errors  | <b>0/+20</b>   |   |
| Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  | Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |   |
| Seal Date: 09/12/2014   | Audit Trail Information:   |   |
| Seal Type: Lead   |  |   |
| Meets tolerances in PSC adopted NIST Handbook 44? <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Acceptance<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken out of Service <input checked="" type="checkbox"/> Sticker Applied<br>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. |  |   |
| <i>[Signature]</i>  | 1514   |   |
| Permit Holder Signature   | Permit Number  |   |
| <i>[Signature]</i>  | 09/12/2014   |   |
| Operator Signature  | Date   |   |