

Date <b>08/01/2016</b>	PSC Device Code <b>5V</b>	No. of Sections <b>5</b>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business <b>Growmax LLC.</b>			<input type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address <b>221 Lafayette Road Devils Lake ND 58301</b>			<input type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
Device Location <b>Webster 6015 Hwy 20</b>			<input type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
City <b>Webster</b>	State <b>ND</b>	Zip Code <b>58382</b>	<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: <b>08/31/2016</b>	
County <b>Ramsey</b>	Telephone Number		<input checked="" type="checkbox"/> Stored/Recalled Weights meet NDAC 69-10-02-23 & 69-10-02-24	
Device Contact/Manager <b>Ron</b>	Cell Number		<input checked="" type="checkbox"/> Software is NTEP Approved	
Email Address <b>andersonr@gvtel.com</b>			<input checked="" type="checkbox"/> Built-In Standards; Date Certified:	
			<input 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 and Crush Strip Good	<input checked="" type="checkbox"/> Two-Way Audio Working
			<input type="checkbox"/> In response to PSC Quality Assurance Inspection	

**Scale Information - RLWS OTR - 007319**

Scale Manufacturer <b>RLWS OTR</b>	Indicator Manufacturer/Model <b>RLWS 720i-2A</b>	Indicator Serial No. <b>1736900065</b>	Weighing Elements <b>10 Cell - 75K</b>
Capacity/Divisions/Units <b>160,000 x 20 lbs</b>	Legible Label <b>X Y _ N</b>	Class <b>III</b>	Printer Manufacturer/Model <b>TM-U590</b>
Deck Size <b>11' x 80'</b>	Clearance (inches) <b>12"</b>	Approach - 12' Concrete Level <b>12' 2"</b>	Printer Serial No. <b>J9SF014591</b>
SR or Discrimination Test Zero Load = NA Loaded = NA	Motion Detection Range = <b>3d</b>	Hard Surface Approach (Length/Slope/Condition) <b>good</b>	AZSM (Auto Zero) Range = <b>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:					Description:				
1	10,000 lbs		0	0	1	20,000 lbs		0	0
2	10,000 lbs		+20	0	2	20,000 lbs		+20	0
3	10,000 lbs		0	0	3	20,000 lbs		+20	0
4	10,000 lbs		0/-	0/-	4	20,000 lbs		0/+	0
5	10,000 lbs		-20	0	5	20,000 lbs		-20	0
6	10,000 lbs		-20	0					
7	10,000 lbs		0	0/-		BC=0			
8	10,000 lbs		+20	0/+					
9	10,000 lbs		+20	0/+					
10	10,000 lbs		0	0					
	BC=0								

**Strain Load Test**

Section (Increasing or Decreasing)	<b>5 Increasing</b>	<b>3 Increasing</b>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.  <b>Semi-Annual test as required by North Dakota PSC Variance Permit. Tested scale and found to have slight errors. Calibrated and adjusted to reduce errors. Wind was interacting with the scale during testing.</b>
Full Truck Weight	<b>60,160/80 lbs</b>	<b>40,160 lbs</b>	
Test Weight	<b>20,000 lbs</b>	<b>20,000 lbs</b>	
Empty Truck Weight	<b>40,160/80 lbs</b>	<b>40,160 lbs</b>	
Errors	<b>0</b>	<b>0</b>	
Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Audit Trail Information:		
Seal Date: 08/01/2016	Seal Type: Lead		
Meets tolerances in PSC adopted NIST Handbook 44? _ Maintenance <input checked="" type="checkbox"/> Acceptance <input checked="" type="checkbox"/> Approved _ Rejected _ 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		1768	Permit Number
Operator Signature		08/01/2016	Date