

Test # 12-001

Drive
New York 12235
518-457-3146

White - Department
Yellow - Owner
Pink - Municipal Office

Large Capacity Scale Report

Jurisdiction <u>Tioga 49</u>		Date <u>1/25/12</u>						
Establishment Name <u>Tioga County Solid Waste</u>			Phone <u>607-565-8130</u>			Business Type <u>Solid Waste Transfer</u>		
Address <u>1216 St. Rt. 17C</u>			Scale Cap x d <u>120,000 x 2016</u>			CLC/Secr Cap <u>70,000</u>		
City, State, Zip <u>Barton, NY 13734</u>			WM Lic. (Y/N/NA) <u>Y</u>			Indicator Type <u>Digital</u>		
Mfr. <u>Thurman</u>			Model <u>I 53000</u>			S/N <u>112760020034</u>		
Platform Type <u>Load Cell</u>			Mfr. <u>Thurman</u>			Model <u>8560</u>		
Deck Type/Length <u>Steel 70 Ft.</u>			# Sections <u>4</u>			Approaches <u>Concrete</u>		
						Overall Condition <u>Good</u>		

1 Test Type	2 Strain Load Reading	3 Sub Reading	4 Error @ Sub Load From Col 9	5 Sub Load Col(3--4)	6 Known Weight Added	7 Expected Reading Col(2+5+6)	8 Indicator Reading	9 Error Col(8-7)	Section Tests
<u>ILZ</u>					<u>5000</u>	<u>5000</u>	<u>5000</u>	<u>0</u>	Test Load
					<u>9000</u>	<u>9000</u>	<u>9000</u>	<u>0</u>	Reading / Error
					<u>13000</u>	<u>13000</u>	<u>13000</u>	<u>0</u>	1. <u>26000</u> / <u>0</u>
					<u>17000</u>	<u>17000</u>	<u>17000</u>	<u>0</u>	2. <u>26000</u> / <u>0</u>
					<u>21000</u>	<u>21000</u>	<u>21000</u>	<u>0</u>	3. <u>26000</u> / <u>0</u>
					<u>25000</u>	<u>25000</u>	<u>25000</u>	<u>0</u>	4. <u>26000</u> / <u>0</u>
					<u>26000</u>	<u>26000</u>	<u>26000</u>	<u>0</u>	5. /
					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	6. /
					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	7. /
<u>Sub #1 County Pick up</u>					<u>4880</u>	<u>4880</u>	<u>4880</u>	<u>0</u>	
					<u>4880</u>	<u>26000</u>	<u>30880</u>	<u>30880</u>	<u>0</u>
<u>Sub #2 Weight Truck</u>					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
					<u>30660</u>	<u>30660</u>	<u>1000</u>	<u>31660</u>	<u>31660</u>
					<u>5000</u>	<u>35660</u>	<u>35660</u>	<u>0</u>	Test Load
					<u>9000</u>	<u>39660</u>	<u>39660</u>	<u>0</u>	Reading / Error
					<u>13000</u>	<u>43660</u>	<u>43660</u>	<u>0</u>	1. /
					<u>17000</u>	<u>47660</u>	<u>47680</u>	<u>+20</u>	2. /
					<u>21000</u>	<u>51660</u>	<u>51680</u>	<u>+20</u>	3. /
					<u>26000</u>	<u>56660</u>	<u>56680</u>	<u>+20</u>	4. /
					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	5. /
<u>Sub #3 Loader</u>					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	6. /
					<u>23640</u>	<u>23640</u>	<u>56660</u>	<u>80320</u>	<u>80320</u>
					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	7. /

Sensitivity Load @ 0 Sensitivity Load @ Max Test Load Weights furnished by Gardner last certified 6/09

Test Type: ILZ - Increasing Load @ Zero SUB# - Substitution STR - Strain Load DL - Decreasing Load

<input type="checkbox"/> Normal Test	Tolerance Applied	Official Action
<input checked="" type="checkbox"/> Retest (following rejection/repair)	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Approved/Sealed
<input type="checkbox"/> Retest (following adjustment @ site)	<input checked="" type="checkbox"/> Acceptance	<input type="checkbox"/> Rejected/Ordered Repaired
Remarks <u>Advt: Col. b. 1/25/07 Cont 34084 Contig Nov. 02/03 Cont 54684</u>		
Acknowledged <u>[Signature]</u>	Inspected by <u>[Signature]</u>	



TIOGA COUNTY
BUREAU OF WEIGHTS AND MEASURES
 County Office Building
 56 Main Street
 Owego, N.Y. 13827

**DEVICE INSPECTION
 AND TEST REPORT**

No. 12-001

JURISDICTION TIOGA	Date <u>1/25/12</u>
Firm <u>Tioga County Solid Waste</u>	Store No.
Address <u>1216 St Rt. 17C</u>	Telephone No.
Town/City <u>Barton, NY</u>	Zip Code <u>13734</u>

- Supermarket Food Store/Deli Fish/Butcher Candy Bakery Drug Hardware Gas Station/Store
 Variety Fuel Oil Dealer Process/Ware/Manuf. Gas Station Other: Solid Waste Transfer Station

Device	Total	VISUAL INSPECTION				TEST				Ordered Repaired	Condemned
		Found Correct	Corrected	Other	Not Sealed	Number Correct	Plus	Minus	Other		
Comp. Scale											
Pre-Pkg. Scale											
Vehicle Scale	1		1			1					
Track Scale											
Prescrip. Scale											
Hop./Bat. Tank Scale											
Platform Scale											
Livestock Scale											
Misc. Scale											
Petroleum Pumps											
Petroleum Meters											
Rack Meters											
Liquid Measures											
Volum. Measures											
Weights											
Linear Measures											
Linear Device											
Timing Device											
Taxi Meters											
Bulk Milk Tanks											
Misc.											

Devices listed below require repair or adjustments:

Manuf.	Model No.	Serial No.

- Notify Director of Weights and Measures IN WRITING when ready for retesting
 "For Customer Use" sign required on or near customer scale.
 Customer scale required within 30 ft. of retail pre-packed display
 Price signs, with tax breakd... must be posted on every pump or dispenser.
 Security seals on all approved meters applied on _____
 Product used for testing as shown on this form was returned to proper storage tank, as instructed by operator.

GALLONS PUMPED			
Nolead		Diesel	
NL-Prem		Kero	
NL-Plus		Fuel Oil	

Remarks

Tested one vehicle scale to 80300 lb and found within acceptance tolerance. Approval/Sealed

It is the user's responsibility to maintain the accuracy of all weighing and measuring devices. Scales must be free of foreign matter, level, on a solid base and must start at zero. All indications displayed must be in agreement. Notify the Director immediately in writing of any new or reconditioned weighing and measuring device which will be used commercially.

Acknowledged By: <i>[Signature]</i>	Inspector: <i>[Signature]</i>
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ATTACH ADDITIONAL SHEETS FOR COMMENTS AND REMARKS



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fax: (610) 266-5776

390 Victory Highway
Painted Post, NY 14870
(607) 962-4667
fax: (607) 962-3601

P.O. BOX 14501
Albany, NY 12212
(518) 459-0033
fax: (518) 482-4820

Printer Test:

CUSTOMER NAME: Tioga County Solid Waste
ADDRESS: 477 Route 96
CITY / STATE / ZIP: Owego, NY 13827
PHONE: N/A

CONTACT: Gary Hammond
SCALE LOCATION: Entrance
TRUCK NUMBER: 157 DATE OF SERVICE: 25 Jan 2012
SERVICE TYPE: Routine Non Routine Emergency

INSPECTION RESULTS

Load Receiver: Make: Thurman Model: 8560 S/N: 3523 Cap.: 120,000^{lb}
Indicator: Make: Thurman Model: IS3000 S/N: 112760020034 Div.: 20^{lb}
Load Cell: Make: _____ Model: _____ Qty: _____ Cap.: _____
Printer: Make: _____ Model: _____ S/N: _____
Other: Make: _____ Model: _____ S/N: _____

CHECKING <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable *	PLATFORM <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable *	PLATFORM CLEARANCE <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable *	SUSPENSION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Worn *
LUBRICATION <input type="checkbox"/> OK <i>N/A</i> <input type="checkbox"/> Needs Lubrication *	PIVOTS & BEARINGS <input type="checkbox"/> Good <i>N/A</i> <input type="checkbox"/> Worn *	PIT CONDITION <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Needs Cleaning *	WEIGH BRIDGE STEEL <input checked="" type="checkbox"/> Paint OK <input type="checkbox"/> Needs Painting *

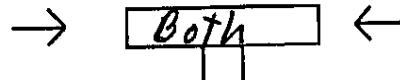
Work Performed: Test and Passed with County W/M

TEST RESULTS

	SEC. 1	SEC. 2	SEC. 3	SEC. 4	SEC. 5	SEC. 6
AS FOUND	<u>26,000</u>	<u>26,000</u>	<u>26,000</u>	<u>26,000</u>	<u>/</u>	<u>/</u>
AS ADJUSTED	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

TEST WEIGHT APPLIED 26,000

INDICATE TRAFFIC FLOW



INCREASING LOAD TEST

APPLIED	AS FOUND INDICATED	ERROR	APPLIED	AS LEFT INDICATED	ERROR
<u>0</u>	<u>0</u>	<u>0</u>	<u>T 30660</u>	<u>30660</u>	<u>0</u>
<u>5,000</u>	<u>5,000</u>	<u>0</u>	<u>T 56,680</u>	<u>56,680</u>	<u>+20</u>
<u>9,000</u>	<u>9,000</u>	<u>0</u>	<u>Sub</u>		
<u>13,000</u>	<u>13,000</u>	<u>0</u>	<u>23,640</u>	<u>23,640</u>	<u>0</u>
<u>17,000</u>	<u>17,000</u>	<u>0</u>	<u>T+5</u>		
<u>21,000</u>	<u>21,000</u>	<u>0</u>	<u>80,300</u>	<u>80,320</u>	<u>+20</u>
<u>26,000</u>	<u>26,000</u>	<u>0</u>			

*Comments (Explain in Detail)

The above device has been tested, altered, rebuilt or repaired to conform to the standard specifications and regulations of the State of NY, Office of Weights & Measures and is within tolerance for commercial use: YES NO

Technician: Matthew K. [Signature] License # N/A Traceability/Wt. # NY 09-18
Cust. Signature: [Signature] Print Name: _____ Next Date Due: Jan 2013

No 123688



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(607) 962-4667

P.O. BOX 14501
Albany, NY 12212
(518) 459-0033

CUSTOMER NAME: Tioga County Solid Waste

DATE: 25 Jan. 2012

ADDRESS: 477 Route 96

PROCESS/DEPT.: Truck Scale

CITY / STATE / ZIP: Oneonta NY 13727

CUST P.O. NUMBER: N/A

TYPE OF SERVICE: Routine Maintenance Installation Repair

Other Reset after Repair

EMPLOYEE NAME(S): Truck DEPARTMENT: Service VEHICLE: ZONE M VEH# RIG# 157 N/A


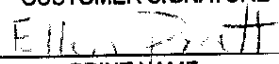
SUMMARY OF WORK PERFORMED: WORK REQUESTED BY:


Pulled hoses in and connected into U Box
Tractor conduit.
Tested and passed with county W+M.
Nothing else needed at this time.

QUAN	PART / MODEL #	DESCRIPTION	QUAN	PART / MODEL #	DESCRIPTION

JOB STATUS:

- COMPLETE
- INCOMPLETE
- PENDING (SEE SUMMARY)

WORK ACCEPTED BY

 CUSTOMER SIGNATURE

 PRINT NAME


 TECHNICIAN SIGNATURE
 TIME IN 9:30 AM/PM OUT 2:15 AM/PM Lunch (Yes/No)
 TIME IN _____ AM/PM OUT _____ AM/PM

CUSTOMER NOTE: THIS IS NOT AN INVOICE. THIS IS YOUR ACKNOWLEDGEMENT THAT THE SERVICES REQUESTED HAVE BEEN PROVIDED. YOU WILL BE INVOICED SEPARATELY FOR ALL APPLICABLE CHARGES.