**STATE OF DELAWARE**
DEPARTMENT OF TRANSPORTATION
**MATERIALS AND RESEARCH**

# INSPECTION AND CALIBRATION OF BATCHING EQUIPMENT

CONTRACT_____ DATE_____ SHEET _____ of _____

PLANT OWNER & LOCATION_____

TYPE & MAKE OF SCALE_____

| SCALE READING AGG. | TOTAL AGG. WT. | TOTAL TEST WTS. | THEO-RETICAL WT. | INDI-CATED WT. TOTAL | ERROR PLUS OR MINUS | SCALE READING AGG. | TOTAL AGG. AT. | TOTAL TEST WTS. | THEO-RETICAL WT. | INDI-CATED WT. | ERROR PLUS OR MINUS |
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MAXIMUM LOAD AGGREGATE REQUIRED_____ LBS. * 0.5% = ± _____ LBS.
MAXIMUM LOAD ASPHALT REQUIRED_____ LBS. * 0.5% = ± _____ LBS.

THIS SCALE _____ CONFORMS TO THE REQUIREMENTS OF OUR STANDARD SPECIFICATIONS AND THEREFORE _____ APPROVED FOR USE.

REMARKS:_____ INSPECTOR_____

_____

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