



CUSTOM PIPE SERVICES INC.

5110 - 47 STREET, LEDUC, ALBERTA T9E 6Y9

PHONE: (780) 986-5066 FAX: (780) 986-8520

No. N 8990

Page: 1 of 1
Date: Nov 21, 2008
Time: _____ am
pm

Non-Destructive Test Report

Customer: Pyramid Job Number: 3180-0000
Location: Nisku, Alberta Reported to: MR. T. MANFIELD
Project: Dry Powder Purchase Order: 614457

NDT METHOD

MAGNETIC PARTICLE	
Equipment: <u>Parker B300</u>	S/N: <u>9109</u>
Calibration Due Date: <u>12/08</u>	
AC: <input checked="" type="checkbox"/>	DC: _____ Yoke: <input checked="" type="checkbox"/> Coil: _____
Continuous: <input checked="" type="checkbox"/>	Dry: <input checked="" type="checkbox"/> Wet: _____
Particles: <u>MAGNAFLUX 2</u>	Color Contrast: _____
Fluorescent: _____	Sensitivity: _____

LIQUID PENETRANT	
Penetrant: _____	D/T: _____
Developer: _____	D/T: _____
Dye: _____	Fluorescent: _____
Water Wash: _____	
Temperature: _____	

LIGHT SOURCE: MH LITE BLACK LIGHT (u/w): _____ WHITE LIGHT (f/c): HOOPE

PROCEDURE: CODE: ASME-SECT VIII ART 7 CP.S.: MT-1 REV 1 ACCEPTANCE CODE: ASME SECT VIII APP

PROCEDURE: CUSTOMER: _____ ACCEPTANCE: CUSTOMER: _____

Before PWHT: ☒ After PWHT: _____ Before Hydro: ☒ After Hydro: _____

MATERIAL: PI CARBON STEEL thickness: 3/4" as welded _____ painted _____ machined _____ as cleaned ☒

DESCRIPTION OF INSPECTION:

DRY POWDER MAGNETIC PARTICLE EXAMINATION
ON FOLLOWING BEVEL PREPS AS PER CLIENT'S REQUEST.

	BEVEL PREP	RESULTS	BEVEL PREP	RESULTS
	N1	ACCEPT	N6	ACCEPT
	N2	ACCEPT	N7	ACCEPT
RESULTS	N3	ACCEPT	N8	ACCEPT
	N4	ACCEPT	N11	ACCEPT
	N5A	ACCEPT	N12	ACCEPT
	N5B	ACCEPT	N13	ACCEPT
			M1	ACCEPT

NO LINEAR OR DEFECT INDICATION NOTED.

CONSUMABLES USED: ABOVE MENTIONED PREPS FOUND ACCEPTABLE TO CODE.

Operator: G. Horn Signature: [Signature] CGSB Level: II #5048 ASNT Level: I
Assistant: T. McCreaney CGSB Level: _____ ASNT Level II _____ Man Crew: 2 Hours Reg.: 1/2 unit
Client Representative: [Signature] Mileage: _____ Hours O.T.: _____



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PHONE: (780) 986-5066 FAX: (780) 986-8520
www.cpsinspection.ca email: cps@insp.ca



No. N9427

Page: 1 of 1
Date: Nov 18/08
Time: 6 ^{am}/_{pm}

Non-Destructive Test Report

Customer: Pyramid Job Number: 3180-0000-001
Location: Nisku, AB Reported to: Terry
Project: MPI Purchase Order: 614426

NDT METHOD

MAGNETIC PARTICLE

Equipment: Parker B300 S/N: 10570
Calibration Due Date: Dec/08
AC: ☒ DC: ☐ Yoke: ☒ Coil: ☐
Continuous: ☒ Dry: ☒ Wet: ☐
Particles: Red Powder Color Contrast: ☐
Fluorescent: ☐ Sensitivity: ☐

LIQUID PENETRANT

Penetrant: ☐ D/T: ☐
Developer: ☐ D/T: ☐
Dye: ☐ Fluorescent: ☐
Water Wash: ☐
Temperature: ☐

LIGHT SOURCE: Y-300 BLACK LIGHT (u/w): ☐ WHITE LIGHT (f/c): 1/00

PROCEDURE: CODE: ASME Sec V Art. 7 C.P.S.: MT-1 Rev. 1 ACCEPTANCE CODE: ASME Sec VII App. 6

PROCEDURE: CUSTOMER: ☐ ACCEPTANCE: CUSTOMER: ☐

Before PWHT: ☒ After PWHT: ☐ Before Hydro: ☒ After Hydro: ☐

MATERIAL: PI thickness: ☐ as welded ☒ painted ☐ machined ☒ as cleaned ☒

DESCRIPTION OF INSPECTION: A dry powder MPI was performed on head and shell gougged spots as per NCR#48.
and Dry powder MPI was checked the same spots again after weld.

RESULTS: No defect indication noted.
Acceptable to code.

CONSUMABLES USED: ☐

Operator: Gary Yue Signature: [Signature] CGSB Level: II 13369 ASNT Level: II
Assistant: Wen Lin CGSB Level: ☐ ASNT Level II ☐ Man Crew: 1 Hours Reg.: 1/2 Min
Client Representative: [Signature] Mileage: ☐ Hours O.T.: ☐



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No. N9286

Page: 1 of 1
Date: Nov 3/08
Time: an pm

Non-Destructive Test Report

Customer: Pyramid Job Number: 3180-0000
Location: Nisku, AB Reported to: Blair
Project: MPI Purchase Order: 614319

NDT METHOD

MAGNETIC PARTICLE

Equipment: Parker B300 S/N: 10570
Calibration Due Date: Dec/08
AC: ☒ DC: ☐ Yoke: ☒ Coil: ☐
Continuous: ☒ Dry: ☒ Wet: ☐
Particles: Red Powder Color Contrast: ☐
Fluorescent: ☐ Sensitivity: ☐

LIQUID PENETRANT

Penetrant: ☐ D/T: ☐
Developer: ☐ D/T: ☐
Dye: ☐ Fluorescent: ☐
Water Wash: ☐
Temperature: ☐

LIGHT SOURCE: Y-300 BLACK LIGHT (u/w): ☐ WHITE LIGHT (f/c): 4100

PROCEDURE: CODE: ASME Sect A Art. 7 C.P.S.: MT-1 Rev. 1 ACCEPTANCE CODE: ASME Sect A App. 6

PROCEDURE: CUSTOMER: ☐ ACCEPTANCE: CUSTOMER: ☐

Before PWHT: ☐ After PWHT: ☐ Before Hydro: ☐ After Hydro: ☐

MATERIAL: PI thickness: ☐ as welded ☐ painted ☐ machined ☒ as cleaned ☒

DESCRIPTION OF INSPECTION: A dry powder MPI was performed on plate bevel edges on 2 shells and 2 Heads.

RESULTS: No defect indication noted.
Acceptable to code.

CONSUMABLES USED: ☐

Operator: Gary Yue Signature: G4 CGSB Level: II 13369 ASNT Level: II
Assistant: Curtis Webster CGSB Level: ☐ ASNT Level II ☐ Man Crew: 1 Hours Reg.: Min
Client Representative: Blair Mileage: ☐ Hours O.T.: ☐



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No. N9484

Page: 1 of 1

Date: Nov. 25, 08

Time: 3:18 ^{am}/_{pm}

Non-Destructive Test Report

Customer: Pyramid Job Number: 08-3840-0000
Location: Nisku Reported to: Blair
Project: Dry Powder MPI Purchase Order: 614498

NDT METHOD

MAGNETIC PARTICLE

Equipment: Parker B300 S/N: CPS 009
Calibration Due Date: Dec. 08
AC: ☒ DC: ☐ Yoke: ☒ Coil: ☐
Continuous: ☒ Dry: ☒ Wet: ☐
Particles: yellow Color Contrast: ☐
Fluorescent: ☐ Sensitivity: ☐

LIQUID PENETRANT

Penetrant: ☐ D/T: ☐
Developer: ☐ D/T: ☐
Dye: ☐ Fluorescent: ☐
Water Wash: ☐
Temperature: ☐

LIGHT SOURCE: 4-300 BLACK LIGHT (u/w): ☐ WHITE LIGHT (f/c): +100

PROCEDURE: CODE: ASME I Art. VII C.P.S.: MT-2V Rev. 1 ACCEPTANCE CODE: ASME VIII App. VI

PROCEDURE: CUSTOMER: ☐ ACCEPTANCE: CUSTOMER: ☐

Before PWHT: ☒ After PWHT: ☐ Before Hydro: ☐ After Hydro: ☐

MATERIAL: P1 thickness: ☐ as welded ☐ painted ☐ machined ☐ as cleaned ☒

DESCRIPTION OF INSPECTION: A dry powder magnetic particle examination was done on bevel prep area for nozzles N9A, N9B, N10A and N10B. Also the splice bevel prep. for repad on M1 (item #43) was MPE.

RESULTS No relevant indications noted and is acceptable to code.

CONSUMABLES USED: ☐

Operator: Z.D. Liu Signature: [Signature] CGSB Level: II 13325 ASNT Level: II

Assistant: S. Robinson CGSB Level: ☐ ASNT Level II ☒ Man Crew: 1 Hours Reg.: 1/2h.

Client Representative: [Signature] Mileage: ☐ Hours O.T.: ☐



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No. H 2134

Page: 1 of 1

Date: Dec 29, 08

Time: am pm

Hardness Test Report

Customer: Pyramidal Job Number: 08-3180-0000
Location: Nisku Reported to: Robert
Project: Hardness Testing Purchase Order: 604713
Test Equipment: Microdur mic - 10
PWHT: Before After ✓ Max. Hardness: 200 HB
Values in: BHN.: ✓ Rockwell B: Rockwell C: Vickers:
Bar Value: 182

Test	Hardness						Test	Hardness								
	Location	Inside	Outside	Parent	HAZ	Weld		HAZ	Parent	Location	Inside	Outside	Parent	HAZ	Weld	HAZ
Circ 1 (1)	✓				167	175	167	Nozzles								
(2)	✓				169	167	172	"Cat C"								
Circ 2 (1)	✓				159	161	163									
(2)	✓				167	177	172	N1		✓			181	168	171	
Circ 3 (1)	✓				161	174	168	N2		✓			160	157	160	
(2)	✓				162	176	165	N3		✓			159	164	157	
								N4		✓			171	186	174	
LS1 (1)	✓				164	173	168	NSA		✓			162	169	167	
(2)	✓				166	170	165	NSB		✓			162	170	166	
LS2 (1)	✓				165	166	170	N6		✓			161	170	171	
(2)	✓				160	169	162	N7		✓			155	170	163	
								N8		✓			168	160	156	
								N9A		✓			176	184	184	
								N9B		✓			175	166	171	
								N10A		✓			176	192	178	
								N10B		✓			173	161	163	
								N11		✓			174	167	169	
								N12		✓			159	164	157	
								N13		✓			171	162	174	
								M1		✓			176	167	168	

Operator: S Aslam Signature: [Signature]
Assistant: S Robinson Man Crew: 2 Hours Reg.: 1
Client Representative: [Signature] No. of Readings: 81 Mileage: Hours O.T.:



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This card is proof of the certification of the individual as specified
Cette carte est la preuve de la certification de l'individu comme indiquée.



Name / Nom: Gordon Amies Thomas
Reg. No. / No. matricule: 6
Issue Date / Date d'émission: 2007/12/14
Expiry Date / Expiration: 2010/12/31
Signature: *[Signature]*



Natural Resources Canada / Ressources naturelles Canada

Qualified to 1) CAN CGSB-48 9712 or ou
2) ISO 29807 Qualifié selon

Method / Méthode	Level / Niveau	Sector / Secteur	Cert. Date / Date cert.	Recert. Date / Date recert.	Expires / Expiration
RT 1	2	EMC	93/07/02		10/12/31

Manager / Certifying Agency
Gestionnaire / Organisme de certification

[Signature]



Natural Resources Canada
Ressources naturelles Canada

This card is proof of the certification of the individual as specified.
Cette carte est la preuve de la certification de l'individu comme indiqué.



Name
Nom Brent A. Thomas
Reg. No.
No. matricule 7833
Issue Date
Date d'émission 2008/01/29
Expiry Date
Expiration 2010/12/31



Natural Resources Canada
Ressources naturelles Canada

Qualified to i) CAN/CGSB-48.9712 or/ou
ii) ISO 20807 Qualifié selon

Method Méthode	Level Niveau	Sector Secteur	Cert. Date Date cert.	Recert. Date Date recert.	Expires Expiration
RT i	2	EMC	04/03/16		10/12/31

For proof of certification, visit website: <http://ndt.nrcan.gc.ca/>
Pour confirmer la certification, visitez le site web: <http://ndt.nrcan.gc.ca/>

Manager, Certifying Agency
Gestionnaire, Organisme de certification


Richard V. Murphy



CUSTOM PIPE SERVICES INC.

8102 - 43 rd STREET
LEDUC, ALBERTA T9E 7E9


PH: (780) 986-5066
FAX: (780) 986-8520

 Natural Resources Canada
Ressources naturelles Canada

This card is proof of the certification of the individual as specified
Cette carte est la preuve de la certification de l'individu comme indiquée



Name /
Nom John Van Leest
Reg No /
No matricule 6567
Issue Date /
Date d'émission 2005/02/24
Expiry Date /
Expiration 2007/12/31
Signature J.

 Natural Resources Canada
Ressources naturelles Canada

Qualified to 1) CAN/CGSB-48 9712 or 2) ISO 20807 Qualifié selon

Method	Level	Sector	Cert. Date	Recert. Date	Expires
Méthode	Niveau	Secteur	Date cert.	Date recert.	Expiration
UT	I	2	EMC	05/02/07	07/12/31
PT	I	2	EMC	97/03/07	07/12/31
MT	I	2	EMC	96/09/13	07/12/31

Manager, Certifying Agency
Gestionnaire, Organisme de certification

Richard J. Murphy



This certifies that John VanLeest
is certified in accordance with A.S.N.T.
SNT-TC-1A

Jan 2, 2006
Approved by Level III Date Issued

<u>METHOD</u>	<u>LEVEL</u>	<u>EXPIRY DATE</u>
<u>UT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>MT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>PT</u>	<u>II</u>	<u>Jan 2, 2009</u>



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NDT PERSONNEL CERTIFICATION TO THE STANDARD CAN/CGSB 48.9712-2000 EYE EXAMINATION REPORT

In accordance with the Standard CAN/CGSB 48.9712-2000 "Non-destructive Testing - Qualification and Certification of Personnel", this Eye Examination Report, consisting of two vision requirements (Near Vision Part A) and (Colour Vision Part B), is to be completed and returned to the NDT Certifying Agency when applying for any of the following:

- Examination in any of the five NDT Methods
- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE'S NAME: <u>JOHN VANLEEST</u>	REGISTRATION NUMBER: <u>6567</u>
I AM SUBMITTING FOR THE FOLLOWING: EXAMINATION <input checked="" type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> RE-CERTIFICATION <input type="checkbox"/>	

Part A Near Vision <i>To be completed by medically recognized personnel</i>	
Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement: Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4 5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected. <u>CHECKED AT 40cm A</u>	
I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: (Please check <u>one</u>) MEETS WITHOUT CORRECTION <input type="checkbox"/> MEETS WITH CORRECTION <input checked="" type="checkbox"/> DOES NOT MEET <input type="checkbox"/>	
<u>DR. PETER LAANSCO</u> Examiner's Name (Please Print/Type)	<u>APV</u> Examiner's Signature
<u>OPTOMETRIST</u> Appointment/Title	<u>Oct. 30 '04</u> Date of Eye Examination

Part B Colour Vision <i>To be completed by any of the following: the employer; medically recognized personnel; or certified level 3 personnel</i>	
I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED	
<u>DR. PETER LAANSCO</u> Examiner's Name (Please Print/Type)	<u>APV</u> Examiner's Signature
<u>OPTOMETRIST</u> Appointment/Title	<u>Oct. 30 '04</u> Date of Eye Examination

NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION

NRCan/MTL/NDT Certifying Agency
Form PR-1 EyeReport.vwpd

SOUTHGATE VISION CARE
701 SOUTHGATE CENTRE
EDMONTON, AB


Revised: September 12, 2002
Page: 1 of 1



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 Natural Resources Canada
Ressources naturelles Canada
This card is proof of the certification of the individual as specified.
Cette carte est la preuve de la certification de l'individu comme indiqué:



Name /
Nom: Curtis E. Ferguson
Reg No
No matricule: 11804
Issue Date
Date d'émission: 2006/06/02
Expiry Date/
Expiration: 2008/12/31

Curtis Ferguson

 Natural Resources Canada
Ressources naturelles Canada
Qualified to 1) CAN/CGSB-48 9712 or/ou
2) ISO 20807 Qualifié selon

Method Méthode	Level Niveau	Sector Secteur	Cert. Date Date cert.	Recert. Date Date recert.	Expires Expiration
UT	I	2	EMC	06/04/25	08/12/31
PT	I	2	EMC	05/06/28	08/12/31
MT	I	2	EMC	04/03/29	08/12/31
XF	II	1		04/11/01	08/12/31

Manager, Certifying Agency
Gestionnaire, Organisme de certification

Richard Murphy



This certifies that Curtis Ferguson
is certified in accordance with A.S.N.T.
SNT-TC-1A

Jan 2, 2006
Approved by Level III Date Issued

<u>METHOD</u>	<u>LEVEL</u>	<u>EXPIRY DATE</u>
<u>UT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>MT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>PT</u>	<u>II</u>	<u>Jan 2, 2009</u>



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In accordance with the Standard CAN/CGSB 48.9712-2000 "Non-destructive Testing - Qualification and Certification of Personnel", this Eye Examination Report, consisting of two vision requirements (Near Vision Part A) and (Colour Vision Part B), is to be completed and returned to the NDT Certifying Agency when applying for any of the following:

- Examination in any of the five NDT Methods
- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE NAME: SCOTT FERGUSON REGISTRATION NUMBER: 11804
I AM APPLYING FOR THE FOLLOWING: EXAMINATION ☐ RENEWAL ☒ RE-CERTIFICATION ☐

Part A Near Vision

To be completed by medically recognized personnel

Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement:

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm, with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: (Please check ☒ one)

MEETS WITHOUT CORRECTION ☐

MEETS WITH CORRECTION ☐

DOES NOT MEET ☐

Examiner's Name (Please Print/Type)

Examiner's Signature

Appointment/Title

Date of Eye Examination

Part B Colour Vision

To be completed by any of the following:

the employer; medically recognized personnel; or certified level 3 personnel

I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED

Examiner's Name (Please Print/Type)

Examiner's Signature

Appointment/Title

Date of Eye Examination

NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION



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PH: (780) 986-5066
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ANNUAL EYE EXAMINATION

1. Date: JANUARY 2, 2006

2. Employee: RICHARD YONER

This is to certify that the above named employee has been examined in accordance to ASNT-SNT-TC-1A 1996, A98 Edition and 2001 Edition, as required by ASME Section V code.

The above named employee has natural or corrected near distance aquity in at least one eye such that the employee is capable of reading a minimum of Jaeger number 2 or equivalent type and size letters at a distance of not less than 12 inches on a standard Jaeger test chart. The ability to perceive an Ortho-Rater minimum of 8 or similar test pattern is also acceptable. The employee has demonstrated the ability to distinguish and differentiate contrast among colors and shades of grey used in the NDE methods as required.

3. The above named employee (a) meets: Yes
(b) does not meet: _____
the above requirements.

4. Examiner: _____ Date: JANUARY 2, 2006

Date Renewed

Year	Examiner	Date:	Meets the above requirements.
2007		January 2, 2007	Yes
2008			






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PH: (780) 986-5066
FAX: (780) 986-8520

ISSUE DATE: January 2, 1991

THIS IS TO CERTIFY THAT RICHARD YONER HAS SUCCESSFULLY COMPLETED THE TRAINING AND EXAMINATION REQUIREMENTS OF CUSTOM PIPE SERVICES INC. IN ACCORDANCE WITH SNT-TC-1A 1984 EDITION AND IS CERTIFIED IN THE FOLLOWING METHODS.

Method/Level	Grade	Certified By		Certification Date	Renewal Date
		Name	Signature		
UT II	83	Tim Auger		01/02/91	01/02/2009
MT II	80	Tim Auger		01/02/91	01/02/2009
PT II	85	Tim Auger		01/02/91	01/02/2009

THIS CERTIFIES THAT THE ABOVE PERSON IN RECERTIFIED IN THE ABOVE METHODS BY:

1. Continuing Satisfactory Performances

2. Re - Examination

Re-certified by method 1 January 2, 1994 per SNT-TC1A 1992

Re-certified by method 1 January 2, 1997 per SNT-TC1A 1992

Re-certified by method 1 January 2, 2000 per SNT-TC1A 1996 Edition and 1998 Addenda

Re-certified by method 1 January 2, 2003 per SNT-TC1A 1996 Edition and 1998 Addenda

Re-certified by method 1 January 2, 2006 per SNT-TC1A 1996 Edition and 1998 Addenda



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- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE'S NAME: <u>RICHARD YONER</u>	REGISTRATION NUMBER: <u>5469</u>
I AM SUBMITTING FOR THE FOLLOWING: EXAMINATION <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> RE-CERTIFICATION <input type="checkbox"/>	

Part A: Near Vision <i>To be completed by medically recognized personnel</i>	
Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement: Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.	
I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: (Please check <input checked="" type="checkbox"/> one)	
MEETS WITHOUT CORRECTION <input type="checkbox"/>	MEETS WITH CORRECTION <input checked="" type="checkbox"/> DOES NOT MEET <input type="checkbox"/>
<u>Jimmy PHAM.</u> Examiner's Name (Please Print/Type)	<u>[Signature]</u> Examiner's Signature
<u>Optometrist</u> Appointment/Title	<u>NOV 27/04</u> Date of Eye Examination

Part B: Colour Vision <i>To be completed by any of the following: the employer; medically recognized personnel; or certified level 3 personnel</i>	
I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED	
<u>Jimmy PHAM.</u> Examiner's Name (Please Print/Type)	<u>[Signature]</u> Examiner's Signature
<u>Optometrist</u> Appointment/Title	<u>NOV 27/04</u> Date of Eye Examination


NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION



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 Natural Resources Canada
Ressources naturelles Canada
This card is proof of the certification of the individual as specified.
Cette carte est la preuve de la certification de l'individu comme indiqué.



Name / Nom: Richard Yoner
Reg. No. / No matricule: 5469
Issue Date / Date d'émission: 2005/01/10
Expiry Date / Expiration: 2007/12/31
Signature

Richard Yoner

 Natural Resources Canada
Ressources naturelles Canada

Qualified to: a) CAN/CGSB-48 9712 or/ou
n) ISO 20807 Qualifié selon

Method / Méthode	Level / Niveau	Sector / Secteur	Cert. Date / Date cert.	Recert. Date / Date recert.	Expires / Expiration
PT	2	EMC	92/03/31		07/12/31
MT	2	EMC	92/04/30		07/12/31

Manager, Certifying Agency
Gestionnaire, Organisme de certification

Richard Murphy



This certifies that Richard Yoner
is certified in accordance with A.S.N.T.
SNT-TC-1A

Jan 2, 2006
Approved by Level III Date Issued


<u>METHOD</u>	<u>LEVEL</u>	<u>EXPIRY DATE</u>
<u>UT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>MT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>PT</u>	<u>II</u>	<u>Jan 2, 2009</u>

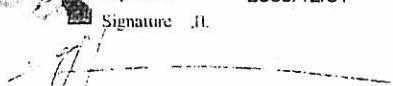


CUSTOM PIPE SERVICES INC.


8102 - 43 rd STREET
LEDUC, ALBERTA T9E 7E9

PH: (780) 986-5066
FAX: (780) 986-8520

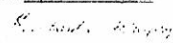
 Natural Resources Canada
Ressources naturelles Canada
This card is proof of the certification of the individual as specified.
Cette carte est la preuve de la certification de l'individu comme indiqué.

Name / Nom: Gerardus Hom
Reg. No. / No. matricule: 5048
Issue Date / Date d'émission: 2007/02/01
Expiry Date / Expiration: 2009/12/31
Signature: 




 Natural Resources Canada
Ressources naturelles Canada
Qualified to 1) CAN/CSG-48 9712 or/ou
2) ISO 20807 Qualifié selon

Method / Méthode	Level / Niveau	Sector / Secteur	Cert. Date / Date cert.	Recert. Date / Date recert.	Expires / Expiration
UT i	3	EMC	06/08/17		09/12/31
PT i	2	EMC	91/05/17		09/12/31
MT i	2	EMC	91/05/17		09/12/31
XF ii	1		04/11/01		09/12/31

For proof of certification, visit website: <http://ind.nrcan.gc.ca/>
Pour confirmer la certification, visitez le site web: <http://ind.nrcan.gc.ca/>
Manager, Certifying Agency / Gestionnaire, Organisme de certification: 



This certifies that Gerardus Hom
is certified in accordance with A.S.N.T.
SNT-TC-1A


Approved by Level III Date Issued

<u>METHOD</u>	<u>LEVEL</u>	<u>EXPIRY DATE</u>
<u>UT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>MT</u>	<u>II</u>	<u>Jan 2, 2009</u>
<u>PT</u>	<u>II</u>	<u>Jan 2, 2009</u>



CUSTOM PIPE SERVICES INC.

8102 - 43 rd STREET
LEDUC, ALBERTA T9E 7E9

PH: (780) 986-5066
FAX: (780) 986-8520



Natural Resources
Canada

Ressources naturelles
Canada

Canada

NRCAN EYE EXAMINATION REPORT - NDT PERSONNEL

Three vision assessments are required: Near Vision, Distance Vision and Colour Vision. This form must be completed and returned to the NDT Certifying Agency when applying for examination in any NDT method, renewal of certification or recertification.

CANDIDATE'S NAME: GERRY HOWE REGISTRATION NUMBER: 5048

Near Vision and Distance Vision - to be completed by medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.)

Near vision acuity: shall permit reading Times Roman N4.5 (Jaeger number 2) or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE CANDIDATE:

(Please check ☒ one)

- ☒ Meets the requirement without correction
☐ Meets the requirement with correction
☐ Does not meet the requirement

Distance vision acuity: shall be equal to or better than Snellen Fraction 20/30 with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE CANDIDATE:

(Please check ☒ one)

- ☒ Meets the requirement without correction
☐ Meets the requirement with correction
☐ Does not meet the requirement

DENNIS F. LARSEN
Examiner's Name (Please Print/Type)

Dennis F. Larsen O.D.
Examiner's Signature

OPTOMETRIST
Appointment/Title

Nov 4, 2006
Date of Eye Examination

Colour Vision - to be completed by medically recognized personnel or the employer or certified level 3 NDT personnel.

NOTE: A candidate who passes an Ishihara test (short or long) is acceptable. As an alternative or in case of a failure of an Ishihara test, the employer or Level 3 NDT personnel may administer a performance test to confirm if the candidate can see flow indications that are typical of the method. Example: In liquid penetrant, confirm that the candidate can see red indications on a white background and fluorescent-green indications on a variety of backgrounds.

I CONFIRM THAT THE CANDIDATE CAN DISTINGUISH CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED AS SPECIFIED BY THE EMPLOYER (OR PASSED AN ISHIIHARA TEST).

DENNIS F. LARSEN
Examiner's Name (Please Print/Type)

Dennis F. Larsen O.D.
Examiner's Signature

OPTOMETRIST
Appointment/Title

Nov 4, 2006
Date of Eye Examination


NOTE: PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST OF AN EYE EXAMINATION



CUSTOM PIPE SERVICES INC.

5110 - 47th STREET
LEDUC, ALBERTA T9E 6Y9

PH: (780) 986-5066
FAX: (780) 986-8520

 Natural Resources Canada / Ressources naturelles Canada


This card certifies the certification of the individual as specified.
Cette carte est en preuve de la certification de l'individu comme indiqué.


Name / Nom: Zhen Wu (Gary) Yue

Rep. No. / No. matricule: 13369

Issue Date / Date d'émission: 2007/12/20

Expiry Date / Expiration: 2010/12/31

Signature: 

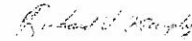
 Natural Resources Canada / Ressources naturelles Canada

Qualified to 1) CAN/CGSB-48.9712 or/ou
2) ISO 30807 Qualifié selon

Method / Méthode	Level / Niveau	Sector / Secteur	Cert. Date / Date cert.	Recert. Date / Date recert.	Expires / Expiration
MT	1	EMC	07/06/05		10/12/31
UT	1	EMC	07/12/14		10/12/31

For proof of certification, visit website: <http://ndp.mcan.gc.ca/>
Pour confirmer la certification, visitez le site web: <http://ndp.mcan.gc.ca/>

Manager, Certifying Agency
Gestionnaire, Organisme de certification





This certifies that Gary Yue
is certified in accordance with A.S.N.T.
SNT-TC-1A
 Oct 18, 2006
Approved by Level III Date Issued

METHOD	LEVEL	EXPIRY DATE
MT	II	Jan 2, 2009
PT	II	Jan 2, 2009



CUSTOM PIPE SERVICES INC.

5110 - 47th STREET
LEDUC, ALBERTA T9E 6Y9

PH: (780) 986-5066
FAX: (780) 986-8520

Natural Resources Canada / Ressources naturelles Canada

Canada

NDT PERSONNEL CERTIFICATION TO THE STANDARD CAN/CGSB 48.9712-2000 EYE EXAMINATION REPORT

In accordance with the Standard CAN/CGSB 48.9712-2000 "Non-destructive Testing - Qualification and Certification of Personnel", this Eye Examination Report, consisting of two vision requirements (Near Vision Part A) and (Colour Vision Part B), is to be completed and returned to the NDT Certifying Agency when applying for any of the following:

- Examination in any of the five NDT Methods
- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE'S NAME: ZHEN WU (GARY) YUE REGISTRATION NUMBER: _____

I AM SUBMITTING FOR THE FOLLOWING: EXAMINATION ☒ RENEWAL ☐ RE-CERTIFICATION ☐

Part A Near Vision

To be completed by medically recognized personnel

Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement:

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: (Please check ☒ one)

MEETS WITHOUT CORRECTION ☒

MEETS WITH CORRECTION ☐

DOES NOT MEET ☐

Michael Tolant
Examiner's Name (Please Print/Type)

Optometrist
Appointment/Title

[Signature]
Examiner's Signature

Mar 3/07
Date of Eye Examination

Part B Colour Vision

To be completed by any of the following:

the employer, medically recognized personnel; or certified level 3 personnel

I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED

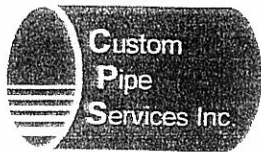
Michael Tolant
Examiner's Name (Please Print/Type)

Optometrist
Appointment/Title

[Signature]
Examiner's Signature

Mar 3/07
Date of Eye Examination

NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION



CUSTOM PIPE SERVICES INC.

5110 - 47 STREET
LEDUC, ALBERTA T9E 6Y9

PH: (780) 986-5066
FAX: (780) 986-8520

Natural Resources Canada
Ressources naturelles Canada
This card is proof of the natural areas of the individual as specified
Cette carte est la preuve de la certification de l'individu comme indiqué

Name: Zhendong Liu
Res. No.: 13325
Issue Date: 2007/05/23
Expiry Date: 2009/12/31
Signature: [Signature]

Natural Resources Canada
Ressources naturelles Canada
Qualified to 1) CAN/CGSB-48.9712 or on
n) ISO 20807 Qualifié selon

Method	Level	Series	Cert. Date	Revert. Date	Expires
Méthode	Niveau	Série	Date cert.	Date revert.	Expiration
UT	1	2	07/05/16		09/12/31

For proof of certification, visit website: <http://nhi.nrcan.gc.ca/>
Pour confirmer la certification, visitez le site web: <http://nhi.nrcan.gc.ca/>
Manager, Certifying Agency
Gestionnaire, Organisme de certification



This certifies that Zhendong (Leo) Liu
is certified in accordance with A.S.N.T.
SNT-TC-1A

Approved by: [Signature] May 16, 2007
Date Issued

METHOD	LEVEL	EXPIRY DATE
MT	II	Jan 2, 2009
PT	II	Jan 2, 2009
UT	II	Jan 2, 2009



CUSTOM PIPE SERVICES INC.

5110 - 47 STREET
LEDUC, ALBERTA T9E 6Y9

PH: (780) 986-5066
FAX: (780) 986-8520

Canada
Natural Resources
Canada

Canada

NDT PERSONNEL CERTIFICATION TO THE STANDARD CAN/CGSB 48.9712-2000 EYE EXAMINATION REPORT

In accordance with the Standard CAN/CGSB 48.9712-2000 "Non-destructive Testing - Qualification and Certification of Personnel", this Eye Examination Report, consisting of two vision requirements (Near Vision Part A) and (Colour Vision Part B), is to be completed and returned to the NDT Certifying Agency when applying for any of the following:

- Examination in any of the five NDT Methods
- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE'S NAME: ZHENDONG LIU

REGISTRATION NUMBER: _____

I AM SUBMITTING FOR THE FOLLOWING: EXAMINATION ☒ RENEWAL ☐ RE-CERTIFICATION ☐

Part A Near Vision

To be completed by medically recognized personnel

Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement:

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: (Please check *1* one)

MEETS *WITHOUT* CORRECTION ☒

MEETS *WITH* CORRECTION ☐

DOES NOT MEET ☐

Michael Toljart
Examiner's Name (Please Print/Type)

Ophthalmist
Appointment/Title

[Signature]
Examiner's Signature
Feb. 14/07
Date of Eye Examination

Part B Colour Vision

*To be completed by any of the following:
the employer; medically recognized personnel; or certified level 3 personnel*

I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED

Michael Toljart
Examiner's Name (Please Print/Type)

Ophthalmist
Appointment/Title

[Signature]
Examiner's Signature
Feb. 14/07
Date of Eye Examination

NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION

HEAT TREATMENT INSTRUCTIONS

Submitted by: **Pyramid Process Fabricators** Job#: 3180-0000

Reference:

Date: Dec

Material: SA-515-70N

COMPONENT DESCRIPTION

PO-614701

Dwg. & Line #	Diameter	Thickness	Material	Length	Weight
3180-0000-001	78" ID	3/4"	SA-516-70N	20' S/S	19800 LBS

TYPE OF HEAT TREATMENT:

INSTRUCTIONS: STRESS RELIEVE

1. Temperature to be raised from 800 °F(426 °C) to 1150° F(621 °C) at a maximum rate of

400 °F (_204_ °C) per hour

NOTE: MUST NOT EXCEED 400 °F(222° C) PER HOUR
(Calculated Rate = 400 °F/hour divided by governing metal thickness.)

2. Temperature to be held at 1150° F(621° C) plus or minus 25° F(14 °C) for _90_ minutes.

3. Temperature to be lowered from 1150° F(621 °C) to 800°F (426 °C) at a rate of

500 °F (_260_ °C) per hour.

NOTE: MUST NOT EXCEED 500° F(278°C) PER HOUR
(Calculated Rate = 500°F/hour. divided by governing metal thickness)


From 800 °F(427 °C) items might be cooled in still air

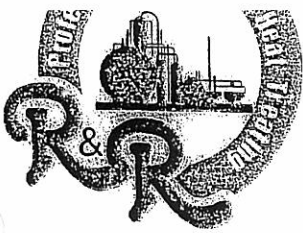
Additional Requirements

1. ☒ Job # & description marked on heat treatment chart with operator signature and date.
2. ☒ Furnace thermocouple calibration verified, report attachment method & location
3. ☒ Sufficient thermocouples are located to control & maintain uniform distribution of Temperature on all vessels and parts. Thermocouples shall be directly attached to the item or provision shall be made for thermocouple placement at bottom, centre and top of the furnace in accordance with ASME Code
4. ☒ No other welding is permitted on vessel or parts.

Operator Signature: 

Furnace Heat #: F49-081570

Reviewed and accepted by QCI: 



K & K Stress Relieving Service Ltd.

Nisku: 2103 - 6 Street • T9E 7X8 Tel: (780) 955-7559 • Fax: (780) 955-2903 • 1-800-499-HEAT (4328)
Blackfalds: #13 Burbank Industrial Park • Tel: (403) 885-2280 • Fax: (403) 885-0177
Calgary: (403) 236-8986

CERTIFICATE OF CONFORMANCE OF RECORDING INSTRUMENTS

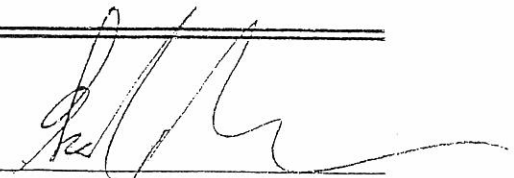
CERTIFIED BY: R & R Stress Relieving Service Ltd.
TEST NUMBER: RR0116
DATE: July 16, 2008
DATE DUE: January 16, 2009
INSTRUMENT MFG: Yokogawa
MODEL NUMBER: DR241-12-33-1W/C7/H1/D2
SERIAL NUMBER: 12AC14979
RECORDER NUMBER: IR-156

This instrument has been calibrated and it is within the manufacturers specifications.

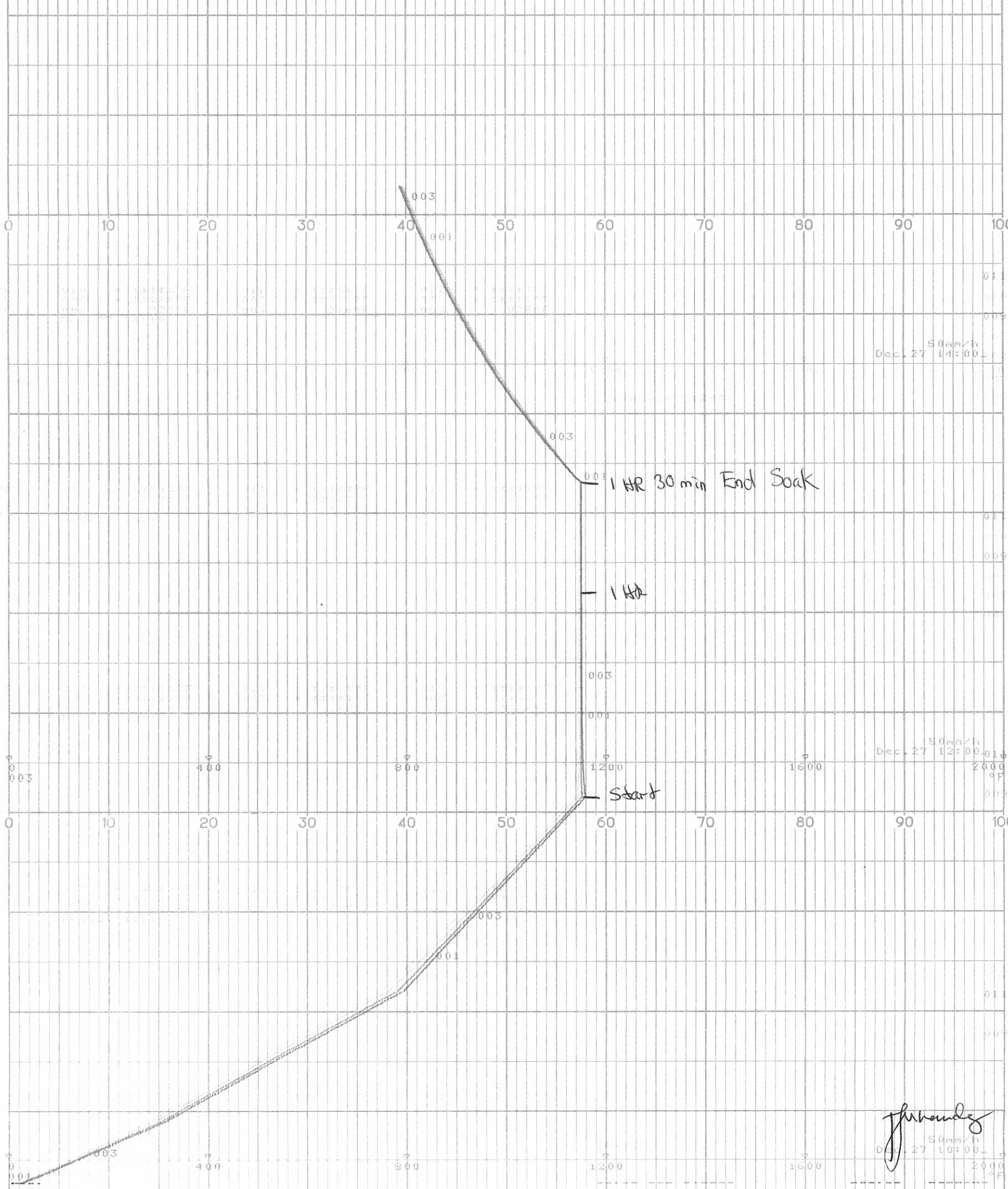
REFERENCE STANDARDS

<u>DIGIMITE 311600 S/N 48430-5522</u>	<u>CERT DATE NOV 21/07</u>
<u>DIG. INDICATOR/CALIR. 028-8427113</u>	<u>CERT DATE DEC 7/07</u>

The calibration of all standards and measuring instruments used in the calibration are traceable to the National Research Council of Canada in Ottawa or to the National Bureau of Standards in Washington, D.C.



Gordon Brown


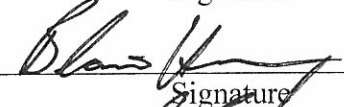
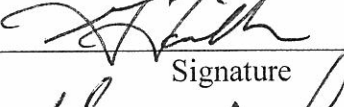
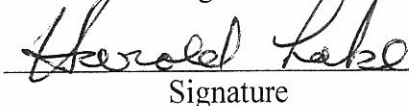




2308 – 8th Street
Nisku, AB.
T9E 7Z2
(780) 955-2708

Exhibit 14.1

PRESURE TEST PROCEDURE/CERTIFICATE

Hydro Test Date: December 31, 2008	Job Number: 3180-0000	
Hydro Test Number:	Customer: Encana	
Spool Number(s):		
PROCEDURE:		
Test Pressure: 358 PSIG	Test Temperature: 60°F (15°C) Min.	
Test Medium: Water	Test Medium Quality Statement:	
<ul style="list-style-type: none">- Pressure to be raised from 0 psig to <u>358</u> psig.- Pressure to be held at <u>358</u> psig for <u>60</u> min.- Pressure to be lowered from <u>358</u> psig to 0 psig.		
NOTE: <ul style="list-style-type: none">1. System to be inspected by QC inspector prior to testing.2. Provide at least one vent at highest point during filling.3. One calibrated pressure gauge must be at the highest point and lowest point of the system, and one must be installed on the test pump.4. The QC inspector is to be notified after 50% of the holding time has expired.5. The pressure is not to be released until the test is accepted by the QC Inspector and Client's Inspector, or unless due to leakage and safety considerations.6. All necessary safety precautions shall be adhered to.		
ACTUAL TEST RESULTS:		
Test Pump Pressure Gauge No.:	High Point Pressure Gauge No.: 028	
Low Point Pressure Gauge No.: 029	Temperature Gauge No:	
Test Medium Used: Water	Actual Medium Temperature 60 °F	
Actual Test Pressure: 360 PSI	Actual Holding Time: 60 Minutes	
Comments: 		
SIGN OFF: This certifies the above statements are correct and the equipment described was free of leaks due to defective welds or equipment		
Hydro Test Performed By:	 Signature	<u>Dec 31/08</u> Date
QC Inspector:	 Signature	<u>Dec 31/08</u> Date
Owner's Representative:	 Signature	<u>08-12-31</u> Date
Authorized Inspector: (if applicable)	 Signature	<u>Dec 31/08</u> Date

JARON WOLFF PROCESS CONTROLS LTD.

CERTIFICATE # 71576

FOR: PYRAMID PROCESS FABRICATORS
BAY #7, 2308 - 8TH STREET, NISKU, ALBERTA, T9E 7Z2

ORDER NO	614615-00	AMBIENT TEMPERATURE	20 C
SERIAL NUMBER	028	DEADWEIGHT	SN# 1180
DIAL SIZE	4.5" WIKA	TEST MEDIUM	OIL
PRESSURE RANGE	0 - 600 PSI	MAXIMUM ERROR	-3 PSI
SUB DIVISIONS	50 PSI	DATE:	DECEMBER 12 -2008
CONNECTION	1/2" NPT	LOCATION TESTED:	9535 - 42 AVE
INSPECTOR	GEORG J.P. WOWK	EDMONTON, ALBERTA,	T6E 5R2

THIS GAUGE IS CERTIFIED TO MEET AND/OR EXCEED THE REQUIREMENTS AS OUTLINED IN API SPECIFICATION 6A, NINETEENTH EDITION, JULY 2004 IN COMPLIANCE WITH SECTION 7, PARAGRAPH 7.1, 7.2, SUBPARAGRAPH 7.2.1, 7.2.2, 7.2.2.1, 7.2.2.2, AND 7.2.2.3.

ALSO SPECIFICATION 16A, THIRD EDITION, JUNE 2004, SECTION 8, PARAGRAPH 8.1, 8.2, SUBPARAGRAPH 8.2.1 AND 8.2.2

<u>TESTED GAUGE</u>		<u>DEADWEIGHT</u>		<u>UPSCALE ERROR</u>	
0		0		0	
150	PSI	152	PSI	-2	PSI
300	PSI	303	PSI	-3	PSI
450	PSI	451	PSI	-1	PSI

Technician: [Signature] Dustin Petersen Q.C. Manager [Signature] Lynn Wowk

Invoice PCL-005104/AB

** ALL TEST EQUIPMENT IS TRACEABLE TO N.I.S.T. STANDARDS
** CUSTOMER STANDARD DOCUMENT #CS-001

JARON WOLFF PROCESS CONTROLS LTD.

CERTIFICATE # 67016

FOR: PYRAMID PROCESS FABRICATORS
BAY #7, 2308 - 8TH STREET, NISKU, ALBERTA, T9E 7Z2

ORDER NO	613190-00	AMBIENT TEMPERATURE	20 C
SERIAL NUMBER	#029	DEADWEIGHT	SN#58936-T
DIAL SIZE	4.5" WIKA	TEST MEDIUM	OIL
PRESSURE RANGE	0 - 600 PSI	MAXIMUM ERROR	-2 PSI
SUB DIVISIONS	50 PSI	DATE:	MAY 21, 2008
CONNECTION	1/2" NPT	LOCATION TESTED:	9535 - 42 AVE
INSPECTOR	GEORG J.P. WOWK	EDMONTON, ALBERTA,	T6E 5R2

THIS GAUGE IS CERTIFIED TO MEET AND/OR EXCEED THE REQUIREMENTS AS OUTLINED IN API SPECIFICATION 6A, NINETEENTH EDITION, JULY 2004 IN COMPLIANCE WITH SECTION 7, PARAGRAPH 7.1, 7.2, SUBPARAGRAPH 7.2.1, 7.2.2, 7.2.2.1, 7.2.2.2, AND 7.2.2.3.

ALSO SPECIFICATION 16A, THIRD EDITION, JUNE 2004, SECTION 8, PARAGRAPH 8.1, 8.2, SUBPARAGRAPH 8.2.1 AND 8.2.2

<u>TESTED GAUGE</u>		<u>DEADWEIGHT</u>		<u>UPSCALE ERROR</u>	
0		0		0	
150	PSI	151	PSI	-1	PSI
300	PSI	302	PSI	-2	PSI
450	PSI	450	PSI	0	PSI

Technician:  Dustin Petersen Q.C. Manager  Lynn Wowk

Invoice PCL-002666/AB

** ALL TEST EQUIPMENT IS TRACEABLE TO N.I.S.T. STANDARDS
** CUSTOMER STANDARD DOCUMENT #CS-001



2308 – 8th Street
Nisku, AB.
T9E 7Z2
(780) 955-2708

Exhibit 14.1

PRESURE TEST PROCEDURE/CERTIFICATE

Hydro Test Date: December 23, 2008	Job Number: 3180
Hydro Test Number:	Customer: Encana
Spool Number(s):	Re-pads on vessel 8 in total.

PROCEDURE:

Test Pressure: 15PSIG	Test Temperature: 50°F (10°C) Min.
Test Medium: Air	Test Medium Quality Statement:
<ul style="list-style-type: none">- Pressure to be raised from 0 psig to <u>15</u> psig.- Pressure to be held at <u>15</u> psig for <u>60</u> min.- Pressure to be lowered from <u>15</u> psig to 0 psig.	

NOTE:

1. System to be inspected by QC inspector prior to testing.
2. Provide at least one vent at highest point during filling.
3. One calibrated pressure gauge must be at the highest point and lowest point of the system, and one must be installed on the test pump.
4. The QC inspector is to be notified after 50% of the holding time has expired.
5. The pressure is not to be released until the test is accepted by the QC Inspector and Client's Inspector, or unless due to leakage and safety considerations.
6. All necessary safety precautions shall be adhered to.

ACTUAL TEST RESULTS:


Test Pump Pressure Gauge No.:	High Point Pressure Gauge No.:
Low Point Pressure Gauge No.: JW081219-1	Temperature Gauge No:
Test Medium Used: Air	Actual Medium Temperature 50 °F
Actual Test Pressure: 15 PSI	Actual Holding Time: 60 Minutes

Comments: Re-pads tested in shop not on skid

SIGN OFF:

This certifies the above statements are correct and the equipment described was free of leaks due to defective welds or equipment

Hydro Test Performed By:

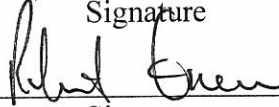


Signature

Dec 23/08

Date

QC Inspector:



Signature

Dec 23/08

Date

Owner's Representative:

Signature

Date

Authorized Inspector:
(if applicable)

Signature

Date

JARON WOLFF PROCESS CONTROLS LTD.

CERTIFICATE # 71701



FOR: PYRAMID PROCESS FABRICATORS
BAY #7, 2308 - 8TH STREET, NISKU, ALBERTA, T9E 7Z2

ORDER NO	614696-00	AMBIENT TEMPERATURE	20 C
SERIAL NUMBER	JW081219-1	DEADWEIGHT	SN# D1214H07
DIAL SIZE	4" MCDANIEL	TEST MEDIUM	AIR
PRESSURE RANGE	0 - 30 PSI	MAXIMUM ERROR	+11 PSI
SUB DIVISIONS	5 PSI	DATE:	DECEMBER 19 -2008
CONNECTION	1/2" NPT	LOCATION TESTED:	9535 - 42 AVE
INSPECTOR	GEORG J.P. WOWK	EDMONTON, ALBERTA,	T6E 5R2

THIS GAUGE IS CERTIFIED TO MEET AND/OR EXCEED THE REQUIREMENTS
AS OUTLINED IN API SPECIFICATION 6A, NINETEENTH EDITION, JULY 2004
IN COMPLIANCE WITH SECTION 7, PARAGRAPH 7.1, 7.2, SUBPARAGRAPH 7.2.1, 7.2.2,
7.2.2.1, 7.2.2.2, AND 7.2.2.3.

ALSO SPECIFICATION 16A, THIRD EDITION, JUNE 2004, SECTION 8, PARAGRAPH 8.1,
8.2, SUBPARAGRAPH 8.2.1 AND 8.2.2

<u>TESTED GAUGE</u>		<u>DEADWEIGHT</u>		<u>UPSCALE ERROR</u>	
0		0		0	
7.5	PSI	7.43	PSI	+07	PSI
15	PSI	14.89	PSI	+11	PSI
22.5	PSI	22.5	PSI	0	PSI

Technician:  Eric Turcotte Q.C. Manager  Lynn Wowk

Invoice PCL-005173/AB

** ALL TEST EQUIPMENT IS TRACEABLE TO N.I.S.T. STANDARDS
** CUSTOMER STANDARD DOCUMENT #CS-001

JOB NUMBER: 3180

NCR #: 56

NCR ISSUED BY: Robert

DATE: Dec 19/08

SERIAL No/DWG.-LINE No: 08-3180-0000-001

IDENTIFICATION:

DESCRIPTION OF NONCONFORMITY: Split repads on nozzle N1 and N2 are not circumferential to the shell

INVESTIGATION AND ROOT CAUSES: RFI was given to fabrication by engineering to split the repads, but no print to show the orientation. Fabrication then proceeded to split and install repads.

SIGN:

DATE:

PROPOSED DISPOSITION OR REPAIRS (check one and describe in space below)

Scrap ☐

Rework ☐

Repair ☐

Return to Supplier ☐

Use as Is ☒

Other ☐

DETAILS OF DISPOSITION OR REPAIR: The weld seam that joins the two halves of the split repad back together will have 100% Radiography to ensure there are no defects unacceptable to The ASME Code. This weld seam will be a full penetration weld capable of the same stresses as long seams.

ENGINEERING MANAGER APPROVAL: David Mansfield

DATE: 1

PROJECT MANAGER APPROVAL: Margo Antonson

DATE: Dec. 23rd, 2008.

CLIENT/OWNER INSPECTOR APPROVAL:

DATE:

AUTHORIZED INSPECTOR ACCEPTANCE: Harold Lake

DATE: Jan 8/09

RT- passed, RT Report will be in the turn over package.

NON COFORMITY RECTIFIED: Robert Owen

DATE: Dec 23/08

QC MANAGER APPROVAL: Zeck Dwyer

DATE: Dec 23/08

CLIENT/OWNER INSPECTOR APPROVAL: Jeff Tharick

DATE: Dec 23, 2008

AUTHORIZED INSPECTOR ACCEPTANCE: Harold Lake

DATE: Jan 8/09

Leon Houlet

Dec. 23/2008

REQUEST FOR INFORMATION

Response required within 48 hours

Request # 000578

Request date: Dec 23

Project # 3180-0000

Project Name: _____

To: DAVE F.

Project Location: _____

☒ INTERNAL ☐ EXTERNAL

Reason for Request:

- ☐ Insufficient Information
- ☐ Engineering Conflict
- ☐ Alternate Proposal

Probable Effect:

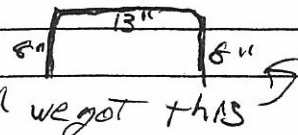
- ☐ Increase Cost
- ☐ Decrease Cost
- ☐ No Cost Change
- ☐ Increase Time
- ☐ Decrease Time
- ☐ No Time Impact

Action Requested:

- ☐ Clarification
- ☐ Direction
- ☐ Approval

Reference: Drawing No. 31800000 Detail No. 002 Spec Section Rev 4 Grab handle spec
Drawing shows grab handle at 2'3" centre to centre,
BOM shows 2'3" Round Bar total length, Item # 32.
now we have ~~12 1/4~~ 12 1/4 centre to centre with 8" length after Bar

Signature of Originator:



By BOM we got this

Recommendation:

Accept grab rung as 12 1/4" C-C and Redline grab rung Detail

signature:

Egan

Response:

☒ Proceed with recommendation

☐ Proceed with the following instructions:

[Signature] proceed

signature:

Billing to be:

☐ Unit Price

☐ Cost Plus

☐ Lump Sum

☐ N/A

formal Change Order is requested before proceeding.

Owner signature: _____ date _____



PYRAMID
PROCESS FABRICATORS

RECEIVED
ENTERED 12-11-08
Ret'd
ENTERED 12-11-08

Form # PPF-000-PM-RFI-010-Rev#00

REQUEST FOR INFORMATION

000556 Response required within 48 hours

Request # _____

Request date: _____

Project # 3180 0000

Project Name: _____

To: David F

Project Location: _____

☒ INTERNAL ☐ EXTERNAL

Reason for Request:

- ☐ Insufficient Information
- ☐ Engineering Conflict
- ☐ Alternate Proposal

Probable Effect:

- ☐ Increase Cost
- ☐ Decrease Cost
- ☐ No Cost Change
- ☐ Increase Time
- ☐ Decrease Time
- ☐ No Time Impact

Action Requested:

- ☒ Clarification
- ☐ Direction
- ☒ Approval

Reference: Drawing No. 3180000001 Detail No. _____ Spec Section _____

This vessel is falling further behind schedule as we are waiting for 14" Repads. Can we install 14" Nozzels complete welding internals & Install repads in 2 pieces

Signature of Originator: Egan

Recommendation:

Split Repads so vessel can progress.

signature: Egan

Response:

☐ Proceed with recommendation

☒ Proceed with the following instructions:

Repads can be split. We just need to make sure we do 100% Radiography of the weld that joins the two sections of the repad together.

Dec. 11/08

signature: David Mansfield

Billing to be:

☐ Unit Price

☐ Cost Plus

☐ Lump Sum

☐ N/A

A formal Change Order is requested before proceeding.

Owner signature: _____ date _____



NONCONFORMITY REPORT

EXHIBIT 10.1

JOB NUMBER: 3180-0000

NCR #: 48

NCR ISSUED BY: Robert

DATE: Nov 17/08

SERIAL No/DWG.-LINE No: D-08-3180-0000-001

IDENTIFICATION: V-5800

DESCRIPTION OF NONCONFORMITY: Gouge marks in adjacent shell of long seam that has been backed gouged for welding.
Shells and head fitted together before long seam welded.

INVESTIGATION AND ROOT CAUSES: When person was back gouging and grinding they did not notice they had gouged into the adjacent shell.
Procedure for welding long seams and circ's was not followed as per Encana spec TR-43-SPC-00-005-01, sect. 3.2.5 and sect. 3.4.5.

SIGN:

DATE:

Nov 18/08

PROPOSED DISPOSITION OR REPAIRS (check one and describe in space below)

Scrap ☐Rework ☐Repair ☐Return to Supplier ☐Use as Is ☐Other ☐

DETAILS OF DISPOSITION OR REPAIR: To have the gouge area MT first, then proceed to weld and fill gouge area. Then have a UT or X-ray done on the area to insure there are no defects.
Send a ~~BPR~~ to client to verify if we can proceed with building of vessel.
NCR

ENGINEERING MANAGER APPROVAL: David Mansfield

DATE: Nov. 18/08

PROJECT MANAGER APPROVAL:

DATE: Nov. 18/08

CLIENT/OWNER INSPECTOR APPROVAL:

DATE: Nov 18/08

AUTHORIZED INSPECTOR ACCEPTANCE:

DATE: Jan 8/09

Leon Boulet Nov. 18/08 (DPH Focus Corp.)

NON COFORMITY RECTIFIED:

DATE:

QC MANAGER APPROVAL:

Zella Graphic Pending

DATE: Nov 19/08

CLIENT/OWNER INSPECTOR APPROVAL:

DATE: Nov 19/08

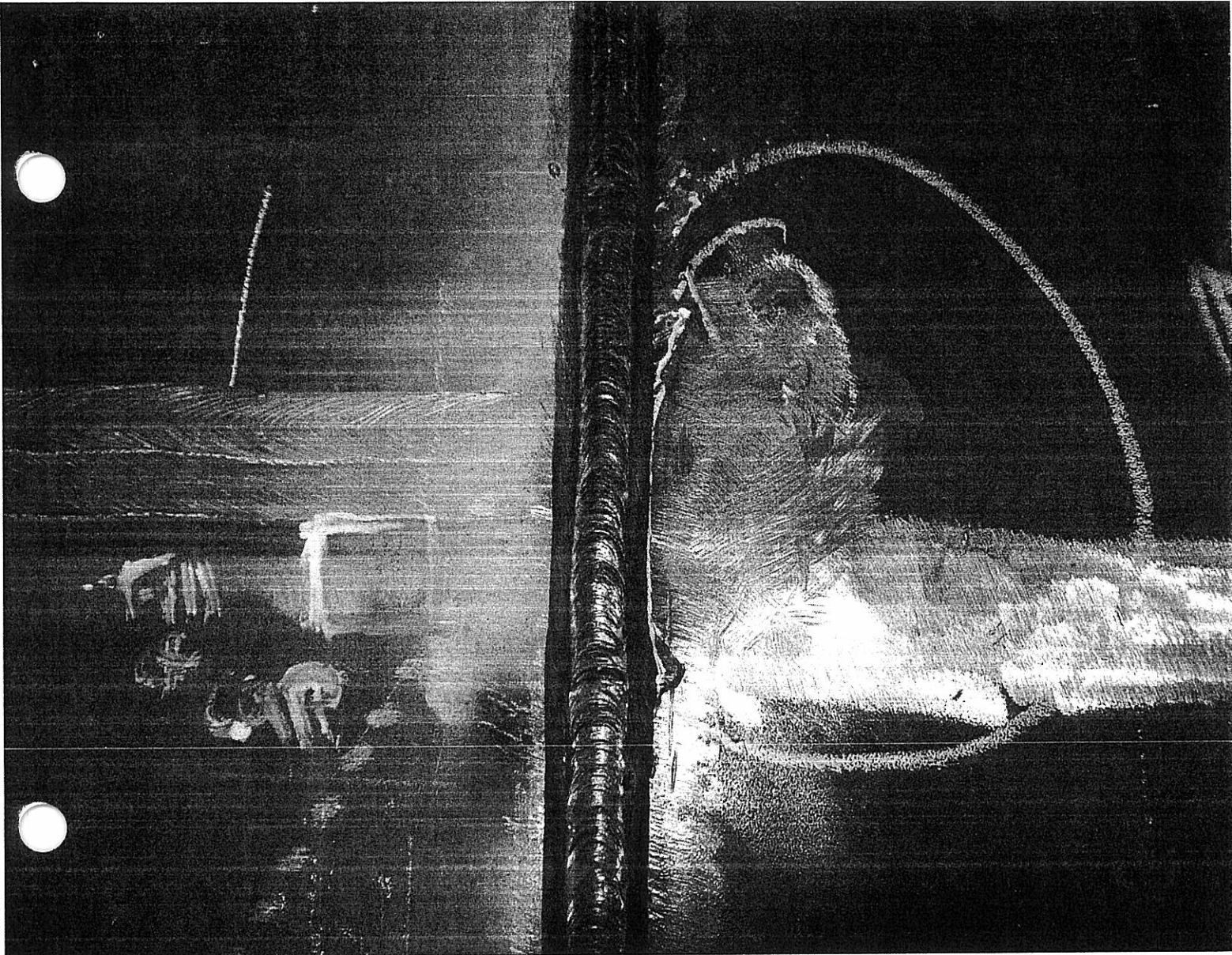
AUTHORIZED INSPECTOR ACCEPTANCE:

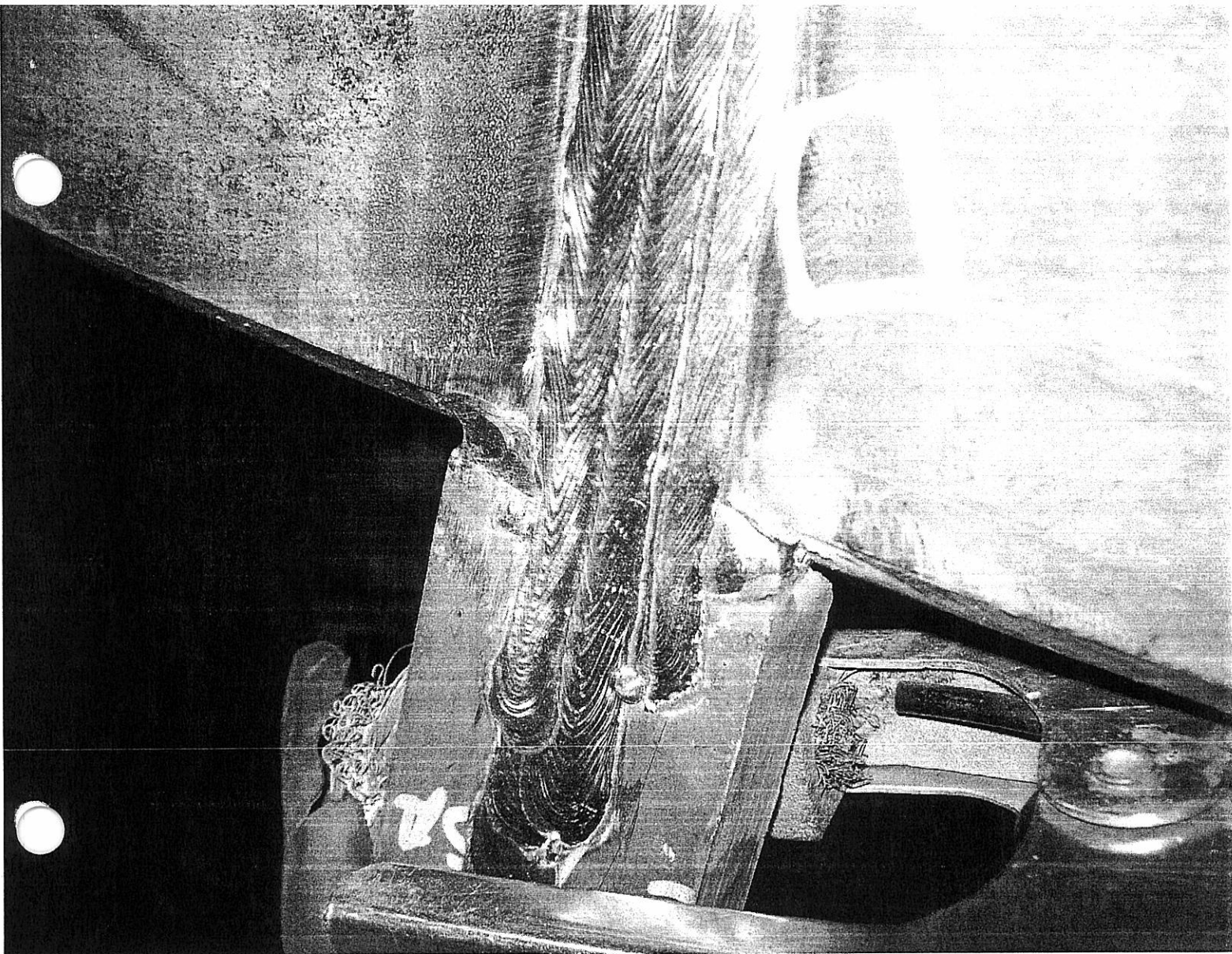
DATE: Jan 8/09

P.O. FCSR-DPH-4010A











W
RT-1
HT

HYDRO. TEST. P PRESSURE 358 PSI

PO. NO. FCSR-DPH-4010A

TAG V-5800

273

140

15

140

-20

273

08-3180-0000

2008

U7552.2

0.125

0.750

0.750

Ⓐ 587074

W
RT-1
HT

1882KPAGXXX

60 C X

103KPAGXXX

60 C X

29 C XX

1882KPAGXXX

08-3180-0000

2008

U7552.2

3.2 MM

20MM

20 MM



PYRAMID PROCESS FABRICATORS PAINT SHOP COATING INSPECTION REPORT

CUSTOMER: Encana PCCL OIL LTD SHOP WO#: 3180
PROJECT: _____ VENDOR: _____
SUBJECT: HORIZONTAL Inlet Separator U-5800 0-08-3180-0000-001

INTERNAL _____ EXTERNAL ☒ SURFACE PREPARATION
DATE: Jan 4 / 09 TIME: _____
CLEANLINESS
NACE 1: _____ NACE 2: SP6 NACE 3: _____ OTHER: _____
AMBIENT CONDITIONS
SUNNY: _____ OVERCAST: _____ RAIN: _____ OTHER: _____
WET BULB: 43.3 DRY BULB: 60.4 RELATIVE HUMIDITY: 19.2 DEW POINT: 18.4
SUBSTRATE TEMP: _____ ABRASIVE / GRADE: _____

SURFACE PROFILE: 3.1

TESTEX TAPE:

No. _____
Reading: 3.1
Gage less 2.0 mils
or 50 µm

PRESS-O-FILM™

TESTEX
NEWARK, DE 19715
USA

X COARSE (1.5 to 4.5 mils) or (40 to 115 µm)

BASE METAL READING: _____

INTERNAL _____ EXTERNAL ☒ COATING APPLICATION
DATE: Jan 5 / 09 TIME: _____
WET BULB: 45.1 DRY BULB: 65.1 RELATIVE HUMIDITY: 14.2 DEW POINT: 15.3
COAT NUMBER: 1 ☒ 2 _____ 3 _____
COLOR: OFF White BATCH NUMBER
COATING TYPE: Bar Rust 236 BASE: Hu8G 17309
CONVERTER: Hu8C 12073
THINNER: 13069119 T-10
DRY FILM THICKNESS: Low: 95 High: 7
CONVENTIONAL SPRAY: _____ BRUSH: _____
OTHER: _____

APPLICATION METHOD

AIRLESS: ☒ HEATED AIRLESS: _____
CONVENTIONAL SPRAY LANCE: _____

INTERNAL _____ EXTERNAL ☒ COATING APPLICATION
DATE: Jan 6 / 09 TIME: _____
WET BULB _____ DRY BULB _____ RELATIVE HUMIDITY: _____ DEW POINT: _____
COAT NUMBER: 1 _____ 2 ☒ 3 _____
COLOR: Warm Grey BATCH NUMBER
COATING TYPE: Devthane 379 BASE: Hu8H 20682
CONVERTER: 8F067
THINNER: 070707 T-17.
DRY FILM THICKNESS: Low: 62 High: 95
CONVENTIONAL SPRAY: _____ BRUSH: ☒
OTHER: _____

APPLICATION METHOD

AIRLESS: ☒ HEATED AIRLESS: _____
CONVENTIONAL SPRAY LANCE: _____

INTERNAL _____ EXTERNAL _____ COATING APPLICATION
DATE: _____ TIME: _____
WET BULB _____ DRY BULB _____ RELATIVE HUMIDITY: _____ DEW POINT: _____
COAT NUMBER: 1 _____ 2 _____ 3 _____
COLOR: _____ BATCH NUMBER
COATING TYPE: _____ BASE: _____
CONVERTER: _____
THINNER: _____
DRY FILM THICKNESS: Low: _____ High: _____
CONVENTIONAL SPRAY: _____ BRUSH: _____
OTHER: _____

APPLICATION METHOD

AIRLESS: _____ HEATED AIRLESS: _____
CONVENTIONAL SPRAY LANCE: _____



PYRAMID PROCESS FABRICATORS PAINT SHOP COATING INSPECTION REPORT

INTERNAL _____ EXTERNAL _____ COATING APPLICATION
DATE: _____ TIME: _____
WET BULB _____ DRY BULB _____ RELATIVE HUMIDITY: _____ DEW POINT: _____
COAT NUMBER: 1 _____ 2 _____ 3 _____ BATCH NUMBER
COLOR: _____ BASE: _____
COATING TYPE: _____ CONVERTER: _____
THINNER: _____
APPLICATION METHOD DRY FILM THICKNESS: Low: _____ High: _____
AIRLESS: _____ HEATED AIRLESS: _____ CONVENTIONAL SPRAY: _____ BRUSH: _____
CONVENTIAL SPRAY LANCE: _____ OTHER: _____

INTERNAL _____ EXTERNAL _____ COATING APPLICATION
DATE: _____ TIME: _____
WET BULB _____ DRY BULB _____ RELATIVE HUMIDITY: _____ DEW POINT: _____
COAT NUMBER: 1 _____ 2 _____ 3 _____ BATCH NUMBER
COLOR: _____ BASE: _____
COATING TYPE: _____ CONVERTER: _____
THINNER: _____
APPLICATION METHOD DRY FILM THICKNESS: Low: _____ High: _____
AIRLESS: _____ HEATED AIRLESS: _____ CONVENTIONAL SPRAY: _____ BRUSH: _____
CONVENTIAL SPRAY LANCE: _____ OTHER: _____

HOLIDAY TEST
DATE: _____ TIME: _____
TYPE OF TESTER
67.5 VOLT WET SPONGE: _____ HIGH VOLTAGE SPARK: _____
CALIBRATED: _____ CALIBRATED VOLTAGE _____
SURFACTANT: _____ ELECTRODE: CONDUCTIVE RUBBER _____
AREA TESTED: _____ BRASS BRUSH _____
NUMBER OF HOLIDAYS DETECTED: _____ SPRING _____
LOCATION & CAUSE OF HOLIDAY: _____
REPAIR MATERIAL: _____ BASE: _____
HOLIDAY REPAIRS TESTED CONVERTER: _____
DATE: _____ DATE HOLIDAY FREE: _____

COATING CURE
INTERNAL: _____ EXTERNAL: _____ REPAIRS: _____
DATE: _____ TIME: _____
CURE METHOD
TIME & TEMPERATURE: _____ FORCE CURE: _____ AMBIENT CURE: _____ OTHER: _____
CURE TEST
SOLVENT SENSITIVITY: _____ SOLVENT: _____ RESULT: _____
SANDPAPER: _____ GRADE OF PAPER: _____ RESULT: _____
HARDNESS TEST: _____ TESTER: _____ RESULT: _____
OTHER: _____

Jim Kemp - Blast Bay / Paint Shop Foreman

Pyramid Process Fabricators

13	1/2"[13]Ø FLAT WASHERS	(MISTEX,VORTEX BREAKER,INLET DIVERTOR)	316 SS
2	PL.: 1/4"[6] THK. x 2"[51] WD. x 3"[76] LG. (SEE DETAIL)	(VORTEX BREAKER)	SA-516-70N
8	5/8"Ø x 3 1/2" LG. STUD	(N6)	SA-193-B7M
	5/8"Ø HEX HEAD NUTS	(N6)	SA-194-2HM
	4" CL150 FLEXITALLIC GASKET, "CG" x 1/8" THK.	(N6)	316 SS
1	4" CL150 RF BLIND FLG.	(N6)	SA-105N
2	PL.: 3"[76] WD. x 1/4"[6] THK. x 3"[76] LG. (FORM TO ID HEAD)(GRAB RUNG POISON PAD)		SA-516-70N
2	PL.: 3/4"[19] THK. x 14 1/8"[359] I.D. x 19"[483] O.D. (FORMED TO 79 1/2" I.D.)	(N1,N2 REPAD)	SA-516-70N

3

ADSA

SAFETY CODES ACT - PROVINCE OF ALBERTA

REG. No. **U 7 5 5 2 . 2**

DWG. No. **D-08-3180-0000-001** REV. 3

	MAWP kPa	Design Temp. °C
INTERNAL	1882	60/-29
EXTERNAL	103	60/-29

ACCEPTED

JAN 05 2009 Date

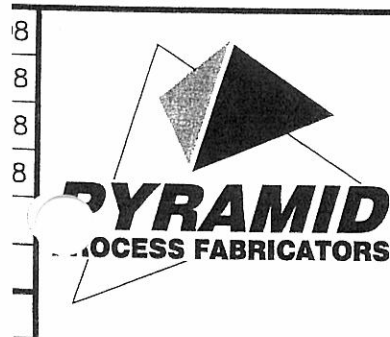
Signed *[Signature]*
LIJUNCO PETRUSEVSKI
DESIGN SURVEYOR

DESIGN DATA

2

DESIGN DATA			
CONSTRUCTION:		ASME SECTION VIII DIV 1 2007 EDITION	
INTERNAL DESIGN PRESSURE:		273 PSIG @ 140°F [1882 kPag @ 60°C] (MAX)	
EXTERNAL DESIGN PRESSURE:		15 PSIG @ 140°F [103 kPag @ 60°C] (MAX)	
HYDROTEST PRESSURE:		358 PSIG @ 60°F [2468 kPag @ 16°C] (ONE HOUR MIN.)	
MINIMUM DESIGN METAL TEMP.:		-20°F @ 273 PSIG [-29°C @ 1882 kPag]	
CORROSION ALLOWANCE: 1/8"[3.2]		RADIOGRAPHY: FULL PER UW-11(a)	
P.W.H.T.: 90 MIN. @ 1150°F ±25°F[621°C ±4°C]		VOLUME: 751 ft3 [21.3 m3]	
WEIGHT (EMPTY): 19800 lbs [8981 kg]		WEIGHT (TEST): 66685 lbs [30248 kg]	
C.R.N.: PENDING	SERIAL NO.: 08-3180-0000	SERVICE:	SOUR

1



PYRAMID PROCESS FABRICATORS

NISKU . ALBERTA . CANADA / www.pyramidfabricators.com

DRAWING TITLE:

**78"[1981]I.D. x 20'-0"[6096]LG. S/S x 273 PSIG[1882 kPag]
HORIZONTAL INLET SEPARATOR (V-5800)**

JOB NO.: 3180-0000		CLIENT: ENCANA PCCL OIL LTD. c/o DPH FOCUS	
PO. NO.: FCSR-DPH-4010A		SITE: FOSTER CREEK	LSD: -
UNITS REQ'D: (1)-ONE	SCALE: 1/2"=1'-0"	DWG. NO.: D-08-3180-0000-001	REV. NO.: 3

FORM U-1A MANUFACTURER'S DATA REPORT FOR PRESSURE VESSELS
(Alternative Form for Single Chamber, Completely Shop or Field Fabricated Vessels Only)

A587074

As Required by the Provisions of the ASME Boiler and Pressure Vessel Code Rules, Section VIII, Division 1

1. Manufactured and certified by: Pyramid Process Fabricators; 2308 - 8th Street, Nisku, Alberta T9E 7Z2 Canada
(Name and address of manufacturer)
Manufactured for: EnCana FCCL Oil Ltd.; 421 - 7th Avenue S.W., PO Box 2850, Calgary, Alberta T2P 2S5 Canada
(Name and address of purchaser)
3. Location of installation Foster Creek
(Name and address)
4. Type: Horizontal 08-3180-0000 U7552.2 D-08-3180-0000- 2008
(Horizontal or vertical tank) (Manufacturer's serial Number) (CRN) (Drawing number) (National Board number) (Year built)
001 Rev. 3

5. The chemical and physical properties of all parts meet the requirements of material specifications of the ASME BOILER AND PRESSURE VESSEL CODE The design, construction, and workmanship conform to ASME Rules, Section VIII, Division 1 2007
Year
to -----

6. Shell SA-516-70N 0.75" 0.125" 78" 20' S/S
(Material spec. number, grade) (Nominal thickness) (Corr. allow) (Inner diameter) (Length overall)
7. Seams: Type 1 Full 100% 1150 F 1.5 Type 1 Full 100% 2
(Long (welded, dbl. singl., lap, butt)) (R.T. (spot or full)) (Eff.) (H.T. temp.) (Time, hr) (Girth (welded, dbl. singl., lap, butt)) (R.T. (spot or full)) (Eff. %) (No. of courses)
8. Heads: (a) Material SA-516-70N (b) Material SA-516-70N
(Spec. number, grade) (Spec. number, grade)

	Location (Top, Bottom, Ends)	Minimum Thickness	Corrosion Allowance	Crown Radius	Knuckle Radius	Elliptical Ratio	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (Convex or Concave)
(a)	End	0.6875"	0.125"	N/A	N/A	2:1	N/A	N/A	N/A	Concave
(b)	End	0.6875"	0.125"	N/A	N/A	2:1	N/A	N/A	N/A	Concave

If removable, bolts used (describe other fastenings) _____

9. MAWP 273 PSI 15 PSI at max temp. 140 F 140 F
(Internal) (External) (Internal) (External)
Min. design metal temp. -20 F at 273PSI Hydro. pneu., or comb. test press. 358 PSI

10. Nozzles, inspection, and safety valve openings:

Purpose (Inlet, Outlet, Drain)	Number	Diameter or Size	Type	Material	Nominal Thickness	Reinforcement Material	How Attached	Location
N1 & N2	2	14" NPS	150 WN	SA-106 Gr. B	0.750"	SA-516-70N	UW-16.1(e)	Shell
N7	1	6" NPS	150 WN	SA-106 Gr. B	0.864"	N/A	UW-16.1(e)	Shell
N3, N6 & N8	3	4" NPS	150 WN	SA-106 Gr. B	0.674"	N/A	UW-16.1(e)	Shell
N4	1	3" NPS	150 WN	SA-106 Gr. B	0.600"	N/A	UW-16.1(e)	Shell
N5A/B, N12	3	2" NPS	150 WN	SA-106 Gr. B	0.343"	N/A	UW-16.1(e)	Shell
N9A/B, N10A/B, N11, N13	6	2" NPS	150 WN	SA-106 Gr. B	0.343"	N/A	UW-16.1(e)	Shell
M1	1	24" NPS	150 WN	SA-106 Gr. B	0.500"	SA-516-70N	UW-16.1(e)	Head

11. Supports: Skirt No Lugs N/A Legs N/A Others Saddles Attached Shell/Weld
(Yes or No) (No.) (No.) (Describe) (Where and How)

12. Remarks: Manufacturer's Partial Data Reports properly identified and signed by Commissioned Inspectors have been furnished for the following items of the report: _____

(Name of part, item number, Manufacturer's name and identifying stamp)
Vessel Fabricated To Dwg # D-08-3245-0003-001 Rev.4. Vessel Volume = 751 cu.ft. (21.266 cu.m.). PSV To Be Installed On Nozzle N8.
Vessel Impact Test Emptied per UG 20(f), UCS-66(b)(1)(b), UCS-66 Curve D & Fig. UCS-66 Note (c).

CERTIFICATE OF SHOP/FIELD COMPLIANCE

We certify that the statements made in this report are correct and that all details of design, material, construction and workmanship of this vessel conform to the ASME Boiler and pressure Vessel Code, Section VIII, Division 1. "U" Certificate of Authorization Number 37,481
expires May 8, 2011

Date Jan 8/09 Co. Name Pyramid Process Fabricators Signed Rhonda Green
(Manufacturer) (Representative)

CERTIFICATE OF SHOP/FIELD INSPECTION

Vessel constructed by Pyramid Process Fabricators at 2308 - 8th Street, Nisku, Alberta T9E 7Z2 Canada
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of Alberta and employed by ABSA
have inspected the component described in this Manufacturer's Data Report on Jan 8, 2009, and state that, to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel in accordance with ASME Boiler and Pressure Vessel Code, Section VIII, Division 1. By signing this certificate neither the Inspector nor his/her employer makes any warranty, expressed or implied, concerning the pressure vessel this described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his/her employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date Jan 8, 2009 Signed Harold Leake Commissions AB#87
(Authorized Inspector) [National Board (incl endorsements) State, Prov. and number]



the pressure equipment safety authority

9410 - 20 Ave N.W.
Edmonton, Alberta, Canada T6N 0A4
Tel: (780) 437-9100 / Fax: (780) 437-7787

January 05, 2009

Attention: David Mansfield
PYRAMID PROCESS FABRICATORS
2308 - 8 STREET
NISKU, AB T9E 7Z2

<TOFAXNUM:780-955-8874>
<TONAME:David Mansfield>
<NOCOVER>

Re: Design registration

The design submission, tracking number 2008-07998, originally received on October 31, 2008 was surveyed and accepted for registration as follows:

CRN : U7552.2

Accepted on: January 05, 2009

Reg Type: New Design

Drawing No. : D-08-3180-0000-001 Rev 3

Description	MAWP	Design Temperature	MDMT
Internal Pressure	1882 kPa	60 ⁰ C	-29 ⁰ C
External Pressure	103 kPa	60 ⁰ C	-29 ⁰ C

An acceptance letter and a copy of the stamped drawing will be sent to you.

An invoice covering survey and registration fees will be forwarded from our Revenue Accounts.

If you have any question don't hesitate to contact me by phone at (780) 433-0281 ext 3331 or fax (780) 437-7787 or e-mail petrusevski@absa.ca.

Sincerely,

PETRUSEVSKI, LJUPCO (LOU)
Design Surveyor

Faith QA/QC Services Limited

INSPECTION RELEASE

Page 1 of 1

Vendor: Pyramid Process Fabricators **P.O.No.:** FCSR-DPH-4010 A
Owner: EnCana FCCL Oil. Ltd.
Project Name: Foster Creek **Project No.:** _____
Equipment: Inlet Separator **Tag No.:** V-5800

☐ **COMPLETE SHIPMENT** ☒ **PARTIAL SHIPMENT** ☐ **LAST PARTIAL**
See Comments Regarding Partial Shipments

- ☒ **Accepted without outstanding issues**
☐ **Conditional Acceptance with concurrence of the Project Engineer (See Comments)**
☐ **Rejected (See Comments)**

ITEM NO.	DESCRIPTION
01	Vendor to ensure that Mock Binder ships with Vessel.
02	Vendor to ship vessel per customer requirements.

COMMENTS

This Inspection Release does not relieve the Supplier of his obligations to provide the Equipment/Materials in accordance with the requirements of the Purchase Order and all attachments reference therein.
This release is not an authorization to ship the Equipment/Materials. Authorization to ship the Equipment/Materials must be secured through Project Expediting/Logistics.

Vendor Rep. Signature  **Date** 09/01/19

Inspector's Signature  **Date** 09-01-19

24 Edgebrook Point N.W., Calgary, Alberta, Canada. T3A 5J5
Phone: (403) 863-1366 Fax: (403) 208-2809 E-mail: faithamc@telusplanet.net