

Karen Hawryluk

From: Karen Hawryluk
Sent: Thursday, 29 October, 2015 11:56 AM
To: Fonagy, Kari TSASK
Subject: EFT Payment \$190 - Oct.28/15
Attachments: 2015-10-29 - Cover Letter - PTI-LTO - EFT-signed.pdf; TSK0002 - serial number 94210-AA - 2015-10-19.pdf; TSK0001 - serial number 94210-AA - 2015-10-19.pdf

Hi Kari,
As per our conversation...



Husky Energy

4335 – 44 St
Lloydminster, Saskatchewan
S9V 0Z8

October 29, 2015

Hi Kari,
As per our conversation today, here is are the applications only for equipment highlighted below. Please do not release these applications until the remainder of applications have been received. Thank you, Karen

Licensing and Inspections
Technical Safety Authority of Saskatchewan
Suite A – 2210 2nd Avenue
Regina, SK S4R 8T3

ATTENTION: BOILER PERMITS

RE: Husky Tangleflags Area
TSK-0001 & TSK-0002 Applications

Please process the following applications as per EFT payment for \$760.00, posted on Oct. 28th, 2015.

Application Type(s)	LSD	Serial Number(s)	EFT Payment	Available for Inspection
TSK-0001 Installation Permit TSK-0002 Licence to Operate	Tangleflags South 03-31-050-25W3	94210-AA (Dehydrator)	\$190.00	Nov. 03/15
TSK-0001 Installation Permit TSK-0002 Licence to Operate	Tangleflags Central 05-22-051-25W3	RD-6010 (Filter) RD-5867 (Filter)	\$380.00	Oct. 27/15
TSK-0001 Installation Permit TSK-0002 Licence to Operate	Tangleflags North 11-17-051-26W3	RD-6919 (Filter)	\$190.00	Oct. 27/15
EFT Payment Total			\$760.00	

Thank you,



Husky Energy

4335 – 44 St
Lloydminster, Saskatchewan
S9V 0Z8

October 29, 2015

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Technical Safety Authority of Saskatchewan
Suite A – 2210 2nd Avenue
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EFT Payment Total			\$760.00	

If you have any questions or concerns, please contact Karen Hawryluk 306-825-1143 or Ray Trachuk 306-825-1234.

Sincerely,

 **Husky Energy**



Karen Hawryluk
Technical Services
Safety, Engineering & Procurement
Karen.Hawryluk@huskyenergy.com

Attachment



Installation or Repair/Alteration Permit

TSK-0001

I. Application Information

☒ Installation ☐ Repair ☐ Alteration ☐ Replacing equipment, if yes, old Serial #: _____

If a repair or alteration, please fill out the Repair/Alteration form and submit with this form and disregard Section V. of this application.

Along with this Application, please include payment for either:

☒ Standard Base Application Fee = **\$82.00**

****A fee of \$146.00/hour plus GST will be invoiced in addition to the base fee for the cost of the inspection. Acceptance inspections will also be invoiced at this rate.**

☐ Expedited Permit Application Fee = **\$164.00** (an Inspector will be onsite within 4 business days)

A fee of \$219.00/hour plus GST will be invoiced in addition to the expedited fee for the cost of the inspection

Any installation, repair or alteration of a boiler or pressure vessel must be performed under an installation permit by a licensed contractor. The permit fee must be submitted with each permit as required for **each boiler or pressure vessel/refrigeration being installed, repaired or altered.**
We require the fully completed Installation Permit accompanied by the appropriate fee in order to process the permit.

Exemptions:

The following items are exempt under the Legislation:
(Further exemptions may also apply as described in the legislation.)

Heating boilers of 3 square metres heating surface or less;
Power boilers of 2 square metres heating surface or less;
Pressure vessels of 152 mm inside diameter or less; or
Pressure vessels of 0.0425 cubic metres of internal volume or less.

Refrigeration Plants and Refrigeration Vessels:

Refrigeration plants require one permit per vessel. All vessels included in the plant must have their data reports attached to the application.

II. Location of Equipment

Building or Oilfield Name: TANGLEFLAGS SOUTH Land Location: 111/03-31-050-25W3

Address : _____
Street Address Town/City Province

GPS Location (If available): _____

III. Owner Information

Company Name: HUSKY ENERGY Contact Person: LUKE NEWPORT

Mailing Address: 4335-44TH ST LLOYDMINSTER SK S9V 0Z8
Street Address Town/City Province Postal Code

Telephone: (306) 820-4346 Fax: ()

Email: luke.newport@huskyenergy.com

Oil Battery Operator's Contact Phone Number: (780) 205-2080 Archie Day

IV. Installer/Contractor Information:

Company Name: Husky Oil Operations Limited Contact Person: _____

Address: 707-8th Ave SW Calgary AB T2P 3G7
Street Town/City Province Postal Code

Contractor's Licence No: 3854 QCP or QMS License No: _____
(for installations, repairs or alterations) (for repairs or alterations only)

Date work to commence: _____ Date item available for inspection: 2015-11-03
yyyy/mm/dd yyyy/mm/dd

Email: _____

Telephone: () Fax: ()

V. Description of Item (Installation only)☐ **Boiler:****Manufacturer** _____**Model** _____**Type** ☐ Cast Iron ☐ Coil ☐ Fin Tubed ☐ Firetube ☐ Water Tube ☐ Steam Traction ☐ Electric ☐ Other**Serial Number** _____**Heating Surface** _____

(square m - bare tube for coil or fin tube)

CRN or National Board Number _____**Date of Manufacture** _____**Data Report Attached**☐ Yes ☐ No

(yyyy/mm/dd)

If No, please explain: _____**Service:**☐ Hot Water ☐ Steam
☐ Thermal
☐ Low pressure ☐ High Pressure**Maximum Allowable Working Pressure** _____

(kPa)

☒ **Pressure Vessel: (For Refrigeration Plants, please attach a list of vessels being installed)****Manufacturer** _____

PROPAK SYSTEMS LTD.

Serial Number _____

94210-AA

Type☐ Hot Water Tank ☐ Air Receiver ☐ Oilfield Treater ☐ Gas & Oil Separator
☐ Heat Exchanger ☐ Sterilizer ☐ Cooker ☐ Propane Dispensing Tank
☐ Box/Plate Heat Exchanger ☐ Fired Process HTR ☐ NH3 Tank ☐ NH3 Dispensing Tank
☐ Expansion Tank ☐ Scrubber ☐ Hydro-pneumatic Tank ☐ Propane Vehicle Fuel Tank
☐ Deaerator ☐ Blowdown Vessel ☐ Flash Tank ☐ Propane Tank
☐ Refrigeration Plant ☐ Refrigeration Vessel ☒ Other (Dehydrator) ☐ Free Water KO**Dimensions: Overall Length** 8.08 (metres)**Outside Diameter:** .29 (metres)**Refrig Plants & Refrig Vessels: # of Vessels(New Plant)** _____**Refrig Type** _____**Refrig Tonnage** _____ (Tonnes)**CRN or National Board Number** _____

M-5722.23

Date of Manufacture _____

1995 (yyyy/mm/dd)

Data Report Attached☒ Yes ☐ No**If No, please explain** _____**Service** _____

(ie. Air, Water, Propane, etc.)

Maximum Allowable Working Pressure _____9032
(kPa)**VI. Authorizing Signature**

I hereby state that, to the best of my knowledge, the information contained within this document is complete and correct.

Luke Newport

Please print Name here

26/10/2015

Date

Signature

Inspector

Position with Organization

2015.10.26 11:14:28 -06'00'

VII. Fee**Attached Fee** _____**Method of Payment** _____**VIII. Acceptance Inspection**

Please select where invoice for inspection is to be sent :

Owner of Equipment ☒Installer/Contractor ☐**IX. For Inspector's Use Only**☐ **Inspections Services** Hours Charged: _____

Date of Inspection: _____

☐ Shop ☐ Return ☐ Installation ☐ Periodic ☐ Site Fabrication☐ **Expedited Service:** **Total Hours:** _____ ☐ **Meals x** _____ (**# of meals**) ☐ **Mileage :** _____ **kms****Inspector's Approval:** _____**Manager's Approval:** _____**For Administrative Use Only:****Permit #** _____**Date Processed:** _____**Signature** _____

X. Application Requirements For NEW EQUIPMENT ONLY (Checklist)

- ☐ CRN is registered in Saskatchewan
- ☐ TSK-0001 Installation Permit Application form
- ☐ TSK-0002 Licence to Operate form
- ☐ TSK-0003 Payment Authorization Form (if paying by VISA, MASTERCARD)
- ☐ Copy of Manufacturer's data report

XI. Application Requirements For REPAIR / ALTERATION ONLY (Checklist)

- ☐ Ensure vessel is already registered with TSASK (Installation Permit and Data Report has been submitted and vessel has passed the Acceptance Inspection)
- ☐ TSK-0001 Repair/Alteration Permit
- ☐ TSK-1009 Repair/Alteration Report
- ☐ TSK-0003 Payment Authorization Form (if paying by VISA, MASTERCARD)
- ☐ Copy of Manufacturer's data report

*** Please note, there are some instances where equipment does not need to be registered with TSASK prior to a repair/alteration being performed. If you have any questions regarding the procedure please contact our office at 306-798-7112

Note: Once all of the above requirements have been completed you may submit your request to us three (3) different ways. They are as follows:

- ☐ Email your request to boilerpermits@tsask.ca
- ☐ Fax your request to us at 306-787-9273 (Toll Free within Saskatchewan 1-866-760-9255)
- ☐ Mail your request to the following address:

The Technical Safety Authority of Saskatchewan (TSASK)
2202-2nd Avenue
Regina, SK S4R 1K3

If you have any questions or concerns regarding your registration submission please feel free to contact us directly at 306-798-7112 or 1-866-530-8599. You can also email your inquiries to us at the above mentioned address (boilerpermits@tsask.ca).

FORM U-1A MANUF. URER'S DATA REPORT FOR PRESSURE VESSELS
(Alternative Form for Single Chamber, Completely Shop-Fabricated Vessels Only)
As Required by the Provisions of the ASME Code Rules, Section VIII, Division 1

① 3102871

Manufactured and certified by PROPAK SYSTEMS LTD., 505 EAST LAKE BLVD., AIRDRIE, ALBERTA, T4B 2C3, CANADA
(Name and address of manufacturer)

Manufactured for PROPAK SYSTEMS LTD., 505 EAST LAKE BLVD., AIRDRIE, ALBERTA, T4B 2C3, CANADA
(Name and address of purchaser)

Location of installation STOCK UNIT

Type VERTICAL 94210-AA M-5722.23 D-CTR-94023-101 REV.1 N/A 1995
(Horiz. or vert., tank) (Mfr's serial No.) (CRN) (Drawing No.) (Nat'l. Bd. No.) (Year built)

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 1992
Year

to 1993 N/A N/A
Addenda (Date) Code Case Nos. Special Service per UG-120(d)

Shell: SA-106-B .687" .062" 0'-11.3" 26'-6"
Matl. (Spec. No., Grade) Nom. Thk. (in.) Corr. Allow. (in.) Diam. I.D. (ft. & in.) Length (overall) (ft. & in.)

Seams: SMLS N/A 100% N/A N/A SNGL. BUTT WELD **SPOT 5
Long. (Welded, Dbl., Sngl., Lap, Butt) R.T. (Spot or Full) EH. (%) H.T. Temp. (°F) Time (hr) Girth (Welded, Dbl., Sngl., Lap, Butt) R.T. (Spot, Partial, or Full) No. of Courses

Heads: (a) Matl. SA-516-70 (Spec. No., Grade) (b) Matl. SA-516-70 (Spec. No., 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)
TOP	.575"	.063"			2:1				CONCAVE
BOTTOM	.575"	.063"			2:1				CONCAVE

If removable, bolts used (describe other fastenings) N/A
(Matl., Spec. No., Gr., Size, No.)

MAWP 1310 psi at max. temp. 151 °F
Min. design metal temp. -20 °F at 1310 psi. Hydro., pneu., or comb. test pressure * 1965 psi.

Nozzles, inspection and safety valve openings:

Purpose (Inlet, Outlet, Drain)	No.	Diam. or Size	Type	Matl.	Nom. Thk.	Reinforcement Matl.	How Attached	Location
GAS IN	1	2"	RFWN	SA-106-B	.343"	N/A	WELDED	SHELL
GAS OUT	1	2"	RFWN	SA-106-B	.343"	N/A	WELDED	TOP HEAD
L.C. (OIL)	1	2"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
L.C. (WATER)	1	2"	CPLG	SA-105	3000#	N/A	WELDED	SHELL

Supports: Skirt YES Lugs 2 Legs NIL Other N/A Attached HEAD-WELDED
(Yes or no) (No.) (No.) (Describe) (Where and how)

Remarks: Manufacturer's Partial Data Reports properly identified and signed by Commissioned Inspectors have been furnished for the following items of the report: N/A
(Name of part, item number, Mfr's. name and identifying stamp)

VOLUME: 21.47 CU.FT. -EXEMPT FROM IMPACT TESTS PER UG20(f) AND UG22 * HYDROSTATIC TEST
TAG NUMBER: T-710 **SPOT-UW11(a) 5(b) ITEM #10 CONT'D ON U-4
VESSEL TYPE: GLYCOL CONTACTOR -BUILT TO DRWG #D-CTR-94210-101 REV.1 FILE NUMBER: 210AAU1A

CERTIFICATE OF SHOP 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 Code for Pressure Vessels, Section VIII, Division 1. "U" Certificate of Authorization No. 21387 expires JULY 12, 19 96
Date Aug. 1, 95 Co. name PROPAK SYSTEMS LTD. Signed Leon K. Boulet
(Manufacturer) (Representative)

CERTIFICATE OF SHOP INSPECTION

Vessel constructed by PROPAK SYSTEMS LTD. at AIRDRIE, ALBERTA

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 ALBERTA BOILERS SAFETY ASSOCIATION

have inspected the component described in this Manufacturer's Data Report on Aug. 2, 19 95, and state that, to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel in accordance with ASME Code, Section VIII, Division 1. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure vessel described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his 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 9/5/95 Signed [Signature] Commissions Alberta 40 (B)
(Authorized Inspector) (Nat'l. Board (incl. endorsements), State, Prov. and No.)

3102871

FORM U-4 MANUFACTURER'S DATA REPORT SUPPLEMENTARY SHEET
As Required by the Provisions of the ASME Code Rules, Section VIII, Division 1

1. Manufactured and certified by PROPAK SYSTEMS LTD., 505 EAST LAKE BLVD., POSTAL BAG #2, AIRDRIE, ALBERTA, T4B 2C3, CANADA
(Name and address of Manufacturer)

2. Manufactured for PROPAK SYSTEMS LTD., 505 EAST LAKE BLVD., POSTAL BAG #2, AIRDRIE, ALBERTA, T4B 2C3, CANADA
(Name and address of Purchaser)

3. Location of installation STOCK UNIT
(Name and address)

4. Type: VERTICAL GLYCOL CONTACTOR 94210-AA
(Tank, separator, heat exch., etc.) (Mfg's. serial No.)
M-5722.23 D-CTR-94023-101 REV.1 N/A 1995
(CRN) (Drawing No.) (Nat'l. Bd. No.) (Year built)

Data Report Item Number	Remarks							
PURPOSE	NO	SIZE	TYPE	MATERIAL	THICKNESS	REINFORCEMENT	ATTACHED	LOCATION
GLYCOL IN	1	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
GLYCOL OUT	1	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
GLYCOL COIL	2	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
OIL OUT	2	1"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
TRAY DRAIN/INSPECTION	9	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
DRAIN	1	1"	SOL	SA-105	3000#	N/A	WELDED	BTM. HEAD
LG (OIL)	2	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
LG (WATER)	2	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
PSV	1	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
TI	1	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
PI	1	.50"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
INSPECTION	2	.75"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
EQUALIZATION	1	1"	CPLG	SA-105	3000#	N/A	WELDED	SHELL
FILE NO: 210AAU4								

Certificate of Authorization: Type U No. 21387 Expires JULY 12, 19 96

Date Aug 1, 95 Name PROPAK SYSTEMS LTD. Signed Leon R. Soult
(Manufacturer) (Representative)

Date 9/5/92 Name [Signature] Commission Alberta 40 (R)
(Authorized Inspector) (Nat'l. Board incl. endorsement, State, Province and No.)

(12/91) This form (E00118) may be obtained from the ASME Order Dept., 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300 REPRINT 9/92

[Signature]



Initial Application for Licence to Operate

This initial application for a Licence to Operate form must be filled in completely and returned to the Authority with payment of **\$108.00**. Failure to do so may result in a delay in the processing of your application. **Only one piece of pressure equipment per application.** Please refer to **TSK-0003** Client Authorization Payment form for payment options. You can download all forms at www.tsask.ca. Under the Boiler & Pressure Vessel Act, any equipment found operating without a valid Licence to Operate and Installation Permit, will be invoiced a fee of \$510.00.

TSK-0002

I. Owner's Information

Company: HUSKY ENERGY

Address: 4335-44TH STREET LLOYDMINSTER SK S9V 0Z8
(Apt/Street) (City) (Prov) (Postal Code)

Phone: () **Fax:** ()

Contact Name: Luke Newport **Contact Phone #:** (306) 820-4346

Email: luke.newport@huskyenergy.com **Contact Fax #:** ()

To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the Chief Inspector denying this application.

2015.10.26 11:16:03 -06'00'

10/26/2015

(Signature of Owner or delegate)

(Date -MM DD YYYY)

II. Equipment Information

☒ **New Installation** ☐ **Change of Owner** **Licence #** (If previously Licensed) _____

Equipment type: ☐ **Boiler** ☒ **Pressure Vessel** ☐ **Refrigeration Vessel**

Serial #: 94210-AA

CRN #: M-5722.23

Equipment Location: Tangleflags South 03-31-050-25W3

Operated under a Quality Management System: ☒ **Yes**

QMS #: QMS-0017-0001

III. Office Use Only

Authorization #: _____ **Date Processed:** _____ / _____ / _____
Day Month Year

Authorized By: _____ **Signature:** _____

Comments: _____

Karen Hawryluk

From: Legacy Invoices
Sent: Tuesday, 27 October, 2015 11:05 AM
To: Karen Hawryluk
Cc: Legacy Invoices
Subject: ES 1700023109 0002: Payment Req: Tangleflags Dehydrator
Attachments: Payment Req - Tangleflags - 2015-10-26.pdf

Hello,

Posted.

Thank you,
Evanna

From: Karen Hawryluk
Sent: Monday, October 26, 2015 1:44 PM
To: Legacy Invoices
Subject: Payment Req: Tangleflags Dehydrator

Hi,
Please process attached payment requisition.

Thank you,

Karen Hawryluk
Technical Services
Safety, Engineering & Procurement



Husky Place
4335-44 St., Lloydminster, SK S9V 0Z8

Office: 306-825-1143
Karen.Hawryluk@huskyenergy.com



Payment Requisition Form

REMIT TO: Technical Safety Authority of Saskatchewan
Boiler and Pressure Vessel Safety Unit
Suite A, 2210 2nd Ave., Regina SK S4R 8T3
31014612

COMPANY CODE * **0002**
 PAYMENT CURRENCY * **Canadian**
 HOUSE BANK

PAYMENT AMOUNT * **CR**
\$ 190.00

TAX AMOUNT *
\$ -

GST AMOUNT	PST AMOUNT	HST AMOUNT	OTHER / SELF-ASSESS

	PK	ACCOUNT	COST C	AFE / NETWORK ACTIVITY	ORDER	01 SORT KEY / ASSIGNMENT					QUANTITY	CO	
		6100000	80078134										
SUBTOTAL *	CR	TAX	DESCRIPTION		Material no	RI	BI	SEI	U OF M	Ref Key 1 (GL Acct)	Ref Key 2 (CC or AFE)	Profit Centre	T Type / Partner
\$ 190.00			Permit to Install & Licence to Operate (sn 94210-AA), Dehydrator										

	PK	ACCOUNT	COST C	AFE / NETWORK ACTIVITY	ORDER	01 SORT KEY / ASSIGNMENT					QUANTITY	CO	
SUBTOTAL *	CR	TAX	DESCRIPTION		Material no	RI	BI	SEI	U OF M	Ref Key 1 (GL Acct)	Ref Key 2 (CC or AFE)	Profit Centre	T Type / Partner

		PK	ACCOUNT	COST C	AFE / NETWORK ACTIVITY	ORDER	01 SORT KEY / ASSIGNMENT						QUANTITY	CO
SUBTOTAL *		CR	TAX	DESCRIPTION		Material no	RI	BI	SEI	U OF M	Ref Key 1 (GL Acct)	Ref Key 2 (CC or AFE)	Profit Centre	T Type / Partner

		PK	ACCOUNT	COST C	AFE / NETWORK ACTIVITY	ORDER	01 SORT KEY / ASSIGNMENT					QUANTITY	CO	
SUBTOTAL *		CR	TAX	DESCRIPTION		Material no	RI	BI	SEI	U OF M	Ref Key 1 (GL Acct)	Ref Key 2 (CC or AFE)	Profit Centre	T Type / Partner

	PK	ACCOUNT	COST C	AFE / NETWORK ACTIVITY	ORDER	01 SORT KEY / ASSIGNMENT					QUANTITY	CO	
SUBTOTAL *	CR	TAX	DESCRIPTION		Material no	RI	BI	SEI	U OF M	Ref Key 1 (GL Acct)	Ref Key 2 (CC or AFE)	Profit Centre	T Type / Partner

APPROVALS
 SIGNATURE  SIGNATURE
 APPROVAL STAMP  RAYMOND TRACHUK 2001126 APPROVAL STAMP

INSTRUCTIONS
 PLEASE ADVISE via Email when payment has been posted:
 karen.hawryluk@huskyenergy.com
 DATE REQUIRED 28-Oct-15 RETURN CHEQUE TO LOCAL

**Cheque only available if vendor master payment method specify cheque

Overnight
 Courier
 Attachment
 Post Date

Page 1 of 2

DATE REQUESTED *
 26-Oct-15

DESCRIPTION * TSASK INSTALLATION APPLICATIONS
 Tangleflags South 03-31-050-25W3

UNIQUE REFERENCE / INVOICE NUMBER *
 s/n: 94210-AA (Dehydrator)

* Required fields
 Submit approved request with backup to legacy.invoices@huskyenergy.com

REQUESTOR * Karen Hawryluk LOCAL 1143