



BOILERS AND PRESSURE VESSELS REPAIR AND ALTERATION REPORT

(A) #: 436038

OWNER EQUIP NO.: _____

REPAIR

and/or

ALTERATION Partial Final 1. **Name and Address of Organization** doing Repair/Alteration Kinetic Process Systems Ltd.4100 - 67th Street, Ponoka, AlbertaAQP No. & Expiry Date AQP-1337(S)

Location of Installation _____

2. **Name of Owner** Micron Filtration

Address _____

3. **Boiler/Pressure Vessel Description** Horizontal FilterCRN N1537.2Manufacturer's Name The Hanover CompanySerial No. 97-14394. **Design Conditions:**a) Vessel/Shellside/Boiler: Max Allowable Working Press. 1440 Min/Max Design Temp 37 F/120 Fb) Jacket/Tubeside: Max Allowable Working Press. N/A Min/Max Design Temp N/A5. **Description of defects** (location and types of deterioration that resulted in the repair/alteration).Not Applicable6. **ASME Code Edition and Addenda** used for work: ASME Sect. VIII Year 2004 Addenda _____7. **Repair/Alter. Description of Work.** Step by step description of repair/alteration method, attach additional sheets as needed.**Note 1:** Repair/Alteration Procedure to be accepted by ABSA SCO prior to start of work.

Remove existing head, internal filter support plate and mesh pad. Add shell extension, new filter support plate, mesh pads and re-weld existing head to extension. Add 2" Sch. 160 and 3" XXH nozzles to existing shell. UT examination vessel at new nozzle locations. Perform MPI of shell where filter support plate removed. Also perform MPI on head and shell bevels after cutting and nozzle openings after beveling.

Perform required RT to meet UW-11(a)(5)(b).

Perform UT on Bottom Head/Boot. Remove "HT" from existing nameplate. Add "A" number to vessel N.P.8. **Material** - List any material used in repair/alteration and any base material welded on:

Item	Mat'l Spec.	Thick/Sch	Diam	Item	Mat'l Spec.	Thick/Sch	Diam
Shell/Drum	SA516-70	1.00"	24" od	Heads/ Ends	SA516-70	1.00"	24" od
Tubeshe	N/A	N/A	N/A	Tubes	N/A	N/A	N/A
Nozzles	SA106-B / SA105N	Varies	Varies	Flanges/Fitting	SA105N	Class 600	Var.

9. **Welding Procedure** - Alberta Registration Number WP- 1292.2 WPS Numbers used: KP-7 & 1010. **Heat Treatment:** Bake Out (Temp./Time) N/A / N/Ahr Preheat Temp 50 F Post Weld HT (Temp./Time) N/A/N/A hr11. **Non Destructive Examination** (Specify type and extent).

UT Examination to confirm shell thickness at nozzles and shell extension. MPI on prepared bevels to check for Laminations. Full RT of extension long seam, spot RT of circ seams.

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Pressure Test

Vessel/Boiler/Shellside

Tubeside/Jacket

a) Hydrostatic 2160 psi

N/A

b) Other Test N/A

N/A

Handwritten: Add 02/12/15

13. **Welded Replacement Parts:** Attached are Manufacturer's Partial Data Reports or Repair/Alteration Reports properly identified and signed by Authorized Inspectors for the following items of this report: (Welded parts supplied by others).

Not Applicable

14. **Responsibility Owner/Client.** Identify below items that the owner/client has assumed responsibility for. **Note (2)**

a) Design Submission N/A b) Repair/Alteration Procedure: N/A c) Material Control N/A

d) Welding Control N/A e) NDE N/A f) Heat Treatment N/A g) Pressure Test N/A

Note 2: Owner/client must have a valid Alberta Quality Program (AQP), for the scope of work, to assume responsibility for function c, d, e, f, or g.

15 **REMARKS:** _____

16. **CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this Report are correct and that all design, material, construction and workmanship on this repair/alteration conform to the requirements of the Alberta Safety Codes Act and Regulations.

a) For all items except for items identified in 14:
Kinetic Process Systems Ltd.

(Repair/Alteration Organization Name)

AQP-1337 (S) June 9, 2006

(AQP Number & Expiry Date)
Handwritten Signature: Murray Toenack
(Signature & Date)

MURRAY TOENACK
(Print Name)

b) For items identified in 14 only:

(Owner/Client Organization Name)

(AQP Number & Expiry Date)

(Signature & Date)

(Print Name)

17. DATE WORK WAS COMPLETED: December 15, 2005

18. **CERTIFICATE OF INSPECTION**

I have inspected the repairs and/or alterations described in this report. To the best of my knowledge this work has been done in accordance with the Safety Codes Act and Regulations.

a) Owner-User Inspection Certification (Field Only)
(Required when Owner-User Inspects the work under their ABSA Authorized Owner-User Quality Program).

b) ABSA Safety Codes Officer Certification
(when work is inspected by ABSA).

Owner-User AQP# & Expiry Date

Owner User In-Service Inspector Signature & Date

Owner-User In-Service Inspector Name (Please Print)

Owner-User In-Service Inspector Alberta Cert #

Handwritten Signature: Gerald McDonald
ABSA SCO Signature & Date

Gerald McDonald
Print Name

Report Received by ABSA SCO *Handwritten Signature*

Date 02/12/15