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AZ CORP COMMISSION
DOCKET CONTROL

Laura Furrey
Senior Regulatory Analyst
Regulatory Policy & Public Involvement
Phone: (602) 236-2276
Fax: (602) 236-3458
e-mail: Laura.Furrey@srpnet.com

April 2, 2015

Docket Control
Arizona Corporation Commission
1200 West Washington Street
Phoenix, AZ 85007

Re: Docket No. L-00000B-00-0105-00000, Decision No. 63611

Dear Sir/Madam:

Pursuant to Condition No. 39 of the Certificate of Environmental Compatibility (CEC) for the Santan Expansion Project, Decision No. 63611 (May 1, 2001), the Salt River Project (SRP) is filing a copy of the transmittal letter sent to Mr. Robert Miller, Supervisor of the Pipeline Safety Section, wherein SRP submitted a check in the amount of \$20,000. Condition 39 of the CEC decision requires that "Applicant shall provide \$20,000 to the Pipeline Safety Revolving Fund on an annual basis, thus improving the overall safety of pipelines throughout the State of Arizona." This check satisfies compliance with Condition 39 for the fiscal year ending April 30, 2015.

If you or your staff has any questions, please feel free to contact me.

Sincerely,

Laura Furrey
SRP Regulatory Policy & Public Involvement

Enc.

cc: Carmel Hood, Arizona Corporation Commission

Arizona Corporation Commission

DOCKETED

APR 02 2015

DOCKETED BY	BTU
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SALT RIVER PROJECT
P.O. Box 52025
Phoenix, AZ 85072-2025
(602) 236-3487
Fax (602) 236-3458
Rob.Taylor@srpnet.com

ROBERT R. TAYLOR, ESQ.
Senior Director
Regulatory Policy & Public Involvement

March 9, 2015

Mr. Robert Miller
Supervisor, Pipeline Safety Section
Arizona Corporation Commission
2200 N. Central Ave., Suite 300
Phoenix, Arizona 85004

Dear Mr. Miller,

On May 1, 2001, the Commission granted SRP a Certificate of Environmental Compatibility (CEC) for the Santan Expansion Project in Decision Number 63611. Condition 39 of the CEC decision requires that "Applicant shall provide \$20,000 to the Pipeline Safety Revolving Fund on an annual basis, thus improving the overall safety of pipelines throughout the State of Arizona."

In our continued compliance with that provision, SRP is submitting a check in the amount of \$20,000, made payable to the Arizona Corporation Commission, for deposit in the Pipeline Safety Revolving Fund. This check should satisfy compliance with Condition 39 for the fiscal year ending April 30, 2015.

Please feel free to contact me if you have additional questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Robert R. Taylor".

Robert R. Taylor
Senior Director, Regulatory Policy & Public Involvement

Enc.

cc: Docket Control
Tom Murray, Manager, Santan Generating Station

WARNING: DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATER MARK WHEN HOLDING THE CHECK TO THE LIGHT AND PINK LOCK AND KEY CONSTANTLY FADES WHEN WARMED



SALT RIVER PROJECT
SRP - Accounts Payable
Phoenix, AZ- 85038-9066

JPMORGAN CHASE BANK N.A.
Phoenix, AZ 85073

1081797
91-2/1221

Date: 03/12/2015

Pay Amount: \$20,000.00***

*** TWENTY THOUSAND ***

Pay To The Order Of
STATE OF ARIZONA

Void After 90 Days

Stacy J. Hulet

DO NOT SIGN AT THE CENTER PINK LOCK AND KEY ARE NOT VALID AND RETURN NON-AUTHENTIC CHECKS IF COLOR DOES NOT FADE DO NOT ACCEPT

REMOVE DOCUMENT ALONG THIS PERFORATION

Check date: 03/12/2015			Check No.: 1081797		
Invoice No.	Invoice date	Doc No.	Gross Amnt	Discount	Amnt Paid
NONE030915	03/09/2015	1900069565	20,000.00	0.00	20,000.00
Vendor Number 1008355		Vendor Name STATE OF ARIZONA			Total Discount \$ 0.00
Check No.	Date	Total Amount	Discount	Amount Paid	
1081797	03/12/2015	\$ 20,000.00	\$ 0.00	\$ 20,000.00	

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Robert Miller
 Supervisor, Pipeline Safety Section
 Arizona Corporation Commission
 2200 N. Central Ave., Suite 300
 Phoenix, AZ 85004

2. Article Number*(Transfer from service label)*

7013 2630 0002 1901 9055

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

[Printed Name]

C. Date of Delivery

[Date]

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

- Certified Mail® Priority Mail Express™
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- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes