**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 17, 2016

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, 2016.

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

Sincerely,

Robert R. Taylor

Senior Director, Regulatory Policy & Public Involvement

Enc.

cc:

**Docket Control** 

John A Tale

Tom Murray, Manager, Santan Generating Station



SALT RIVER PROJECT Accounts Payable - ISB334 PO Box 52025 Phoenix, AZ 85072-2025

## JPMORGAN CHASE BANK N.A.

Phoenix, AZ 85073

1125804

91-2/1221

Date: 03/22/2016

Pay Amount: \$20,000.00\*\*\*

\*\*\* TWENTY THOUSAND \*\*\*

Pay To The Order Of STATE OF ARIZONA

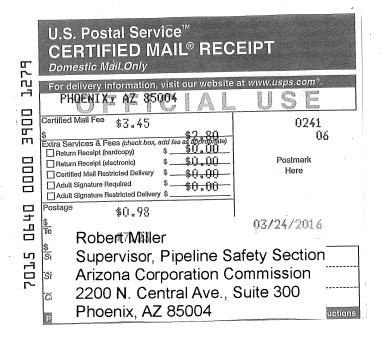
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| Check date: 03/2 | 2/2016       |            |            | Check No.: 1125 | 5804      |
|------------------|--------------|------------|------------|-----------------|-----------|
| Invoice No.      | Invoice date | Doc No.    | Gross Amnt | Discount        | Amnt Paid |
| NONE031716       | 03/17/2016   | 1900107809 | 20,000.00  | 0.00            | 20,000.00 |
| DEPOSIT          |              |            |            |                 |           |

| Vendor Number | Vendor Name      |              |          | Total Discount |  |
|---------------|------------------|--------------|----------|----------------|--|
| 1008355       | STATE OF ARIZONA |              | NA.      | \$ 0.00        |  |
| Check No.     | Date             | Total Amount | Discount | Amount Paid    |  |
| 1125804       | 03/22/2016       | \$ 20,000.00 | \$ 0.00  | \$ 20,000.00   |  |



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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |  |  |  |  |  |
| Complete items 1, 2, and 3.  | A. Signature   |  |  |  |  |  |
| Print your name and address on the reverse<br>so that we can return the card to you.   | Addressee  |  |  |  |  |  |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | B. Received by Printed Name Copate of Delivery   |  |  |  |  |  |
| Robert Miller  | ). Is delivery address different from item 1? Yes If YES, enter delivery address below: No   |  |  |  |  |  |
| Supervisor, Pipeline Safety Section  |  |  |  |  |  |  |
| Arizona Corporation Commission   |  |  |  |  |  |  |
| 2200 N. Central Ave., Suite 300  |  |  |  |  |  |  |
| Phoenix, AZ 85004  |  |  |  |  |  |  |
| 9590 9403 0149 5086 7477 69  | 3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery  |  |  |  |  |  |
| 7015 0640 0000 3900 1279   | □ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery □ over \$500) □ Collect on Delivery Provided The Provided Head Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery (over \$500) |  |  |  |  |  |
| PS Form 3811, April 2015 PSN 7530-02-000-9053  | Domestic Return Receipt  |  |  |  |  |  |