Form Approved OMB No. 2137-0522 Expires: 8/31/2020



U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

ANNUAL REPORT FOR CALENDAR YEAR 2018 NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS

Initial Date Submitted	02/05/2019
Report Submission Type	INITIAL
Date Submitted	

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 42 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.

http://www.phmsa.dot.gov/pipeline/library/forms.								
PART A - OPERATOR INFORMATION	DOT USE ONLY 20197713 - 35230							
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)	2. NAME OF OPERATOR:							
32458	UTAH ASSOICIATED MUNICIPAL POWER SYSTEMS							
3. RESERVED	4. HEADQUARTERS ADDRESS:							
	1265 BAMBERGER ROAD Street Address							
	PAYSON City							
	State: UT Zip Code: 84651							
5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY of and complete the report for that Commodity Group. File a separate relative of the separate of the separa								
6. RESERVED	6. RESERVED							
7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELIN (Select one or both)	ES AND/OR PIPELINE	FACILITIES INCLUDED WITHIN THIS OPID ARE:						
	INTERstate pipeline – List all of the States and OSC portions in which INTERstate pipelines and/or pipeline facilities included under this OPID exist. etc.							
INTRAstate pipeline – List all of the States facilities included under this OPID exist. U		ate pipelines and or pipeline						
8. RESERVED								

For the designated Commodity Group, PARTs B and D will be calculated based on the data entered in Parts L and P respectively. Complete Part C one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B – TRANSMISSION PIPELINE HCA MILES							
	Number of HCA Miles						
Onshore	1.02						
Offshore	0						
Total Miles	1.02						

PART C - VOLUME TRANSPORTED IN TRAN PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludesTransmission lines of Gas Distribu	AR		do not complete PART C if this report only ipelines or transmission lines of gas
		Onshore	Offshore
Natural Gas			
Propane Gas			
Synthetic Gas			
Hydrogen Gas			
Landfill Gas			
Other Gas - Name:			

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION											
		athodically tected	Steel Cat unpro	hodically tected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite ¹	Other	Total Miles	
Transmission											
Onshore	0	5	0	0	0	0	0	0	0	5	
Offshore	0	0	0	0	0	0	0	0	0	0	
Subtotal Transmission	0	5	0	0	0	0	0	0	0	5	
Gathering											
Onshore Type A	0	0	0	0	0	0	0	0	0	0	
Onshore Type B	0	0	0	0	0	0	0	0	0	0	
Offshore	0	0	0	0	0	0	0	0	0	0	
Subtotal Gathering	0	0	0	0	0	0	0	0	0	0	
Total Miles	0	5	0	0	0	0	0	0	0	5	

¹Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

PART	DEC	ED	VED

For the designated Commodity Group, complete PARTs F and G one time for all INTERstate pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAstate pipeline facilities included within this OPID exist. Part F "WITHIN AN HCA SEGMENT" data and Part G may be completed only if HCA Miles in Part L is greater than zero.

PARTs F a	PARTs F and G							
The data re	eported in these PARTs applies to: (select only one)							
	Interstate pipelines/pipeline facilities							
	Intrastate pipelines/pipeline facilities in the State of UTAH (complete for each State)							

T F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION	
MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools, specify other tools:	
Internal Inspection Tools - Other	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	
ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	·
 a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operatoriteria for excavation. 	tor's
 Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's both within an HCA Segment and outside of an HCA Segment. 	s criteria,
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	
 Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HC Segment and outside of an HCA Segment. 	:A
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN SEGMENT.	AN HCA
d. Total number of pressure test leaks (less than complete wall failure but including escape of test mediun repaired in calendar year WITHIN AN HCA SEGMENT.	n)
MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment n	methods)
a. Total mileage inspected by each DA method in calendar year.	
1. ECDA	
2. ICDA	
3. SCCDA	
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the of criteria, both within an HCA Segment and outside of an HCA Segment.	perator's
1. ECDA	
2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition	n of:
1. "Immediate repair conditions" [192.933(d)(1)]	

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		expires: 8/31/2020
	2. "One-year conditions" [192.933(d)(2)]	
	3. "Monitored conditions" [192.933(d)(3)]	
	4. Other "Scheduled conditions" [192.933(c)]	
MIL	EAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
	a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	
	1.Other Inspection Techniques	
	b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
	c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	
	1. "Immediate repair conditions" [192.933(d)(1)]	
	2. "One-year conditions" [192.933(d)(2)]	
	3. "Monitored conditions" [192.933(d)(3)]	
	4. Other "Scheduled conditions" [192.933©]	
TOT	AL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
	a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	
	b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	
	c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + $2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4$)	
	d. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	
	e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	
ART (NLY)	3- MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Seg	ment miles
	a. Baseline assessment miles completed during the calendar year.	0
	b. Reassessment miles completed during the calendar year.	0

For the designated Commodity Group, complete PARTS H, I, J, K, L, M, P Q and R covering INTERstate pipelines and/or pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAstate pipelines and/or pipeline facilities for each State in which INTRAstate systems exist within this OPID.

	hin this OPIE , J, K, L, M, I								
The data re	eported in th	ese PARTs	applies to	o: (select o	only one)				
INTRASTA	TE pipelines	s/pipeline fa	acilities UT	AH					
PART H - N	IILES OF TR	ANSMISSI	ON PIPE B	Y NOMINA	L PIPE SIZI	E (NPS)			
	NPS 4 or less	6	8	10	12	14	16	18	20
	0	5	0	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0
Onshore	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
	Additional Si: 0 - 0; 0 - 0; 0	zes and Miles) - 0; 0 - 0; 0 -	(Size – Miles; 0; 0 - 0; 0 - 0;): 0 - 0; 0 - 0;					
5		f Onshore Pip	e – Transmiss	ion					
	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0
Offshore	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
	Additional Si: 0 - 0; 0 - 0; 0	zes and Miles - 0; 0 - 0; 0 - 0	(Size – Miles;); 0 - 0; 0 - 0; (): O - 0; 0 - 0;					
0	Total Miles o	f Offshore Pip	e – Transmiss	ion					
PART I - M	ILES OF GA	THERING F	PIPE BY NO	OMINAL PIF	PE SIZE (NF	PS)			
	NPS 4 or less	6	8	10	12	14	16	18	20
Onshore	0	0	0	0	0	0	0	0	0
Type A	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0
	40	42	44	46	48	52	าก	8 and ver	

									Expir				
	0	0	0	0	0	0	0	0					
	Additional Si	Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;											
0	Total Miles of	Total Miles of Onshore Type A Pipe – Gathering											
	NPS 4 or less	6	8	10	12	14	16		18	20			
	0	0	0	0	0	0	0		0	0			
	22	24	26	28	30	32	34		36	38			
Onshore	0	0	0	0	0	0	0		0	0			
Туре В	40	42	44	46	48	52	56	58 and	d				
	0	0	0	0	0	0	0	0					
		Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;											
	Additional Si	zes and Miles	(Size – Miles;)	: 0 - 0; 0 - 0; 0	- 0; 0 - 0; 0 - 0	; 0 - 0; 0 - 0;	0 - 0; 0 - 0;						
0		izes and Miles of Onshore Typ	<u> </u>		- 0; 0 - 0; 0 - 0	; 0 - 0; 0 - 0;	0 - 0; 0 - 0;						
0			<u> </u>		- 0; 0 - 0; 0 - 0	14	0 - 0; 0 - 0;		18	20			
0	Total Miles o	of Onshore Typ	e B Pipe – Ga	thering					18	20			
0	Total Miles of NPS 4 or less	of Onshore Typ	e B Pipe – Ga	thering	12	14	16						
	Total Miles of NPS 4 or less	of Onshore Typ 6 0	e B Pipe – Ga 8 0	thering 10 0	12	14	16		0	0			
0 Offshore	Total Miles of NPS 4 or less 0	of Onshore Typ 6 0 24	e B Pipe – Ga 8 0 26	thering 10 0 28	12 0 30	14 0 32	16 0 34	58 and over	0 36 0	0 38			
	Total Miles of NPS 4 or less 0 22 0	of Onshore Typ 6 0 24 0	e B Pipe – Ga 8 0 26	10 0 28	12 0 30 0	14 0 32 0	16 0 34	58 and	0 36 0	0 38			
	Total Miles of NPS 4 or less 0 22 0 40 0	of Onshore Typ 6 0 24 0 42	e B Pipe – Ga 8 0 26 0 44	10 0 28 0 46	12 0 30 0 48	14 0 32 0 52 0	16 0 34 0 56	58 and over	0 36 0	0 38			

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Unknown	Pre-40	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979
Transmission						
Onshore	0	0	0	0	0	0
Offshore						
Subtotal Transmission	0	0	0	0	0	0
Gathering						
Onshore Type A	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0
Offshore						
Subtotal Gathering	0	0	0	0	0	0
Total Miles	0	0	0	0	0	0
Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 - 2009	2010 - 2019		Total Miles
Transmission						
Onshore	0	0	5	0		5
Offshore						
Subtotal Transmission	0	0	5	0		5
Gathering						

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Onshore Type A	0	0	0	0	0
Onshore Type B	0	0	0	0	0
Offshore					
Subtotal Gathering	0	0	0	0	0
Total Miles	0	0	5	0	5
		•	·	·	=

011011075		Total Miles			
ONSHORE	Class I	Class 2	Class 3	Class 4	
Steel pipe Less than 20% SMYS	0	0	0	0	0
Steel pipe Greater than or equal to 20% SMYS but less than 30% SMYS	0	0	0	0	0
Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS	0	0	0	0	0
Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS	.625	0	4.375	0	5
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	0	0	0	0	0
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	0	0	0	0	0
Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS	0	0	0	0	0
Steel pipe Greater than 80% SMYS	0	0	0	0	0
Steel pipe Unknown percent of SMYS	0	0	0	0	0
All Non-Steel pipe	0	0	0	0	0
Onshore Totals	.625	0	4.375	0	5
OFFSHORE	Class I				
Less than or equal to 50% SMYS	0				
Greater than 50% SMYS but less than or equal to 72% SMYS	0				
Steel pipe Greater than 72% SMYS	0				
Steel Pipe Unknown percent of SMYS	0				
All non-steel pipe	0				
Offshore Total	0				0
Total Miles	.625				5

PART L - MILES OF PIPE BY CLASS LOCATION

		Class L	Total Class Location	HCA Miles in the IMP		
	Class I	Class 2	Class 3	Class 4	Miles	Program
Transmission						
Onshore	.625	0	4.375	0	5	1.02
Offshore	0	0	0	0	0	
Subtotal Transmission	.625	0	4.375	0	5	
Gathering						

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Onshore Type A	0	0	0	0	0	
Onshore Type B	0	0	0	0	0	
Offshore	0	0	0	0	0	
Subtotal Gathering	0	0	0	0	0	
Total Miles	.625	0	4.375	0	5	1.02

PART M - FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

		Transmissi	on Leaks,	and Failures	i		Gathering	j Leaks	
		Lea	ks		Failures in	Onshor	e Leaks	Offshore Leaks	
	Onsho	ore Leaks	Offsh	ore Leaks	HCA				
Cause	HCA	Non-HCA	HCA	Non-HCA	Segments	Type A	Type B		
External Corrosion	0	0	0	0	0	0	0	0	
Internal Corrosion	0	0	0	0	0	0	0	0	
Stress Corrosion Cracking	0	0	0	0	0	0	0	0	
Manufacturing	0	0	0	0	0	0	0	0	
Construction	0	0	0	0	0	0	0	0	
Equipment	0	0	0	0	0	0	0	0	
Incorrect Operations	0	0	0	0	0	0	0	0	
Third Party Damage/Mecha	anical Da	amage							
Excavation Damage	0	0	0	0	0	0	0	0	
Previous Damage (due to Excavation Activity)	0	0	0	0	0	0	0	0	
Vandalism (includes all Intentional Damage)	0	0	0	0	0	0	0	0	
Weather Related/Other Ou	tside Fo	rce							
Natural Force Damage (all)	0	0	0	0	0	0	0	0	
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	

PART M2 - KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission	0	Gathering	0
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PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

1	Gathering			
	Onshore Type A	0		
0	Onshore Type B	0		
0	OCS	0		
0	Subtotal Gathering	0		
	0			
	0 0 0	Onshore Type A Onshore Type B OCS		

PART P - MILES OF	PIPE BY	MATERIAL	AND CORF	ROSION PR	OTECTION	STATUS				
		thodically	Steel Cat unpro	hodically tected						
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite ¹	Other ²	Total Miles
Transmission										
Onshore	0	5	0	0	0	0	0	0	0	5
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	5	0	0	0	0	0	0	0	5
Gathering										
Onshore Type A	0	0	0	0	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Gathering	0	0	0	0	0	0	0	0	0	0
Total Miles	0	5	0	0	0	0	0	0	0	5

¹Use of Composite pipe requires PHMSA Special Permit or waiver from a State ²specify Other material(s):

Part Q - Gas Transmission Miles by §192.619 MAOP Determination Method														
	(a)(1) Total	(a)(1) Incomplete Records	(a)(2) Total	(a)(2) Incomplete Records	(a)(3) Total	(a)(3) Incomplete Records	(a)(4) Total	(a)(4) Incomplete Records	(c) Total	(c) Incomplete Records	(d) Total	(d) Incomplete Records	Other ¹ Total	Other Incomplete Records
Class 1 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (not in HCA)	.625		0		0		0		0		0		0	
Class 2 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 2 (not in HCA)	0		0		0		0		0		0		0	
Class 3 (in HCA)	1.02	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 3 (not in HCA)	3.355	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 4 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 4 (not in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	5	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		-			-	-		5		-		-		
Sum of Total row	for all "	Incomple	te Red	cords" colu	mns			0	1					
¹ Specify Other me	ethod(s)):							•					
Class 1 (in HCA)							Class	1 (not in HC	A)					
Class 2 (in HCA)							Class	2 (not in HC	A)					
Class 3 (in HCA)	Class 3 (in HCA) Class 3 (not in HCA)						_							

Class 4 (in HCA)

Class 4 (not in HCA)

Part R – Gas Transm	nission Miles b	y Pressure Test	(PT) Range an	d Internal Inspection			
	PT ≥ 1.	25 MAOP	1.25 MAO	P > PT ≥ 1.1 MAOP	PT < 1.1 or No PT		
Location	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	
Class 1 in HCA	0	0	0	0	0	0	
Class 2 in HCA	0	0	0	0	0	0	
Class 3 in HCA	1.02	0	0	0	0	0	
Class 4 in HCA	0	0	0	0	0	0	
in HCA subTotal	1.02	0	0	0	0	0	
Class 1 not in HCA	.625	0	0	0	0	0	
Class 2 not in HCA	0	0	0	0	0	0	
Class 3 not in HCA	3.355	0	0	0	0	0	
Class 4 not in HCA	0	0	0	0	0	0	
not in HCA subTotal	3.98	0	0	0	0	0	
Total	5	0	0	0	0	0	
PT ≥ 1.25 MAOP Tota	al		5	Total Miles Internal Ins	spection ABLE	5	
1.25 MAOP > PT ≥ 1.	1 MAOP Total		0	Total Miles Internal Inspection NOT ABLE		0	
PT < 1.1 or No PT To	tal		0		Grand Total	5	
		Grand Total	5				

For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any gas transmission pipeline facilities included within this OPID have Part L HCA mile value greater than zero.

PART N - PREPARER SIGNATURE	
Mark Schwartz	(801)925-4012 Telephone Number
Preparer's Name(type or print)	Total Mariae
O&M Manager -Nebo Power Station	
Preparer's Title	
mark@uamps.com	
Preparer's E-mail Address	
PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)	(801)566-3938
	Telephone Number
Doug Hunter	
Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	
CEO	
Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	
Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by	