

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>ANNUAL REPORT FOR CALENDAR YEAR 2023 GAS DISTRIBUTION SYSTEM</b>	Initial Date Submitted:	03/08/2024
		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 2137-0629. Public reporting for this collection of information is estimated to be approximately 20 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>.

<b>PART A - OPERATOR INFORMATION</b>		(DOT use only)	20240768-57879	
1. Name of Operator		SOUTHERN CALIFORNIA EDISON CO		
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)				
2a. Street Address		PO BOX 527, 1 PEBBLY BEACH RD		
2b. City and County		AVALON		
2c. State		CA		
2d. Zip Code		90704		
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER		18480		
4. HEADQUARTERS NAME & ADDRESS				
4a. Street Address		2244 WALNUT GROVE AVENUE		
4b. City and County		ROSEMEAD		
4c. State		California		
4d. Zip Code		91770		
5. STATE IN WHICH SYSTEM OPERATES		CA		
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP (Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)				
Propane Gas				
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):				
Investor Owned				

<b>PART B - SYSTEM DESCRIPTION</b>											
<b>1.GENERAL</b>											
	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN				8.85	0.61	0	0	0	0	0	9.46
NO. OF SERVICES				728	262	0	0	0	0	0	990

2. MILES OF MAINS IN SYSTEM AT END OF YEAR												
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS					
STEEL	0	4.72	2.13	2	0	0	8.85					
DUCTILE IRON	0	0	0	0	0	0	0					
COPPER	0	0	0	0	0	0	0					
CAST/WROUGHT IRON	0	0	0	0	0	0	0					
PLASTIC PVC	0	0	0	0	0	0	0					
PLASTIC PE	0	0.53	0.08	0	0	0	0.61					
PLASTIC ABS	0	0	0	0	0	0	0					
PLASTIC OTHER	0	0	0	0	0	0	0					
OTHER	0	0	0	0	0	0	0					
RECONDITIONED CAST IRON	0	0	0	0	0	0	0					
TOTAL	0	5.25	2.21	2	0	0	9.46					
Describe Other Material:												
3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR				AVERAGE SERVICE LENGTH: 50								
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS					
STEEL	0	728	0	0	0	0	728					
DUCTILE IRON	0	0	0	0	0	0	0					
COPPER	0	0	0	0	0	0	0					
CAST/WROUGHT IRON	0	0	0	0	0	0	0					
PLASTIC PVC	0	0	0	0	0	0	0					
PLASTIC PE	0	254	8	0	0	0	262					
PLASTIC ABS	0	0	0	0	0	0	0					
PLASTIC OTHER	0	0	0	0	0	0	0					
OTHER	0	0	0	0	0	0	0					
RECONDITIONED CAST IRON	0	0	0	0	0	0	0					
TOTAL	0	982	8	0	0	0	990					
Describe Other Material:												
4. MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION												
	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	2020-2029	TOTAL
MILES OF MAIN	0	0	0	0	7.76	0.51	0.21	0	0.81	0.17	0	9.46
NUMBER OF SERVICES	0	0	0	0	869	59	7	0	28	22	5	990
PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR												

CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE	1		3	
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE				
OTHER OUTSIDE FORCE DAMAGE				
PIPE, WELD OR JOINT FAILURE				
EQUIPMENT FAILURE			3	
INCORRECT OPERATIONS				
OTHER CAUSE				
<b>NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 2</b> <b>NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE : 0</b>				
<b>PART D - EXCAVATION DAMAGE</b>		<b>PART E – RESERVED</b>		
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: <u>0</u>  a. One-Call Notification Practices Not Sufficient: <u>0</u>  b. Locating Practices Not Sufficient: <u>0</u>  c. Excavation Practices Not Sufficient: <u>0</u>  d. Other: <u>0</u>				
2. NUMBER OF EXCAVATION TICKETS <u>130</u>				
<b>PART F - LEAKS ON FEDERAL LAND</b>		<b>PART G – PERCENT OF UNACCOUNTED FOR GAS</b>		
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: <u>0</u>		UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.  $\frac{[(\text{PURCHASED GAS} + \text{PRODUCED GAS}) \text{ MINUS } (\text{CUSTOMER USE} + \text{COMPANY USE} + \text{APPROPRIATE ADJUSTMENTS})]}{(\text{CUSTOMER USE} + \text{COMPANY USE} + \text{APPROPRIATE ADJUSTMENTS})} \times 100 \text{ EQUALS PERCENT UNACCOUNTED FOR.}$  FOR YEAR ENDING 6/30: <u>0%</u>		

**PART H - ADDITIONAL INFORMATION**

When calculating the Loss and Unaccounted for Gas (LUAF), the volume of propane in net gallons received at Pebbly Beach Generating Station varies slightly from the facility of origin due to locational temperature and pressure fluctuations. Due to these fluctuations, SCE's LUAF gas is reported as 0%.

**PART I - PREPARER**

<u>Traci Degnan agent</u> (Preparer's Name and Title)	<u>(562) 266-6833</u> (Area Code and Telephone Number)
<u>traci.degnan@sce.com</u> (Preparer's email address)	<u>(310) 510-4354</u> (Area Code and Facsimile Number)