									itial Date	I	03/1 ⁻	1/2025		
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration ANNUAL REPORT F YEAR 2 GAS DISTRIBUT						'EAR 202	24 Report Submission			mission	INITI	AL		
								Da	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.														
PART A - OPERATOR INFORMATION (DC							Г use only)	20250895-71445				5-71445		
1. Name	of Operator						SOUTHERN	CALIFORN	IA EDISO	N CO				
2. LOCAT	TION OF OF	FICE (WHER		AL INFORM	ATION MAY	Y BE OBTA	INED)							
	2a. Street A	ddress					PO BOX 527, 1 PEBBLY BEACH RD							
	AVALON													
2c. State								СА						
	90704													
3. OPER/	3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER								18480					
4. HEADO	4. HEADQUARTERS NAME & ADDRESS													
	2244 WALNUT GROVE AVENUE													
	4b. City and	d County			ROSEMEAD									
	California													
4d. Zip Code							91770							
5. STATE	5. STATE IN WHICH SYSTEM OPERATES							СА						
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														
PART B - SYSTEM DESCRIPTION														
1.GENERAL					1				1					
	STEEL UNPROTECTED CATHODIC				LLY PLASTIC		DUCTILE	COPPER	OTHER	RECONDI	TION	SYSTEM		
	PROTECTED				CAST/ WROUGH IRON				ED CAST IR		TOTAL			
	BARE	COATED	BARE	COATED	0.01									
MILES OF MAIN				8.85	.85 0.61 0		0	0	0	0		9.46		
NO. OF SERVICES				728	263	0	0	0	0	0		991		

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

2. MILES OF														
MATERIAL UNKNOWN		2" OF	2" OR LESS OVER 2 THRU 4				OVER 8" THRU 12"		OVER 12 "	SYSTE	SYSTEM TOTALS			
STEEL		0	4.72	:	2.13	2		0	0		8.85			
DUCTILE IF	RON	0	0	(0	0		0			0	0		
COPPE	COPPER 0 0		(0	0	0 0		0		0	0			
CAST/WROUGHT 0 IRON		0	(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 OT	THER	0	0	(0	0		0 0			0			
OTHER		0	0	(0	0		0			0	0		
RECONDITIONED 0 CAST IRON		0	0		0	0		0 0		0	0			
TOTAL 0		5.25	5.25 2.21		2	2 0		0		9.46	9.46			
Descri	ibe Other	Material:												
3.NUMBER OF SERVICES IN SYSTEM AT END				END OF YEAR AVERAGE SERVICE LENGTH: 50										
MATERIAL		UNKNOWN	1" OF	1" OR LESS			OVER 2" THRU 4"	OVER 4" THRU 8"		OVER 8"	SYST	SYSTEM TOTALS		
STEEL	0		728	(0	0		0	0		728	728		
DUCTILE IRC	0 0		0	0		0		0	0		0	0		
COPPER	0		0	(0	0		0	0		0			
CAST/WROU	IGHT 0		0	(0	0	0		0		0			
PLASTIC PV	c 0		0	(0	0	0		0		0			
PLASTIC PE	0		255	ł	8	0	0		0		263	263		
PLASTIC AB	s 0		0	(0	0	0		0		0	0		
PLASTIC OT	HER 0		0	(0	0	0		0		0	0		
OTHER	0		0	(0	0	0		0		0	0		
RECONDITIC CAST IRON	DNED 0		0	(0	0		0			0	0		
TOTAL	0		983	8	8	0		0 0			991	991		
Describe Other Material:			1			1			1					
4.MILES OF	MAIN AND	NUMBER OF	SERVICES B	Y DECADE O	OF INSTALLA	TION								
	UNKNOW	N 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	0	0	0	0	869	59	7	0	28	22	6	991		

	М	AINS	SERVICES			
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS		
CORROSION FAILURE			3			
NATURAL FORCE DAMAGE						
EXCAVATION DAMAGE						
OTHER OUTSIDE FORCE DAMAGE						
PIPE, WELD OR JOINT FAILURE						

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OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026

EQUIPMENT FAILURE 1		2					
INCORRECT OPERATIONS							
OTHER CAUSE							
NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR S NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHAN							
PART D – EXCAVATION DAMAGE							
Notification Issue Sub-	ſotal	Location Issue Sub-Total					
No notification made to the One-Call Center/811		Facility not marked due to Abandoned facility					
Excavator dug outside area described on ticket		Facility not marked due to Incorrect facility records/maps					
Excavator dug prior to valid start date/time		Facility not marked due to Locator error					
Excavator dug after valid ticket expired		Facility not marked due to No response from operator/contract locator					
Excavator provided incorrect notification information		Facility not marked due to Incomplete marks at damage location					
		Facility not marked due to Tracer wire issue					
Excavation Issue Sub-	Total	Facility not marked due to Unlocatable Facility					
Excavator dug prior to verifying marks by test-hole (poth	ole)	Facility marked inaccurately due to Abandoned facility					
Excavator failed to maintain clearance after verifying ma	ırks	Facility marked inaccurately due to Incorrect facility records/maps					
Excavator failed to protect/shore/support facilities		Facility marked inaccurately due to Locator error					
Improper backfilling practices		Facility marked inaccurately due to Tracer wire issue					
Marks faded or not maintained							
Improper excavation practice not listed above		_					
Miscellaneous Root Causes Sub-1	Fotal						
Deteriorated facility							
One Call Center Error							
Previous damage		1. Total Excavation Damages 0					
Root Cause not listed		2. Number of Excavation Tickets 168					

PART E – RESERVED						
PART F - LEAKS ON FEDERAL LAND	PART G – PERCENT OF UNACCOUNTED FOR GAS					
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 0	UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR. [(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS) TIMES 100 EQUALS PERCENT UNACCOUNTED FOR. FOR YEAR ENDING 6/30: 0%					
PART H - ADDITIONAL INFORMATION						
When calculating the Loss and Unaccounted For Gas (LUAF), the volus slightly from the facility of origin due to locational temperature and press PART I - PREPARER	me of propane in net gallons received at Pebbly Beach Generating Station varies sure fluctuations. Due to these fluctuations, SCE's LUAF gas is reported as 0%.					
Traci Degnan agent	(562) 266-6833					
(Preparer's Name and Title)	(Area Code and Telephone Number)					
traci.degnan@sce.com	(310) 510-4354					
(Preparer's email address)	(Area Code and Facsimile Number)					