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.

Initial Date Submitted: 03/13/2023

Report Submission Type INITIAL

Date Submitted:

OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2024

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

ANNUAL REPORT FOR CALENDAR YEAR 2022 GAS DISTRIBUTION SYSTEM

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 16 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.

PART A - OPERATOR INFORMATION	(DO	T use only)		20230971-51540		
1. Name of Operator	SOUTHERN CALIFORNIA EDISON CO					
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY	INED)					
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 GRO complete the report for that Commodity Group. File a separate report for 6				ninant gas carried and		
Propane Gas						
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERAT included in this OPID for which this report is being submitted.):	OR (Sele	ct Type of Ope	rator based on the structure	e of the company		
Investor Owned						

PART B - SYSTEM DESCRIPTION

1	.G	F	NI	FI	D.	Δ	

		ST	EEL								
	UNPROTECTED			CATHODICALLY PROTECTED		CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	BARE	COATED	BARE	COATED]						
MILES OF MAIN				8.85	0.61	0	0	0	0	0	9.46
NO. OF SERVICES				731	261	0	0	0	0	0	992

OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2024 provided in 49 USC 60122. 2. MILES OF MAINS IN SYSTEM AT END OF YEAR **MATERIAL** UNKNOWN 2" OR LESS OVER 2" OVER 4" OVER 8" **OVER 12"** SYSTEM TOTALS THRU 4" THRU 8" **THRU 12"** STEEL 4.72 2.13 8.85 **DUCTILE IRON COPPER** CAST/WROUGHT IRON **PLASTIC PVC** PLASTIC PE 0.53 0.08 0.61 PLASTIC ABS PLASTIC OTHER n **OTHER** RECONDITIONED **CAST IRON TOTAL** 5.25 2.21 9.46 **Describe Other Material:** 3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR **AVERAGE SERVICE LENGTH: 50** OVER 1" OVER 2" OVER 4" MATERIAL 1" OR LESS **OVER 8"** SYSTEM TOTALS UNKNOWN **THRU 2"** THRU 4" **THRU 8"** STEEL **DUCTILE IRON** COOPER CAST/WROUGHT IRON PLASTIC PVC **PLASTIC PE PLASTIC ABS** PLASTIC OTHER OTHER RECONDITIONED **CAST IRON TOTAL 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	872	59	7	0	28	22	1	989

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR

OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2024

CAUSE OF LEAK	М	AINS	SERVICES		
CAUSE OF ELAN	TOTAL HAZARDOUS		TOTAL	HAZARDOUS	
CORROSION FAILURE	1		3		
NATURAL FORCE DAMAGE					
EXCAVATION DAMAGE					
OTHER OUTSIDE FORCE DAMAGE					
PIPE, WELD OR JOINT FAILURE					
EQUIPMENT FAILURE			2		
INCORRECT OPERATIONS					
OTHER CAUSE					

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 0 NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE : 0 $\,$

PART D - EXCAVATION DAMAGE	PART E – EXCESS FLOW VALUE (EFV) AND SERVICE VALUE DATA
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: $\underline{0}$	Total Number Of Services with EFV Installed During Year : 0
a. One-Call Notification Practices Not Sufficient: 0	Estimated Number Of Services with EFV In the System At End Of Year: 0
b. Locating Practices Not Sufficient: 0	* Total Number of Manual Service Line Shut-off Valves Installed During Year: $\underline{0}$
c. Excavation Practices Not Sufficient: 0	
d. Other: 0	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: $\underline{0}$
	*These questions were added to the report in 2017.
2. NUBMER OF EXCAVATION TICKETS 122	
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%

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traci.degnan@sce.com

(Preparer's email address)

ne 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%.
<u>(562) 266-6833</u>
(Area Code and Telephone Number)

(310) 510-4354

(Area Code and Facsimile Number)