			Initial Date				
			Submitted:				
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration ANNUAL REPORT FOR CALENDAR YEAR 2022 GAS DISTRIBUTION SYSTEM			AR Report Submission Type	INITIAL			
			Date Submitted:				
information subject to the requirements of the Paperwork Re Number for this information collection is 2137-0629. Public time for reviewing instructions, gathering the data needed, a mandatory. Send comments regarding this burden estimate Collection Clearance Officer, PHMSA, Office of Pipeline Sat Important: Please read the separate instructions for examples. If you do not have a copy of the instruction http://www.phmsa.dot.gov/pipeline/library/forms.	reporting for this collection o and completing and reviewing or any other aspect of this o fety (PHP-30) 1200 New Jers or completing this form be	f information is estimated the collection of informatic collection of information, in sey Avenue, SE, Washing fore you begin. They c	to be approximately 16 hours per ion. All responses to this collection cluding suggestions for reducing ion, D.C. 20590. arify the information requeste	response, including the on of information are this burden to: Information ed and provide specific			
PART A - OPERATOR INFORMATION		(DOT use only)		-			
1. Name of Operator	SAN DIEGO	SAN DIEGO GAS & ELECTRIC CO					
2. LOCATION OF OFFICE (WHERE ADDITIONAL	INFORMATION MAY BI	E OBTAINED)					
2a. Street Address		555 West Fift	555 West Fifth Street				
2b. City and County		Los Angeles	Los Angeles Los Angeles				
2c. State		СА	СА				
2d. Zip Code		90013	90013				
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER		18112	18112				
4. HEADQUARTERS NAME & ADDRESS							

Natural Gas	
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Sele	ct Type of Operator based on the structure of the company

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.)

SAN DIEGO

CA

CA

92123

included in this OPID for which this report is being submitted.):

Investor Owned

PART B - SYSTEM DESCRIPTION

4b. City and County

5. STATE IN WHICH SYSTEM OPERATES

4c. State 4d. Zip Code

1.GENERAL STEEL UNPROTECTED CATHODICALLY PLASTIC CAST/ DUCTILE COPPER OTHER RECONDITION SYSTEM PROTECTED WROUGHT IRON ED TOTAL IRON CAST IRON BARE COATED BARE COATED MILES OF 3610 4716 0 0 0 0 0 8326 MAIN NO. OF 276308 417549 0 0 0 0 0 693857 SERVICES

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERIA	ιL U	NKNOWN	2" OF	LESS	OVER 2" THRU 4"		OVER 4" THRU 8"	OVEF THRU		OVER 12 "	SYSTE	M TOTAL	
STEEL		0	2580	558		33	37	110	2	5	3610		
DUCTILE IR	RON	0	0	0		0		0		0			
COPPER	र 🛛	0	0		0	0		0	0		0		
CAST/WROU IRON	JGHT	0	0		0	0		0	0		0		
PLASTIC P	vc	0	0		0	0		0	0		0		
PLASTIC I	PE	0	3545		1089	82	2	0	0		4716		
PLASTIC A	BS	0	0		0	0		0	0		0		
PLASTIC OT	HER	0	0		0	0		0	0		0		
OTHER		0	0		0	0		0	0		0		
RECONDITIC CAST IRO		0	0		0			0			0	0	
TOTAL		0	6125		1647 419		19	110	110 25		8326		
Descri	be Other M	aterial:				I		•	I				
B.NUMBER O	F SERVICES	IN SYSTEM	AT END OF	YEAR		AVERA	AGE SERVICE LE	ENGTH: 54					
IATERIAL	U	NKNOWN	1" OF	LESS	OVER 1" THRU 2"		OVER 2" THRU 4"	OVEF THRU		OVER 8"	SYSTI	ΕΜ ΤΟΤΑΙ	
STEEL	0		272629		3551	97	7	24	7		276308	3	
UCTILE IRO	N 0		0		0	0		0	0		0		
OOPER	0		0		0	0		0	0		0		
CAST/WROU	GHT 0		0		0	0		0	0		0		
PLASTIC PVC	c 0		0		0	0		0	0		0		
PLASTIC PE	0		399400		17952	18	87	10	0		417549)	
PLASTIC ABS	s 0		0		0	0		0	0		0		
PLASTIC OTH	HER 0		0		0	0		0	0		0		
			0		0	0		0	0		0		
OTHER	0		1°										
OTHER RECONDITIO CAST IRON			0		0	0		0	0		0		
RECONDITIO CAST IRON					0 21503	0		0 34	0		0 693857	7	
RECONDITIO CAST IRON FOTAL	NED 0		0		-							7	
RECONDITIO CAST IRON FOTAL Describe Oth	PNED 0 0 er Material:	JMBER OF S	0 672029		-	28						7	
RECONDITIO CAST IRON TOTAL Describe Oth	PNED 0 0 er Material:		0 672029		21503 DF INSTALLA	28	84		7	2010-2019		7 TOTAI	
RECONDITIO CAST IRON TOTAL Describe Oth MILES OF N	er Material:		0 672029 SERVICES B	Y DECADE (21503 DF INSTALLA	28 TION	84	34	7	2010-2019 514	693857	1	

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.

CAUSE OF LEAK	MAINS		SERVICES				
CAUSE OF LEAK	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS			
CORROSION FAILURE	123	42	968	256			
NATURAL FORCE DAMAGE	22	16	58	13			
EXCAVATION DAMAGE 42		40	253	251			
OTHER OUTSIDE FORCE DAMAGE 7		4	101	65			
PIPE, WELD OR JOINT FAILURE	91	47	293	48			
EQUIPMENT FAILURE	6	2	1092	86			
INCORRECT OPERATIONS 11		5	130	16			
OTHER CAUSE 46		20	26	14			
NUMBER OF KNOWN SYSTEM LEAKS AT EN NUMBER OF HAZARDOUS LEAKS INVOLVIN PART D - EXCAVATION DAMAGE		W VALUE (EFV) AND S	ERVICE VALUE DATA				
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: <u>302</u>		Total Number Of Service					
a. One-Call Notification Practices Not Sufficient: <u>176</u>		Estimated Number Of Se	Estimated Number Of Services with EFV In the System At End Of Year: 4880				
b. Locating Practices Not Sufficient: <u>15</u>		* Total Number of Manua 149	* Total Number of Manual Service Line Shut-off Valves Installed During Year $\underline{149}$				
c. Excavation Practices Not Sufficient: <u>104</u>							
d. Other <u>: 7</u>		* Estimated Number of S Installed in the System at *These questions we	End of Year: <u>1100</u>				
2. NUBMER OF EXCAVATION TICKETS 1	94218						
PART F - LEAKS ON FEDERAL LAND		PART G – PERCENT O	F UNACCOUNTED FOR	GAS			
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: <u>10</u>		R UNACCOUNTED FOR G FOR THE 12 MONTHS E [(PURCHASED GAS + P COMPANY USE + APPR (CUSTOMER USE + CO TIMES 100 EQUALS PEI FOR YEAR ENDING 6/3	NDING JUNE 30 OF TH RODUCED GAS) MINUS OPRIATE ADJUSTMEN MPANY USE + APPROP RCENT UNACCOUNTED	E REPORTING YEAR. 6 (CUSTOMER USE + TS)] DIVIDED BY RIATE ADJUSTMENTS)			

PART H - ADDITIONAL INFORMATION					
PART I - PREPARER					
Emily Gonzalez					
Emily Gonzalez IM Reporting Team Lead	<u>(213) 231-8710</u>				
(Preparer's Name and Title)	(Area Code and Telephone Number)				
egonza16@socalgas.com	<u>(000) 000-0000</u>				
(Preparer's email address)	(Area Code and Facsimile Number)				