NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civexceed 100,000 for each violation for each day that such violation persists except that the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0629 EXPIRATION DATE: 10/31/2021
	Initial Date Submitted:	03/15/2019
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	SUPPLEMENTAL
i ipoline and riazardous matchais calety Administration	Date Submitted:	05/13/2019

ANNUAL REPORT FOR CALENDAR YEAR 2018 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	(DOT use only)		20191011-38820			
1. Name of Operator	SOUTHE	RN CALIFORN	IIA GAS CO			
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	·					
2a. Street Address	555 Wes	Fifth Street				
2b. City and County	Los Ange	les United State	es			
2c. State	CA					
2d. Zip Code	90013					
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	18484					
4. HEADQUARTERS NAME & ADDRESS						
4a. Street Address	555 WES	555 WEST FIFTH STREET				
4b. City and County	LOS ANG	LOS ANGELES				
4c. State	CA	CA				
4d. Zip Code	90013	90013				
5. STATE IN WHICH SYSTEM OPERATES	CA	CA				
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GRO complete the report for that Commodity Group. File a separate report for						
Natural 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

	STEEL UNPROTECTED CATHODICALLY PROTECTED		PLASTIC	CAST/ WROUGHT	DUCTILE	COPPER	OTHER	RECONDITION ED	SYSTEM		
	BARE	COATED	BARE	COATED		IRON	IRON			CAST IRON	TOTAL
MILES OF MAIN	3239	4616		18216	24886	0	0	0	0	0	50957
NO. OF SERVICES	129	842049	23	732221	2907790	0	0	0	0	0	4482212

	2.MILES OF M	AINS IN	SYSTEM AT E	ND OF	YEAR									
MATERIAL	UNK	NOWN	2" OR LE	ss		VER 2" IRU 4"	OVER 4 THRU 8			VER 8" HRU 12"	OVE	R 12"	SYSTEM	TOTALS
STEEL		0	13905	5		6671	3702		1113		68	580)71
DUCTILE IR	ON	0	0			0	0			0	()	()
COPPER		0	0			0	0			0	()	()
CAST/WROU T IRON	GH	0	0			0	0			0	()	()
PLASTIC P\	/C	0	0			0	0			0	()	()
PLASTIC P	E	0	19291			4886	709			0	()	248	386
PLASTIC AE	BS	0	0			0	0			0	()	()
PLASTIC OTHER		0	0			0	0			0	()	()
OTHER		0	0			0	0			0	()	()
RECONDITIO D CAST IRC		0	0			0	0			0	()	()
TOTAL		0	33196	33196		11557	4411		1113		680		50957	
Describe Ot	her Material	:												
B.NUMBER O	F SERVICES I	N SYSTE	M AT END OF	YEAR				A۱	/ERAG	SE SERVICE	LENGTH: 59			
MATERIAL	UNKI	NOWN	1" OR LE	ss		VER 1" IRU 2"	OVER 2 THRU 4			VER 4" 'HRU 8"	OVE	R 8"	SYSTEM	TOTALS
STEEL		0	152857	75 43960		1662	1662 185		185	4	0	1574	1422	
DUCTILE IR	ON	0	0		0		0			0	()	()
COPPER		0	0			0	0	0		0	()	0	
CAST/WROU T IRON	GH	0	0			0	0 0			0	0		0	
PLASTIC P\	/C	0	0			0	0	0		0	0		0	
PLASTIC P	E	0	288487	4	2	21838	1029			39	1	0	2907	7790
PLASTIC AE	3S	0	0			0	0			0	0		0	
PLASTIC OTHER		0	0		0		0			0	0		0	
OTHER		0	0			0	0		0		0		0	
RECONDITION D CAST IRC		0	0	0		0	0			0	()	()
TOTAL		0	4413449		6	65798	2691			224 50		0	4482212	
Describe Ot	her Material	:					I				<u> </u>		1	
50 05 1	IAIN AND NUI	MBER OF	SERVICES B	Y DEC	ADE O	F INSTALL	ATION							
.MILES OF N														

MILES OF MAIN	0	2299	2919	8249	7047	7040	9539	5496	6317	2051	50957
NUMBER OF SERVICES	0	56745	122146	593167	582605	691072	1059500	523552	593695	259730	4482212

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

CAUSE OF LEAK		MAINS	SERVICES		
CAUSE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
CORROSION FAILURE	2682	405	8045	2268	
NATURAL FORCE DAMAGE	109	57	934	392	
EXCAVATION DAMAGE	439	430	2958	2925	
OTHER OUTSIDE FORCE DAMAGE	4	1	664	420	
PIPE, WELD OR JOINT FAILURE	1134	258	4938	723	
EQUIPMENT FAILURE	203	8	16104	1013	
INCORRECT OPERATIONS	320	162	4398	388	
OTHER CAUSE	56	11	431	70	

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR: 14151

PART D - EXCAVATION DAMAGE	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA
TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _3520	Total Number Of Services with EFV Installed During Year: 30628
a. One-Call Notification Practices Not Sufficient: 1793	Estimated Number Of Services with EFV In the System At End Of Year: 181434
b. Locating Practices Not Sufficient: 244 c. Excavation Practices Not Sufficient: 775	* Total Number of Manual Service Line Shut-off Valves Installed During Year: 702
d. Other: <u>708</u>	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 34061
	*These questions were added to the report in 2017.
2. NUMBER OF EXCAVATION TICKETS : 841369	
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: 61	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 6/30:65%
PART H - ADDITIONAL INFORMATION	

PART I - PREPARER	
James Dewberry,operator (Preparer's Name and Title)	(213)244-4514 (Area Code and Telephone Number)
JDewberry@semprautilities.com (Preparer's email address)	(Area Code and Facsimile Number)