NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil pexceed 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: 5/31/2018	
	Initial Date Submitted:	03/15/2017
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
	Date Submitted:	

ANNUAL REPORT FOR CALENDAR YEAR 2016 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)		20177346-32128		
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 GRO complete the report for that Commodity Group. File a separate report for						
Propane Gas						
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERAT included in this OPID for which this report is being submitted.):	Γ OR (Sel	ect Type of Op	erator based	on the structure of the company		
Investor Owned						

PART B - SYSTEM DESCRIPTION

1.GENERAL

		STI	EEL												
	UNPRO	JNPROTECTED CATHODICALLY PROTECTED								CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	BARE	COATED	BARE	COATED											
MILES OF MAIN				8.94	0.52						9.46				
NO. OF SERVICES				735	251						986				

	2.MILES OF MAINS IN SYSTEM AT END OF YEAR											
MATERIAL	UNKNO	WN	2" OR LESS		OVER 2" "HRU 4"	OVER 4" THRU 8"		VER 8" HRU 12"	OVE	R 12"	SYSTEM	TOTALS
STEEL	0		4.81		2.13	2.00		0	(0	8.9	94
DUCTILE IRO	on 0		0		0	0		0	(0	0	
COPPER	0		0		0	0		0	(0	0	
CAST/WROUG T IRON	9H 0		0		0	0		0	(0	0	
PLASTIC PV	c 0		0		0	0		0	(0	0	
PLASTIC PE	0		0.44		0.08	0		0	(0	0.5	52
PLASTIC AB	s 0		0		0	0		0	(0	0)
PLASTIC OTHER	0		0		0	0		0	(0	0	ı
OTHER	0		0		0	0		0	(0	0	
RECONDITION D CAST IRO			0		0	0		0	(0	0	
TOTAL	0		5.25		2.21	2		0	(0	9.4	16
Describe Oth	ner Material:			I					I			
3.NUMBER OF	SERVICES IN S	SYSTEM	I AT END OF Y	EAR			AVERAG	E SERVICE	LENGTH: 55			
MATERIAL												
	UNKNO	WN	1" OR LESS		OVER 1" "HRU 2"	OVER 2" THRU 4"		OVER 4" "HRU 8"	OVE	ER 8"	SYSTEM	TOTALS
STEEL	UNKNO 0	WN	1" OR LESS 735							ER 8"	SYSTEM	
	0	WN			HRU 2"	THRU 4"		HRU 8"	(5
STEEL	0	WN	735		0	THRU 4 "		0	(0	73	55
STEEL DUCTILE IRO COPPER	0 0 0 0	WN	735 0		0 0	0 0		0 0	(0	73	55
STEEL DUCTILE IRO COPPER CAST/WROUG	0 0 0 0 3H 0	WN	735 0 0		0 0 0	0 0 0		0 0 0	(0	0	1
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON	0 0 0 0 GH 0	WN	735 0 0		0 0 0 0	0 0 0 0 0		0 0 0 0		0	0 0	5
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0		0	0 0 0	55
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0 0 0 245		0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0		0	73 0 0 0 0 0 25	1
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC POPULATION PLASTIC PE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0 0 0 245		0 0 0 0 0 0 6 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0			73 0 0 0 0 25	1
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PV PLASTIC PE PLASTIC AB PLASTIC AB OTHER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0 0 0 245 0		0 0 0 0 0 6 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0			73 0 0 0 0 0 25	55
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PV PLASTIC PE PLASTIC AB PLASTIC AB PLASTIC AB OTHER OTHER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0 0 0 245 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			73 0 0 0 0 25 0	55
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PE PLASTIC AB PLASTIC AB PLASTIC OTHER OTHER RECONDITION D CAST IRON	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WN	735 0 0 0 0 245 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			73 0 0 0 0 0 25 0 0	55
STEEL DUCTILE IRO COPPER CAST/WROUG T IRON PLASTIC PE PLASTIC AB PLASTIC AB PLASTIC AB PLASTIC AB COTHER OTHER RECONDITION D CAST IRON TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		735 0 0 0 0 245 0 0 0 0 980		0 0 0 0 0 0 0 0 0 0 0 0 0 6 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			73 0 0 0 0 0 25 0 0	55

MILES OF MAIN	0	0	0	0	7.85	0.51	0.21	0	0.81	0.08	9.46
NUMBER OF SERVICES	0	0	0	0	881	59	7	0	28	11	986

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

CAUSE OF LEAK		MAINS	SE	RVICES
CAUSE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE	0	0	1	0
NATURAL FORCE DAMAGE	0	0	0	0
EXCAVATION DAMAGE	0	0	0	0
OTHER OUTSIDE FORCE DAMAGE	0	0	0	0
PIPE, WELD OR JOINT FAILURE	0	0	0	0
EQUIPMENT FAILURE	1	0	2	0
INCORRECT OPERATIONS	0	0	0	0
OTHER CAUSE	0	0	0	0
NUMBER OF KNOWN SYSTEM LEAKS AT	END OF VEAD SCHEDIII	ED EOD DEDAID : 0		

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR: 0

	l I
PART D - EXCAVATION DAMAGE	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA
TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _6	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: $\underline{0}$
b. Locating Practices Not Sufficient: 0	* Total Number of Manual Service Line Shut-off Valves Installed During
c. Excavation Practices Not Sufficient: 0	Year:
d. Other: <u>6</u>	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year:
	*These questions were added to the report in 2017.
2. NUMBER OF EXCAVATION TICKETS : 159	
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 INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR. [(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (PURCHASED GAS + PRODUCED GAS) EQUALS PERCENT UNACCOUNTED FOR. INPUT FOR YEAR ENDING 6/30:0%
PART H - ADDITIONAL INFORMATION	

Percentage of unaccountable gas due to meters being non-temperature conservices.	mpensating. Retired 2 original steel service and installed 2 new plastic (PE)
PART I - PREPARER	
Traci Degnan,Project Manager (Preparer's Name and Title)	(310) 510-4350 (Area Code and Telephone Number)
traci.degnan@sce.com (Preparer's email address)	(310) 510-4354 (Area Code and Facsimile Number)