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: 1/31/2018	
	Initial Date Submitted:	03/14/2018
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
	Date Submitted:	

ANNUAL REPORT FOR CALENDAR YEAR 2017 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)		20188655-35802			
1. Name of Operator	SOUTHERN CALIFORNIA EDISON CO						
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)							
2a. Street Address		PO BOX 527	7 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 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 OPE included in this OPID for which this report is being submitted.):	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

		STI	EEL								
	UNPROTECTED CATHODICALLY PROTECTED PLASTIC				NPROTECTED		CAST/ WROUGHT DUCTILE	CUDDED	OTHER	RECONDITION ED	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON				CAST IRON	
MILES OF MAIN				8.94	0.52						9.46
NO. OF SERVICES				733	254						987

	MILES OF MAINS IN	SYSTEM AT END C	F YEAR				
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL	0	4.81	2.13	2.00	0	0	8.94
DUCTILE IRON	0	0	0	0	0	0	0
COPPER	0	0	0	0	0	0	0
CAST/WROUG T IRON	H 0	0	0	0	0	0	0
PLASTIC PVC	. 0	0	0	0	0	0	0
PLASTIC PE	0	0.44	0.08	0	0	0	0.52
PLASTIC ABS	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 IRON		0	0	0	0	0	0
TOTAL	0	5.25	2.21	2	0	0	9.46
Describe Oth	er Material:						l
3.NUMBER OF	SERVICES IN SYST	EM AT END OF YEA	R	А	VERAGE SERVICE	LENGTH: 55	
MATERIAL	UNKNOWN	1" OR LESS	OVER 1"	OVER 2"	OVER 4"		
			THRU 2"	THRU 4"	THRU 8"	OVER 8"	SYSTEM TOTALS
STEEL	0	733	THRU 2"			OVER 8 "	SYSTEM TOTALS
STEEL DUCTILE IRON		733		THRU 4"	THRU 8"		
			0	THRU 4"	THRU 8"	0	733
DUCTILE IRON	0 0	0	0	0 0	0 0	0	733
DUCTILE IRON COPPER CAST/WROUG	0 0 H 0	0	0 0	0 0 0	0 0 0	0 0	733 0 0
COPPER CAST/WROUG T IRON	0 0 H 0	0 0	0 0 0	0 0 0 0	0 0 0 0	0 0 0	733 0 0
COPPER CAST/WROUG T IRON PLASTIC PVC	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	733 0 0 0
COPPER CAST/WROUG T IRON PLASTIC PVC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 248	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	733 0 0 0 0 0 254
COPPER CAST/WROUG T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 248	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 0 0	733 0 0 0 0 0 254
COPPER CAST/WROUG T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 248 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 0 0 0 0	733 0 0 0 0 0 254
COPPER CAST/WROUG T IRON PLASTIC PVO PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 248 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 0 0 0 0 0	733 0 0 0 0 0 254 0 0
COPPER CAST/WROUG T IRON PLASTIC PVC PLASTIC ABS PLASTIC ABS 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	0 0 0 0 248 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 0 0 0 0 0 0	733 0 0 0 0 0 254 0 0 0 0
COPPER CAST/WROUG T IRON PLASTIC PVO PLASTIC ABS PLASTIC ABS PLASTIC OTHER OTHER RECONDITION D CAST IRON TOTAL Describe Oth	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 248 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	0 0 0 0 0 0 0	733 0 0 0 0 0 254 0 0 0 0 0

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	879	59	7	0	28	14	987

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	2	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	0	0	1	0
INCORRECT OPERATIONS	0	0	0	0
OTHER CAUSE	0	0	0	0

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

PART D - EXCAVATION DAMAGE	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _3	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 c. Excavation Practices Not Sufficient: 0	* Total Number of Manual Service Line Shut-off Valves Installed During Year: $\underline{0}$
d. Other: 3	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 0
	*These questions were added to the report in 2017.
2. NUMBER OF EXCAVATION TICKETS : 173	
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 compensating.					
PART I - PREPARER					
Traci Degnan,Gas Compliance Advisor	(310) 510-4350				
(Preparer's Name and Title)	(Area Code and Telephone Number)				
traci dagnan@aca com	(310) 510-4354				
traci.degnan@sce.com (Preparer's email address)	(Area Code and Facsimile Number)				